

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

**To be held at 2pm on Thursday 6 June 2024
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

AGENDA

12.30 – 13.30 – Cyber Security Awareness Raising

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 4 April 2024	D Wilkinson	<i>Enclosed</i>
4	Chair and Chief Executive's update	D Wilkinson	<i>To be circulated</i>

For Approval

5	Consumer Standards GAP analysis action plan	J Crook	<i>Enclosed</i>
6	Strategic Risk Register	J Crook	<i>Enclosed</i>
7	Modern Slavery Statement	J Crook	<i>Enclosed</i>
8	Equality and Diversity Strategy - Annual update against action plan	J Crook	<i>Enclosed</i>
9	People Strategy Update	J Crook	<i>Enclosed</i>

For Information

10	Health & Safety Highlight & Dashboard Update	C Margrave	<i>Enclosed</i>
11	Health and Safety Strategy - Update against plan	C Margrave	<i>Enclosed</i>
12	Year-end Capital Monitoring	J Crook	<i>Enclosed</i>
13	Year-end Revenue Monitoring	J Crook	<i>Enclosed</i>
14	Year-end KPI Performance	J Crook	<i>Enclosed</i>
15	Annual Development Plan - Year End Review	J Crook	<i>Enclosed</i>
16	Annual complaint performance and service improvement report	M McEgan	<i>Enclosed</i>

Reports for noting only

17	Board Expenses and Attendance Register	J Crook	<i>Enclosed</i>
18	Board Forward Plan	C Margrave	<i>Enclosed</i>
19	Any Other Business		
20	<i>Date of next meeting – 1 August 2024</i>		

Board Decision Summary

Meeting:	St Leger Homes Board
Date of meeting:	4 April 2024
Chair:	Dave Wilkinson
The Board approved:-	
<u>Agenda Item 5</u> – Budget Approval	
<ul style="list-style-type: none">• Board considered and approved the three-year budgets..	
<u>Agenda Item 7</u> – Mechanical Policy	
<ul style="list-style-type: none">• Board approved the Chief Executive and Milcah Walusimbi are nominated as ‘executive complaints champions’ for the organisation.	
<u>Agenda Item 8</u> – Statutory Complaint Handling Code self-assessment and review of Compliments, Comments and Complaints Policy	
<ul style="list-style-type: none">• Board approved the self-assessment against the Code and the Compliments, Comments and Complaints Policy.	
The Board requested:-	
<u>Agenda Item 4</u> – Chair and Chief Executive’s Update	
<ul style="list-style-type: none">• Requested that only any procurement over the sum of £1m be provided to the Board.• Requested regular updates from the Communications Team around any press releases.• Requested that tenants be informed of the proposed regulatory costs proposed by the Housing Ombudsman.	
<u>Agenda Item 6</u> – 2024/25 Annual Development Plan and Key Performance Indicators	
<ul style="list-style-type: none">• Requested that a rag rating is incorporated into the 2025/26 Annual Development Plan (ADP) and Key Performance Indicators report to articulate the impact of not meeting a target.	
The Board received:-	
<u>Agenda Item 4</u> – The Chair and Chief Executive’s Update	
<u>Agenda Item 6</u> – 2024/25 Annual Development Plan (ADP) and Key Performance Indicators	
<u>Agenda Item 9</u> – Customer Voice Strategy – Update against Action Plan	
<u>Agenda Item 10</u> – KPI Performance	
<u>Agenda Item 11</u> – Energy Usage Report	
<u>Agenda Item 12</u> – Committee Minutes	

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.	The Director of Property Services advised that there are plans to provide a comprehensive report to the April Meeting.	Y	CM
89	Apr-24	4.5	APPENDIX A TO THE CHAIR AND CEO REPORT - PROCUREMENT It was agreed that only any procurement over the sum of £1m would be provided to the Board.	Complete – Appendix will only be provided for procurement over £1m	Y	JCr
90	Apr-24	4.6	APPENDIX A TO THE CHAIR AND CEO REPORT - PROCUREMENT Board requested that they be included in the distribution for all press releases, not just on large spend but also on any issues.	Complete – Process are being re-established in order Board receive press releases and other related information on a regular basis.	Y	MMc
91	Apr-24	5.6	Budget Approval Board suggested that the Director of Corporate Services to consider including information around the Housing Ombudsman proposed costs in HouseProud.			JCr

92	Apr-24	6.5	<p>2024/25 Annual Development Plan (ADP) and Key Performance Indicators The Vice Chair suggested that a rag rating could be incorporated into the report if this would be helpful, to ensure that it was transparent for Board Members. Members agreed this could be helpful. Sarah Vause suggested it could also be helpful if officers could articulate the impact of not meeting target, for example would there be a penalty attached, or legal issue of not meeting a KPI; this could potentially allow Board Members to hone in on issues.</p>	The KPIs will not be rag highlighted but any penalties or financial impacts will be highlighted as required.	Y	JCr
93	Apr-24	9.3	<p>CUSTOMER VOICE STRATEGY - Annual Update against action plan The Vice Chair commented that it would be helpful, looking at percentages for satisfaction, to have a baseline. The Director of Housing and Customer Services agreed to provide this.</p>			MMc
94	Apr-24	9.5	<p>CUSTOMER VOICE STRATEGY - Annual Update against action plan The Chair was pleased to note that Tenant Board Members were planning on attending the One Voice Forum and Tenant Scrutiny Panel meeting during April and requested that they feed back to the next Board their views.</p>			BK
95	Apr-24	12.1	<p>Committee Minutes Cllr Jones requested that he be allowed to attend the Building Safety Committee. The Chair acceded with the caveat that it would be as an observer only as the appointments to the Committee from Board had already been made.</p>			CM

Company Number 05564649
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St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

4 April 2024

Present:

Dave Wilkinson (Chair), Trevor Mason, Dave Richmond, Barry Keable, Cllr Richard Alan Jones, Cllr Phil Cole, Vicky Purnell

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 (minutes)

Members of the Public/Observers:

Sarah Vause – GS Insights

		Action
1	Apologies and Quorum	
1.1	Apologies were received from Cllr Sarah Smith, Stuart Booth, and Milcah Walusimbi.	
2	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3a	Matters arising and action log from previous meetings	
3a.1	Board noted updates against outstanding actions.	
3b	Ratification of minutes from the meeting held on 7 March 2024	
3b.1	The Board agreed the minutes from the meeting held on 7 March 2024 were an accurate reflection of discussions.	
4.	Chair and Chief Executive’s Update	
4.1	The Chief Executive presented the report that included updates in the following areas: Director of Property Services Recruitment, Board Membership, Chief Executive Officer Appraisal, Northern Housing Monitor, Final Consumer Standards, Housing Ombudsman, Park Homes, Balby Bridge Remediation, Homelessness Update, Safeguarding, Employee Leave Policy, Child Friendly and Flexible	

	Working Policies, Tenant Participation Advisory Service, Doncaster College Apprentice Awards and Community Engagement Awards.	
4.2	<p><u>Final Consumer Standards</u></p> <p>Members were advised that the approach taken by the Regulator seems to be evolving, and the nuance gained through webinars for ALMOs seems as though they will want to meet Board Members, the Chair and the Chief Executive. He commented it was an interesting development which made sense. In response to a question from the Chair, the Board indicated they were comfortable that the organisation would achieve compliance with the Consumer Standards.</p>	
4.3	<p><u>Housing Ombudsman (HO)</u></p> <p>The Chief Executive drew member's attention to the HO Business Plan and in particular to the consultation around fees. The Vice Chair asked if the proposed costs would fall to the organisation or the Council. It was confirmed the fees would be paid from the Housing Revenue Account.</p>	
4.4	<p><u>The Economic Impact of Building Social Homes</u></p> <p>The Chief Executive encouraged the Board to use the link provided to access the full report published by Shelter and the National Housing Federation; the report argues that building more social housing could add £51bn of benefit to the economy.</p>	
4.5	<p><u>Appendix A to the Chair and CEO Report – Procurement</u></p> <p>The Director of Corporate Services reminded the Board why the procurement list was appended to the Chair and CEO Report, as it was now 6 months since doing this Members were asked if, upon reflection, the appendment was useful. Following a brief discussion, it was agreed that only any procurement over the sum of £1m would be provided to the Board.</p>	JCr
4.6	<p>The Chair pointed out that the Board used to receive regular updates from the Communications Team around press releases, not just on large spend but also on any issues. The Director of Housing and Customer Services agreed to provide an update to this query.</p>	MMc
5	Budget Approval	
5.1	<p>The Director of Corporate Services presented the report and advised that this financial year 2024/25 was the last year of £1m savings over the 3 financial years. Future HRA management fee funding would be linked to the reduction of properties through Right to Buy, however there was a significant investment in purchasing properties at this present time and therefore it was not anticipated that this basis of calculation would result in any significant reductions.</p>	

5.2	Members were asked to note that budgets were still tight and we are seeing increased demand overall for all services, even paying more invoices through the finance team. As there are no additional resources it was highlighted that the key for managing the increased demand was the continuous review of making the best use of technology to address issues.	
5.3	Members were asked to note that the number of vacancies were significantly more than were budgeted for, however was being managed well. There was still some backlog of repairs, however it was continuously reducing. The Director of Property Services provided more context by explaining that the increase in demand for repairs was being managed, specifically for 'attend today' issues; around 100-150 backlog repairs a week were being addressed and removed from the total number of apx 5,000 at present. He concluded by advising that managers were aware of duplication in the backlog of repairs and analysis was being carried out to address this.	
5.4	Once the repairs backlog was addressed, then we would evaluate any resource that was available. The new targets which had been agreed would then be in amber and driving towards green. A member asked what would push a repair into the backlog. It was explained that nothing was pushed into backlog. In response to a further query around legacy cases, members were advised that non-priority repairs post Covid were still listed. This was mainly due to the previous way of working, which was geographical and therefore certain non-urgent repairs would be included in scheduled works and we would let tenants now when we were in the area. There are now no scheduled repairs and all repairs are included in the "one repairs" service.	
5.5	The Chair asked for an idea of target time for clearing the backlog. The Director of Property Services advised he would prefer to complete outstanding works before Autumn; he would be bringing a paper to Executive Management Team (EMT) to discuss this and consider the options in the next few weeks.	
5.6	The Vice Chair referred to earlier discussions around the HOs proposed Business Plan and pointed out that it would be important to highlight this in the budget; tenants would have the right to know how much that regulation was going to cost. The Director of Corporate Services explained that the cost would be borne by the Local Authorities, not the ALMOs, and a 2.5% rent increase would be needed to fund it. It was agreed that the Director of Corporate Services would consider including the information in HouseProud.	JCr
5.7	Members were surprised to note the reducing number of electrician posts. The Director of Corporate Services explained that this was a combination of 2 things; currently there were capital works of replacing electrical consumer units and this work included an electrical check and electrical checks only were being completed by	

	contractors (as we are struggling to recruit electricians).. This will need to be reviewed as and when we can recruit electricians and after 5 years when the capital works have finished as all electrical checks will then be completed on a 5 year cycle and funded via the management fee.	
5.8	A member referred to premises costs, and asked for clarification if the organisation had a 3 or 5 year rental of floor space at the Civic building, and where were officers seeing that spend. The Director of Corporate Services advised that the costs for rental of the Civic building are accounted for within premises costs and agreed annually for a 12 month period.	
5.9	In response to a question around leases, it was reported that Shaw Lane was the biggest lease and had the longest tenancy agreed. A member asked why the organisation couldn't buy the Shaw Lane premises as this could potentially cut lease costs in the future. The Director of Corporate Services explained that the organisation had no authority to buy business property it would be CDC's Asset Team that could potentially do so.	
5.10	The Vice Chair queried if the apprentice allocation took the business up to the maximum of the apprenticeship levy. It was explained that there was no maximum levy the amount paid is a percentage of payroll.. The way the business paid for apprenticeships was that their training costs are paid for out of the levy. On the craft side it is the availability of mentors which restricts the number of apprentices we can recruit.. The current recruitment drive had driven so much interest and applications that the process had to be closed early.	
5.11	The Board considered and approved the three-year budgets.	
6.	2024/25 Annual Development Plan (ADP) and Key Performance Indicators	
6.1	The Director of Corporate Services presented the ADP and KPIs and asked Board to note the new targets for KPIs. The hard work of staff was acknowledged in moving some of the targets to being challenging but hopefully achievable. The Chair asked for clarification around the KPIs which did not have targets and it was explained these were around tenant satisfaction so did not have targets.	
6.2	The Board commented that there seemed to be an increase in KPIs and suggested that it could be beneficial to draw out the main ones to concentrate on. The Chief Executive stated that some issues were locally determined for Doncaster issues and have grown considerably. A lot were national that the organisation had to work towards, therefore we could not disregard them. We were also in conversations with CDC to talk about other PIs on top of these and	

	these were in negotiation. The Council wanted St Leger Homes to be as transparent as possible and officers were trying to focus PIs into ones that really make a difference to tenants.	
6.3	The Vice Chair acknowledged the importance of KPIs, however 2 pages of KPIs appeared excessive and it could be useful to have 3 or 4 key measures that were fundamental for the business' success.	
6.4	The Chief Executive explained that the business focus was to try and ensure that the critical Council and Government KPIs were on the list. However, for the targets, we were trying to work on what was reasonable, and to this end we have ended up having a little more flexibility, particularly for void turnaround and rent; he emphasised that the targets within the document were achievable. In terms of political reporting in the Council, some areas were incredibly difficult to meet, but the Council did acknowledge they were difficult to meet. He referred Board to the pre-Board presentation around the Housing Allocations Policy, which stated that we were performing at 25 days for void turnaround time and this is top quartile.	
6.5	The Vice Chair suggested that a rag rating could be incorporated into the report if this would be helpful, to ensure that it was transparent for Board Members. Members agreed this could be helpful. Sarah Vause suggested it could also be helpful if officers could articulate the impact of not meeting target, for example would there be a penalty attached, or legal issue of not meeting a KPI; this could potentially allow Board Members to hone in on issues.	JCr JCr
6.6	The Board noted the contents of the 2024/25 Annual Development Plan (ADP) and Key Performance Indicators	
7.	Mechanical Policy	
7.1	The Director of Property Services presented the Mechanical Safety Policy and highlighted: <ul style="list-style-type: none"> • The roles and responsibilities of how the Mechanical Safety will be implemented. These are clear and explicit and reflect accurately how the business manages mechanical safety. • Scope of the policy confirming mechanical systems and equipment covered setting out maintenance and inspection requirements. 	
7.2	Members asked how much it cost to introduce and implement the Policy. It was explained that there was no cost, the practices were already implemented therefore the Policy codified existing working.	

7.3	The Board approved the Introduction of a Mechanical Safety Policy.	
8.	Statutory Complaint Handling Code self-assessment and review of Compliments, Comments and Complaints Policy	
8.1	The Director of Housing and Customer Services presented the above Policy and reported that compliance with the Statutory Code became a requirement on 1 April 2024. The initial report had been received by Board at the October Board Meeting which detailed the roll out. Senior management had gone over all of the self-assessment and any new issues with key changes were detailed in Paragraph 6 of the covering report, including the complaints two stage only processes. In previous years when the organisation has submitted self-assessments, no feedback would be received, however now there was line by line feedback; it was evident of how easily we could fall foul of the issues. He concluded by explaining that all changes were contained in Appendix 3 to make it easier to navigate and was a useful reference guide.	
8.2	The Chair asked if this was going to have any additional workload and cost. The Director of Housing and Customer Services confirmed it was more labour intensive. He added that there was a complaints improvement plan which had been scrutinised by the Performance and Improvement Committee and further work was planned around addressing the workload and ensuring there were sufficient staff to cover this key area. The team were committed to improvement and he would be taking an updated report to EMT.	
8.3	Members were pleased to note that the organisation was compliant and that following the October Board Meeting Cllr Glyn Jones, as Housing Portfolio Holder, had agreed to be appointed as the Member Responsible for Complaints (MRC).	
8.4	A member asked if this was a public document and how this would influence future checks. It was explained that we did need to report to the Council to ensure we were compliant and would be led by their recommendation if that is what they wished to do, and that we publish on the website as well.	
8.5	The member further asked if other organisations would have to comply and this was confirmed. The Chief Executive reported that there appeared to be a practice in the industry which doesn't record complaints appropriately, for example there was a catch all response of 'give us time to resolve' which meant that the complaint would not be recorded. The new legislation would not allow this therefore it would allow the organisation to properly compare performance.	

8.6	The Board approved the self-assessment against the Code and the Compliments, Comments and Complaints Policy.	
9.	Customer Voice Strategy - Annual update against action plan	
9.1	The Director of Housing and Customer Services presented the annual update against the action plan for the Customer Voice Strategy. He was pleased to report that progress was good, with 75 milestone actions and he highlighted the good results. The Board were particularly pleased to note that the organisation was well on the way for further accreditation.	
9.2	A member asked if it was possible to attend all forum events. The Chief Executive clarified that the member meant Councillor Forum events which were 6 monthly and advised that all Councillors were now sent invitations to all area meetings, with area based information for sent to specific Councillors.	
9.3	The Vice Chair commented that it would be helpful, looking at percentages for satisfaction, to have a baseline. The Director of Housing and Customer Services agreed to provide this.	MMc
9.4	In response to a further query the Chief Executive reported that Housemark have published 6 month interim results and on the one indicator of 'Landlord keeping us informed', the top was score was 78%, top quartile performance was 68% and SLHD were coming out as 76% so information was feeding through positively.	
9.5	The Chair was pleased to note that Tenant Board Members were planning on attending the One Voice Forum and Tenant Scrutiny Panel meeting during April and requested that they feedback to the next Board their views.	BK
9.6	A member asked how the teams were going to reach under-represented groups. It was explained that the team would need to do more targeted work and speak to the Council and other groups. Officers were confident they could improve and learn from best practice.	
9.7	The Board noted progress to date on the Tenant Voice Strategy.	
10.	KPI Performance	
10.1	The Director of Corporate Services presented KPI performance and reported that performance for the end of year was very similar to what has been reported throughout the year.	
10.2	The Board noted that sickness KPI throughout the year has been below target and although it had changed slightly they asked if there	

	were mechanisms in place to improve performance. The Chief Executive responded that the issue had been debated by EMT and the organisation wasn't where it wanted to be; to summarise when new triggers were rolled out, this was consuming a great deal of management time. The new processes needed to bed in before re-assessing to see if they were effective.	
10.3	The Director of Property Services agreed that the number of 'stage' meetings has increased significantly and it could possibly be another 6 months to see if they were being effective or not. However, if they don't improve then further tightening down of trigger points would ensue. It was important to get the message out and the staff members that needed support could be actioned more quickly as well.	
10.4	Members asked what the organisations position was against industry average. The Director of Corporate Services reported that we were better than industry standard if we benchmarked against local authority bodies but we are worse than other housing organisations.	
10.5	A member queried if managers tracked the patterns for sickness days e.g. a lot of Mondays and/or Fridays off. This was confirmed. The member further asked if employees were ever tested for drink driving/drugs. The Director of Property Services advised that this issue was covered in the Sickness and Absence Management Policy and to his knowledge had only used it once, with just cause as the test had been positive.	
10.6	The Board asked what other work was being carried out to address levels of absence. The Director of Corporate Services explained that there were some 'deep dives' into teams and resilience training for staff carried out. For stress issues, it was very rarely stress related to work it was related more to home stress so a balance of addressing this was needed. For muscular skeletal problems, there was access through the organisation's health care provider for assistance with treatment.	
10.7	A member commented that in her organisation, staff were referred on day one of sickness to the Occupational Health officer if the absence was due to muscular skeletal issues; this had had a huge positive impact on attendance.	
10.8	The Director of Housing and Customer Services commented that it was important to talk to colleagues if there was stress and anxiety, there was an interesting correlation around reports for sickness and lack of contact with teams. The Chief Executive agreed and pointed out that there was a staff wellbeing group who were looking at mental health key contacts, trying to get people to talk and 'be well at work'.	
11.	Energy Usage Report	

11.1	<p>The Director of Property Services presented the Energy Usage Report and reminded members of the background of asking for this report. He highlighted the sample of 57 properties analysed for the report and reported the following had been established:</p> <ul style="list-style-type: none"> • All properties started with an EPC of below C and following the works achieved a new rating of EPC C. • The average KWH saving for heating was 5,330 KWH. • The largest KWH saving for heating was 11,045 KWH. • The smallest KWH saving for heating was 1,607 KWH • There was no KWH saving for water heating. • The average carbon saving per property was 1.46 tonnes. • The largest carbon saving was 3.151 tonnes. 	
11.2	<p>The Chair asked what percentage of our properties have External Wall Insulation (EWI). It was explained the percentage wasn't available, however that the treatment predominately concentrated on 9-inch solid walls.</p>	
11.3	<p>Members asked what the payback of EWI would be. The Director of Property Services explained the payback would be savings for our tenants. The organisation did receive grant funding for the works, as any energy efficient measures were heavy in cost.</p>	
11.4	<p>The Chair asked about ventilation and were tenants advised to ventilate properties once EWI was installed. This was confirmed, however members noted that there were a number of tenants that didn't heat their properties adequately.</p>	
11.5	<p>In response to a question around air source pumps, it was confirmed there were a small number of air source pumps; the geology was restrictive for ground source heating. The member further asked what additional cost would be needed to go above a C grading for properties. The Director of Property Services explained that the Council were purchasing a system called Parity to store and analysis energy efficiency data and that currently this data wasn't available.</p>	
11.6	<p>The member advised he would like to do comparisons with other ways of heating and was advised that teams were running some pilots on infra-red, however it had not been particularly successful.</p>	
11.7	<p>Members expressed concern about tenants not heating their properties adequately and acknowledged that ideally work would be done with EWI and other energy saving issues targeting the people that were in most need, however that was not always realistic.</p>	
11.8	<p>The Board noted the contents of the Sample Analysis for the Impact of External Wall Insulation Investment Programme.</p>	

12.	Committee Minutes	
12.1	The Board noted the Committee Minutes. Cllr Jones requested that he be allowed to attend the Building Safety Committee. The Chair acceded with the caveat that it would be as an observer only as the appointments to the Committee from Board had already been made.	CM
13.	Any Other Business	
13.1	<p>The Chair advised Board that this was the last meeting for the Chief Executive prior to his retirement. He thanked the Chief Executive for his leadership and management over the last 3½ years and stated he was leaving the organisation a lot stronger than when he had started.</p> <p>The Chief Executive advised he had worked for 6 Local Authorities prior to taking up his post, however he had genuinely loved working with and for St Leger Homes and appreciated everyone trying to work well together.</p>	
14.	Date of next meeting	
	<i>Date of next meeting – 6 June 2024</i>	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 06 June 2024

Item : 05

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

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Louise Robson
Governance Service Manager

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

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

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

**Agenda Item No. 05
Date: 06 June 2024**

1. Report Title

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

2. Executive Summary

- 2.1 The new Regulatory framework for social housing came into effect on 1st April 2024. This report is an update following on from the gap analysis and action plan presented to Board in March 2024. This shows where St Leger Homes currently complies with the new consumer standards.
- 2.2 The Regulator of Social Housing (RSH) will be seeking assurance that both the service outcomes tenants experience and accountability arrangements are consistent with the expectations in the consumer standards. City of Doncaster Council is the landlord and will be inspected, with St Leger Homes supporting them. If City of Doncaster Council do not comply with the consumer standards when inspected, The RSH could impose sanctions.
- 2.3 To action plans were presented to Board in March which showed, overall, we are in a good position but there were 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.
- 2.4 **Appendix A** is now a new action plan built from our self-assessment gap analysis and combined with the recommendations from our critical friend assessment from Savills. It has also been combined with another document on Consumer Standards preparation from the Housing Quality Network (HQN). It focuses on the service areas that St Leger Homes are responsible for, not those where City of Doncaster Council are responsible (such as aids and adaptations as an example).
- 2.5 For **Appendix A**, the gaps and actions needed to strengthen our position, as of May 2024 shows:

	Determination		
	Non-Compliant	Partially Compliant	Total
Housing and Customer Services	15	16	32
Property Services	13	22	35
Cross Cutting (all HOS)	0	3	3
			70

2.6 **Appendix B** is our evidence list, showing all the areas we feel we are compliant in and where we are gathering and storing the evidence in a central place, to give assurance against each section. This is an evolving document and evidence is being stored / saved on a regular basis. As it currently stands, we have **66%** of evidence gathered (154 out of 232 sections).

3. Purpose

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

4. Recommendation

4.1 That Board note the update and progress against actions.

5. Background

5.1 In June 2022 the Social Housing (Regulation) Bill was published and the Bill passed into law in July 2023. The Regulator of Social Housing (RSH) then published its draft consumer standards and its draft code of practice. Following consultation, the new regulatory framework came into force in April 2024, with the final Consumer Standards listed below:

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

5.2 The first wave of inspections by the RSH also started in April 2024, with the second wave due to be announced in June.

5.3 A Self-assessment / gap analysis on the proposed Consumer Standards was presented to Board in March 2024 and has now been split into two plans:

- **Appendix A** is now a new overarching action plan built from our original self-assessment and combined with the recommendations from our critical friend assessment from Savills and another document on Consumer Standards preparation from the Housing Quality Network (HQN). It focuses on the service areas that St Leger Homes are responsible for, not those where City of Doncaster Council are responsible (such as aids and adaptations).

- **Appendix B** is our evidence list, showing all the areas we feel we are compliant in and where we are gathering and storing the evidence in a central place, to give assurance against each section.

5.4 Both action plans now have clear owners, timescales and updates. Both action plans are also split into areas of responsibility (each directorate), alongside the standards themselves.

5.5 You will see that there isn't a line for Corporate Services. This is because the Heads of Service are listed as joint owners for some areas that require ICT, HR or Finance / Performance support.

6. Update for Q1 2024.

6.1 As we have now combined 3 different action plans into one, this report now shows the overall picture of the gaps and actions so cannot be compared to the update given to Board in March.

6.2 Each line has an update from May 2024. There may be multiple actions for each section however, these are all separated so each one can be tracked individually.

6.3 Meetings are being held on a monthly basis with the Governance Service Manager and each Director and their Heads of Service to review and update on each action, some of which have already been closed since reported in March and moved onto the compliant list.

6.4 For **Appendix A**, the gaps and actions needed to strengthen our position, as of May 2024 shows:

	Determination			Timescales for completion of actions			
	Non Compliant	Partially Compliant	Total	Q1 24.25	Q2 24.25	Q3 24.25	Q4 24.25
Housing and Customer Services	15	16	32	9	10	5	8
Property Services	13	22	35	4	20	7	4
Cross Cutting (all HOS)	0	3	3	1	1	1	0
			70				

6.5 For **Appendix B**, as it currently stands, we have 66% of evidence gathered.

	Determination		
	Compliant	Evidence gathered	%
Housing and Customer Services	177	133	75%
Property Services	55	21	38%
	232	154	66%

7. Ongoing Monitoring and next steps

- 7.1 The action plans attached will be reviewed:
- By EMT on a quarterly basis
 - By the portfolio holder, every 6 months
 - By St Leger Homes Board, every 6 months
- 7.2 City of Doncaster Council have also set up an '**Inspection Ready Board**' which includes key members across the Council and St Leger Homes. This is to assure themselves that CDC is compliant with standards. A Terms of reference has been established and the board meets on a monthly basis. The first one was held in May 2024.
- 8. Procurement**
- 8.1 There are no procurement implications arising from this report.
- 9. VFM Considerations**
- 9.1 There are no VFM implications arising from this report.
- 10. Financial Implications**
- 10.1 There are no financial implications arising from this report, other than where funding for some of the actions have already been identified.
- 10.2 The RSH has confirmed what its fees will be for the 2024/25 financial year following consultation. The fees per property for large Local Authorities will be £6.63 and for the first year of implementation the fees will only apply from 1 July (pro rata charge is £4.97). The total cost in 2024/25 will be £99k compared to £161k which was included in the budget.
- 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 mainly a self-assessment, consultation has taken place across the Leadership Team only alongside observations from Savills. These action plans are also being presented at the Inspection Ready Board so CDC can also challenge if needed.

16. Diversity

- 16.1 The Regulator emphasises that for all the new standards providers must ensure that they meet the diverse needs of residents. The new regulatory framework is designed to ensure landlords deliver fair access to services, as well as equitable outcomes for their residents. Landlords will need to know their residents so that they can respond to their needs.
- 16.2 Meeting the diverse needs of residents also links to the important principle that sits across all the Regulator's themes – that landlords must treat residents with fairness and respect. If residents are treated fairly, listened to and respected then the quality of homes and the services landlords provide will better meet residents' needs.

17. Communication Requirements

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

18. Equality Analysis (new/revised Policies)

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

19. Environmental Impact

- 19.1 There are no Environmental Impacts associated with this report.

20. Report Author, Position, Contact Details

- 20.1 Louise Robson
Governance Service Manager 862866

21. Background Papers

- 21.1 Appendix A – Consumer Standards action plan
Appendix B – Consumer Standards evidence list

Assessment standard	Action Required	Owner	Date of Completion	May 24 update	1. Compliant 2. Partially 3. Not Compliant	
The Transparency, Influence & Accountability Standard						
2b.1	Do you deliver fair access to your housing services for all residents? (CS)	Consultation for the new Customer Access strategy will commence soon and this question will be asked during this review.	HoCS	Q1 24/25	Consultation undertaken with OVF, consultation currently taking place with TARAs and community groups. Survey has been shared on FB and the website. LGBT+ involvement group meeting was cancelled and requested another meeting. CAS presentation presented to Disability Involvement Group.	Partially
2b.5	Are your communications with and information for residents clear, accessible, relevant, timely and appropriate to their diverse needs? (CS)	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. Create a new group for tenants to review letters or documents being sent from us	HoCS	Q1 24/25	Updated and just needs communicating to all staff We are working with our GIG members to identify a cohort of tenants who we can use to review key documents we either send to our customers or which customers can assess. Draft guidance document for customer has been produced. Ongoing. Drafting the terms of reference of roles and responsibilities to replace the editorial group.	Partially
2b.7	Do you support residents and prospective residents to use online landlord services if necessary? (CS)	Some need more promotion such as reporting of ASB -HoHM aware and producing comms in Houseproud and working on digital plan for tenant portal	HoCS / HoHM	Q2 24/25	Wider than the portal and portal is still work in progress. Comms team will be producing a video that showcases the My Access Portal, how customers can access and the services they can access via the Portal. This is not specific for ASB but helping tenants to access on-line services using My Access. This is a fairly big project as will need to involve tenants in the final product so this will need to be delivered by Q2 24/25. More analysis needed as to why people aren't accessing our services online.	Partially
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) (list of compliant actions in the evidence spreadsheet)	Make more use of the speech to text facility on Teams to engage with the deaf community.	All HoS	Q2 24/25	This will be trialled at the next OVF and if works we will publicise.	Partially
2e.6	Do you provide your residents with information about (CS): How you are performing in delivering landlord services and what actions you will take to improve performance where required	Performance information to be reviewed with tenants to ensure they know what it means and understands what we are doing to improve.	HoCS/ HoFaBA	Q2 24/25	Attending the OVF meeting on the May 30th and the TSP on 19th June.	Partially
The Neighbourhood & Community Standard						
3c.2	Do you have a policy on how you work with relevant organisations to deter and tackle ASB in the neighbourhoods where you provide social housing? (CS)	Included in the Housing Management policy but now creating a separate stand alone policy	HoHM	Q3 24/25	Cannot start this until CDC Tenancy Strategy reviewed.	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)	Outcome reporting for ASB is not something we currently do, look at where and how we report and ensure there is context to the information being publicised	HoHM	Q2 24/25	Need to publish ASB cases and satisfaction. Now in comms plan to do following 1. half yearly article in Hprout Oct and April 2. half yearly on website 3. quarterly social media posts with numbers of cases reported and resolved and how to report	Partially
The Tenancy Standard						
4a.6	Do you have a fair, reasonable, simple and accessible appeals process for allocation decisions? (CS)	Document the process for appeals as we currently don't have this	HoATH	Q1 24/25	Still on track to deliver	Not 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): f) The way in which a resident or prospective resident may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term	Write new flexible tenancies procedure and communicate	HoHM	Q4 24/25	Review Housing Management Policy but need to review flexible tenancies and appeals process first. Need the Tenancy strategy to be done first.	Partially
4c.5	Before a fixed term tenancy ends, do you provide notice in writing to the resident stating either that you propose to grant another tenancy on the expiry of the existing fixed term or that you propose to end the tenancy? (CS)	Write new flexible tenancies procedure and communicate	HoHM	Q3 24/25	Review Housing Management Policy but need to review flexible tenancies and appeals process first. Need the Tenancy strategy to be done first.	Partially
4d.1	Do you support relevant residents living in eligible housing to mutually exchange their homes? (CS)	We do however we do not advertise/ publicise or report on this anywhere - the website needs updating	HoATH	Q1 24/25	Working with the comms team should be online by the end of May / beginning of June. Information already updated in the Cvc Office in customer waiting area and on rotating screens.	Partially
4d.3	Do you publicise the availability of any mutual exchange service(s) you offer to relevant residents? (CS)	We do however we do not advertise/ publicise or report on this anywhere - the website needs updating	HoATH	Q1 24/25	Working with the comms team should be online by the end of May / beginning of June	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)	Would need to sit down and be an advocate for someone if they didn't have access - promote digital hubs, Schedule in an article in HP for this	HoATH	Q2 24/25	Added to July Houseproud story list and article being written	Partially
Savills actions						
S1	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.	Update the SLHD and CDC website with the policies	HoATH	Q1 24/25	Working with comms to update and also link to the allocations policy. In Draft final review and update from comms to launch in June 2024	Not Compliant
S2	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 (j) It does not state SLH's policy on granting discretionary succession rights, taking account of the needs of vulnerable household members (only relatives are referred to)	Update the policy	HoHM	Q3 24/25	Review and update the Housing Management policy	Not Compliant
S3	We understand that fixed term tenancies for larger family homes are for a minimum of 5 years, though this is not stated in the Housing Management Policy.	Update the policy once Tenancy strategy has been updated by CDC	HoHM	Q4 24/25	Awaiting update on Tenancy Strategy from CDC	Not Compliant
S4	We understand that fixed term tenancies for larger family homes are for a minimum of 5 years, though this is not explicitly stated in the Housing Management Policy. The policy states that the length of the fixed term tenancy will be determined by the period when the youngest child is 19 years old.	Update the policy once Tenancy strategy has been updated by CDC	HoHM	Q4 24/25	Awaiting update on Tenancy Strategy from CDC	Not Compliant
S5	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	Q4 24/25	Review and update the Housing Management policy	Not Compliant
S7	The Housing Management Policy and Housing Allocation Policy do not state that a secure or assured tenant whose tenancy commenced before 1 April 2012 will retain their security of tenure if they move home.	Update the policies	HoHM / HoATH	Q4 24/25	Update the Allocations policy	Not Compliant
S9	It is not clear from the reporting framework how poor performance of estate management services would be visible to the SLH Board or CDC. Tenant Satisfaction Measure TP10 will assist, but only if reported more than annually. Service standards reported to the P&I Committee do not include the detailed communal area service standards stated on the website - there is no communal area target in the service standards overseen by P&I Committee.	Consider how we can build PI's into Power BI and performance framework, how, who and where these are reported in line with the meeting framework / CDC assurance framework	HoHM	Q2 24/25	ASB quarterly, expand the report to include other housing management indicators to EMT and P&I.	Not Compliant
S10	SLH's housing system is unable to accommodate fixed term tenancies of variable length making management difficult.	See what we can do within OH for better / easier reporting and management of fixed term tenancies	HoHM /HoIBT	Q2 24/25	Can do this manually but is an ongoing action and has been raised in housing management task and finish group and DTB	Partially
S11	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	Q4 24/25	part of policy review work. ASB will now become a stand alone policy.	Not Compliant
S12	The Domestic Abuse Policy sets out a very detailed approach that is focused on person-centred prevention of harm, but this policy is not referred to in the Housing Management Policy sections on ASB or safeguarding.	Update the Policy	HoHM	Q4 24/25	as per work on policy	Not Compliant
S14	Website content could be strengthened to provide clearer information about tenants' rights and responsibilities. - for example, the repairs section only explains what repairs SLH will do and not what tenants are expected to do. The ASB section talks about how SLH will respond to different types of ASB but not what tenants' responsibilities are or how it could affect their tenancy.	Update the web pages to include this information	HoRM/ HoHM	Q2 24/25	Clearly in the tenancy agreement. Will update ASB section of website	Partially
HQN suggested actions						
H2 (TIA)	Do you make performance information/TSMs available for residents through new technology such as mobile apps? How will you issue these methods so that they better meet the needs of your residents? How have you involved your residents when considering their interest in communications using new technology?	Re consider app in consultation for updated Customer Access Strategy - maybe yes or no based on what tenants tell us.	HoCS	Q4 24/25	The use of a mobile app for customers to access our services is being considered as part of the ADP action on channel shift/digital access. Feedback is being received from customers about the use of digital access as part of the consultation on the CAS and this will be used to inform the final strategy. Channel shift and consulting on this as part of the new Customer Access Strategy and in ADP.	Partially
H3 (TIA)	Do you talk to frontline staff and operatives about why common complaints arise? How do you deal with issues raised in this way?	Charter approved and to be turned into a video and training programme early 2024.	HoCS	Q2 24/25	CX training covered complaints and feedback was gathered as part of this exercise. Charter in the process of being amended following changes to the HO Complaints Code. Video completed being slightly amended and will be rolled out once updated. Training programme, working on the scope with HR/OD to ensure this is mandatory training on FLO Report being devised but will then look at who does the analysis and drawing out the information.	Partially
H4 (TIA)	Do you know enough about the specific households making complaints? Does this show a match to data about house conditions? How do you use this information to improve services?	Look at how we can use this information and develop a routine report.	HoCS	Q3 24/25		Not Compliant

H5 (TIA)	Do complaints vary by area, stock type and/or ethnicity? If so, why? What do you do about this?	Look at how we can use this information and develop a routine report	HoCS	Q3 24/25	Report being devised but will then look at who does the analysis and drawing out the information.	Not Compliant
H7 (TIA)	In what ways have you consulted with your residents about the ways they want to be informed about the handling of complaints?	Consult with OVF about a communications plan	HoCS	Q2 24/25	Forward plan for OVF, Statutory way of informing them but restricted.	Not Compliant
H10 (T)	Do you know who is moving into your homes? Who is being allocated the new homes? Who is being allocated the homes in more popular areas?	Performance framework being drawn up for Access to Homes	HoATH	Q1 24/25	Still on track to deliver	Not Compliant
H11 (T)	Do you effectively communicate and consult with your residents and other stakeholders about your allocations and lettings service?	Need to do more communication on recent review and ensure both CDC and SLHD websites are consistent and promoted	HoATH	Q1 24/25	Turn compliant when we have done more communication. Compliant for consultation. HP articles and Allocations policy review	Partially

Assessment standard	Action Required	Owner	Date of Completion	May 24 Update	1. Compliant 2. Partially 3. Not Compliant	
The Safety & Quality Standard						
1a.1.1	Ensure there is a robust and accurate programme in place to carry out SCS every 5 years, identifying those properties that haven't had a recent one and work needs to progress. (Plan / paper of how we will carry them out.) Paper / report for EMT.	HoAM	Q2 24/25	Paper taken to EMT in April 2024. This showed that as at end of March 2024, 56% of the housing stock had received a SCS in the last 5 years. Plans are now in place to carry out 4,000 SCS per year using an external provider. This will ensure that 100% of properties are on a five year surveying cycle by 2028/29. Annual targets = 2024/25 - 67% - so far in 2024/25 - 1,472/4,000 surveys have been completed 2025/26 - 84% 2026/27 - 86% 2027/28 - 81% 2028/29 - 100%	Not Compliant	
1a.1.2	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)	NHRS hazards identified through stock condition surveys need to be recorded appropriately. Further development required on this, working with ICT to establish requirements	HoAM / HoIBT	Q2 24/25	New update being taken to EMT early June. Monitoring of hazards currently undertaken via spreadsheet and focus is being given on addressing the actual hazards in the first instance, rather than the IT system.	Partially
1a.1.3	Ensure SCS and NHRS information is reported quarterly so there is governance and oversight		HoAM	Q1 24/25	Data currently being prepared for first round of reporting in Q1. BSC received first report 9.5.24	Partially
1a.1.4	NHRS hazards identified need to be addressed in a more timely manner and the outcome recorded.		HoAM	Q2 24/25	Issue is mainly resources and capacity to both administer the incoming hazards as well as then carry out the works. By the end of May it is anticipated that all cat 1 hazards will either be completed or the works raised. During June and July all cat 2 hazards will then be tackled.	Not Compliant
1a.1.5	Mechanism for reporting / recording hazards identified through other means needs to be put in place.		HoAM	Q3 24/25	Not yet progressed - focus / priority being given to addressing hazards identified.	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 tenants that meets the requirements of this standard? You must ensure (CS):					
a)	Compliance with health and safety legal requirements	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 (Consider reporting by exception for 86 other PI that's are monitored highlighting any risks)	HoBS	Q2 24/25	Initial draft of performance report including other areas of compliance presented to EMT 18/03/2025 and Revised report to BSC to 9.5.24. Awaiting approval of format by Building Safety Group in May	Partially
b)	Compliance with the Decent Homes Standard	Ensure that decent homes reporting is automated and reported quarterly in addition to the annual RPR reporting.	HoAM / HoIBT	Q2 24/25	Manually reporting for Q4 23/24. Reported to BSC 9.5.24 still to be progressed. Can become compliant once reported in Q1 24/25	Partially
c)	Delivery of repairs, maintenance and planned improvements to stock	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 investments that is needed (or indeed tenant support required). Identify where these originate from (HM / Repairs system / SCS Complaints. Where it is drawn from, how quickly and who feeds into it and how frequently do we run it? procedure needs to be put in place to evidence. Need to formally record how asset data has influenced and shape service provision / investment via the golden thread consider documenting in capital budget setting report and any other reports that control investment expenditure (how that the data is driving the decision). Procedures/Processes Process maps require further detail around reconciliation of data (i.e. frequency of reconciliation/ Who and how) and to outline the frequency of QC/QA checks.	HoAM / HoHM / HoRM	Q2 24/25	End to end process needs to be put in place which details when, who, what and what do we do with the information and how do we use it.	Not Compliant
		Need to formally record how asset data has influenced and shape service provision / investment via the golden thread consider documenting in capital budget setting report and any other reports that control investment expenditure (how that the data is driving the decision). Procedures/Processes Process maps require further detail around reconciliation of data (i.e. frequency of reconciliation/ Who and how) and to outline the frequency of QC/QA checks.	HoAM / HoRM	Q3 24/25	Cultural shift may be needed. Planned on demand or more strategic. This will start in June once updated report received from Savills based on stock condition information	Not Compliant
1b.4.2	Does all your housing stock meet the existing Decent Homes Standard, specifically as set out in section five of those standards?	Ensure clarity / definition of DH calculation includes recording of category 4 hazards.	HoAM	Q2 24/25	Currently not included and still needs to be progressed.	Partially
1b.1.3	If not, what percentage of your stock meets the DHS? (CS)	Ensure NHRS information is reported quarterly in performance and compliance report so there is governance and oversight. (refer to row 6)	HoAM	Q2 24/25	Data currently being prepared for first round of reporting in Q1. BSC received first report 9.5.24	Partially
1b.1.4	Identify and start collating data we don't currently hold that would be needed for the new standard	Identify all identified hazards (starting with Cat 1, then moving to cat 2) are assessed, recorded and remedied within set timescales (refer to row 7)	HoAM	Q4 24/25	Already started with latest stock condition surveys on what we know so far.	Partially
1b.2	Are all your homes free from category one hazards as defined by the Housing Health and Safety Rating System? (CoP)	Ensure all identified hazards (starting with Cat 1, then moving to cat 2) are assessed, recorded and remedied within set timescales (refer to row 7)	HoAM / HoBS	Q2 24/25	Issue is mainly resources and capacity to both administer the incoming hazards as well as then carry out the works. By the end of May it is anticipated that all cat 1 hazards will either be completed or the works raised. During June and July all cat 2 hazards will then be tackled.	Not Compliant
1d.3.1		Continue to deliver the 24/25 repairs excellence programme / action plan and ensure this is monitored and reported on	HoRM	Q4 24/25	Progress against the programme monitored through the repairs board	Partially
1d.3.2	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)	Ongoing review and monitoring of repairs demand to ensure highest priority repairs continue to be prioritised - process needs to be documented to demonstrate we do this daily	HoRM	Q2 24/25	This is monitored monthly - consider what evidence can be sent to give assurance or compliance. OH reports can provide assurance we are attending to the highest priority jobs first. Checking what reports we can use to evidence compliance with	Partially
1d.3.3		Further consultation with tenants needed in terms of timescales for repairs (following conversations about urgent repairs)	HoRM	Q2 24/25	Need to consult with tenants maybe tie in with consultation on recharge policy and fencing policy. Need more work on definitions for what falls under each heading.	Partially
1d.3.3		Publicise future planned investment programmes - this year is now on the website, (https://www.silberhomes.co.uk/why-homes/Improvements-to-your-home/Our-investment-programme/) need to publicise more details (i.e. address search to see what is being done and when - more tailored approach but will need support from ICT)	HoAM / HoIBT	Q4 24/25	Basic programme info already on website. Need to look to make this more sophisticated if possible.	Partially
Savills actions						
51	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.	Decide if this is needed and give consideration as to how this could be delivered	DoPS	Q1 24/25	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. Speak to Savills for more guidance.	Not Compliant
52	EPoSAP 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/EPIC performance, but will also enable us to have the ability to model and run scenarios.	HoAM	Q2 24/25	System is still being developed	Partially
53	There was no visibility within any reports or KPI environment on the progress against target or VFM in terms of cost, for any component programmes being delivered	Strengthen reporting on what we get for the money we spend - maybe include in the Asset Report. Maybe see what other 'housemark' scores we can use. Report that goes to EMT 3 times a year (Capital programme report, April, mid year, end of year)	HoAM / HoFABA	Q3 24/25	Significant piece of work. Can we pull out any quick wins as a starter for 10? Need to give this some more thought - perhaps can include something in the stock condition report.	Not Compliant
55	Rechargeable Repairs Policy is in need of updating in line with the new 'One Repair Service'.	Update and promote new policy	HoRM	Q2 24/25	This will involve Housing, Finance and wider consultation	Partially
56	Policy content - in all policies there was little or no detail on the reconciliation of data between systems. Clear KPI measures were also missing in the (Water, Lifts, Electrical and Fire policies).	Update the policies - Remove and add to CDC on compliance strategy	HoBS	Q3 24/25		Partially
57	All policies (excluding Fire) were lacking in detail on remedial works (i.e. electrical remedials, water remedials and lift remedials) in terms of how and when these would be completed and monitored.	Update the policies - Remove and add to CDC on compliance strategy	HoBS	Q3 24/25		Partially
58	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.	Write the procedures - Need time to determine responsibilities and methodology, reconciliation is daily and automated between major systems OH & C365 Evidence Mandate template	HoBS	Q3 24/25	Building safety assurance group looking into this further	Partially
510	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	Complete full implementation of (C365) There are over 5,000 properties which need to be migrated hence the time it will take to migrate the records from IOW to C365.	HoBS	Q3 24/25	Electrical compliance Officer and Service Manager Compliance migrating all EICRs onto C365 to evidence compliance at property level. Cross checking documents to migrate	Partially
511	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 (Need to be careful performance report will grow in length which is not what the committees and groups want?)	HoBS	Q2 24/25	Now included in the Safety and Performance report by exception. Once the format is agreed this will be reported each quarter. Awaiting approval by Building Safety group in May.	Partially
512	Assurance - consideration for Fire and Water safety 3rd party specialists to provide assurance measures in terms of good practice. Ensure that in all areas of landlord compliance QC/QA checks	This needs further consideration - ? budget needed for this for other areas	HoBS	Q2 24/25	Initial meeting with external auditors for Asbestos and Water awaiting quotes for works and scope of audit to be designed.	Partially
514	Needs a specific building safety section on the website - new pages need designing so information can be easily accessed	Update the web pages to include this information	HoBS	Q1 24/25	Already in place on the intranet Mirror this	Not Compliant
515	Need to put information about the fire and structural protections of the buildings where tenants live on the website	Update the web pages to include this information	HoBS	Q1 24/25	Already in place on the intranet Mirror this	Not Compliant
MON suggested actions						
H.1	For higher risk buildings, have you produced a resident engagement strategy in conjunction with your residents that ensures they are involved in the management of the building where they live?	Update the strategy and promote as an appendix to the Customer Involvement Strategy	HoBS	Q2 24/25	Out for consultation with High Rise Forum in April. Need to review feedback and update as appropriate and then communicate.	Partially
H.2	Do you know what your residents' priorities are on safety issues?	Need to do more to understand priorities and how these might change - work with Customer involvement team to define 'safety' and priorities. What's TSM? Maybe explore what workspace can offer too help and ask a question on a survey to close this off and look at the feedback to ensure we are focusing on the right areas.	HoBS / HoCS	Q2 24/25	Feedback will be wider than Property services - review TSM feedback once received.	Not Compliant
H.3	Is it easy for residents to obtain information about the fire and structural protections of the buildings where they live?	Tenancy assurance document wider than fire and structural.	HoBS	Q4 24/25	Leaflets given out to high rise and multiple dwellings (oct 23) won an award for tenant engagement	Partially
H.4	Have you reviewed your complaints policy (and associated procedures) so that residents can easily raise issues about the safety of their homes?	Ensure this is considered and updated as and where needed. If it doesn't fit in the complaints policy, a new procedure will need writing.	HoBS / HoCS	Q2 24/25	Resident engagement strategy will cover this at H1	Not Compliant
H.5	Do you have a standalone policy/procedure for dealing with DMC issues which have been subject to recent review?	Have a policy in place, Document the procedures	HoAM	Q2 24/25	Governance team can help when DMC team have capacity	Partially
H.6	Do your staff/operatives see every home visit as an opportunity to identify DMC issues?	Develop an e-learning package with a referral process at the back end so there is a process where staff can easily follow and report.	HoAM	Q2 24/25	Partially developed e-learning module - planned to roll out over summer.	Not Compliant

Assessment standard	Action Required	Lead HOS	Date of Completion	May 24 update	1. Compliant 2. Partially 3. Not Compliant	
The Transparency, Influence & Accountability Standard						
2b.3	Do you have the relevant information you need to understand the diverse needs of your residents, including those arising from protected characteristics, language barriers, and additional support needs? (CS)	Action plan will be put in place to plug the gaps along with a new data smart strategy and KIT visit schedule. Potential scope of utilising Voicescape to be explored	HoHM	Q3 24/25	Strategy still being developed. KIT visits are underway	Partially
2b.10	Have you explored a range of different solutions to ensure you maximise the response rate for collecting information about the characteristics of your residents? (CoP)	Implement the new data smart strategy and accompanying action plan	HoHM	Q2 24/25	Strategy still being developed. KIT visits are underway	Partially
S1	There is limited KPI information - expansion of the current KPIs to give a more balanced view of the service both in terms of delivery to customers and costs (such as proportion of emergency repairs against routine repairs, no. of cancelled repairs, cost per property/by repairs category, number of repairs per property, repairs completed on target) and improvement/remedy measures underway and in place to address shortfalls in delivery (e.g. additional trades/contractor resource) – In Housemark and VFM statement, needs something more regular and in a different way for R&M	Create a central list of what we report, who we report it to, who owns the reports and how frequently we report it	HoFaBA	Q1 24/25	On track	Partially

Assessment standard	List evidence or provide link Or state current position	Evidence provided	Owner	May 24 Update	1. Compliant 2. Partially Compliant 3. Not Compliant	
Safety and Quality						
1c.3 Have you ensured that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales? (CS)	Fire Risk Action Plan including communal upgrade programme		HoBS		Compliant	
	Completion of actions identified during electrical testing (C1 & C2's) etc.		HoBS		Compliant	
	C365 actions register		HoBS		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 Assessment processes		HoBS		Compliant	
	Risk registers containing Risk Assessments for services which are delivered and how these effect residents ensuring any risks to residents are mitigated		HoBS		Compliant	
	Project plans?		HoBS		Compliant	
	Operational Risk Register	Yes link attached			Compliant	
1c.9 Do you have access to the right skills and knowledge to manage your homes safely?	Strategic Risk Register	Yes link attached			Compliant	
	We have detailed job profiles with minimum skills and qualifications for all job posts.		HoAM / HoRM / HoBS		Compliant	
	Ongoing CPB for all staff (toolbox talks/mandatory training).		HoAM / HoRM / HoBS		Compliant	
	Job specific training.		HoAM / HoRM / HoBS		Compliant	
	3rd party audited for certain roles.		HoAM / HoRM / HoBS		Compliant	
	1c.9 - Working Chargehand 04.05.2020 JD.doc (More JDs need to be provided here)	Yes for one but more needed.	HoAM / HoRM / HoBS		Compliant	
1c.10 Overall, have you put in place policies/practices to meet the requirements of the Building Safety Act/Fire Safety Act/relevant safety orders?	Need to link all the policies, please can you let us know which ones and we can link them		HoBS		Compliant	
1c.11 Have you arranged to monitor the plans of the DLUHC, Home Office, HSE and RSH to introduce the provisions of the new regulatory framework on safety?	How do we evidence this?		HoBS		Compliant	
1c.12 Have you appointed a health and safety lead to monitor your compliance with the requirements set out in all relevant legislation? Have you appointed a 'principal accountable person' to oversee the safety of 'higher risk' residential buildings?	Do we use the management agreement to evidence this? This also needs to be on our websites I believe.		DoPS		Compliant	
1c.13 Do you have comprehensive data (including up to date registers) for all your homes in respect of the following: - Gas servicing? - Electrical testing? - Fire safety? - Lift safety? - Asbestos? - Legionella and water systems?	What are the best reports to link to and use as evidence, need to link wider than just reporting to EMT if we decide then LR/SA can link the appropriate reports.		HoBS		Compliant	
1c.14 Is the data accurate? How do you know? Has this data been analysed to enable you to manage the safety of your housing effectively and efficiently?	Internal / external audits - can we have the outcome reports from the audits please - is this just the KPI for gas servicing or have they looked any wider?		HoBS		Compliant	
1c.17 What arrangements have you in place to remove/replace dangerous cladding on your higher risk buildings?	(We have no ACM) Properties have been identified and action is being taken as a result - what are we using as evidence for this? NROSH returns.		HoBS		Compliant	
1c.18 Do you have arrangements in place to engage with residents about the safety of their homes?	High rise forum - There is a drop in session at each of the sites and there is still a quarterly forum - evidence (minutes) of these happening		HoBS		Compliant	
	Comms in Houseproud. https://www.stlegerhomes.co.uk/about-us/houseproud/ Jan 23: Winter safety, Disrepair, STAR survey, Gas Servicing, Safety Inspections. April 23 - Gas and Electrical safety tests, Damp and Condensation, Fire safety July 23 - Legionella, Gas and electrical Safety, High rise forum Oct 23 - Fire safety (Tumble Dryers) Condensation Jan 24 - Building Safety Video, Condensation April 24 - Did you know (p11), Gas servicing We use other forums to discuss key policies & strategies, i.e. OVF. OVF Agenda email about policy reviews and forward plan	Yes link attached		Updated LR	Compliant	
1c.20 Do you know that your messages on safety are getting through to your residents?	Yes we can monitor calls and repair requests following articles in HP or social media posts - What evidence can we provide for this please?		HoBS		Compliant	
1c.21 Do you gauge resident satisfaction with the safety of their homes, as required under the consumer standards?	Tenancy Satisfaction Measures Report	Yes link attached			Compliant	
1d.2 Do you enable repairs and maintenance issues to be reported easily by your residents? (CS)	Customer Access Strategy 2020-2024.docx	Yes Link attached			Compliant	
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. https://www.stlegerhomes.co.uk/my-home/improvements-to-your-home/	Yes Link attached		Updated LR	Compliant	
	Letters to tenants advising of planned investment. Tenant liaison visits		HoRM		Compliant	
	Responsive repair - verbally told at point booked via phone, or online. SMS then sent to remind, call ahead to remind. https://www.stlegerhomes.co.uk/my-home/our-repairs-service/	Yes Link attached		Updated LR	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.		HoBS		Compliant	
			HoBS		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 are able to report repairs for communal areas in addition to repairs in their own home.		HoRM		Compliant	
	Our High Rise Forum provides an opportunity for tenants to raise issues regarding communal areas in our High Rise Blocks - https://www.stlegerhomes.co.uk/my-home/get-involved/high-rise-forum/	Yes Link attached		Updated LR	Compliant	
	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		HoRM		Updated LR	Compliant
	Any improvements carried out by external contractors are procured through appropriate processes, which have tested the market.	VFM report already in the folder		HoRM		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 or other examples of specific repairs or installations as evidence		HoRM		Compliant	
1d.8 Do you aim to consult affected residents in a timely manner before the start of any planned improvement programmes, and update affected residents if providers foresee any delays to the programme? In doing so, you should be mindful of the regulator's requirements in relation to the diverse needs of residents. (CoP)	Do we still do choice events? - what can we use for evidence here?		HoRM		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 improvements have been put in place to monitor the effectiveness of this service. 1 cards now being put through tenants doors after each clean. 2 monitoring by our own staff as part of communal area inspections and TSP review.	Evidence in the folder from Housing Services		Updated LR	Compliant	

1d.10	Are the service standards for your repairs service clear and comprehensive?	https://www.stlegerhomes.co.uk/about-us/our-service-standards/	Yes link attached			Compliant
1d.11	Do you achieve high levels of service user satisfaction with your stock investment programme and your asset management practices more generally?	Latest TSM for 23/24 shows 80% satisfied with overall Repairs (Median) and maintenance, 76% happy their home is well maintained (Median) Need the physical KPI or TSM report showing benchmarking levels- https://www.stlegerhomes.co.uk/media/hvhs5iro/tsm-outturn-2023.pdf	Yes link attached		Updated LR	Compliant
1d.12	Do you know what residents think of your service? How do you plan to improve your repairs service to meet residents' needs?	Tenancy Satisfaction Measures Report How do we evidence what we are doing to improve the service? Do we use the Action plan from the repairs excellence programme?	Yes link attached		HoRM	Compliant
1d.14	Do you record how long residents must wait for their calls to be answered?	https://www.stlegerhomes.co.uk/about-us/our-service-standards/	Yes link attached			Compliant
1d.17	What options are there for vulnerable tenants to report repairs?	Customer Access Strategy 2020-2024.docx But I think we need to think wider than this - do we do anything specific we can use as evidence			HoRM	Compliant
1d.16	Do you use a risk algorithm that helps identify and prioritise where health and safety is implicated?	We are using a script as triage, based on risk. Need the evidence of the script.			HoRM	Compliant
1d.17	Do you have specialist teams to deal with DMC?	https://doncastercouncil.sharepoint.com/sites/StLegerHomesIntranet/SitePages/Damp-%26-Mould-Team.aspx Don't have a dedicated repairs team to deal with DMC but Do have a specialist contractor we can use for specialist cases. Semi skilled operatives (funding identified and approved).	Yes link attached			Compliant
1d.20	Do you encourage your residents to report DMC problems?	https://www.stlegerhomes.co.uk/my-home/our-repairs-service/damp-mould-and-condensation/ HouseProud articles - Comms in HouseProud. https://www.stlegerhomes.co.uk/about-us/houseproud/ Jan 23 - Winter safety, Safety Inspections. April 23 - Damp and Condensation, Oct 23 - Condensation Jan 24 - Condensation Yes we do, can share reports and stats.	Yes link attached Yes link attached		Updated LR	Compliant
Savills actions						
54	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).	Ensure there is more visibility and frequent reporting of the backlogs and progress made to reduce the numbers. EMT and PI have had sight in Q4 23/24. Further paper being prepared on funding and resource. Once agreed this will need to be reported on. Frequency of reporting to be put in the report. EMT have received a number of reports and a presentation to P&I will provide the details of repairs demand and include Cat 1/2 hazards, and DMC demand.	Evidence is easily accessed on Convene			Compliant
59	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 BSU relative to the existing Home Standard.	Ensure we have robust programme in place to complete these and include section in the Building safety report to report and update on the progress on these and also including in the report about giving considerations as to when to self refer. Approach agreed with Landlord through the SLHD BSC & EMT and Board and CDC Building Safety Group January 2024 evidence report available. This is now closed and covered and reported to Board and BSC		HoBS	I believe we are reporting this now through the BS report but can we evidence we have a robust plan to bring these up to date and evidence who and why we have made the decision to not self refer and have all this minuted. (Find minutes)	Compliant
513	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.	Update the web pages to include this information - https://www.stlegerhomes.co.uk/my-home/our-repairs-service/	Yes link attached			Compliant
516	Website content could be strengthened to provide clearer information about tenants' rights and responsibilities. – for example, the repairs section only explains what repairs SLH will do and not what tenants are expected to do. The ASB section talks about how SLH will respond to different types of ASB but not what tenants' responsibilities are or how it could affect their tenancy.	Update the web pages to include this information https://www.stlegerhomes.co.uk/my-home/our-repairs-service/	Yes link attached			Compliant

Assessment standard	List evidence or provide link Or state current position	Evidence Provided	Owner	May 24 Update	1. Compliant 2. Partially Compliant 3. Not Compliant
Tenancy, Accountability and Influence					
2a.1	Do you foster a strong culture throughout your organisation of fairness, courtesy and respect? (CS)	Skills and Behaviours https://doncastercouncil.sharepoint.com/sites/StLegerHomesIntranet/SitePages/Our-Skills-and-Behaviours.aspx TSM treating tenants with fairness and respect 90% for 2023 - https://www.stlegerhomes.co.uk/about-us/our-performance/ Delivered Customer Excellence Training for all existing staff and included in induction for new starters Tenant Compliments - https://doncastercouncil.sharepoint.com/u:/r/sites/StLegerHomesIntranet/SitePages/Customer.aspx?csf=1&web=1&e=QhTJQZ Internal staff STAR awards Internal - https://doncastercouncil.sharepoint.com/sites/StLegerHomesIntranet/SitePages/St-Leger-Stars.aspx Refreshed EDI training - equally yours	Yes link attached Yes link attached Yes link attached Yes link attached	Updated LR Updated LR Updated LR Updated LR	Compliant Compliant Compliant Compliant
2a.2	Can you provide assurance that you listen to your residents and that they can place their trust in you as a landlord? (CoP)	We can prove we listen - how do we prove trust https://www.stlegerhomes.co.uk/my-home/get-involved/		HoCS	Compliant Compliant
2a.3	Do you adapt your services and means of communication to meet the needs of individual residents? (CoP)	https://www.stlegerhomes.co.uk/media/ljpbzzy/communication-strategy.pdf	Yes link attached		Compliant
2b.2	Do you ensure that all residents achieve equitable outcomes from the services you deliver? (CS)	Equality Impact Assessments;		HoHROD	*LR/SA to help and find evidence for this one" Emailed DD
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. How do we evidence this?		HoCS	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
2b.11	Do you have the relevant information you need about your residents as a whole, in addition to information about individual tenants, to inform the design and delivery of your strategies, policies and services? (CoP)	EIA - not enough, Savills asked what else can we use as evidence here Use EDI quarterly dashboards and actions listed in them.		All HoS	Compliant
2c.1	Do you take residents' views into account in your decision making about how landlord services are delivered? (CS)	Comment from Savills to strengthen further consider evidencing how we use feedback from surveys, learning from complaints 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. https://www.stlegerhomes.co.uk/media/yyvlsu2w/tenant-voice-strategy.pdf	Yes, link attached	HoCS	Compliant 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)	plus web pages plus CI strategy and model - One Voice Forum is used to consult and influence strategies and policies, TSP scrutinise services https://www.stlegerhomes.co.uk/media/yyvlsu2w/tenant-voice-strategy.pdf Tpas Accreditation - https://www.stlegerhomes.co.uk/my-home/get-involved/ St. Leger Homes St. Leger Homes Get involved (stlegerhomes.co.uk)	Yes, link attached Yes link attached Yes link attached	Updated LR	Compliant Compliant 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 - added the get involved and you said we did links but can we use some of the scrutiny reports done from the TSP? https://www.stlegerhomes.co.uk/my-home/get-involved/ https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/you-said-we-did/	Yes links attached and TSP report in the folder as well		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)	Website is fully accessible with reachdeck - https://www.stlegerhomes.co.uk/# We save and store communication preferences such as Braille, Audio, coloured paper and send HP and other letters out in this way (or audio clips) maybe use a screen shot of what we store on OH) We utilise BIG WORD and have a translation service as part of an SLA with the council We do EDI quarterly and yearly reports showing actions and next steps to help. 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 . - Leaflet to be sent via email targeting groups and encouraging how to get involved and the benefits of being involved. FB communication, specific page on website.	Yes link attached Yes in folder Yes in Convene and can be easily found 23/4 Yes Evidence in folder	HoCS	Compliant Compliant Compliant 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 this services. What physical evidence can we attach? Groups have been set up by the EDI Manager to include diverse tenants in how we deliver our services - Disability, LGBT, Ethnic Minority		HoCS / HoHROD	Compliant
2c.13	Are your service standards on engagement clear and comprehensive from a resident's perspective?	Tenant Voice Charter and published on the website - https://www.stlegerhomes.co.uk/my-home/get-involved/tenant-voice-strategy/	Yes - Link attached		Compliant
2c.14	Do you achieve high satisfaction levels on resident engagement? Do you disaggregate this information to identify groups/communities where resident engagement could be enhanced?	Measured through TSMs TP06 (72%) and TP07 (79%) can segregate by management area	Yes information attached		Compliant
2c.15	Does the level of resources and training for residents demonstrate your commitment to resident engagement?	Benchmarking - VFM statement	Yes in folder		Compliant
2c.16	Do you maximise the impact from the resources you spend on resident engagement?	Benchmarking - VFM statement	Yes in folder		Compliant
2c.18	Do you ensure residents are an integral part of your governance structure? Do you consider residents' views in the decision making about how landlords services are delivered?	yes from a SLHD perspective with Tenant board members https://www.stlegerhomes.co.uk/about-us/our-board/	Yes link attached		Compliant
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 - https://www.stlegerhomes.co.uk/# Houseproud - https://www.stlegerhomes.co.uk/about-us/houseproud/ Social Media - https://www.facebook.com/stlegerhomes , https://twitter.com/StLegerHomes Coms strategy - https://www.stlegerhomes.co.uk/media/ljpbzzy/communication-strategy.pdf You Tube Channel - https://www.youtube.com/@stlegerhomes TSP holds the organisation to account and OVF is used to inform and shape policies and strategies. How do we feed back to the groups?	Yes link attached Yes link attached Yes link attached Yes link attached Yes link attached	Updated LR	Compliant Compliant Compliant Compliant Compliant
2d.2.1	a) Available landlord services, how to access those services, and the standards of service residents can expect	Available on website - https://www.stlegerhomes.co.uk/about-us/our-performance/ Publicised in Houseproud - most editions have information on services. https://www.stlegerhomes.co.uk/about-us/houseproud/	Yes link attached Yes link attached	HoCS	Compliant Compliant

		Videos as appropriate such as annual review - https://www.stlegerhomes.co.uk/about-us/our-annual-review/	Yes link attached			Compliant
		Customer Charter - https://www.stlegerhomes.co.uk/media/kvylfjbg/customer-charter.pdf	Yes link attached			Compliant
		OVF consulted on KPIs each year as well https://www.stlegerhomes.co.uk/about-us/our-service-standards/	Yes link attached	HoCS		Compliant
2d.2.2	b) Standards of safety and quality residents can expect homes and communal areas to meet	High rise forum - Newsletter - https://www.stlegerhomes.co.uk/my-home/get-involved/high-rise-forum/	Yes link attached			Compliant
		There is a drop in session at each of the sites and there is still a quarterly forum. https://www.stlegerhomes.co.uk/my-home/get-involved/high-rise-forum/	Yes link attached			Compliant
		We use other forums to discuss key policies & strategies, i.e. OVF - Challenge from Savills - Suggest this is expanded to include provision of information generally - OVF isn't sufficient. Moer information provided in folder on allocations policy review which was wider than OVF, flexible tenancy review and corporate plan	Yes in folder			Compliant
2d.2.3	c) Rents and service charges that are payable by your residents	Yes rent statements annually with HP - what about service charges or other charges (garages etc.), can we evidence this?		HoFaBA / HoAM		Compliant
2d.2.4	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. https://www.stlegerhomes.co.uk/my-home/communal-area-cleaning/	Yes link attached			Compliant
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 Policies. https://www.stlegerhomes.co.uk/about-us/policies-and-strategies/	Yes link attached			Compliant
2d.5	Where relevant, do you set out the decision-making criteria and appeals processes for your policies and practices? (CS)	Compliments, Complaints & Comments Policy	Yes link attached			Compliant
2d.5.1		Housing Allocations Policy - Challenge from Savills - what about appeals relating to introductory tenancies, fixed term tenancies etc	Yes link attached			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)	Accountable person is CDC and all of this needs updating on our web and CDC web		HoCS	Awaiting agreement of this in management agreement and can then publicise on both websites	Compliant
2d.6.1		https://www.stlegerhomes.co.uk/about-us/meet-the-team/	Yes link attached			Compliant
2d.7	Effective communication with residents and the provision of clear and accessible information is at the heart of an effective resident/landlord relationship. Do you make your residents aware of the services and standards of service you provide, and the different ways in which residents can contact you as their landlord? (CoP)	Already documented lots of these through web pages, Houseproud, letters, social media and sign up pack	Yes in folder			Compliant
2e.1	Do you collect and provide information to support effective scrutiny by residents of your performance in delivering landlord services? (CS)	St. Leger Homes Our Performance (stlegerhomes.co.uk) We also have the TSP who scrutinises the information - all info listed in sections above - do we have any minutes or agenda to prove they look and scrutinise this information?		HoCS		Compliant
2e.2	Do you meet the requirements in relation to the tenant satisfaction measures determined by the Regulator as set out in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements? (CS)	Internal Audit Reports- Saved A&R papers showing IA audit on TSM measures	Yes in the folder		Updated LR	Compliant
2e.2.1		Tenant Satisfaction Perception Results	Yes link attached			Compliant
2e.3	Do you collect and process information specified by the Regulator relating to your performance against the tenant satisfaction measures? The information must be collected within a timeframe set by the Regulator and must meet the Regulator's requirements in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements. (CS)	Yes and in accordance with the technical requirements specified by the Regulator. - How do we evidence?		HoCS		Compliant
2e.4	Do you annually publish your performance against the tenant satisfaction measures? This should include information about how you have met the Regulator's requirements set out in Tenant Satisfaction Measures: Technical requirements and Tenant Satisfaction Measures: Tenant survey requirements. This information must be published in a manner that is timely, clear, and easily accessed by residents. (CS)	TSMs will also be published in Houseproud in January 2024. - https://www.stlegerhomes.co.uk/about-us/houseproud/	Yes link attached		Updated LR	Compliant
2e.4.1		https://www.stlegerhomes.co.uk/about-us/our-performance/	Yes link attached			Compliant
2e.5	Do you annually submit to the Regulator information specified by the Regulator relating to your performance against the Tenant Satisfaction Measures? The information must be submitted within a timeframe and in a form determined by the Regulator. (CS)	Data will be submitted by the Council		HoCS		Compliant
2e.6.2	b) How you have taken residents' views into account to improve landlord services, information and communication	We provide to tenants who are on the OVF and feedback to TSP Covers You said we did and performance information. You said we did has been updated but need more ongoing ones to put on the web - devise a marketing plan to promote these on a regular basis All tenant facing policies and strategies are consulted on plus any major changes to services or and corporate plan Communications plan can evidence this as compliant		HoCS		compliant
2e.6.3	c) How income is being spent	https://www.stlegerhomes.co.uk/about-us/our-annual-review/	Yes link attached		Updated LR	Compliant
2e.7	a) Entities within your group and/or	Yes in the TSM report to P&I in Nov and on website - https://www.stlegerhomes.co.uk/about-us/our-performance/	Yes link attached			Compliant
	b) Specific property types such as general needs or housing for older people and/or	This data has been captured and we can report if required.		HoCS		Compliant
	c) Different geographical areas and/or	TSM P&I report	Yes in Convene and can be easily found			Compliant
	d) Specific resident groups such as those who share different protected characteristics	TSM P&I report	Yes in Convene and can be easily found			Compliant
2e.12	Can residents find out how and why your costs and performance compare to other providers?	VFM published in board papers and benchmarking on performance info. part of council info too that gets published. https://www.stlegerhomes.co.uk/about-us/our-board/	Yes link attached			Compliant
2e.13	Can residents find out if you are delivering value for money services?	VFM published in board papers and benchmarking on performance info. part of council info too that gets published. https://www.stlegerhomes.co.uk/about-us/our-board/	Yes link attached			Compliant
2f.1	Do you ensure that complaints are addressed fairly, effectively, and promptly? (CS)	We are fully compliant with the Housing Ombudsman's Complaints Code. The latest assessment against the code is published on our website. We involve members of TRIP to challenge our assessment. The complaints process is publicised on our web and in Houseproud. We have leaflets and poster publicising our procedure. The annual review includes a section about type of complaints received and how we have learned from these. https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/complaints/	Yes link attached			Compliant
		We report on these to EMT and P&I and OLB - reports can be found on Convene	Yes reports can be easily located on convene			Compliant
2f.2	Do you ensure that your approach to handling complaints is simple and accessible? (CS)	https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/	Yes link attached			Compliant
2f.3	Do you publicise your complaints process and what residents can do if they are dissatisfied with the outcome of a complaint or how a complaint was handled? (CS)	St. Leger Homes St. Leger Homes Your feedback matters (stlegerhomes.co.uk)	Yes link attached			Compliant
2f.4	Do you provide residents with information about the type of complaints received and how they have learnt from complaints to continuously improve services? (CS)	St. Leger Homes Our Performance (stlegerhomes.co.uk) You said, we did also publicised on the website	Yes link attached			Compliant

2f.5	In addressing complaints, do you ensure that you provide regular updates to affected residents about the progress you have made to resolve the complaint fairly and the next steps you plan to take, with clear timescales? (CoP)	Complaint response letters clearly explain next steps - just need some redacted examples.		HoCS		Compliant
2f.6	When addressing complaints do you consider relevant requirements of other bodies, including those of the Housing Ombudsman and specifically its Complaint Handling Code? (CoP)	St Leger Homes St Leger Homes Your feedback matters (stlegerhomes.co.uk) Shows details of the complaint handling code and our self-assessment against it	Yes link attached			Compliant
2f.9	Do you produce clear letters that residents receive from you about their complaints? Do these letters address all the points in full? Are they sent out on time?	We are fully compliant with the HO Code - See self-assessment on the website referenced earlier - also need to provide selection of letters		HoCS		Compliant
2f.13	Have you complied with the requirements of the Ombudsman's Complaint Handling Code, including the submission of relevant self-assessments? If so, what did you learn from your self-assessments? How will you put that learning into practice?	Yes - self assessment and action plan can be found on our website: https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/	Yes link attached			Compliant
2f.14	Have you involved residents in your complaint handling procedures? Have you created residents' panels (or similar) to engage with your residents on complaint handling?	Review of procedures recently undertaken with regard to how Stage 2 complaints are dealt with - consulted with TSP on changes.	Yes procedure in the folder			Compliant
2f.15	Have you taken measures to advise your residents about the services available from the Ombudsman to assist them to resolve complaints about the delivery of your housing services?	St Leger Homes St Leger Homes Your feedback matters (stlegerhomes.co.uk)	Yes link attached			Compliant
2f.17	Are you making use of the service offered by the Ombudsman to improve your complaint handling, including through mediation?	Have not had cause to use the mediation service but are aware of it. Using various spotlight reports and quarterly feedback reports from HO to improve. Evidence? Is this just the EMT forward plan /minutes?	Yes on convene - spotlight reports have gone to EMT and P&I			Compliant
2f.18	Are you monitoring the Spotlight reports and performance data published by the Ombudsman and, through them, identifying the opportunities to improve your services?	Yes all reported to EMT and shared with HOS - recent examples include Damp and Mould and KIM.	Yes on convene - spotlight reports have gone to EMT and P&I			Compliant
2f.19	The Complaint Handling Code gives the Ombudsman stronger powers to require landlords to provide any information it needs within a reasonable timeframe. Have you complied with this requirement?	https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/	Yes link attached			Compliant
2f.20	Are you picking up complaints made on social media, Google, Trustpilot, etc? What systems do you have to deal with complaints made through social media?	Yes definitely Facebook and procedures put in place to pick up Google and Trustpilot with procedures to respond to any comments raised.		HoCS		Compliant
2f.21	Do you use social media, newsletters, rent account statements, etc to reach as many residents as possible in your approach to complaint handling?	Yes, we have a dedicated section on the website https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/ Articles in HP about how we handle complaints - https://www.stlegerhomes.co.uk/about-us/houseproud/ in Jan 23, Oct 23 and Jan 24 editions. find social media articles	Yes link attached	HoCS		Compliant
2f.22	Have you changed your complaint handling processes given the removal of the 'democratic filter' associated with the previous approach to complaint handling?	Yes - included in new policy https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/	Yes link attached			Compliant
2f.23	a) Where your organisation has been cited in this way, have you responded to the Ombudsman adverse judgment? Have you put in place changes in your practices that have addressed the complaint(s) upheld by the Ombudsman? How have you reported these cases to your residents, boards/governing bodies and other stakeholders?	Yes report to Board in August 2023 - just need a copy	Yes on the website in the Bord mins and on convene			Compliant
2g.1	Do you communicate with the Regulator on all material issues that relate to non-compliance or potential non-compliance with the consumer standards? (CS)	Will comply when applicable - can we evidence when?	will evidence when applicable			Compliant
Savills actions						
S1	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.	Completed new page has been designed around accessibility - https://www.stlegerhomes.co.uk/contact-us/	Yes link attached			Compliant
S15	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. TOR need to change and forward plan need to change. Options paper, process moving forwards and discuss at OVF. Agreed scope of what they will look at and analyse. Will receive complaints P&I report on a quarterly basis and KPI reports on a quarterly basis as well Piloting 24 May to challenge complaints. Process and programme of meetings set up.	Yes evidence in folder			Compliant
HQN suggested actions						
H1	Have you reviewed your complaints policy (and associated procedures) so that residents can easily raise issues about the safety of their homes?	Ensure this is considered and updated as and where needed. If it doesn't fit in the complaints policy, a new procedure will need writing. Specific section will be included in the policy in line with the updates self assessment and changes from the new code. Need a copy of the new complaints policy		HoCS		Compliant
H6	Are you making use of the service offered by the Ombudsman to improve your complaint handling, including through mediation?	Publicise mediation service across the organisation. Yes, webinar, spotlight reports, failure orders, member responsible for complaints will also attend https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/complaints/	Yes link attached			Compliant
H8	The Ombudsman is engaging more directly with residents of social housing. Have you enabled your own residents to be involved in 'Meet the Ombudsman' events and similar?	Will flag with OVF and TSP for their involvement when they do arise and Webpage dedicated to advertise these however No new dates on the ombudsman page https://www.stlegerhomes.co.uk/my-home/your-feedback-matters/complaints/	Yes link attached			Compliant

Assessment standard	List evidence or provide link Or state current position	Evidence Provided	Owner	May 24 Update	1. Compliant 2. Partially Compliant 3. Not Compliant
Neighbourhood and Community					
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) (Challenge from Savills for all of these to give more evidence / assurance about outcomes)	Locality slides already in the folder	Yes in the folder			Compliant
	Community safety strategy in the folder	Yes in the folder			Compliant
	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. https://www.stlegerhomes.co.uk/about-us/news/latest-news/our-day-of-action/ AND Houseproud articles in Jan 23, April 2024 - https://www.stlegerhomes.co.uk/about-us/houseproud/	Yes links attached		Updated LR	Compliant
	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. Estate Inspection schedule and procedure	Yes and in the Folder			Compliant
	We also have a communal area inspection programme to inspect all communal areas in flats. communal area inspection schedule and procedure We have Service Level Agreements for communal area cleaning and grounds maintenance and tree management - all delivered by CDC	Yes and in the Folder Yes and in the Folder			Compliant 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? (CoP)	We work closely with CDC on fly tipping hot spot areas. https://www.stlegerhomes.co.uk/about-us/news/latest-news/our-day-of-action/ AND Houseproud articles in Jan 23, April 2024 - https://www.stlegerhomes.co.uk/about-us/houseproud/	Yes Link attached			Compliant
	We have a number of community gardens across the borough which tenants maintain and are active with Environmental pride - case studies and info here. Gardens we work with are: Thornham Community Garden Armthorpe and Circuit House, Woodlands. https://www.yourlifedoncaster.co.uk/environmental-pride	Link attached			Compliant
3a.3 Do you respond to the diversity of your different communities to ensure that all residents have fair and equal access to neighbourhood and estate management services?	All housing management staff are trained in EDI	evidence of an outcome	HoHM		Compliant
	All housing management staff access customer profile information to identify diverse issues.	Procedures and evidence of an outcome	HoHM		Compliant
	EIA for Housing management policy? / CAS		HoHM		Compliant
3a.6 Do you learn from the complaints that your residents have about how their neighbourhoods/communities are managed? Have you put in place changes to your policies and practices to address the complaints that have been made?	Yes - complaints raised regarding grounds maintenance, trees, communal cleaning are all fed back to CDC via SLA monitoring and changes have been made to schedules and frequencies. All SLA details are saved in the folder. need evidence of you said we did to complaints. TSP review in the folder as well	TSP review in the folder			Compliant
	Recently delivered large scale review of housing management to reduce patch sizes, increase engagement, create specialist ASB team - in response to white paper but also customer feedback around visibility and engagement of housing officers and ASB management	Yes in the folder			Compliant
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	Yes in the folder			Compliant
	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. Minutes etc..	Yes in folder			Compliant
	We also have our tenancy support team and mental health navigators. https://www.stlegerhomes.co.uk/advice-and-support/	Yes link attached			Compliant
	Team Doncaster, Safer stronger partnership and sub groups, safe accommodation: St-Leger Homes Making a difference in Mexborough (stlegerhomes.co.uk)	Yes link attached			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 https://www.stlegerhomes.co.uk/media/xwfdju4e/housing-https://www.stlegerhomes.co.uk/my-home/new-tenancy-information/	Yes link attached Yes link attached			Compliant Compliant
	Supply and demand study /new build / acquisitions	Yes in the folder			Compliant
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.	Yes in the folder			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 - https://www.stlegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached			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 - https://www.stlegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached			Compliant
	https://www.stlegerhomes.co.uk/my-home/antisocial-behaviour/	Yes link attached		Updated LR	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 - https://www.stlegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached			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 maintained	Evidence in the folder			Compliant
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 - Link to SS page and performance https://www.stlegerhomes.co.uk/about-us/our-service-standards/	Yes link attached		Updated LR	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	Yes in folder			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		HoHM		Compliant
3c.18 Do you learn from the complaints that your residents have about the ASB they experience? Have you put in place changes to your policies and practices to address the complaints that have been made?	Yes - complaints analysed and also discussed at team meetings with staff - need minutes or presentation		HoHM		Compliant
	Recently implemented a specialist ASB team in response to low satisfaction and feedback from customers	Yes in folder			Compliant
3c.19 Are you looking at ways to design out crime on estates with reference, for instance, to the Police's Secured by Design scheme?	SLHD supports Secured by Design by ensuring our specification for things like doors and windows meets the national standards specified in SBD. So for example, our door specification states that 'PVCu Double glazed Windows and ECO plastic-wood door sets will comply with BS 7412:2007 and PAS24:2016 secure by design.'		HoAM		Compliant

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. Suggest rewording from Savills to consider - who do you work with? What evidence is there that the approach is effective? Are there gaps? E.g. for specific ethnic groups?	DA procedures	HoATH		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 - separate policies for staff and tenants https://doncastercouncil.sharepoint.com/sites/StLegerHomesIntranet/SitePages/Policies-and-Strategies.aspx	Yes in policy page on intranet		Updated LR	Compliant
3d.3	Do you co-operate with appropriate local authority departments 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)	Domestic abuse policy and 16-18 protocol https://doncastercouncil.sharepoint.com/sites/StLegerHomesIntranet/SitePages/Policies-and-Strategies.aspx	Yes in the folder			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)	Policy Already in evidence folder - separate policies for staff and tenants https://doncastercouncil.sharepoint.com/sites/StLegerHomesIntranet/SitePages/Policies-and-Strategies.aspx	Yes in policy page on intranet		Updated LR	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. (CoP)	Yes - DAHA accreditation and web pages https://www.stlegerhomes.co.uk/advice-and-support/safeguarding/	Yes link attached			Compliant
3d.6	Have you considered gaining accreditation from DAHA (Domestic Abuse Housing Alliance) to help you deliver appropriate services and support to those residents suffering domestic abuse?	Yes - DAHA accreditation achieved in 2022- advertised in HP Jan 23 https://www.stlegerhomes.co.uk/about-us/houseproud/	Yes - Link attached		Updated LR	Compliant
Savills Actions						
S1	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 Management policy now added to the website as referenced above in many sections	Yes link attached			Compliant
S2	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.	Web page updated with other contact details - https://www.stlegerhomes.co.uk/#	Yes link attached			Compliant
S3	It is not clear where Tenant Charter targets are monitored or reported to tenants.	This has been made clearer on the web the charter and service standards are on the website referenced on the following pages: https://www.stlegerhomes.co.uk/media/kvjjfbgi/customer-charter.pdf https://www.stlegerhomes.co.uk/about-us/our-performance/	Yes link attached			Compliant
S4	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	Web page updated with other contact details - https://www.stlegerhomes.co.uk/my-home/antisocial-behaviour/	Yes link attached			Compliant
S13	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, will include more around other tools and powers and prevention work in updates to P&I Reports to show compliance - 6 monthly reporting		HoHM		Compliant
HQN suggested actions						
H9	Providers are expected to take a victim-centred approach to supporting residents affected by ASB. This support can take different forms. Do you, for example, make a referral to an external support agency or take into account the wishes of the complainant when determining the course of action you will take on a particular case? As part of this approach, do you also consider how you can support vulnerable perpetrators of ASB, to help them to sustain their tenancy?	Add information into policy and procedures around supporting perpetrators. This is done in practice but needs formally setting down in the policy	Procedures are in the folder			Compliant

Assessment standard	List evidence or provide link Or state current position	Evidence Provided	Owner	May 24 Update	1. Compliant 2. Partially Compliant 3. Not Compliant
Tenancy					
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 in the folder		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)	How do we evidence? Supply and demand study CDC - Allocations policy as evidence as well. Tenancy Strategy.	Yes in the folder		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 - Allocations policy https://www.stiegerhomes.co.uk/media/yndhamfx/housing-allocation-policy.pdf	Yes link attached		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) Savills challenge - Organisation-wide response needed	HM staff have some involvement - advice and tenancy management (reactive) KIT visits start in January.		HoHM	Struggling to get KIT checklist printed from total mobile. Still trying to obtain to use as evidence
4a.5	Do you take action to prevent and tackle tenancy fraud? (CS) Savills Challenge - Again org-wide response needed - e.g. checks during allocations process and mutual exchanges	KIT visits will also proactively highlight, check ID, all in the tenancy agreement, DP checks on calls		HoHM / HoATH	Struggling to get KIT checklist printed from total mobile. Still trying to obtain to use as evidence
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? How do we prove?		HoHM	Compliant
4a.8	Do you set out the criteria for letting your homes, including through any transfer system? (CoP)	The allocations policy inc transfers - https://www.stiegerhomes.co.uk/media/yndhamfx/housing-allocation-policy.pdf	Yes link attached		Compliant
4a.15	Do you measure user satisfaction with your allocations and lettings service? How do you make use of the results of such satisfaction surveys?	Yes - How do we evidence?		HoATH	Compliant
4a.16	Are your allocations and lettings processes fully understandable by, and accessible to, the full range of actual and potential residents, including those with support needs, those who do not speak English as a first language and others who have difficulties with written English? How clear and comprehensive are your service standards from a resident's perspective?	SLHD has lots of support for those applicants who do not speak English. Big word and other translation methods via the website to help. 99% applications are online can still do over the phone or areas officer and or paper applications		HoATH	MS to have a look for case studies and data to show people can apply
4a.17	Have you received complaints about the allocation of your housing? Have you learnt from the complaints about the service to drive improvements in your allocations process?	Not many complaints mainly Cllr and MP enq which go through the right to review process as complaints mainly about changes to banding or timescales. Implementing OH built from feedback from complaints MS to source. Development of FAQs based on customer contact, common questions and complaints/understanding/myths etc		HoATH	Compliant
4b.1	Do you support residents to maintain their tenancy or licence and help prevent unnecessary evictions? (CS)	Tenancy Sustainability Model - can provide diagram.	Yes evidence in folder	HoHM	Compliant
		Lots of performance monitoring in this area around RAG ratings, financial gains and supported tenants	Yes evidence in folder		Compliant
		Performing very well in this area with over 97% tenancies sustained 12 months post support and over 98% for 6 months as per KPI. https://www.stiegerhomes.co.uk/about-us/our-performance/	Yes link attached	LR updated	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 Evasion Panel in the later stages - Need evidence or process please		HoHM	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	Yes in the folder - same presentation as 4b.1		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.stiegerhomes.co.uk/advice-and-support/	Yes link attached		Compliant
4b.5	Is your sign-up procedure working well? Are there follow up visits? Does this help to sustain tenancies? Do you offer furniture and white goods to help people settle into their new homes?	Comprehensive sign up process	signup process	HoHM	Compliant
4b.6	Do you give vulnerable people appropriate support when they move into their homes?	Yes - RAG rated pre sign up Each new tenant is RAG rated and the timing of the post tenancy visit is undertaken in accordance with the rating - red = 2 weeks, amber = 4 weeks and green = 8 weeks and support tailored to suit requirements	Signup / new tenancy visits	HoHM	Compliant
4b.7	Is there a good track record of vulnerable people maintaining their tenancies?	Yes - 98% of red rated tenancies are sustaining their tenancy 6 months after support has ended. https://www.stiegerhomes.co.uk/about-us/our-performance/	Yes link attached	LR updated	Compliant
4b.8	Have residents complained about the way you manage their tenancies? Have you acknowledged your residents' concerns and learnt from their complaints to improve service delivery?	re introduction of KIT visit, reduced patched HM structure review why and what outcomes has this delivered? . .	Yes evidence in folder		Compliant
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.	Action plan for tenancy agreement review / tenancy agreement.	HoHM	Compliant
4c.3	a) The type of tenancies you will grant	Housing Management Policy - https://www.stiegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached		Compliant
	b) Where you grant tenancies for a fixed term, the length of those terms	Housing Management Policy - https://www.stiegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached		Compliant
	c) The circumstances in which you will grant tenancies of a particular type - Savills Challenge - Policy and practice are inconsistent - so is it compliant?	Housing Management Policy - https://www.stiegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached		Compliant
	d) 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 also RAG rate our tenants in respect of vulnerability and risk of tenancy failure to determine the level of tenancy support that is provided.		HoHM	Compliant
	e) 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 https://www.stiegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached		Compliant
i) Your policy on granting discretionary succession rights, taking account of the needs of vulnerable household members.	Housing Management Policy - https://www.stiegerhomes.co.uk/media/xwfdju4e/housing-management-policy.pdf	Yes link attached		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 - Housing Management Policy	Yes in the folder		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?	Yes - secure tenancy agreement and procedures Housing Management Policy	Yes in the folder		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 - Housing Management Policy	Yes in the folder		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 ASB / DA examples.	Yes in the folder		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	Yes in the folder		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.	No tenancies granted for less than 5 years	Yes in the folder			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	Yes in the folder - same presentation at 4b.1			Compliant
4c.13	Do you consult with your residents about any changes to your policies and practices on tenancy management issues that they have an interest in?	Yes - tenant involvement model , tenancy agreement and tenancy management policy https://www.stlegerhomes.co.uk/about-us/news/latest-news/tenancy-agreement-consultation/	Yes in the folder			Compliant
4c.14	Can residents find out how and why you have taken decisions regarding your tenancy management services?	yes - enquiries, complaints		HoHM		Compliant
4c.15	Is resident scrutiny of these services working well? What are you doing differently because of this?	Yes - TRIP carried out several reviews around housing management - communal cleaning, estate inspections (https://www.stlegerhomes.co.uk/media/yplnrtk/estate-walks-scrutiny-review-action-plan.pdf)	Yes link attached			Compliant
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. Homewapper is free but need to see if we publicise that.		HoATH	Include and ensure publicised in other web updates needed.	Compliant
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 homewapper website	Yes link attached			Compliant
51	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.	Website has been updated - https://www.stlegerhomes.co.uk/my-home/new-tenancy-information/	Yes link attached			Compliant
52	The SLH website does not provide any information about SLH's commitment or approach to tenancy fraud, or how to report it.	Website now updated - https://www.stlegerhomes.co.uk/advice-and-support/tenancy-fraud/	Yes link attached			Compliant

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 06 June 2024

Item : 06

Subject : Quarter 1 2024/25 Strategic Risk review

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business Assurance

Purpose : To present Board with the updated Strategic Risk Register.

Recommendation: That Board note the updated Strategic Risk Register.

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

**Agenda Item No. 06
Date: 06 June 2024**

1. Report Title

1.1. Quarter 1 2024/25 Strategic Risk review

2. Executive Summary

2.1. The last update to Board on the company's Strategic Risk Register (SRR) was in January 2024 after a full review had been undertaken by Leadership in that month.

2.2. Leadership have again undertaken a full review, with Heads of Service meeting with their respective Directors during April to consider all aspects of the SRR.

2.3. **The SRR still has six risks (Appendix A).** There have been updates to risk descriptions, causes, effects, controls, assurances and actions. Ratings are based on existing and planned controls in place.

2.4. The table below summarises the SRR, highlighting the wording changes, and also shows Inherent, Current and Forecast Residual ratings for each strategic risk:

- **Inherent Risk** – the risk score on the assumption of no controls in place.
- **Current Residual Risk** - the risk score taking into account the current controls in place to mitigate the risks.
- **Forecast Residual Risk** (post actions) - the risk score after taking into account the planned controls are in place and actions are completed.

2.5. Each risk is rated on a 5 x 5 traffic light scoring matrix, which comprises of **likelihood** and **impact**. The risk scoring matrices are summarised below with details attached at **Appendix B**.

	Risk – Failure to :	April 2024			January 2024		
		Inherent rating	Current Residual Rating	Forecast Residual Rating	Inherent rating	Current Residual Rating	Forecast Residual Rating
1	manage Homelessness issues and the subsequent demand for housing within Doncaster	20	20	12	20	16	12
2	manage increasing housing and political demands, local expectations of SLHD and deliver on performance and VFM as measured by CDC to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)	16	12	8	20	15	8
3	recruit, develop and retain a skilled, efficient and effective workforce recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.	16	12	9	16	16	9
4	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	25	10	5	25	10	5
5	manage corporate health, safety and compliance risks	25	10	5	25	10	5
6	effectively govern and manage in an increasingly regulated climate	16	8	4	12	8	4

Risk rating key :

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

3. Purpose

3.1. To present Board with the updated Strategic Risk Register (**Appendix A**).

4. Recommendation

4.1. That Board note the updated Strategic Risk Register (**Appendix A**).

5. Background

5.1. As with previous reviews, Leadership looked back on recent activity within SLHD and developments within the sector and also horizon scanned as to the major areas to consider over the coming months that may impact on our operations.

5.2. The review considered if risks were still relevant, any new ones needed to be added, specifically if they weren't already sufficiently covered, existing and new assurances and controls, and also if the ratings for each risk were appropriate.

5.3. The operating environment continues to be very challenging in terms of delivering services and ongoing financial pressures. Numerous areas were discussed in detail as part of this review, including regulation, economic climate, homelessness and recruitment challenges, among others.

5.4. There have been a number of developments to note in the period since the last review:

- SLHD operated within the budget for the financial year ended 31 March 2024;
- Overall positive Key Performance Indicators (KPI) performance with majority of KPIs meeting or within tolerance of target;
- Generally improving KPI trends, and in particular, sustained strong performance on rent arrears in a challenging cost of living climate;
- Recruitment and appointment of a new Chief Executive;
- Recruitment of a new Director of Property Services;
- Positive Internal Audit reports throughout 2023/24 with four audits receiving substantial assurance ratings and one receiving partial assurance. Compliance audit work on Key Performance Indicators (KPI) and Tenant Satisfaction Measures (TSM) was also positive;
- Positive employee survey with highest completion rate (>70%) and high satisfaction rate (89%), better than target;
- Good progress in our regulatory preparation work and close watching brief of the sector with inspections commencing in April 2024;
- Further positive benchmarking of KPIs in monthly pulse surveys nationally and peer groups;
- Intense and sustained pressure on Housing Options resulting in high demand on hotel and temporary accommodation for the homelessness service;

- Progress in implementing the new management agreement with CDC and development of the new Corporate Plan; and
- British Safety Council Health and Safety reaccreditation.

6. Procurement

- 6.1. Procurement services to SLHD are now provided by CDC under a Service Level Agreement since December 2021.
- 6.2. Contract Standing Orders were updated in 2022 and Financial Regulations were updated in April 2023. These robust procedures are inherent within a number of strategic and operational risks, and are a fundamental part of SLHD's assurance framework.

7. VFM Considerations

- 7.1. The underlying principle of risk management is to identify and manage risk in a controlled and cost-effective manner, rather than react to a situation when a risk has materialised which could incur unplanned expense.
- 7.2. VFM is achieving the optimum balance of costs and performance, and the financial reporting and performance management frameworks in place, including extensive benchmarking, ensure VFM is managed as effectively as possible.

8. Financial Implications

- 8.1. The financial implications associated with this report are referenced in the register as appropriate.

9. Legal Implications

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

10. Risks

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

11. IT Implications

- 11.1. The IT implications relating to this report are detailed within the specific risks within the register.

12. Consultation

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

13. Diversity

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

14. Communication Requirements

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

15. Equality Impact Assessment (new/revised Policies)

15.1. Not applicable to this report.

16. Environmental Impact

16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

Background Papers

Appendix A – Strategic Risk Register
Appendix B – Risk scoring matrices

Strategic Risk Register - Dashboard

As at May 2024

Strategic Risk - Failure to :	INHERENT Risk			CURRENT RESIDUAL Risk			FORECAST RESIDUAL Risk (post actions)		
	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score
1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster	5	4	20	5	4	20	3	4	12
2. to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)	4	4	16	3	4	12	2	4	8
3. recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.	4	4	16	3	4	12	3	3	9
4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	5	5	25	2	5	10	1	5	5
5. manage corporate health, safety and compliance risks	5	5	25	2	5	10	1	5	5
6. effectively govern and manage in an increasingly regulated climate	4	4	16	2	4	8	1	4	4

RISK OWNER	Head of Access to Homes		
As at May 2024			
FAILURE TO	1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Impact of changes to the welfare benefit system * Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities. * Additional Grants for homeless initiatives are time limited. * Unaffordable Private Rented Sector, rising market rents * Review and recommissioning of Supported Housing Model decommissioning of one Hostel * Extreme Weather Events or other emergency situations * Increases in number of rough sleepers with complex needs * Reduction in commissioned services * Review leads to reduced capacity * Workforce - skills, culture and retention * Increase in domestic abuse * Increase in ASB and violence causing people to flee * Cost of Living crisis and sustainability of customers accommodation * Increases in evictions from private sector accommodation due to Legislation ending no fault evictions * Lack of partnership working / insufficient partner engagement to address other parts of the homeless system * Increase in presentations from the ending of the Homes for Ukraine Scheme & Asylum Migration Integration Fund (AMIF) * Increased tenancy failure in Council tenancies * 16/17 year old protocol placement requirements 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increase in demand on service beyond accepted levels * Judicial Review of Homelessness cases * Unable to effectively prevent Homelessness * Reduction in Housing Pathways * Increased demand for Temp Accom / hotel during transition to new supported housing model. * Supply not meeting demand from those in greatest need * Reputational damage * Economic impact on City Centre and reputational damage * Insufficient supply of housing options to meet needs. * Unable to deliver statutory service leading to a reduction in prevention and an increase in homelessness * Turnover of accommodation is reduced restricting move on options. * Access to and Affordability in the Private Rented Sector increases risk of homelessness and restricts options available to customers. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Increased Management Fee to increase capacity. * Journey to Excellence Project commenced with governance arrangements to monitor progress and outcomes * Allocation Policy reviewed and updated * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of CDC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEPE) * Revised staffing structure agreed and implemented * Complex Lives Alliance * Multi agency engagement in developing a new housing support model. * New structure providing opportunity for progression and succession planning. * Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings * DLUHC Funding - Rough Sleeper Initiative funding secured * Home Options structure realignment * New Housing Solutions service * Partnership governance arrangements involving key partners from other areas of the system and ultimately governed by Homeless Board * HPG Funding increased in 23/24 and 24/25. RSI Funding secured until 2024/25. * AEFO funding secured until 2024/25, 2 x DA Posts and 1x Homes for Ukraine/Refugee Workers funding for 12 months respectively. * Secured additional Post for Immigration Home Options officer until 2025 to support partnership work with the council's resettlement team. * Tenancy Support to sustain tenancies and limit tenancy failure - Tenancy Support team, Income Management, Mental Health Navigators 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Performance Management framework in place to track progress * New software providing improved quality assurance on Data * Improved case management by Team Leaders * Homelessness Board established overseeing Strategic Action Plans * Partnerships in place * Monitoring of Allocations Policy and lettings by priority bands * Homelessness & Rough Sleeping Strategy * Successful bids for additional resources * Recovery Plans in Place * Journey to Excellence transformation project * Out of Hours service in place * New processes being implemented * Staff training and development in place with performance monitoring arrangements * Revised Allocations Policy approved implemented from July 2023 * Tenancy Support Model with performance management to monitor and measure tenancy failure, income maximisation and successes 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	20		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Agree Annual comms planner ensuring effective internal & external comms	Head of Customer Services	Mar-25
Action 2	Deliver Journey to Excellence project with emphasis on shift from emergency/crisis response to planned preventative service	Head of Access to Homes	Mar-25
Action 3	Contribute to Homelessness Review and new H & RS Strategy	Head of Access to Homes	Mar-25
Action 4	Develop next steps accommodation plan to reduce the number in Hotel Accommodation.	Head of Access to Homes	Mar-25
Action 5	Establish lease arrangements for 10 dwelling with the Council as the new Safe Accommodation Partner	Head of Access to Homes	Mar-25
Action 6	Repurpose DA Safe Accommodation Funding to support victims in TA (2 x FTE)	Head of Access to Homes	May-24
Action 7			
Action 8			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

RISK OWNER	Chief Executive As at May 2024		
FAILURE TO	2. to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Insufficient awareness of challenges and demands on services and alignment to realistic expectations * Insufficient awareness of current trends within the housing sector * Unrealistic expectations * Lack of understanding of role and remit * Continued increases in demand for all service areas over past few years * Comparisons with better resourced Housing Associations and ALMOs - target budget savings for SLHD * Failure to react to changing demand * Inability to make changes required * Change in national and local political leadership * Conflicting priorities * Poor / inadequate operational performance and budgetary control * Failure to deliver value for money * Insufficient resource to meet expectations * Impact of new Regulatory standards and Ombudsman from 2024 * Published performance tables highlighting areas of strong and weak performance * Insufficient engagement and involvement in the Locality Framework 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Review of management agreement * Increase in complaints * Reduced customer (TSMs) and partner satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage poor perception of SLHD * Excessive / increasing demands on time impacting on capacity for core service delivery * Loss of trust of Board and Council, reduction in services * Upheld complaints and increased fines which impact on budget and service delivery * Poor, lower quartile benchmarking performance * 'Worst first' and increased risk of early inspection * Unproductive relationships with partners * Poor customer service and inability to deliver excellence 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Regular Mayoral and portfolio member briefings and attendance at relevant member and officer briefings * Councillor complaints and monitoring system in place * Customer and transactional satisfaction surveys including TSMs * Member Consultation processes in place * Proactive extensive inclusive engagement with our customers; * Ward member updates by comms and area teams, and meeting attendance; * Estate walk invites; * Meetings held in accordance with assurance framework * National and service specific benchmarking arrangements in place and related communications...; * VFM Strategy updated periodically and Annual VFM self assessment and statement * Business Intelligence (BI) tool implemented producing real time performance information * identified roles within SLHD structure that engage with the Locality Framework, and people in roles understand their responsibilities * Partnership meetings appropriately attended * CAT improvement plan in place * Complaints improvement plan complete * Customer Access Strategy review * Spotlight reports on complaints handling Housing Ombudsman * CDC responsible officer (Portfolio) for complaints 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * New 5 year M'ment Agreement approved from April 2024 * New SLHD corporate plan for 24/25 onwards aligned with new management agreement * Communications Strategy * Additional transactional customer surveys each year, with upper quartile customer satisfaction * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group for the past six years * Extensive benchmarking, primarily Housemark (monthly and annual), with review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statements to date * Updated Customer Involvement/Tenant Voice strategy, model and structure * bi-annual Councillor forums * 360 degree appraisals of the Chief Executive * e5 CP development for SLHD, HRA and Capital Programme budget monitoring * Re-designed and delivered 1:1 and performance management training to all people managers * Tenant Satisfaction Measures (TSM) implemented from April 2023. Positive/upper quartile perception results received September 2023 * Customer Excellence training framework in place. Rolling programme delivered to all employees. New starters now being trained. * Increased employee performance management arrangements in place, eg Infosuite * Performance Management Framework in place with redesigned check-ins linking goal setting, performance and compliance * CAT training on customer call management 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Meet / exceed challenging KPIs, TSMs and ADP for 2024/25	Heads of Service	Mar-25
Action 2	Meet / exceed challenging KPIs, TSMs and ADP for 2024/25	Heads of Service	Mar-25
Action 3	Preparation for inspection - working jointly with CDC	EMT	Mar-25
Action 4	Increased communications to customers	Head of Customer Services	Mar-25
Action 5	Involvement in the review of Locality Framework	Head of Customer Services	Mar-25
Action 6	CAT improvement plan delivery including call management training	Head of Customer Services	Mar-25
Action 7	Cust Access strategy review/drafting	Head of Customer Services	Mar-25
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		

RISK OWNER	Head of HR & OD As at May 2024		
FAILURE TO	3. recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment approach (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information or management * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Reduced budgets resulting in limitations on reward packages * Inability to influence / pay annual pay award due to lack of union agreement with national Pay Offer * Inadequate systems - eg Rotherham system and restricted advertising of vacancies AND system failures * Lack of career progression/ development opportunities * Increasing workloads and insufficient capacity * High or low employee turnover leading to service delivery issues due to vacancies, difficulties in recruiting, succession planning. 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Lack of internal succession identified as the ageing workforce reaches retirement * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness absence in particular stress related absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture * High temporary agency spend and / or consultancy fees * Impact on colleagues' wellbeing from unfilled posts 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5= Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * People Strategy in place * Skills and Behaviours framework in place * Financial and Performance Management framework in place * FLM programme completed and ongoing for all new cohorts * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available * Attractive Benefits package and communication of total reward statements and packages * Attractive advertising of vacancies selling the total package * Agency Framework for temporary recruitment through Service Care Solutions (preferential rates for permanent placements) * Succession planning in place * Creative advertising of vacancies utilising a variety of platforms including social media, with appropriate designs and as appropriate video content. 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Workforce planning process in place. Leadership Development completed across the business and First Line Manager program delivery complete * Wider range of apprenticeships across the business and career start activity * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular check in (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place - actions completed * Be well at work Gold award achieved in early 2023 * Embedded agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. * Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones * Implemented new industry standard Schedule of Rates (SORs) and Infosuite; * Personal Development Plans for all staff in place from 2022 onwards, with central monitoring; * Journey to Excellence Board in operation * Attendance at targeted careers events, bespoke campaigns and vacancy monitoring * Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions * Professional development (sponsored study support) and Career graded roles * Professional membership requirements and senior colleagues part of networking and future focused industry standard groups. * IIP accreditation achieved November 2023 * New website and intranet implemented late 2023 * St Leger Stars in place with plans in place to widen recognition activity * Gap analysis undertaken in preparation for the future professionalisation requirements anticipated in Housing * Changes to pay grades 3 and 4 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5= Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
		Action owner ?	Timescale
Action 1	Targeted recruitment initiatives for hard to fill roles	Head of HR&OD	Ongoing
Action 2	Continue to benchmark as required peer group performance benchmarking specifically for trades team DLO	Head of Repairs and Maintenance	Ongoing
Action 3	Deliver Repairs Performance Board actions	Head of Repairs and Maintenance	Phase 1 completed, phase 2 immobilised from February 24
Action 4	Reviewing recognition schemes including SLHD Stars	Head of HR&OD	Jul-24
Action 5	Develop actions for implementation as a result of the Investors in People Assessment and Development of the new People Strategy from 2024 onwards	Head of HR&OD	Jun-24
Action 6	Deliver ADP action - full review of recruitment	Head of HR&OD	Mar-25
Action 7	Deliver SMT developemnt sessions incorporating Lumina	Head of HR&OD	Mar-25
Action 8	Develop metrics for recruitment	Head of HR&OD	Mar-25
Action 9	Actions from IIP mid term review	Head of HR&OD	Nov-24
Action 10			
Action 11			
Action 12			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5= Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	3		
Impact score x likelihood score	9		

RISK OWNER	Head of Building Safety As at May 2024		
FAILURE TO	4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Failure to carry out risk assessments and deliver resultant recommendations * Lack of leadership, governance, scrutiny and performance monitoring of compliance with Building Safety * Failure to adhere to legislation and keep up to date with emerging best practice and legislative changes * Lack of a responsibility and accountability culture within employee roles in the organisation * Lack of suitably trained, sufficient and competent resources to monitor/deliver compliance * Failure to understand the Building Safety agenda and subsequent legislation * Failure to conduct, review and record specific fire strategies for each HRRBs * Lack of management of future works to buildings by ourselves and other contractors employed by tenants * Suitability of residents within HRRBs and management of the complex issues of vulnerable tenants living in HRRBs * Lack of engagement with tenants and residents * Inability to complete recommendations due to unavailability of materials or specialist labour 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Loss or serious damage to assets * Investigations and action by regulatory bodies * Legal action (criminal and civil) * Reputational damage, * Financial penalties * High risk residential buildings are deemed as unsafe and residents put at risk * Failure to secure Building Assurance Certificate due to absence of information within the building safety case. * Prohibition notice served or company prosecuted for failure to maintain safety standards * Properties become undesirable/difficult to let, estates have crime and ASB * Vulnerable tenants not receiving the support they need 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Health, Safety & Compliance framework in place, including specific policies, plans and procedures for High Rise Residential Buildings. * High Rise Forum established * Processes to ensure employees are competent (skills, knowledge, training, training, tool box talks) * Health, safety and compliance performance report in place. Key stakeholder scheduled reporting * Annual budget allocation * Independent surveys and audits (i.e. gas and electricity) Morgan & Lambert * Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert * Working Group established to monitor progress of FRA recommendations * Compliance team in place * Head of Building Safety appointed. * Keeping in Touch visits prioritised for tenants in high rise buildings 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * External experts appointed to provide advice on building safety and fire related issues * New Board reporting governance - Building Safety & Compliance Committee * Internal and external audit programme * Self assessment compliance check against legal register * On site caretaker service and CCTV monitoring reports * Fire risk assessments & type 4 surveys * Partnership working with South Yorkshire Fire and Police services * Engagement with tenants * Fire Suppression Systems installed and operational in all high rise accommodation * Decision made to increase capacity in team * Structure and staffing resources in relation to Building Safety reviewed * External health check on 'fire' undertaken by independent external consultancy. * Training requirements identified across the business and programme developed to support and manage building safety and compliance * Resident engagement strategies for each high rise building * Budget provision for all FRAs * Housing management enforcement carried out for tenants who deny access 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Completion of recommendations arising from FRAs. The Plan is to make the improvements following the remediation works to the EWI on the buildings at Balby.	Head of Building Safety	Apr-25
Action 2	Complete recommendations arising from the 'fire' external health check. -Complete the render remediation scheme at Balby Bridge (which is now underway).	Head of Building Safety & Head of Asset Management	Apr-25
Action 3	Deliver KIT visits to high rise building tenants	Head of Building Safety	Mar-25
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Head of Building Safety		
As at May 2024			
FAILURE TO	5. manage corporate health, safety and compliance risks		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Lack of an effective health and safety management system * Failure to carry out suitable and sufficient risk assessments and produce safe systems of work * Failure to adequately follow corporate policies, procedures and risk assessments (culture) * Lack of a responsibility and accountability culture within the organisation - both employees and management * Lack of leadership around health, safety & compliance * Ineffective health surveillance and monitoring programmes in place * Lack of resources to manage health, safety and compliance * Failure to adhere to legislation and keep up to date with codes of practice (compliance register) * Lack of competent and suitably qualified staff * Failure to maintain ongoing adequate health, safety and compliance training * Lack of governance, scrutiny and performance monitoring of health, safety & compliance * Failure to keep accurate compliance data, records and certification * Inadequate IT/data systems to capture key data and provide performance and assurance reporting * Lack of internal quality assurance processes and external audit and verification 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Increased staff sickness * Increased turnover of staff * Reduced staff motivation and engagement * Legal action (criminal and civil) * Reputational damage * Financial penalties (fines) * Investigations and action by regulatory bodies * Termination of management agreement 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * H&S Management System framework in place - plans, policies, procedures and risk assessments * Compliance register developed * Suitable control measures in place from risk assessments (including safe systems of work) * Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks) * Monitoring processes, with inspections at all levels across the organisation. * Audit programme in place for buildings and services. * Health and wellbeing promotion (incl. employee healthcare scheme) * Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme * New health, safety and compliance performance management framework to in place * Provision of additional capacity * Head of Building Safety appointed * Health and Safety team * Property compliance team 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Internal/external audit programmes * Quarterly Audits through SLA by Doncaster Council * Assurance reports by Business Assurance Team specifically around fire safety * Inspection programme in place at all levels in the organisation * Be Well at Work Charter external verification every 2 years - Gold achieved in early 2023 * Presence of accident and incident reporting procedure * British Safety Council 5* award * New Board reporting governance * ISO45001 accreditation * Restructure and increased team resources * External Verification via health check * New safe, compliant, excellent model for key 6 areas of compliance embedding C365 * New health, safety and compliance sub group * Recommendations arising from compliance health checks delivered * Implementation of health surveillance programme gap analysis 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?			
		Action owner ?	Timescale
Action 1	Implementation of health surveillance programme following completion of gap analysis	Head of Building Safety / Head of HR&OD	Jun-24
Action 2	Implement Health and Safety audit action plan	Head of Building Safety	Mar-25
Action 3			
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
Action 11			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Chief Executive As at May 2024		
FAILURE TO	6. effectively govern and manage in an increasingly regulated climate		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Failure to adhere to Regulator's new Standards and receive resulting adverse inspection * Failure to adhere to Financial Regulations and operate robust budget management * Failure to adhere to corporate policies * Failure to meet Housing Ombudsman guidance * Failure to adhere Building Safety Regulator requirements * Failure to operate a robust compliance framework * Local government social care code 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection * Unable to deliver services to required standard * Budget overspend, reduction in services. * Loss of trust of Board and Council * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints and failure to address them and meet complaints handling code, with resulting adverse impact on budgets and service delivery * Poor, lower quartile benchmarking performance * Adverse publicity and reputational risk/damage * Management agreement review by CDC * Financial penalties from compliance failures 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Self assessment against all standards and compliance and action plans * Critical friend work undertaken and detailed action plans * Close watching brief on local and national issues affecting the borough and sector * Attendance of numerous governance working groups, webinars, conferences * Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings * Review of governance arrangements and work undertaken to improve accountability * 'Inspection ready' panel * Team Doncaster member with close working relationships with key stakeholders. * Timely Financial and Operational performance indicators and information. * Focus on VFM to drive efficiency savings and increase capacity * process for collection of TSMs periodically * TSP and OVF groups in place - strategies etc. 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Robust Governance framework in place * Performance Management Framework in place * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and CDC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs and TSMs - meeting targets and positive benchmarking * Increased tenant engagement resulting in enhanced oversight from tenants * Tenant voice strategy action plan * TPAS accreditation * Changes to complaints handling processes improving performance * Board training plans in place * New Business Assurance and Governance management arrangements * Housing Management and Housing Options realignments complete in 23/24 * NHF Code of Governance adopted by Board * Critical friend appointed to review governance arrangements and undertake mock inspection * Governance peer group developing and NFA Governance group in operation to share plans and best practice in lead up to inspection * Annual self assessment against HO complaints code 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Maintain close watching brief of local and national economic developments	Leadership	On-going
Action 2	Complaints handling action plan	Head of Customer Services	Mar-25
Action 3	Deliver Self assessment against standards action plan	DCS	Mar-25
Action 4	Deliver consolidated Compliance action plan	Head of Building Safety	Mar-25
Action 5	Deliver 'property/building safety/asset group' action plan	Head of Building Safety	Mar-25
Action 6	Undertake satisfactory mock inspection	EMT	Dec-24
Action 7	TPAS exemplar accreditation target	Head of Customer Services	Mar-25
Action 8			
Action 9			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	4		

Risk rating methodology

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

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

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

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

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

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 06 June 2024

Item : 07

Subject : Draft Modern Slavery statement
2023/24

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Louise Robson
Governance Service Manager

Purpose : To present Board with the St Leger
Homes Modern Slavery statement for
2023/24.

Recommendation:

For Board to approve the St Leger Homes Modern Slavery statement for 2023/24 for publication.

Company number 05564649.
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 07
Date: 06 June 2024**

1.1. Report Title

1.2. Draft Modern Slavery statement 2023/24

2. Purpose

2.1. To present Board with the St Leger Homes Modern Slavery statement for 2023/24, as required by the 2015 Modern Slavery Act. This is St Leger Homes' (SLHD) eighth Modern Slavery statement and is attached at **Appendix A**.

3. Executive Summary

3.1. Under the 2015 Modern Slavery Act ('the Act'), 'commercial' organisations must produce and publish a Modern Slavery statement on an annual basis, with publication within six months of the financial year end.

3.2. The format and content of our earlier statements are still considered fit for purpose. There have been no major developments in the year to consider.

3.3. The May 2022 Board report included details of the June 2021 Modern Slavery (Amendment) Bill tabled in the House of Lords. After consultation, Government promised new measures to toughen up the requirements under the Act.

3.4. There are only minor changes required in updating the SLHD statement for 2023/24. The statement must be approved by the Board or equivalent management body, signed by a director or equivalent and have a link to it on our website.

3.5. In summary, SLHD undertake a number of activities to mitigate the risk of modern slavery and already complies with the requirements of the Act, as summarised in the statement at **Appendix A**. SLHD complies with the current Act and also all the recommendations in the 2021 Amendment Bill.

4. Background information

4.1. The Act specifically states that the statement must include 'the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business'.

4.2. When the Act refers to 'ensure', this does not mean that the organisation must guarantee that the entire supply chain is slavery free. Instead, it means an organisation must set out the steps it has taken in relation to any part of the supply chain (that is, it should capture all the actions it has taken).

- 4.3. The Act became law in 2015 to address modern slavery and human trafficking.
- 4.4. Modern slavery statements can also bring a number of business benefits including:
- protecting and enhancing an organisation's reputation and brand;
 - protecting and growing the organisation's customer base as more consumers seek out businesses with higher ethical standards; and
 - greater staff retention and loyalty based on values and respect.
- 4.5. The six reporting areas that were in the guidance and which are now mandatory, which SLHD already complies with, are:
1. structure, its business and its supply chains;
 2. policies in relation to slavery and human trafficking;
 3. due diligence processes in relation to slavery and human trafficking in its business and supply chains;
 4. parts of the business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk;
 5. effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; and
 6. training about slavery and human trafficking available to its staff.
- 4.6. As part of the Modern Slavery Act 2015, if all of the following criteria apply, and they do for SLHD, then companies are legally required to publish statements:
- it is a 'body corporate' or a partnership, wherever incorporated or formed
 - it carries on a business, or part of a business, in the UK
 - it supplies goods or services
 - it has an annual turnover of £36 million or more
- 4.7. Other key points to note in the Act, which SLHD already ensures compliance with, are :
- Companies must state why any of the six headings are not applicable;
 - reference to the modern slavery statement must now be made in a company's annual report in their financial statements;
 - tougher monitoring and compliance enforcement will result;
 - a named, designated Board Member is responsible and personally accountable. For SLHD this is the Chief Executive;
 - failure to fulfil reporting requirements should be an offence under the Company Directors Disqualification Act 1986; and
 - Companies are required to consider the entirety of their supply chain.

5. Recommendation

- 5.1. Board approves the updated 2023/24 Modern Slavery statement at **Appendix A**.

6. Procurement

- 6.1. The Act requires appropriate procurement procedures to be in place to prevent modern slavery occurring within SLHD and its suppliers. These procedures are in place and are explicitly referred to in the statement.

7. Value For Money

7.1. Although not directly applicable here, Value for Money is achieved through appropriate procurement (see above), performance and contract management activities.

8. Financial Implications

8.1. There are two financial implication strands - procurement and potential penalties for non-compliance. SLHD controls direct expenditure of around £60m per annum, and has payroll costs of around £30m, and robust financial regulations and contract standing orders are in place.

8.2. Penalties for non-compliance carry with them financial and reputational risk.

9. Legal Implications

9.1. Legal implications are referred to above through non-compliance with the disclosure duty of the Act.

10. Risks

10.1. There are a number of risks arising from failing to prevent modern slavery. These include:

- reputational - including the push from regulators for greater corporate transparency on human rights;
- legal - including the risk of litigation, complaints to the Organisation for Economic Co-operation and Development (OECD) and breaching ethical procurement terms;
- financial - reflecting investor and customer sensitivities and increasing demands for CSR performance data as part of tendering processes;
- operational - arising from labour disputes and disruption to supply chains.

10.2. Although penalties are (currently) limited, they will be increasing and SLHD is a prominent employer in the Doncaster area, so there is increasing financial and reputational risk here which is easily mitigated with a robust statement and appropriate policies and procedures.

11. IT implications

11.1. IT implications are referenced as appropriate.

12. Consultation

12.1. No specific implications arising, and references are implicit within the report where appropriate. Customer involvement is built into the procurement process.

13. Diversity

13.1. Diversity issues are referenced as appropriate in the statement.

14. Communication requirements

14.1. The main communication requirement arising from this report is the publication of the statement on the SLHD website, and in its annual report within the financial statements.

15. Equality Impact Assessments (New/Revised Policies)

15.1. Not applicable.

16. Environmental impact

16.1. Environmental impact is referenced as appropriate.

17. Report Author, position and contact details

Louise Robson
Governance Service Manager
62866

Appendix A – 2023/24 Modern Slavery statement

St Leger Homes of Doncaster Limited: Modern Slavery statement 2023/24

Introduction

This statement sets out St Leger Homes of Doncaster Limited's (St Leger) activities to ensure there is no slavery or human trafficking in our operations. This statement relates to the financial year 1 April 2023 to 31 March 2024.

Company statement

Modern slavery has no place in St Leger's business or supply chains, and we take a zero-tolerance approach to it. Our commitment to all aspects of equality and diversity is inherent in our mission, vision, values and strategic objectives.

We are committed to acting ethically and with integrity in all our business dealings and relationships and to implementing and enforcing effective systems and controls to ensure modern slavery is not taking place anywhere within our operations.

We are also committed to ensuring there is transparency in St Leger and in our approach to tackling modern slavery throughout our supply chains, and we demand the same high standards from all of our contractors, suppliers and business partners.

Company structure, activities and supply chains

St Leger is an Arm's Length Management Organisation (ALMO) managing City of Doncaster Council's (CDC) homes and other assets. We provide homes in neighbourhoods where [people are proud to live and provide our customers with the highest standards of service.

St Leger employs over 800 people in a wide range of service areas including housing management and support, property repairs, improvements and technical services, HR, Finance, and ICT.

Expenditure totals around £80m to deliver St Leger's day to day housing management and property repairs services, and, on behalf of CDC in delivering their capital programme, home and estate improvements.

Risk areas

St Leger operates a wide number of activities in delivering housing management and property maintenance services. These services require a large number of employees and contractors, and some of the products and services we procure may be considered as a higher risk in terms of modern slavery. Therefore, there are a number of risk areas to consider. The main areas identified as where the greatest risks exist are in procurement and our vulnerable tenants.

St Leger operate a risk management framework to mitigate all strategic and operational risks and the policies and procedures, the due diligence and the training, all referred to below, mitigates these risks.

Company policies and procedures

We have an extensive framework of policies and procedures that are reviewed and updated periodically and monitored to ensure best practice is adopted.

Notable strategies, policies and procedures, among others, that consider our approach to preventing slavery and human trafficking in our operations include:

- Whistleblowing
- Employee Code of Conduct
- Housing Management Policy
- Domestic Abuse (staff and tenants)
- Procurement Strategy
- Risk Management framework
- Financial Regulations
- Contract Standing Orders
- Recruitment and Selection
- Anti-Fraud, Corruption and Bribery
- People Strategy and Health and Wellbeing Policy
- Dignity at work
- Equality Strategy
- Fairness and equality statement and
- Homelessness code of guidance for local authorities

Further information can be found on www.stlegerhomes.co.uk

More specifically, the Housing Management policy includes specific guidance for staff on how to recognise safeguarding issues, such as modern slavery, as a type or pattern of behaviour which constitutes abuse of any person at risk, and also how to respond to and escalate any concerns.

Due diligence

St Leger undertakes extensive due diligence on tenants, employees, and suppliers as part of everyday operations.

Tenants

Robust tenancy verification checks are in place for sign-ups, plus further verification visits on some estates. Our Tenancy Agreement includes reference to the Modern Slavery Act.

We undertake a number of operational activities where possible signs could be viewed. These include:

- programmed tenancy audits of our properties
- financial inclusion / welfare reform support delivered by a dedicated tenancy support team
- neighbourhood management, local offices and patch workers resulting in our officers knowing a large number of tenants

- strong working relationships with our tenants via a number of different groups such as (Tenant Scrutiny Panel, One Voice Forum, Tenants and Residents Associations and other involved groups)
- guidance on spotting and reporting fraud
- Community Caretaker Services reporting any illegal or unusual practices;
- tenancy sign up procedures covers the clauses in the updated Tenancy Agreement
- periodic estate walks / inspections where we might notice anything indicating modern slavery, and residents can attend and often report issues
- tenancy verification visits on some estates
- Direct links between our in-house services team and estates teams to report any concerns
- Properties sold under Right to Buy legislation.

Supply chain

Annually, St Leger uses over 500 suppliers, and around half of these on a regular basis. A number of these will not be subject to the provisions of the Act but we believe the Act's ethos and requirements are valid irrespective of the size of our suppliers.

To ensure compliance with our values and ethics, we have in place rigorous selection processes which include checks on financial standing, convictions, and health and safety, to help ensure our suppliers and their supply chains are slavery free.

All suppliers, as part of our tender procedures, must complete a self-assessment Standard Selection Questionnaire (SSQ). In Section 2 'Grounds for mandatory exclusion', 2.1(a) suppliers must declare if, in the past five years if the organisation or representative with authority has been convicted anywhere in the world in relation to:

- Participation in a criminal organisation;
- Corruption
- Fraud
- Terrorism
- Money Laundering or terrorist financing; and
- Child labour or other forms of human trafficking.

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

- Section 4 of the Asylum and Immigration Act 2004
- Section 59A of the sexual Offences Act 2003
- Section 71 of the Coroners and Justice Act 2006
- Sections 49, 50 and 51 of the Drug Trafficking Act 1994; and
- Section 2 or Section 4 of the Modern Slavery Act 2015.

In Section 7 of the SSQ, assurance is given that if the supplier is subject to Section 54 of the Modern Slavery Act 2015, that they have complied with their obligations. In 2023/24 the new Cabinet Office Standard Selection Questionnaire replaced the previously used one. This has increased reference to Modern Slavery and the grounds that can be used to exclude suppliers.

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

St Leger has implemented a Supplier Code of Conduct and this will refer to Modern Slavery and expectations of suppliers and their subsequent supply chains.

Our Financial Regulations, Contract Standing Orders and Procurement Strategy ensure we operate in a legal, ethical and inclusive manner whilst achieving best value for money. St Leger's procurement services are delivered by a dedicated Procurement team within the City of Doncaster Council under a Service Level Agreement and utilises Public Procurement compliant frameworks operated by procurement consortia. St Leger has representatives on the boards or working groups of a number of consortia and governance groups, which enables robust benchmarking and sharing of best practice.

All contracts have specific Terms and Conditions linked to modern slavery sections contained within them.

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

Through effective contract management St Leger check explicit slavery issues when we review other areas such as price increases, performance and E&D commitments, as part of our established contract management arrangements.

If any of this work identifies risks of modern slavery, this could result in termination of the supplier's contract. Concerns will be reported to the National Crime Agency's helpline as appropriate.

All relevant Procurement staff have undertaken the Chartered Institute of Procurement and Supply's (CIPS) online course titled 'Ethical Procurement and Supply'.

Employees

Our Recruitment and Selection Policy contains relevant requirements in terms of checking of eligibility (Right to Work checks that meet Home Office guidance) to work in the UK and carrying out of necessary checks such as Disclosure and Barring Service (DBS) on relevant employees

References are requested on all employees, and this includes asking referees for any concerns about the applicant working with vulnerable people or children.

St Leger has a contract in place with a temporary staff provider to ensure core services are maintained if employee posts become vacant. The provider has been procured in accordance with all supplier contract award requirements.

Key performance indicators (KPIs)

St Leger operates an extensive Performance Management framework, with a balance scorecard of KPIs and additional Management Indicators (MIs) that form part of our overall governance arrangements.

Our KPIs and MIs are reviewed annually and comprise measures relating to tenants and residents of the borough, including homelessness, our employees and the assets under our management. Underneath all of these are operational processes to ensure borough residents receive the highest levels of service and support in safe, secure accommodation from trained staff and contractors.

Training

St Leger has a structured induction and training programmes which are updated periodically.

Modern slavery was increasingly referenced in all appropriate training during the year.

Training delivered that referenced modern slavery included:

- all new employees undergo a corporate induction, receiving an Employee Code of Conduct which they must sign to confirm receipt, and have a safeguarding session;
- guidance is published in our employee newsletter and posted on our intranet;
- safeguarding training is delivered to all new starters and refreshed every three years and this now includes specific elements on modern slavery.
- corporate induction and local induction processes, which include a buddying system where appropriate;
- recruitment and selection training is provided to managers and includes right to work checks and the importance of pre-employment checks;
- Equality and diversity e-learning, including modern slavery. All employees are required to complete this mandatory training;
- fraud, money laundering and Data Protection.

The St Leger intranet is updated with developments in Modern Slavery and has links to the main government website (www.gov.uk) for employees to be able to access training resources, videos, leaflets and other related information.

For apprentices, the Employee Code of Conduct is emphasised and the roles of trade unions and first contact officers should they ever see or feel anything that makes them uncomfortable or that something is not right.

Completion of all mandatory training is monitored through the online learning management system.

In addition to the above, a briefing providing background information and advice for staff on what to do if they suspect that slavery, human trafficking, etc. takes place, and also providing guidance on the selection of suppliers, is and will continue to be published in our employee newsletters and posted on our intranet.

Signing

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and is St Leger's slavery and human trafficking statement for the financial year ending 31 March 2024.

Signed by:

Chris Margrave
Chief Executive
St Leger Homes of Doncaster Limited
June 2024

ST LEGER HOMES OF DONCASTER
Board Briefing Note

Title:-	Equality Diversity and Inclusion (EDI) Strategy 2022 - 26 Year 2 End of Year Update and Year 3 Strategy Action Plan
Action Required :	<ul style="list-style-type: none"> • Note progress to date • Approve Year 3 action plan
Item	08
Prepared by:	Sarah Moore, Head of HR and OD Dan Debenham, EDI Manager
Date:	06 June 2024

1 Background

- 1.1 This briefing note provides an update after the second year of the 4 year EDI Strategy (2022 – 26).
- 1.2 The strategy sets out our 5 overarching objectives and a number of key measures in addition to a range of expected outcomes.
- 1.3 Of the 8 measures of success 5 of these are on track and must be maintained, 2 are below target and 1 is yet to be measured
- 1.4 Of the 18 actions within the action plan for year 2 of the strategy (Appendix 1)
 - 11 of the original actions have been completed either entirely or have completed the planned year 2 activity and will continue into year 3
 - 7 have been delayed and will carry forward to year 3

2 Key Measures of Success

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

The progress in the key success measures table are in many cases determined by comparing the data from the Q4 (2021/22) dashboard (Appendix 2) as a baseline from before the strategy implementation with the most recent dashboard data, in this case Q4 (2023/24) (Appendix 3).

- 2.3

Key Success Measure	Year 1	Year 2	Comments
Customers			
Decrease in % of complaints related to EDI;			The mechanism for reporting has been introduced into Open Housing from 1 st April 2024. A key word search for 23/24 shows 5/1215 complaints related to a protected characteristic.

An increase in the number of diverse people making use of social housing			% increase in tenants identifying from all diversity groups measured over the 2 years of the strategy.
An increase in diversity data declaration rates			Further % decrease from 88.5% at the start of the strategy to 86.42% after year 1 and 85.5% at the end of year 2 (March 2024)
Employees			
An increase in diversity data declaration rates			% decrease in those choosing to answer the disability question, positive % increases in all other areas
% increase in the number of diverse employees in senior positions;			Senior positions taken as SMT (Grade 8) and above. Last 12 months has seen a positive increase in gender balance 51% female to 49% male. Ethnic minority representation in this group increased in 22/23 and whilst this has not increased further this position has been maintained. There is no change in the age profile of this group with the average age of SMT being 50 and 55% of SMT being within the age bracket 51 – 60+
An organisation and Board that is more representative of the community we live in			We hold data for 10 board members. This is the first year that we have had this data to report from. However we know we have seen a positive shift in the gender balance of our board with an increase of females.
Increase in the number of diverse employees across, ethnic minority, people with disabilities, and LGBT+ groups.			Increase in % and actual number of diverse employees in all areas
A culture where all individuals are happy and comfortable expressing their individuality and can bring their 'whole self' to work;	79%	84%	Measured annually through the pulse survey. Last Measured in March 2024. Board agreed a target of 80% in October 2023. March 2024 saw us exceed this target. It is noted that currently this measure is not analysed against demographics of respondents. From 24/25 this will take place to ensure that this is representatives of all groups.

2.4 Of the 2 measures that are reporting below target:

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

The dip in customer declaration data is an area of particular focus for the coming 12 months. This area has seen a consistent decline. This is most likely due to data not being collected upon sign up. At this stage we are unclear if this is due to the fact that customers are actively choosing not to answer the questions or if we are not asking these questions in detail. Action to address this will feature in the year 3 action plan to grow customer confidence in the reason for asking for this data as well as confidence and knowledge for our front-line teams in asking for this data upon sign up.

Employee declaration rates for disability have seen a decrease over the last 2 years but this is in contrast to other areas of diversity which have seen significant increases. Employee data is now automatically collected on application through the portal and prospective candidates must actively choose 'prefer not to say' rather than skipping this question. It is therefore likely that more new starters are actively choosing not to answer the question regarding a disability. Over the next 12 months we will be working towards our reaccreditation as a disability confident employer and therefore we will take the time to involve colleagues in this and promote the benefits of this accreditation with the aim of increasing the confidence of the workforce in sharing this data for their benefit.

3 **EDI Action Plan Year 2 2023 – 2024**

A detailed action plan sets out the 18 actions and associated activities to be delivered in year 2 of the strategy along with updates of progress to date (appendix 1).

- 11 of the original actions have been completed either entirely or have completed the planned year 2 activity and will continue into year 3
- 7 have been delayed and will carry forward to year 3

4 **Looking Forward**

4.1 As we enter year 3 of the EDI strategy, we have achieved some great success both in terms of measures of success and action implemented. A draft action plan for year 3 of the strategy has been developed to focus activity for the next 12 months and further embed our EDI culture. This year 3 action plan also incorporates the outstanding actions from the Housing Diversity Network (HDN) recommendations following our accreditation in May 2023. It includes a total of 23 actions.

4.2 EMT and Board are asked to note progress to date and approve the year 3 action plan.

APPENDIX 1**Equality and Diversity and Inclusion Strategy****Year 2 action Plan 2023- 24****KEY :**

Green – Compete in Year 2 OR in track for planned activity in year 2 and will continue into year 3

Amber – Not complete as planned in 2023 and will slip into year 3

Outcome and	Action	Headline Activities	Owner	Anticipated Completion Date	Update
Commitment 1. Understand tenants and support their needs					
A policy which ensures that no one feels inhibited from applying for a council home and which takes into account our customers' diverse needs.	Carried forward from 2022/23 - Review the local lettings policy.	<ul style="list-style-type: none"> • EDI review of the Due regard Statement / Equality Impact Assessment 	Access and Allocations Service Manager	August 2023	Complete – signed off in August 2023
Increase in diversity data declaration rates	Carried forward from 2022/23 - Improve the knowledge we have about our diverse tenants by making it easier for people to record and update their relevant personal information.	<ul style="list-style-type: none"> • Update the tenant portal to capture diversity information; • Consider the use of One Housing to update tenants details by visiting staff; 	Head of Customer Services	Review progress September 2023	<p>Partially Complete and Carry Forward - The tenant portal now has the functionality for our tenants to update their customer profile information.</p> <p>Data cannot currently be updated in Open Housing by visiting staff as this functionality has not yet been introduced to the business. This is envisaged to take place in December 2024. In the meantime, data is being updated as part of our Keeping in Touch visits and at the first point of contact with customers.</p>

	<p>Continued activity from Year 1 - Carry out a number of promotional and engagement campaigns to increase the level of employee and customer data we hold.</p>	<ul style="list-style-type: none"> • Continue to implement communications plan looking at innovative ways of increasing engagement through the use of social media and video; • Introduce data capture as part of employee new starter welcome day • Continue to explore ability to make this mandatory in HR and OH systems 	<p>Equality, Diversity and Inclusion (EDI) Manager</p>	<p>1/4ly intervals throughout 2023/24</p>	<p>Partially Complete and Carry Forward - Message delivered across various platforms Inc. Welcome days, In-Person training and via email – this is an ongoing campaign</p> <p>MHR is now updated to stop applicants skipping the EDI sections at application by adding a ‘prefer not to say’ option. This data then transfers for successful applicants to the HR system – providing they apply within the system. We have work to do to close the gap for those applying through other methods.</p> <p>OH changes have been requested to make response to the EDI questions or ‘prefer not to say’ mandatory for all customers, this is on the back log of work and may take some time</p> <p>Rotherham have been asked to include religious data in the monthly data and refinements to the EDI dashboard have added further insight into colleague and tenant makeup.</p>
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	<p>Carried forward from 2022/23 - Investigate use of Voicescape to increase the level of diversity data we hold on our tenants and to keep this up to date</p>	<ul style="list-style-type: none"> • Agree Pilot group and arrangements • Discussions with Voicescape; • Consultation with customers and colleagues; • Publicise to customers; • Go Live with a targeted calls • Review impact and consider benefit of wider use 	<p>Head of Customer Services</p>	<p>September 2023</p>	<p>Under way and carry Forward - Commenced and discussions have taken place with Voicescape. Other survey work has taken priority. The revised target timescale for completion of the work with Voicescape is July 2024. In the meantime, we are pursuing other options including a publicity campaign to encourage tenants to provide the data, use of KIT visits and updating information at the first point of contact.</p>
<p>Better understanding of who is not accessing our services due to diversity issues to make access easier</p>	<p>Carried forward from 2022/23 - Review our customer diversity data down to person level and cross match with service requests to identify and engage with tenants who are not accessing our core services.</p>	<ul style="list-style-type: none"> • Scoping exercise between Customer, EDI and Performance Teams • Implement reporting • Analyse and produce report identifying learning opportunities for improvements in service delivery 	<p>EDI Manager</p>	<p>March 2025</p>	<p>Not started Carry forward.</p>
<p>Commitment 2. To ensure the organisation is a leader in inclusion and fairness.</p>					
<p>A series of improvement actions identified as part of the self-assessment process</p>	<p>Continued activity from Year 1 - Carry out a full diversity audit and self-assessment to gauge and challenge our current diversity status.</p>	<ul style="list-style-type: none"> • Report Outcomes of the HDN Peer Assessment to EMT; • Develop action plan to address any gaps. • Implement Actions 	<p>Head of HR and OD</p>	<p>March 2024</p>	<p>Underway and Carry Forward - Action plan developed and agreed with EMT and Board. Results of Action plan fed into EDI workflow and Actions completed in the remainder of 23/24. The outstanding areas of the action plan at year end have now been incorporated in to the year 3 EDI strategy Action plan (Appendix 4) for ease of oversight and reporting</p>

<p>Improved diversity in management and leadership roles</p>	<p>Continued activity from Year 1 - Develop a coordinated internal campaign of activity, involving employee representatives to engage the workforce, cement our commitment, raise awareness and education on all areas of equality, diversity and inclusion, including the visible celebration of diversity, linking this to a similar program of external campaigns</p> <p>AND</p> <p>Celebrate our diverse employees and cultures through a series of internal events</p>	<ul style="list-style-type: none"> • Implement diversity calendar and coordinated plan of internal and external activity and communication 	<p>EDI Manager</p>	<p>On-going</p>	<p>Complete for Year 2 will refresh for year 3 - Action plan developed to help instruct events and celebrations,</p> <p>Events celebrated include National Pride and Black History Month, International Women’s Day, Eid and Wellbeing week alongside smaller events such as The Three Weeks Jewish Holiday. Engagement in such communications has had varied success however such activity is valuable to increase confidence in our EDI culture and contributes to the positive increases in declaration rates, diversity in the workforce and employee perception.</p>
<p>A Board that is more representative of our tenant community</p>	<p>New for year 2 - Investigate the introduction of a Board mentoring/diversity programme.</p>	<ul style="list-style-type: none"> • Explore options with HDN • Prepare options for discussion with Board and EMT for agreement 	<p>Head of HR and OD</p>	<p>December 2023</p>	<p>Complete – A Board trainee through Gatenby Sanderson is in place</p>

	New for year 2 – implement board diversity monitoring	<ul style="list-style-type: none"> Investigate options for recording of the information Implement monitoring for existing board members Implement regular opportunity for data to be updated. 	Head of HR and OD	June 2023	Complete – Board diversity monitoring is in place for all independent and customer board members.
An organisation that is more representative of our tenant community	New for year 2 - Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles	<ul style="list-style-type: none"> Explore opportunities to work alongside partners such as HDN and WIC to consider appropriate development strategies Link to People Strategy action plan and propose how future leaders will be identified, supported and developed to reach their potential. 	Head of HR and OD	March 2024	Underway and Carry Forward – A future managers and leaders’ program has been agreed and applications will be invited from May 2024 for an October start. Up to 12 colleagues will be selected to participate. Promotion states the important of the EDI agenda and visual representation of our underrepresented groups. Positive action as set out in the recruitment policy will be utilised in the event of a tie break situation in the event that the program is over subscribed.

<p>Better understanding of how the way in which we deliver our services impacts on tenants with protected characteristics so that we can deliver services to better meet the needs of our tenants</p>	<p>Continued activity from Year 1 - Establish local connections with a range of diverse groups to ensure improved communication and engagement : disability, ethnic minority, sexual orientation and older persons groups</p>	<ul style="list-style-type: none"> • Benchmark to learn from other organisations; • Identify partnership and diversity groups that can support local connections; • Reach out to our tenant base for connections; • Establish relationships and regular working groups to improve engagement; • Work with the Minorities Partnership Board (MPB) to increase the number of ethnic minority employees and to link this to upskilling local communities. • Focus on establishing / engaging with a dedicated group of contacts within our own communities with a focus on making a difference for our customers and Housing related focus. 	<p>EDI Manager</p>	<p>March 2024</p>	<p>Complete for year 2 and will continue into year 3 – Benchmarking is in place. Work continues with Minority Partnership Board (MPB), Ethnic Culture Fusion Network and Team Doncaster. Review of MPB is being assessed to identify if it still meets the needs of tenants.</p> <p>Work continues alongside Community Involvement - Tenant Groups have been set up with meetings held for Disabilities. Religion, LGBTQ+ and BAME – Strategy Insight and Service changes have been suggested such as consultation on the Customer Access Strategy and the change from using Radar Keys for Accessibility Bathrooms in public offices to something less ‘asking for permission’ based when customer need to use the facilities.</p>
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<p>Better understanding of who is not accessing our services due to diversity issues to make access easier</p>	<p>Carried forward from 2022/23 - Carry out a series of end to end mystery shopping exercises/journey mapping exercises involving tenants from our diverse community.</p>	<ul style="list-style-type: none"> • Identify customers from an involvement perspective; • Identify journeys to be mapped; • Create scenarios and scripts for journeys; • Analyse results and identify improvements in processes. 	<p>Head of Customer Services</p>	<p>March 2024</p>	<p>Underway and Carry Forward- Nearing completion. We have profile information for customers who are part of our tenant engagement groups and will use to ensure we encourage a diverse range of our customers in mystery shopping exercises. Discussions have taken place with representatives of the Tenant Scrutiny Panel (TSP) to identify the customer journeys which will form part of the revised mystery shopping scenarios – this will include first point of contact and back office calls, email, web and face to face journeys. The scenarios and journeys have been produced in draft and will be shared with the TSP before implementation, which we anticipate we will do by July. Analysis of results will be carried out by the Customer Involvement Team and shared with relevant colleagues.</p>
<p>Commitment 4. Fulfil safeguarding responsibilities to the highest standards</p>					
<p>Staff will feel confident about raising concerns, will be well trained and knowledgeable, and will be effective in supporting those in need of our services.</p>	<p>Continued activity from Year 1 - Continue to deliver our rolling programme of safeguarding training for staff and partners</p>	<ul style="list-style-type: none"> • Implement training programme, increasing the compliance levels 	<p>Head of HR and OD / Head of Housing Management</p>	<p>On-going</p>	<p>Underway and carry forward – Training continues to be delivered and reviewed, compliance as at 31/03/2024 is 93% which is a significant increase over the last 12 months (67.6% in March 2023, 83% in October 2023)</p>

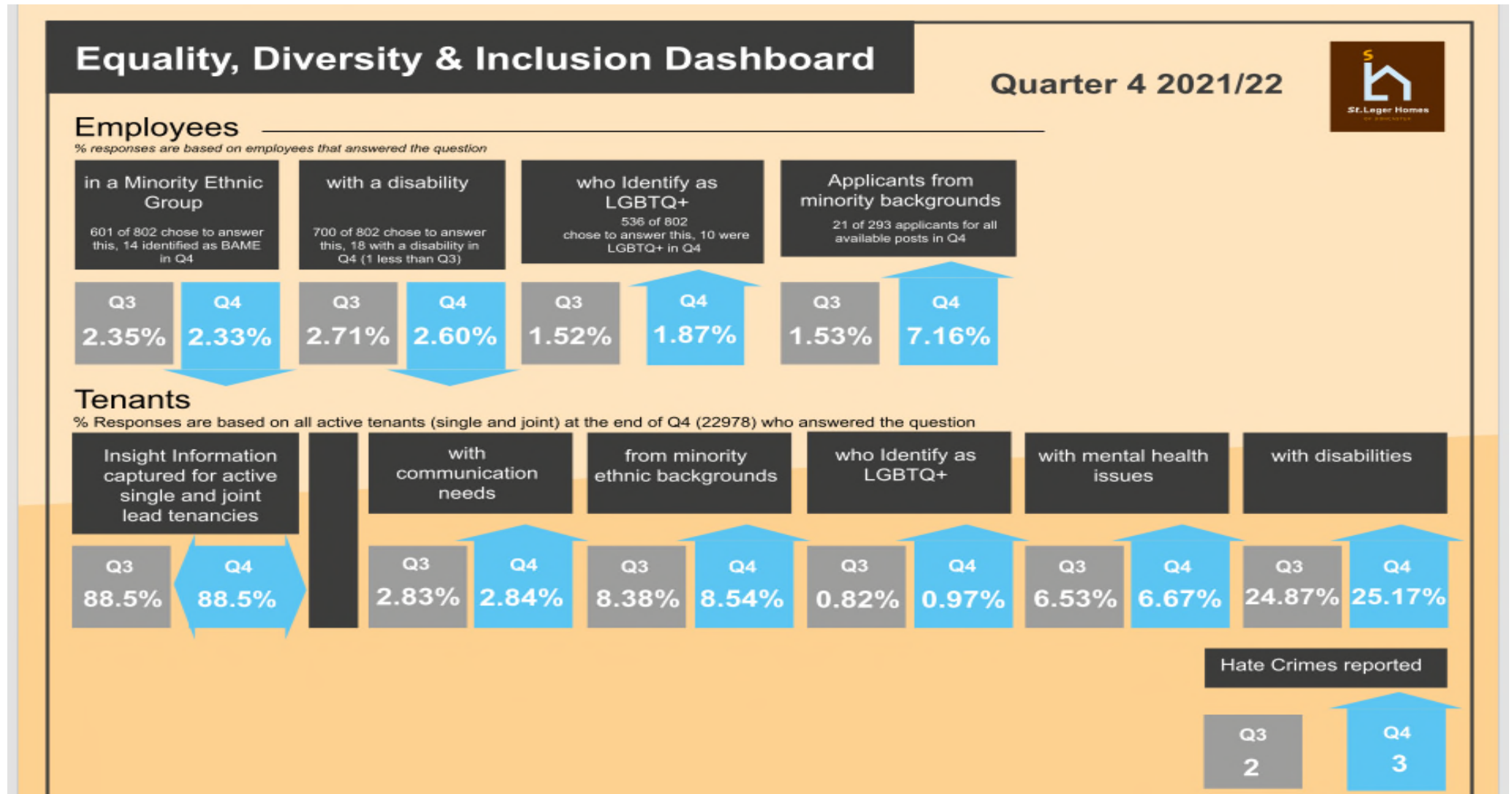
<p>Provide earlier and targeted support to tenants with mental health</p>	<p>Continued activity from Year 1 - Improve our approach to mental health</p>	<ul style="list-style-type: none"> • Continue to deliver a training programme for front line staff on identifying and support tenants with mental health issues; • Continue to develop front line managers in the management of employees mental health concerns and; • Ensure annual wellbeing activity continues to have a focus on the mental health including a review of mental health first aiders and first contact officers. 	<p>Head of HR and OD</p>	<p>March 2024</p>	<p>Partially Complete and Carry Forward - Building on the success of the externally delivered training last year a further session will be delivered to those who missed out, delivery will take place during Q2 24/25</p> <p>The new first line managers program launched in September 2023 and as part of this line managers continue to attend a full day externally delivered on mental health</p> <p>The annual wellbeing plan is in place and activity ongoing. Review of first contact officers and mental first aiders will take place during year 3 and therefore this action will carry forward.</p>
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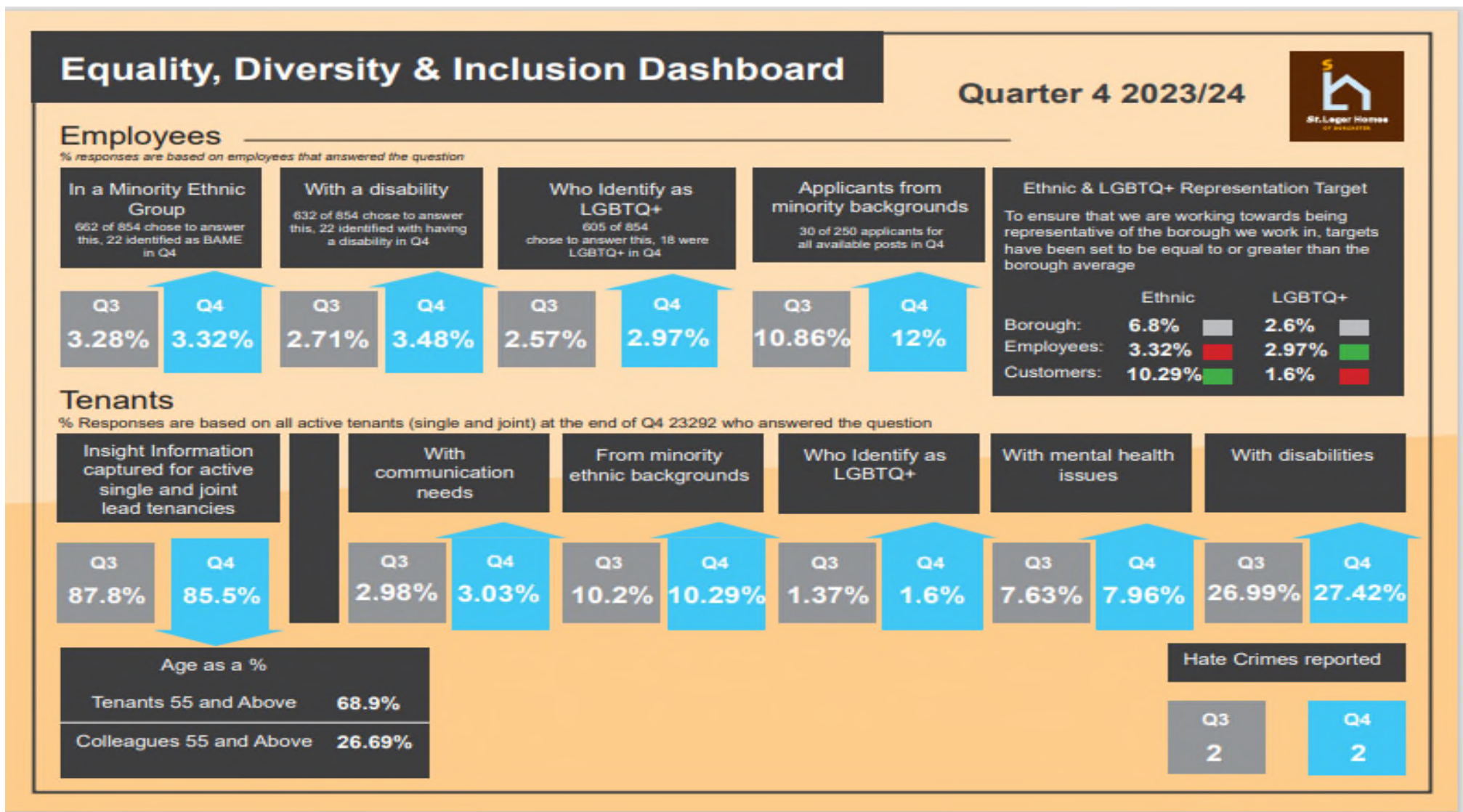
Commitment 5. To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment

<p>To ensure all employees are aware of and kept up to date on diversity issues. A more inclusive culture that embraces different perspectives measured by satisfaction scores from the Pulse Survey.</p>	<p>Carried forward from 2022/23 - Review the Equality and Diversity Training delivered to all employees ensuring that it is sufficient to meet our accreditation levels (for example Disability Confident Level 2) and implement a minimum 2 yearly refresher period</p>	<ul style="list-style-type: none"> • Achieve 100% completion on Equality, Diversity and Inclusion (EDI) training • Review recruitment training to ensure that this accurately reflect key elements such as disability confident level 2 requirements and unconscious bias. • Implement face to face EDI training for all new starters • Consider inclusion of EDI training for managers as part of the review of the first line manager program 	<p>Head of HR and OD</p>	<p>Ongoing and review December 2024</p>	<p>Underway and Carry Forward –</p> <p>% completion sits at 86.2% in March 2024 having seen a significant increase in the last 12 months (April 2023 saw 70.9% and October 2023 78.3%)</p> <p>Complete - Recruitment training review is complete and in detail covers the requirements of our disability confident accreditation and unconscious bias.</p> <p>Complete – Renewed In person training has been rolled out and is mandatory part of the induction for all new starters</p> <p>This was considered but rather than as part of the FLM it is agreed all line managers will receive a face to face equality your session at induction, where this hasn't happened additional sessions will be delivered</p>
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<p>Increase in the number of diverse employees across, ethnic minority, people with disabilities, and LGBT+ groups</p>	<p>Carried forward from 2022/23 – Undertake a full review of external and internal recruitment process, to ensure that it is cessible and promotes inclusion and diversity, Including, introducing diversity to our interview panels, working with external agencies to expand our diverse candidate base and reviewing job descriptions to ensure they are written in a way which encourages applications from diverse backgrounds.</p>	<ul style="list-style-type: none"> • Review existing internal processes; • Review application, advertising, shortlisting and interview methods; • Consider Job description template and wording; • Consider recruitment language and consider use of decoder • Review our agency worker agreements to ensure that they are robust in ensuring diversity of candidate • Review website content to attract a diverse range of job candidates • Increase attendance at face to face recruitment events and assess effectiveness and impact. 	<p>Head of HR and OD supported by People Operations Manager</p>	<p>December 2024</p>	<p>Changes in the application process have happened but there is more work to do which will roll over into year 3 when the recruitment overhaul is an ADP action</p> <p>Agency worker arrangements reviewed and new master vendor in place from 1st March 2024</p> <p>The website has been reviewed though an accessibility lens and changes made</p> <p>Regular Attendance at recruitment events include via the DWP and the Dome jobs fair – effectiveness yet to be assessed</p>
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<p>Increase in % of BAME employees in senior management positions.</p>	<p>Continued activity from Year 1 -Review development routes across the organisation ensuring that they are accessible and representative of our diverse workforce.</p>	<p>See activity for action above “Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles”</p>		<p>March 2024</p>	<p>On track and Carry Forward - There has been no change since the increase in 2023 although this has been maintained:</p> <table border="1" data-bbox="1648 261 2163 547"> <thead> <tr> <th data-bbox="1648 261 1789 325">Ethnic Origin</th> <th data-bbox="1789 261 1921 325">01/04/22</th> <th data-bbox="1921 261 2054 325">11/10/23</th> <th data-bbox="2054 261 2163 325">23/04/24</th> </tr> </thead> <tbody> <tr> <td data-bbox="1648 325 1789 419">Asian British - Pakistani</td> <td data-bbox="1789 325 1921 419">0%</td> <td data-bbox="1921 325 2054 419">3%</td> <td data-bbox="2054 325 2163 419">3%</td> </tr> <tr> <td data-bbox="1648 419 1789 483">Not disclosed</td> <td data-bbox="1789 419 1921 483">21%</td> <td data-bbox="1921 419 2054 483">17%</td> <td data-bbox="2054 419 2163 483">20%</td> </tr> <tr> <td data-bbox="1648 483 1789 547">White British</td> <td data-bbox="1789 483 1921 547">79%</td> <td data-bbox="1921 483 2054 547">80%</td> <td data-bbox="2054 483 2163 547">77%</td> </tr> </tbody> </table>	Ethnic Origin	01/04/22	11/10/23	23/04/24	Asian British - Pakistani	0%	3%	3%	Not disclosed	21%	17%	20%	White British	79%	80%	77%
Ethnic Origin	01/04/22	11/10/23	23/04/24																		
Asian British - Pakistani	0%	3%	3%																		
Not disclosed	21%	17%	20%																		
White British	79%	80%	77%																		
<p>Reduction in incidents of discrimination and opportunities for diverse employees to feed into decision making around service delivery and employee support.</p>	<p>Continued activity from Year 1 -Implement a framework for employee networks and establish a number of diversity networks across the organisation to cultivate inclusion.</p>	<ul style="list-style-type: none"> • Support the groups to become self managed and directed • Establish Exec sponsorship in a listening and observing capacity • Increase membership and profile of the groups • Demonstrate a success and value 	<p>EDI Manager</p>	<p>Ongoing Review September 2023 and March 2024</p>	<p>On track - Colleague Groups are established, with varying membership take up numbers. Meetings held for Disability Network. Umbrella group to be established with EMT sponsorship during year 3. Campaigns to raise the profile have been in Staff Focus, Email and on the Intranet. Successes include, groups starting to find and attracting their own members (disability group) and taking part in consultations on policy changes .</p>																





Equality, Diversity and Inclusion Strategy
Action Plan 2024-25

Key

Green – Continued activity

Red – Carried Forward Activity

Purple – New Activity for 2023/24

Outcome and	Action	Headline Activities	Owner	Anticipated Completion Date
Commitment 1. Understand tenants and support their needs				
Increase in diversity data declaration rates	Carried forward from 2022/23 - Improve the knowledge we have about our diverse tenants by making it easier for people to record and update their relevant personal information.	<ul style="list-style-type: none"> Consider the use of One Housing to update tenants details by visiting staff; 	Head of Customer Services	December 2024
	Continued activity from Year 1 and 2 - Carry out a number of promotional and engagement campaigns to increase the level of employee and customer data we hold.	<ul style="list-style-type: none"> Continue to implement communications plan looking at innovative ways of increasing engagement through the use of social media and video; Continue to explore ability to make this mandatory in Open Housing 	Equality, Diversity and Inclusion (EDI) Manager	1/4ly intervals throughout 2024/25 March 2025
	Carried forward from 2022/23 - Investigate use of Voicescape to increase the level of diversity data we hold on our tenants and to keep this up to date	<ul style="list-style-type: none"> Go Live with targeted calls Review impact 	Head of Customer Services	July 2024
	New Strategy Action for 2024/25 As part of the HDN recommendations, We (HDN) recommend more EDI training for staff who undertake the diversity surveys and guidance on completing the form with customers.	<ul style="list-style-type: none"> An internal training programme will be devised to upskill colleagues in the importance of completing the forms correctly, why they are completed and overcoming service users desire not to answer questions. 	EDI Manager	

<p>Better understanding of who is not accessing our services due to diversity issues to make access easier</p>	<p>Carried forward from 2022/23 - Review our customer diversity data down to person level and cross match with service requests to identify and engage with tenants who are not accessing our core services.</p>	<ul style="list-style-type: none"> • Scoping exercise between Customer, EDI and Performance Teams • Implement reporting • Analyse and produce report identifying learning opportunities for improvements in service delivery 	<p>EDI Manager</p>	<p>March 2025</p>
<p>Commitment 2. To ensure the organisation is a leader in inclusion and fairness.</p>				
<p>Improved diversity in management and leadership roles</p>	<p>Continued activity from Year 1 and 2 - Develop a coordinated internal campaign of activity, involving employee representatives to engage the workforce, cement our commitment, raise awareness and education on all areas of equality, diversity and inclusion, including the visible celebration of diversity, linking this to a similar program of external campaigns</p> <p>AND</p> <p>Celebrate our diverse employees and cultures through a series of internal events</p>	<ul style="list-style-type: none"> • Implement diversity calendar and coordinated plan of internal and external activity and communication • In line with the HDN recommendation, provide optional additional training for managers and colleagues on key aspects of diversity in line with the activity of the calendar. 	<p>EDI Manager</p>	<p>Regularly throughout 2024/25</p>
<p>An organisation that is more representative of our tenant community</p>	<p>Continued activity from Year 2 - Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles</p>	<ul style="list-style-type: none"> • Explore opportunities to work alongside partners such as HDN and WIC to consider appropriate development strategies • Review the impact of the future managers / leaders application and promotion in attracting applicants from our under represented groups. 	<p>Head of HR and OD</p>	<p>March 2025 October 2024</p>

<p>Better understanding of how the way in which we deliver our services impacts on tenants with protected characteristics so that we can deliver services to better meet the needs of our tenants</p>	<p>Continued activity from Year 2 - Establish local connections with a range of diverse groups to ensure improved communication and engagement : disability, ethnic minority, sexual orientation and older persons groups</p>	<ul style="list-style-type: none"> • Continue to work alongside partnership and diversity groups that can support local connections; • Embed and grow involvement and engagement with the newly established tenant diversity networks 	<p>EDI Manager</p>	<p>March 2025 December 2024</p>
<p>Better understanding of who is not accessing our services due to diversity issues to make access easier</p>	<p>Carried forward from 2022/23 - Carry out a series of end to end mystery shopping exercises/journey mapping exercises involving tenants from our diverse community.</p>	<p>Building on the activity from year 2:</p> <ul style="list-style-type: none"> • Create scenarios and scripts for journeys; • Analyse results and identify improvements in processes. 	<p>Head of Customer Services</p>	<p>October 2024</p>
<p>Commitment 4. Fulfil safeguarding responsibilities to the highest standards</p>				
<p>Staff will feel confident about raising concerns, will be well trained and knowledgeable, and will be effective in supporting those in need of our services.</p>	<p>Continued activity from Year 1 and 2 - Continue to deliver our rolling programme of safeguarding training for staff and partners</p>	<ul style="list-style-type: none"> • Implement training programme, increasing the compliance levels 	<p>Head of HR and OD / Head of Housing Management</p>	<p>Review March 2025</p>

<p>Provide earlier and targeted support to tenants with mental health</p>	<p>Continued activity from Year 1 and 2 - Improve our approach to mental health</p>	<ul style="list-style-type: none"> • Continue to deliver a training programme for front line staff on identifying and support tenants with mental health issues; • Continue to develop front line managers in the management of employees mental health concerns and; • Ensure annual wellbeing activity continues to have a focus on the mental health • Deliver a review of mental health first aiders and first contact officers. 	<p>Head of HR and OD</p>	<p>Review March 2025</p> <p>December 2025</p>
<p>Commitment 5. To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment</p>				
<p>To ensure all employees are aware of and kept up to date on diversity issues. A more inclusive culture that embraces different perspectives measured by satisfaction scores from the Pulse Survey.</p>	<p>Carried forward from 2022/23 - Review the Equality and Diversity Training delivered to all employees ensuring that it is sufficient to meet our accreditation levels (for example Disability Confident Level 2) and implement a minimum 2 yearly refresher period</p>	<ul style="list-style-type: none"> • Achieve 100% completion on Equality, Diversity and Inclusion (EDI) training • Ensure all line managers have received a face to face EDI training session • Consider the introduction of BSL Level 1 training for all customer facing colleagues and BSL Level 2 for a dedicated cohort of champion colleagues 	<p>Head of HR and OD</p>	<p>Review March 2025</p>

Appendix 4

<p>Increase in the number of diverse employees across, ethnic minority, people with disabilities, and LGBT+ groups</p>	<p>Carried forward from 2022/23 – Undertake a full review of external and internal recruitment process, to ensure that it is accessible and promotes inclusion and diversity, Including, introducing diversity to our interview panels, working with external agencies to expand our diverse candidate base and reviewing job descriptions to ensure they are written in a way which encourages applications from diverse backgrounds.</p>	<ul style="list-style-type: none"> • Review existing internal processes; • Review application, advertising, shortlisting and interview methods; • Consider Job description template and wording; • Consider recruitment language and consider use of decoder • Consider alternative methods of recruiting and selection. 	<p>Head of HR and OD</p>	<p>January 2025</p>
<p>Increase in % of BAME employees in senior management positions.</p>	<p>Continued activity from Year 1 and 2- Review development routes across the organisation ensuring that they are accessible and representative of our diverse workforce.</p>	<p>See activity for action above “Consider appropriate development activity to break barriers for colleagues from more diverse backgrounds to access leadership roles”</p>	<p>NA</p>	<p>NA</p>
<p>Reduction in incidents of discrimination and opportunities for diverse employees to feed into decision making around service delivery and employee support.</p>	<p>Continued activity from Year 1 and 2 - Implement a framework for employee networks and establish a number of diversity networks across the organisation to cultivate inclusion.</p>	<ul style="list-style-type: none"> • Support the groups to become self managed and directed • Establish Exec sponsorship in a listening and observing capacity • Increase membership and profile of the groups • Demonstrate a success and value 	<p>EDI Manager</p>	<p>March 2025</p>

<p>Improved awareness and consideration of equality, diversity and inclusion across the organisation.</p>	<p>New Strategy Action for 2024/25 Review the Disability confident Accreditation</p>	<ul style="list-style-type: none"> • Evaluate the scheme and consider the benefit of accreditation. • Consider reaccreditation at a more advanced level. • Achieve accreditation is appropriate 	<p>EDI Manager / Head of HR and OD</p>	<p>February 2025</p>
<p>Housing Diversity Network Accreditation Outstanding Actions</p>				
	<p>New Strategy Action for 2024/25 Create a dedicated EDI Policy (which deals more readily with the ‘diversity and inclusion’ as well as equality) to ensure a more robust procedural approach to matters relating to EDI. Perhaps consider implementing or drawing from HDN’s own EDI Policy Template.</p>	<ul style="list-style-type: none"> • Develop the draft policy • Undertake consultation via unions, customers, diversity networks • Seek Board Approval • Implement, communicate and embed the policy 	<p>EDI Manager / Head of HR and OD</p>	<p>September 2024</p>
	<p>New Strategy Action for 2024/25 Provide staff with specific training on how to carry out Equality Impact Assessments alongside the current written guidance- this will help to ensure the process remains robust and consistent.</p>	<ul style="list-style-type: none"> • Develop and deliver a short face to face course with quick reference sheet for managers in-house to upskill EIA completion. • Link into Business Governance to be further aware of what policy / strategy is being produced or updated in the rolling 12 months and proactively prompt for the EIA to be filled in with support from the EDI Manager. 	<p>EDI Manager</p>	<p>July 2024</p>
	<p>New Strategy Action for 2024/25 Obtain feedback on training to ensure it is of high quality, relevant, and fit for purpose</p>	<ul style="list-style-type: none"> • Align the quality of the e learning with the face to face sessions • Validate the impact of this learning 	<p>EDI Manager</p>	<p>June 2024 December 2024</p>

	<p>New Strategy Action for 2024/25 Introduce a formal method to improve key organisational communication, such as monthly team briefs, which would ensure that all staff receive the key information regardless of their line manager.</p>	<ul style="list-style-type: none"> The comms strategy already includes an action around team briefings therefore we will not duplicate this but the year 3 of the EDI strategy will make this link 		
	<p>New Strategy Action for 2024/25 Pre-empt accessibility issues for online communications by making large print versions of documents readily available to download as standard.</p>	<ul style="list-style-type: none"> Consider making large print versions automatically available rather than the need to download Translate commonly used documents into the more frequently used languages and have these readily available 	EDI Manager Comms Team	September 2024
	<p>New Strategy Action for 2024/25 We recommended that the website is reviewed from the perspective of good practice in communication, particularly for the visually impaired, and that existing accessibility features such as the read-aloud facility are better signposted for users.</p>	<ul style="list-style-type: none"> Whilst the website does include an accessibility page that advises customers of the various tools available we don't tell them how. In the short term this can be made clearer on the website with further signposting in hard copy publications. In the review of the internet in the coming months this will be further reviewed to make navigation as clear as possible. Browsealoud has been kept on the website as the icon and service is universally known. Further pages are being designed to accommodate more detail on the options that are on offer including Google Lens and Translation options such as BSL. 	EDI Manager Comms Team	July 2024

	<p>New Strategy Action for 2024/25 Continuation of the work around how best to support Gypsy, Roma and Traveller communities.</p>	<ul style="list-style-type: none"> • Connections made with Traveller Trust who are a national Charity based in York, Traveller Trust are opening an Office in Doncaster and are looking at the end of 2024 for this to be done. Consulting with G&T leaders will be done once the GT team advise that they have people who will speak to us • Roll out digital information to bring G&T services to same access level as other communities 	<p>EDI Manager/ GT Team</p>	<p>Dec 2024</p>
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EDI Strategy Update – Data

- Data collated from MHR on 24th April 2024
- Figures based on employees that are Grade 8 and above (SMT)
- Number of employees in this remit has reduced from 36 to 35.
- Increase in female employees, now over 50%
- Average age of SMT is 50.

	Data from 1st April 2022	Data from 23rd February 2023	Data from 31 st March 2024
Gender			
Female	47%	50%	51%
Male	53%	50%	49%
Age Band			
Age Band: 31 to 40	12%	14%	11%
Age Band: 41 to 50	35%	31%	34%
Age Band: 51 to 60	50%	53%	49%
Age Band: > 60	3%	3%	6%
Marital Status			
Married	44%	42%	48%
Not disclosed	18%	22%	23%
Partner	3%	3%	0%
Prefer not to say	24%	22%	20%
Single	12%	11%	9%
Religion			
Christianity	35%	36%	43%
Islam	0%	3%	3%
None	26%	22%	28%
Not disclosed	38%	39%	26%
Ethnic Origin			
Asian British - Pakistani	0%	3%	3%
Not disclosed	21%	22%	20%
White British	79%	75%	77%
Nationality			
British	24%	22%	23%
English	15%	17%	14%
Not disclosed	59%	58%	60%
Welsh	3%	3%	3%
Sexual Orientation			
Heterosexual	76%	75%	78%
Not disclosed	24%	25%	22%
Registered Disability			
No	97%	94%	94%
Yes	3%	6%	6%

ST LEGER HOMES OF DONCASTER BOARD Briefing Note

Title:	People Strategy 2020 – 24 End of 4 Year Strategy Achievements
Action Required:	<ul style="list-style-type: none"> • Note end of the 2020 – 2024 People Strategy, progress and achievements • Approve 2024-2029 People Strategy
Item:	09
Prepared by:	Sarah Moore, Head of HR and OD
Date:	06 June 2024

1 Background

1.1. This briefing note rounds up performance and progress at the end of the 4 years People Strategy (2020 – 24) and seeks approval to proceed with the new people Strategy 2024 – 2029.

1.2. Out of 9 measures of success set out within the 2020 – 2024 strategy:

- 6 achieved or exceeded target
- 3 sit under target and are explored further in 2.2 below – Sickness and Statutory / Mandatory Training Delivery and Public Sector Apprenticeship Target

1.3 Out of 13 plans within the final year of the strategy action plan:

- 11 are completed in their entirety
- 2 were delayed, System Development, Reward and Recognition activity development and New Starter Systems Training.

2 Key Success Measures – Appendix 1

2.1. The 2020-24 People strategy sets out the key measures which were to be achieved by the end of the People Strategy 6 have been achieved in their entirety. Appendix 1 shows the position at the end of the 2020-24 People Strategy.

2.2 Three measures did not end the strategy on target:

- **Sickness** – sickness from work continues to be monitored closely. Short term absence from work continues to be the biggest driver of absence as does mental ill health. Assurance is provided of the management of the existing cases in the following ways:

- ✓ All cases which hit a trigger in the attendance management process are actively managed and supported by the HR team. Cases are reviewed fortnightly at the Business Partner and Adviser meeting chaired by Senior HR Business Partner with the Head of HR and OD in regular attendance. This will continue.
 - ✓ Attendance management training is provided to all managers as part of the first line manager program.
 - ✓ A review of the Attendance Management Policy has been undertaken and a new policy introduced with revised short term absence triggers from 1st April 2023. It has taken time to see the impact of this change but in we are now seeing an increased number of stage meetings in particular at stages 3 and 4. This increased number of meetings provides an opportunity to work towards a return to work in a more formal way at an earlier opportunity.
 - ✓ Directorate 'deep dives' have begun, beginning with Housing and Customer Services identifying and then creating a plan jointly between the HR team and the leadership to address areas of concerns.
 - ✓ In recognition of the national worsening picture on ill health the 24/25 target has increased from 8.5 days to 10 days per FTE
 - ✓ Further manager training and support will be provided specifically in relation to mental ill health and supporting colleagues to remain in as well as return to work
- **Compliance with Statutory / Mandatory Training** – Appendix 2 shows the areas of training which make up this overall figure and provides comments regarding sessions booked and activity planned. The biggest contributor to this lower figure is ladder safety training and the reason for this is that as part of the regular review of training needs analysis a new group have been identified as requiring this training.

We continue to review the training needs analysis (TNA) regularly with managers and heads of service to ensure that the right training is assigned to the right groups of colleagues.

- **Public Sector Apprenticeship target** – This was a national target which was removed some years ago however we chose to retain this as a local target to monitor our progress. Our apprentice intake on an annual basis remains high with 12 or more new starters every September plus a small number of up skills (existing employees who are approved through our sponsored study program to undertake an apprenticeship alongside their existing role). The failure to meet the public sector target is due to 2 reasons:
 - Increased headcount – the calculation of our achievement takes into account the organization headcount, whilst the number of brand new apprentices has remained steady the organisation's headcount has increased which means that our performance is lower.
 - Fewer upskills – whilst brand new apprentices remain steady the number of up skills has reduced, the reason being that existing employees can often access the same learning at a cheaper cost (we comfortably utilize our levy with our new starters so this no longer provides a cost effective way of supporting up skills) and in a shorter duration. We therefore

continue to support colleagues to access learning through sponsored study but as this is not apprenticeship learning it does not count towards our target.

3. People Strategy Action Plan 2023/24 (Year 4)

3.1 A detailed action plan sets out the 13 plans and associated activities to be delivered in year 4 of the strategy along with updates at year end (Appendix 3).

4. People Strategy Achievements in Summary

4.1 The People Strategy set out in 2020 with the aim of delivering a modern, efficient and flexible workforce with activity clustered under 3 key themes.

- **Attract** – an employer of choice that attracts the right people with the right skills at the right time.
- **Grow** – developing the workforce through continuous improvement and learning, including succession planning.
- **Engage** – engaging with, and recognising, rewarding and retaining our workforce to drive continuous improvement.

4.2 The Vision and Objective of the Strategy were:

To ensure St Leger Homes has the right people, with the right skills, working in the right way, within effective roles, programmes and flexible structures; aligned to the mission, strategic objectives and values/behaviours of the organisation.

As an employer of choice, we want to create a great place to work where staff are inspired to give their best and are motivated to be part of our success; individual's talents and differences are promoted, celebrated and respected; our diverse staff will be healthy, well and happy; creativity and innovation will be the norm; individuals work collaboratively with others within and beyond St Leger Homes; individuals take responsibility for their own performance and development; individuals are able to positively adapt to continuous change; excellence in leadership is seen as critical to our success and a sense of belonging and engagement is valued.

4.3 The strategy has lived through the years of the pandemic, the impromptu but in no way unwelcome introduction of agile working which has accelerated our move towards flexibility, labor market challenges, significant changes in the HR&OD Team including a new Head of HR&OD and changes in 75% of the EMT. It is incredibly pleasing therefore to see such significant achievement against the measures in Appendix 1 meeting and exceeding target in many cases.

4.4 Key achievements of this strategy include:

- **Stabilizing the Foundations:**
 - HR self-serve system development including the digitalization of Holidays, and Flexitime
 - Implementation of a robust training needs analysis for all mandatory learning and cross all roles
 - Digitalisation of our regular employee one to one check ins

- **Developing our culture**
 - The full implementation of agile working
 - A refresh of our values, skills and behaviors as a result of significant workforce involvement
 - Implementation of an in house designed and delivered first line managers learning program
 - Implementation and Customer Excellence Learning which is now embedded into the way we induct new starters
 - Implementation of St Leger Stars annual awards growing in popularity by over 200% since it began in 2020

- **Growing our workforce**
 - Growth of our Apprenticeship program achieving local and Regional award recognition

- **Retaining, Supporting and Engaging our workforce**
 - Achievement of Be Well at Work Gold
 - Investors in People Accreditation
 - Embedded regular Employee pulse surveys and achieved employee satisfaction which has stayed at or above 80% for 4 years.

5 Looking Forward

5.3 Our People Strategy 2024-2029 has been drafted following consultation with the workforce, Unions and taking account of insight from Investors in People and pulse survey feedback.

5.4 The Revised strategy proposes the vision: *We will be an employer of choice within the Housing Sector, attracting, retaining and developing, motivated and skilled colleagues who are committed to our values based, customer excellence culture*

5.5 It sets out key activity over the next 5 years aligned to the values and the corporate plan:

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

5.6 A set of measures in addition to our regular KPIs are aligned to each theme to measure progress through the life of the strategy. 6 monthly progress against the action plan will be reported to EMT and an annual progress report will be presented to Board.

5.7 This strategy links with and complements other existing strategies such as the Equality, Diversity and Inclusion Strategy, Communications Strategy (internal elements) and Health and Safety Strategy but it will not replace or override any of these.

5.8 Board is asked to approve the People Strategy 2024-2029 as a final version.

KEY SUCCESS MEASURES

RED – Worse than Target

GREEN – On or Better than target

AMBER – within acceptable tolerance

GREY – no longer measurable

Key success measure	Year 1 2020/21	Year 2 2021/22	Year 3 2022/23	Year 4 2023/24
Sickness - KPI 11 Target 8.5 days per FTE	6.6 days per FTE	11.88 days per FTE	11.66 days per FTE	11.2 days per FTE
Tenants and residents supported into training - KPI 14a Revised from April 2023 to incorporate 14a and b into 1 KPI – Tenants and Residents into Work and Training	30	30	58	109
Tenants and residents supported into work KPI 14b	28	52	39	See Above
Employee Survey - Over 80% of employees are satisfied with St Leger Homes as an Employer	81.21%	83%	80%	89%
Employee Survey - Positive Net Promotor Score - Measured in October 2022, decision taken to remove this measure going forward	20	-7	-15	
Employee Survey - over 80% of employees agree that their manager is a great role model for our values/behaviours	NA	92%	90%	91%
100% Statutory/ Mandatory Training Delivered	NA	86%	61%	81%
100% Personal Development Plan completion	NA	100%	100%	100%
BeWell@Work Award Gold	Silver – 2020	Delayed	Awaiting outcome	Gold – May 2023
2.3% New apprentice Starts, Public Sector Apprenticeship Target - No longer a statutory requirement but we continue to measure to track our own performance.	1.76%	2.48%	2.37%	1.79%
Investors in People Framework met	NA	NA	NA	Accredited Nov 2023

Compliance with Mandatory Safety Training Completion Detailed Breakdown

	Compliant 2023	Compliant 2024	2024 Comments
Working at Heights	82%	80%	Multiple changes to relevant group, 8 new starters, 10 people certified but not in the audience
Ladder Safety Training	89%	47%	New additions to the audience
Asbestos CAT A	90%	80%	A lot of training completed in early 2021 so is due to expire/expired early 2024
Asbestos CAT B	100%	100%	
SMSTS	90%	100%	
CISRS	90%	100%	
Abrasive Wheels	45%	76%	
Cat & Genny	14%	87%	
Emergency First Aid at Work	56%	94%	
PASMA Scaffold Tower	40%	88%	
PASMA Tower on Stairs	16%	71%	
Total	61%	81%	

Appendix 3

People Strategy Action Plan 2023/24 (Year 4)

Plans	Activities	Completion date	Update
<p>Carried forward from 22/23 and updated - Having Implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.</p>	<ul style="list-style-type: none"> Develop and commence delivery of a Future Leaders program to provide aspiring leaders/managers with knowledge, skills and experience Develop our leadership and SMT development offer 	<p>March 2024</p>	<p>Complete – Future leaders program launched, and applications invited, deliver dates are scheduled to begin in Autumn 2024</p> <p>Complete – SMT development offer building through half day sessions at the SMT away days with two delivered to date, Resilience in April 2023 and Leading High Performing Teams in September 2023 and this will now continue as a model going forward embedded as business as usual</p>
<p>Continued activity from Year 3 - Implement a revised 1:1 framework in line with the EMT agreed priorities (Feb 21) supported by relevant guidance, learning, communication and review.</p>	<ul style="list-style-type: none"> Digitalise 1:1s – roll out and embed 	<p>September 2023</p>	<p>Complete – All teams are now expected to be undertaking their check ins and recording them on Flo (LMS). Reporting will be taking place from April 2024 to check and support the quality conversations.</p>
<p>Carried forward from 22/23 - Refresh Career Start Framework ensuring that it continues to meet the needs of the business and our tenants, with an eye to supporting succession planning, building in flexibility to embrace relevant emerging initiatives</p>	<ul style="list-style-type: none"> Work with CI Team to ask our tenants/customers what WOW placement opportunities they would be interested in. Implement a process to facilitate previous WOW placements returning to fulfil temporary roles in the same area of activity assisting with workload and 	<p>December 2023</p> <p>December 2023</p>	<p>Complete – Survey undertaken, we have the intelligence and the plan for a further non-property-based WOW cohort will feature in the future People Strategy</p> <p>Complete – This is now embedded in the way that the team work</p>

	<ul style="list-style-type: none"> temporary resourcing challenges with EMP and Cleaners Proactive involvement in access and best use of local and national funding to support employment and training activities to get people into work as well as upskilling careers, such as UKSPF. Review flexibility of scheme and explore emerging opportunities in the changing climate 	<p>Ongoing</p> <p>March 2024</p>	<p>complete – we have a clear link to available funding however this would be accessed through South Yorkshire Mayoral Combined Authority (SYMCA).</p> <p>Complete – a number of positive changes including updating the entry requirements to WOW to take account of non tenants.</p>
Continued activity from Year 3 - Develop the organisations agile working vision, principles and implementation plans, underpinned by revised policies and guidance and learning. Implement agile working including associated facilities plans.	<ul style="list-style-type: none"> Work with Property Services colleagues to develop actions to embed agile within our trade operative teams 	<p>March 2024</p>	<p>Complete – Agile working is now in place for Trade based teams in the sense that some work flexibility albeit in a more planned way due to the nature of the role. There will be further work in the future People Strategy to build upon this more flexible and forward thinking culture.</p>
Carried forward from 22/23 and updated - Embed a health, safety and wellbeing culture	<ul style="list-style-type: none"> Achieve Bewell@work Gold Delivered activities planned for 23/24. Aging workforce and succession planning activity– consider active redeployment 	<p>June 2023</p> <p>March 2024</p> <p>March 2024</p>	<p>Complete – Achieved in Mid 2023</p> <p>Complete – and embedded to an business as usual activity, 23/24 saw engagement in menopause awareness and network, healthy eating, sleep workshops. Andy’s Man club Band of Builders, National complimentary therapies awareness and My Whole Self</p> <p>Complete – Succession planning was completed for the 2nd year this is now embedded as business-as-usual activity. Active redeployment linked to an aging workforce has not been implemented at this time however we will continue to consider this in the future people strategy.</p>
Continued activity from Year 3 - Continue to monitor difficult to recruit	<ul style="list-style-type: none"> Benchmarking of known hotspots with comparator organisations and implement 	<p>March 2024</p>	<p>Complete – will continue as business-as-usual activity</p>

vacancies	<p>necessary changes to alleviate hotspots.</p> <ul style="list-style-type: none"> • Review recruitment process to add value eg. <ul style="list-style-type: none"> ○ Where to advertise (linkedin, indeed etc) ○ More proactive work in HR ○ Regular vacancy progress reporting ○ Talent pooling ○ Attend careers fairs e.g. ex-military 	August 2023	Complete – The actions as set out in the activity have been implemented with the exception of talent pooling. There is more that can be done to review recruitment in its entirety and therefore this will roll over into 2024/25 and a future ADP action
Continued activity from Year 3 - Develop plans to embed a 'Customer Service Experience' culture across the business	<ul style="list-style-type: none"> • Complete delivery of customer excellence learning delivery and develop plan for future ongoing delivery. 	March 2024	Complete – This now continues as a business as usual activity with internal delivery.
Carried forward from 22/23 and updated - Continue to develop the HR system adopting new modules to the benefit of the business	<ul style="list-style-type: none"> • Case Management (inc. Sickness triggers) • Flexi time recording • Recruitment 'back office' 	September 2023 March 2024	Underway but delayed – Work continues with CDC and RMBC to develop the system ready to launch. Moved to a service development plan action for 24/25 Complete Not started – Whilst Recruitment review forms a new ADP action the system back office will not specifically feature as this is linked to the SLA for payroll and will be managed in business as usual activity
Continued activity from Year 3 - Develop the Learning Management System (LMS) to Implement L&OD reporting to aid robust management and personal ownership of learning	<ul style="list-style-type: none"> • Review of e-learning catalogue resulting in user access to additional learning. • Communication/relaunch to all users on best effective use of system, how to access learning, resources, learning records, and record any CPD. 	December 2023 March 2024	Complete – a review has taken place of what is available and as new learning needs are identified we may choose to make additional modules available e.g. Resilience Complete - this is now communicated and available, embedding will continue as part of business as usual
Continued activity from Year 3 - Put	<ul style="list-style-type: none"> • Review what we have – is the St Leger 	December	Underway but delayed – Activity is

in place a staff recognition scheme, linked to values and behaviours	Stars sufficient? How do we recognise and say thank you on a day to day basis. What channels do we have to communicate recognition? Eg All St Leger homes teams channel?	2023	agreed in principle and will launch in summer 2024 as a carried over action in the future People Strategy
Continued activity from Year 3 - Review Pay and Grading and Benefits structure	<ul style="list-style-type: none"> • Implement pension education • Consider and agree future direction of pay and grading within SLHD 	March 2024	<p>Complete – regular sessions in excess of the pre retirement education is now being delivered as standard through SYPA</p> <p>Complete - Changes implemented in April 2024</p>
Continued activity from Year 3 - Review organisational culture and consider and implement appropriate assessment / accreditation method	<ul style="list-style-type: none"> • Undertake liP Self Assessment • Implement action plan of achievable wins ahead of accreditation • Undertake liP full accreditation assessment • Utilise outcomes to feed into the future People Strategy 	<p>July 2023</p> <p>August 2023</p> <p>December 2023</p> <p>March 2024</p>	<p>Complete – self assessment took place in May and June 2023</p> <p>Complete – this included early work on performance management and agreement at EMT on future recognition</p> <p>Complete – Accreditation received November 2023</p> <p>Complete – Draft Strategy with Board for sign off</p>
New for Year 4 – Review New Starter induction to ensure a coordinated approach to Systems Training and key processes skills embedding.	<ul style="list-style-type: none"> • Coordinate and facilitate a program of activity alongside business SMEs 	March 2024	<p>Underway but Delayed – Agreement reached with Heads of Service reached on the principles of what is needed, challenges on achieving business owners and time to progress this with SMEs. Will carry forward to year 1 of the new strategy</p>



Our People Strategy 2024-2029

INVESTORS IN PEOPLE®
We invest in people Standard



Chartered
Institute of
Housing
Gold Partner

Our People Journey



St Leger Homes employs around 850 colleagues in a diverse range of roles across the City. The diversity of our workforce has steadily increased in the last 2 years and through the combined efforts of our People Strategy and Equality, Diversity and Inclusion Strategy we are seeing a workforce which is closer than ever to being representative of our community, although we know we have much more work to do. Our gender pay gap has reduced to 4.36% (median). 2023 saw us recognised with Housing Diversity Network Accreditation with areas of distinction.

St Leger Homes became a Gold partner with the Chartered Institution of Housing in 2021, recognising our commitment to developing and investing in our workforce and supporting the professionalisation of the housing sector. Around 40% of our Senior Management team currently hold a level 4 or above housing related qualification. Personal development planning (PDP) is an embedded annual activity with 100% of colleagues having a PDP in place annually since 2021.

We have continued to see lower than average employee turnover however we have struggled until more recently with the filling of some of our vacancies when they do arise, and this had led us to work hard to modernise the way that we are recruiting making it easier for candidates to access us.

The UK continues to see high levels of employee sickness absence and high levels of mental ill health. St Leger mirrors this national picture with 11.21 days per FTE sickness absence in 2023/24. We continue to work hard to support our colleagues to remain well. Our workplace wellbeing group, internal wellbeing lead and annual wellbeing calendar have supported us to achieve Be Well at Work Gold accreditation in early 2023 recognising these efforts.

Our Values, Skills and behaviours framework launched in early 2023 and we continue to work hard to embed them. We have celebrated our success through annual colleague St Leger Star Awards which have grown in popularity and quality year on year. Through our regular colleague engagement events, such as Colleague Festivals, virtual Q&A sessions and Directorate Away days we have seen higher levels of employee participation (70%+) in our regular pulse surveys which tell us we have continued high levels of employee satisfaction, in excess of 80% each year for the last 4 years. Investors in People Accreditation in November 2023 recognised the early work that has been done and provided us with incredible insight to further develop our colleague experience.

Our Early Careers Activity saw our World of Work achieve its 10th Anniversary having supported 220 tenants and residents into work training in the last 3 years. Our award winning Apprenticeship offering continues to be oversubscribed and our apprentice retention post qualification remains high.

We have strong foundations upon which to build as we enter the 2024/2029 People Strategy.



Local and National Context



- The UK employment rate (for people aged 16 to 64 years) was estimated at 74.5% in January to March 2024, below estimates of a year ago.
- The UK unemployment rate (for people aged 16 years and over) was estimated at 4.3% in January to March 2024, above estimates of a year ago,
- The UK economic inactivity rate for people aged 16 to 64 years was estimated at 22.1% in January to March 2024, above estimates of a year ago, and increased in the latest quarter.
- In February to April 2024, the estimated number of vacancies in the UK decreased by 26,000 on the quarter to 898,000. Vacancies decreased on the quarter for the 22nd consecutive period but are still above pre-coronavirus (COVID-19) pandemic levels. *(ONS Labour Market Overview Mar 2024)*

In summary this means that there are fewer people employed than was expected and the unemployment rate is higher. The number of vacancies advertised nationally has reduced year on year. Average employee turnover remains at around 20% within public sector organisations.

2023 saw public sector employers report an average of 10.6 days sickness absence per full time employee(FTE) (7.8 days per FTE across all sectors). This figure changes not only with type of organisation but also with organisation size with organisations employing 250 – 999 individuals seeing on average 7.2 days absence per FTE. Absence rates per FTE typically appear to increase with organisation headcount.

Minor illnesses, musculoskeletal injuries and mental ill health are the three top causes of short-term absence. COVID-19 continues to have significant impact, with over a third of employers (37%) reporting it is among their top three causes of short-term absence, although this shows a considerable reduction compared with (2022: 67%). Mental ill health, musculoskeletal injuries, acute medical conditions and stress are the most common causes of long-term absence (four weeks or more).

The public sector and non-profits are more likely than private sector organisations to include mental ill health among their top causes of long-term absence, although it tops the list of the most common causes in all sectors. More public sector employers also report that stress is among their top causes of short- and long-term absence. *(CIPD Health and Wellbeing at Work Report 2023)*

The CIPD Good Work index 2023 reports nationally that employee satisfaction across all sectors is around 66%.

7.7%
Gender pay
gap

66%
Employee
satisfaction

20%
Employee
Turnover

10.6 days
sickness
per FTE



People Strategy Themes



Our People Strategy 2024-29 has been developed taking account of the workforce insight from the Investors in People Assessment in November 2023, Be Well at work report 2023 and our regular pulse surveys. It links directly to and flows from the St Leger Corporate Plan 2024 – 29. Consultation has taken place with our teams, and recognised Trade Unions. We will deliver the vision of our People Strategy by focusing on our three People Strategy Themes.

This strategy links with and complements other existing strategies such as the Equality, Diversity and Inclusion Strategy, Communications Strategy (internal elements) and Health and Safety Strategy but it will not replace or override any of these.

We will develop an action plan each year of the strategy setting out what we will do and how we will do it measuring progress towards our vision and reporting this annually to our Board.

Recruit and Retain

a highly skilled and effective workforce, who choose to work for our values driven organisation to provide excellent services to our diverse customers.

Support and Develop

a collaborative workforce ready to meet the changing demands in the sector, enabling personal and career progression and business sustainability.

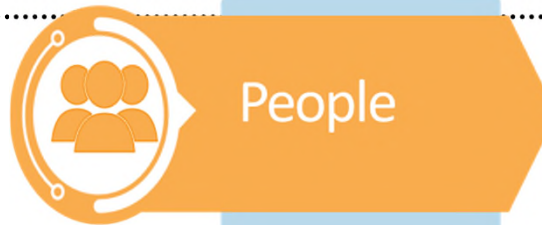
Engage and Celebrate

our motivated, high performing and hard-working workforce, recognising the great work that our People do.

People Strategy Vision



We will be an employer of choice within the Housing Sector, attracting, retaining and developing, motivated and skilled colleagues who are committed to our values based, customer excellence culture.



We want to get it right for the **People** that live in our homes and that work for us



We take **Pride** in what we do and want our tenants to be proud to live in a St Leger Home



We want to achieve the best possible individual and organisational **Performance**



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



Strategic People Theme 1:

Recruit and Retain

a highly skilled and effective workforce, who choose to work for our values driven organisation to provide excellent services to our diverse customers.



We will do this by:

- Embedding our values, skills and behaviours into the fabric of life at St Leger Homes
- Undertaking a full review of our Recruitment Process, Onboarding and candidate and new starter engagement
- Facilitating robust workforce planning across our business
- Working hard to attract underrepresented groups into our diverse organisation
- Reviewing and developing our Wellbeing offer with the aim of ensuring that the right support and intervention is available to colleagues when and where they most need it.
- Re procuring our employee benefits offer with a focus on meeting colleague needs and flexibility

We will do this because:

- Our values underpin everything we do and ensure that the service that we deliver to our customers is of the highest standards ensuring tenant satisfaction.
- The better our candidate experience is the more likely we are to attract, and onboard high quality new recruits with the values, attitudes and skills that best serve our customers.
- 26.59% of our workforce is aged 55+. Robust workforce planning will enable us to meet the challenges aging workforce demographic and have a clear plan for succession.
- We care about the health of our workforce, and we know we are well placed to support colleagues and reduce the financial and lost productivity cost as a result cost of ill health
- A valued benefits package which provides value for money for St Leger and a flexible offering for our employees will enable us to continue to attract and retain great colleagues to work with us.

We will measure our success by :

Time and cost to hire per vacancy	Employee retention, and happy leavers	Colleague feedback on our wellbeing offer	Utilisation of our benefits offer
At least 90% of colleagues understand our values and agree that they are demonstrated across the business		Colleague perceptions of their onboarding experience	

Through our Corporate plan, KPI monitoring and our Equality and Diversity Strategy we will also measure :

Diversity in new recruits	Gender Pay Gap	Sickness days per full time employee
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Strategic People Theme 2:

Support and Develop

a collaborative workforce ready to meet the changing demands in the sector, enabling personal and career progression and business sustainability.



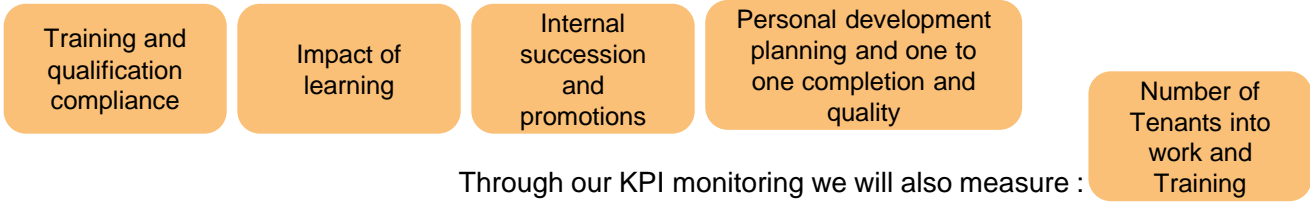
We will do this by:

- Focusing on the development of our Leaders and future Leaders, Launching and embedding the Future Leaders Learning program
- Continuing our journey to champion the professionalisation of the Housing sector
- Identifying and planning for the skills requirements of our future workforce
- Expanding our World of Work program providing different opportunities to tenants and residents of Doncaster
- Supporting the development of a program of learning for systems used across the organisation to enable to delivery of the Knowledge and Information Management action plan
- Leading the re procurement of the learning management system ensuring the capability for performance management
- Implementing a learning impact evaluation framework
- Working towards an organisational culture where employees own their own development and performance

We will do this because:

- Growing leaders and future leaders who champion our values ensures that we have a pipeline of great candidates to lead our organisation in the face of continued labour market challenges.
- Housing is a recognised profession and our work to ensure the professionalisation of our sector and the roles within St Leger will ensure that our People are best equipped to provide excellent quality services to our customers
- We must make sure that our people are skilled and knowledgeable to meet the high standards that our customers need, deserve and expect of them and in turn demonstrate the highest levels of regulatory compliance.
- Robust Learning Management records and Performance Management will enable us to clearly demonstrate our regulatory compliance, support our employees and enable us to have great performance conversations.
- Understanding the impact of our learning offering will ensure that we are achieving a return on our investment and value for our money.

We will measure our success by :



Strategic People Theme 3:

Engage and Celebrate

our motivated, high performing and hard-working workforce, recognising the great work that our People do



We will do this by:

- Driving a feedback and High Performance Culture across the organisation, where regular, constructive and helpful feedback is the norm and high performance is strived for and celebrated
- Exploring the use of Artificial Intelligence in our work, with a particular focus on how this can support us to modernise our practises and create capacity
- Expanding our recognition activity beyond our annual St Leger Stars Awards, with a focus on day to day recognition, celebrating the demonstration of our embedded values and behaviours.
- Focusing on the engagement of the workforce in our social purpose
- Establishing visible and well utilised opportunities for our colleagues to get to know our organisation better, interact with their colleagues and be part of the St Leger story

We will do this because:

- Our customers deserve high quality service from us and our people will be the ones to deliver this through clear performance standards, regular feedback and celebration of great performance,
- Technology is changing the way we work for the better and exploration of the use of AI will enable us to create capacity to focus our skills on the engagement and development of our workforce to meet the future challenges.
- We know that high workforce engagement leads to lower levels of absence, higher levels of productivity, efficiency and performance. Our organisation mission to provide homes in neighbourhoods where people are proud to live, provides us with a unique opportunity to attract values driven colleagues to work with us, stay with us and enable us to deliver this mission

We will measure our success by :

Annual measures of Employee Engagement


Retention of our Be Well at Work Gold Accreditation


Benchmarking our success against our peers


Colleague Pulse Survey Feedback

80% of colleagues agree or strongly agree that they would recommend St Leger homes as a great place to work

Employee Engagement Definitions


Quantum Workplace
Employee engagement is the strength of the mental and emotional connection employees feel toward their places of work


Gallup
Engaged employees are those who are involved in, enthusiastic about and committed to their work and workplace


Willis Towers Watson
Employee engagement is employees' willingness and ability to contribute to company success



St Leger Homes 2025 - 2029 Corporate Plan: PEOPLE PARTNERSHIPS HOMES COMMUNITIES

Providing homes in neighbourhoods where people are proud to live

People Strategy Vision 2024-2029:

We will be an employer of choice within the Housing Sector, attracting, retaining and developing, motivated and skilled colleagues who are committed to our values based, customer excellence culture.

Strategic People Theme 1 **Recruit and Retain**

- Embedding our values, skills and behaviours
- Recruitment and Onboarding Review
- Robust workforce planning
- Attract underrepresented groups
- Reviewing and developing our Wellbeing offer
- Flexible benefits offer

Strategic People Theme 2 **Support and Develop**

- Developing Leaders and Future leaders
- Champion the professionalisation of the Housing sector
- Expanding our World of Work program
- Systems Learning
- System Procurement
- Implementing a learning impact evaluation framework
- Developing our accountability and performance culture

Strategic People Theme 3 **Engage and Celebrate**

- Driving a feedback and High Performance Culture
- Exploring the use of Artificial Intelligence
- Expanding our recognition activity
- Focusing on the engagement of the workforce in our social purpose
- Establishing visible and well utilised colleague engagement opportunities

Our Values: **PEOPLE PRIDE PROGRESS PERFORMANCE**

People Strategy Year 1 Action Plan



Theme	Plan	Activity
Recruit and Retain	Undertaking a full review of our Recruitment Process, Onboarding and candidate and new starter engagement	<ul style="list-style-type: none"> • Scoping Activity • Management and Workforce Engagement • Process Mapping • Implementation Planning
	Facilitating robust workforce planning across our business	Workforce plans in place across hotspot areas: <ul style="list-style-type: none"> • Home Options • Trades • Customer Access
	Working hard to attract underrepresented groups into our diverse organisation	<ul style="list-style-type: none"> • Achieve Disability Confident Accreditation • Focus on recruitment and retention through a Neurodiversity Lens
	Reviewing and develop our Wellbeing offer with the aim of ensuring that the right support and intervention is available to colleagues when and where they most need it.	<ul style="list-style-type: none"> • Reprocare health care cash plan • Review mental health first aiders • Review and relaunch training for managers related to stress risk assessments, resilience and mental ill health
Support and Develop	Focusing on the development of our Leaders and future Leaders, Launching and embedding the Future Leaders Learning program	<ul style="list-style-type: none"> • Design and begin deliver Future leaders learning • Scope Leadership development vision
	Expanding our World of Work program providing different opportunities to tenants and residents of Doncaster	<ul style="list-style-type: none"> • Agree scope and funding of an expanded WOW provision focusing on the provision of customer service and business administration skills

People Strategy Year 1 Action Plan



Theme	Plan	Activity
Support and Develop	Leading the re procurement of the learning management system ensuring the capability for performance management	<ul style="list-style-type: none"> • Define the future scope and research potential options • Undertake procurement • Implement solution
Engage and Celebrate	Expanding our recognition activity beyond our annual St Leger Stars Awards, with a focus on day to day recognition celebrating the demonstration of our embedded values and behaviours.	<ul style="list-style-type: none"> • Launch occasion cards • Launch manager to employee recognition and 'Breakfast with Chris' • Research and agree digital option for showcasing day to day recognition e.g. SharePoint notice board / Viva
	Establishing visible and well utilised opportunities for our colleagues to get to know our organisation better. interact with their colleagues and be part of the St Leger story.	<ul style="list-style-type: none"> • Implement Colleague Voice • Showcase our Leaders and New Starters, Movers and Achievers



ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Safety and Compliance Dashboard – April 2024
Action Required:	Members of Board are asked to consider the content of this report
Item:	10
Prepared by:	Laura Dougan Health, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
Date:	06 June 2024

1. Report Title

1.1 Safety and Compliance Dashboard Report – April 2024

2. Compliance Status Summary

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

2.2 Where there are exceptions to full compliance or areas of specific interest, such as damp and mould, further details are provided within the report. The information collected is validated and then stored in our compliance software C365.

2.3 Top Level Compliance

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (March)	OUT COMPLIANCE (April)
Asbestos	Asbestos Reinspections - Common Areas	100%	553	553	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	99.25%	402	399	5	3
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	88.99%	19,796	17,617	3,363	2,179
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	100%	1	1	1	0
Fire Safety	Fire Risk Assessment (FRA)	100%	515	515	1	0
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100%	26	26	0	0
Water Hygiene	Legionella Risk Assessment	100%	73	73	0	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	99.94%	18,883	18,878	0	5

Exceptions to Top Level Compliance

2.4 EICR Programme– Common Areas 5 year

Currently at 99.25% - three are currently out of compliance. They are Shaw Lane, 200 and 204 Sandringham Road (low rise blocks). Facilities Management are working to complete Shaw Lane as soon as possible with CDC. Lock changes are booked in w/c 13th May 2024 at Sandringham Road to facilitate the electrical test.

2.5 EICR Programme – Domestics 10 year

Currently at 100%. There is 1 property with an in date 10-year EICR; this will go out of compliance on 30th June 2024. There are ongoing issues with the condition of the property. Housing Management are pursuing access through legal routes for this property. These properties are under the control of the Internal Service Provider (ISP).

2.6 EICR Programme – Domestics 5 year

Currently at 88.99%. 2,179 properties have an EICR over 5 years old. There were 7,410 domestic properties which required the EICR to be completed between April 1st 2023 and March 31st, 2024. During April a reconciliation of performance was carried out on receipt of EICRs from ESP. At the end of April 978 were outstanding from the 2023-24 programme. These are now included in the 2024-25 programme. There are 3,670 domestic requiring an EICR in 2024-25. Adding the 978 outstanding from previous year this takes programme number to 4,648. Four External Service Providers are in place to deliver this programme along with ISP.

2.7 LGSR Programme

Currently at 99.94%. There are 5 properties that at the end of April are in stage 4 of the access process and have an LGSR past the anniversary date. 1 has an agreed appointment with the tenant on 10th May 2024. The other 4 are awaiting a court date to apply for a warrant.

3. Other Areas of Compliance

3.1 For any area not showing full compliance detailed information is provided in the comments contained in sections 3.1 to 3.23

CATEGORY	COMPLIANCE	COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (March)	OUT COMPLIANCE (April)
Asbestos	Asbestos Survey - Dwellings	49.20%	21674	10,664	11,123	11,010
Electrical Safety	Air Conditioning	0.00%	1	0	1	1
Electrical Safety	Automatic Gates	0.00%	1	0	1	1
Electrical Safety	Automatic Door Systems	0.00%	282	0	282	282
Electrical Safety	Emergency Lights Annual	99.14%	116	115	3	1
Electrical Safety	Emergency Lights Monthly	0.00%	116	0	116	116
Electrical Safety	Gypsy & Traveler Day Area & Site Card	32.76%	58	19	39	39
Electrical Safety	Gypsy & Traveler Sockets	4.29%	140	6	134	134
Electrical Safety	Lightning Conductors	60.00%	10	6	10	4
Electrical Safety	Portable Appliance Testing	0.00%	79	0	79	79
Fire Safety	Automatic Opening Vents - Servicing	100.00%	3	3	0	0
Fire Safety	Bin Chutes	100.00%	15	15	0	0
Fire Safety	Communal Fire Door Inspection	100.00%	968	968	0	0
Fire Safety	Domestic Fire Door Inspection	91.81%	684	628	90	56
Fire Safety	Dry Riser	100.00%	9	9	0	0
Fire Safety	Fire Detection & Fire Alarm Systems-Servicing	100.00%	49	49	2	0
Fire Safety	Fire Fighting Extinguishers	81.25%	48	39	9	9
Fire Safety	Safety Checks	100.00%	9	9	0	0
Fire Safety	Sprinkler Systems - Planned Maintenance	100.00%	10	10	0	0
Gas Safety	Air Source Heat Pumps	100.00%	15	15	0	0
Gas Safety	Biomass	100.00%	170	170	0	0
Gas Safety	Commercial Boilers	100.00%	4	4	0	0

CATEGORY	COMPLIANCE	COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (March)	OUT COMPLIANCE (April)
Asbestos	Asbestos Survey - Dwellings	49.20%	21674	10,664	11,123	11,010
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Electrical Safety	Automatic Door Systems	0.00%	282	0	282	282
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Electrical Safety	Gypsy & Traveler Sockets	4.29%	140	6	134	134
Electrical Safety	Lightning Conductors	60.00%	10	6	10	4
Electrical Safety	Portable Appliance Testing	0.00%	79	0	79	79
Fire Safety	Automatic Opening Vents - Servicing	100.00%	3	3	0	0
Fire Safety	Bin Chutes	100.00%	15	15	0	0
Fire Safety	Communal Fire Door Inspection	100.00%	968	968	0	0
Fire Safety	Domestic Fire Door Inspection	91.81%	684	628	90	56
Fire Safety	Dry Riser	100.00%	9	9	0	0
Fire Safety	Fire Detection & Fire Alarm Systems-Servicing	100.00%	49	49	2	0
Fire Safety	Fire Fighting Extinguishers	81.25%	48	39	9	9
Fire Safety	Safety Checks	100.00%	9	9	0	0
Fire Safety	Sprinkler Systems - Planned Maintenance	100.00%	10	10	0	0
Gas Safety	Air Source Heat Pumps	100.00%	15	15	0	0
Gas Safety	Biomass	100.00%	170	170	0	0
Gas Safety	Commercial Boilers	100.00%	4	4	0	0

Gas Safety	District Heating	100.00%	848	848	0	0
Gas Safety	LPG	100.00%	15	15	0	0
Gas Safety	Oil	100.00%	3	3	3	0
Gas Safety	CO Detection	99.71%	18,962	18,908	430	54
Gas Safety	Solid Fuel - Annual Check	96.20%	79	76	0	3
Gas Safety	Unvented Systems	100.00%	46	46	0	0
Lifts & LOLER	Passenger Lifts PPM	100.00%	26	26	0	0
Lifts & LOLER	Residential LOLER Thorough Inspection	39.00%	618	241	433	377
Lifts & LOLER	Residential PPM	30.47%	617	188	442	429
Lifts & LOLER	UPS	0.00%	3	0	3	3
Roof Top Services	Fixed Edge Protection	33.33%	9	3	1	6
Roof Top Services	Ventilation	0.00%	9	0	9	9
Water Hygiene	Cold Water Storage Tank Inspection	100.00%	14	14	0	0
Water Hygiene	Low Use Outlet Flush	0.00%	31	0	31	31
Water Hygiene	Monthly Monitoring	88.97%	417	371	33	46
Water Hygiene	Shower Clean and Disinfections	100.00%	19	19	0	0

Exceptions to Other Areas of Compliance

3.2 Asbestos Surveys – Domestic

Currently at 49.20%. This information is required for work activities in domestic properties that may disturb the fabric of the building and to assist SLHD to keep our homes safe for tenants living in them and staff working in them. A forensic review of asbestos data was carried out in 2021 when we started to implement C365. This resulted in a proportion of data not being taken to C365. This information is being regathered at every opportunity, particularly on planned schemes to increase this number. This information is valid, robust data and inputting direct into C365 by the surveying contractors.

3.3 Air Conditioning

Currently at 0% - there are two systems installed one at Shaw Lane and one at St James Street office. These are regularly inspected, serviced and maintained by City of Doncaster Council (CDC); we are awaiting evidence from CDC to upload to C365 and for St James Street office to be added to C365.

3.4 Automatic Gates

Currently at 0% - the barrier to the car park at Shaw Lane. The manufacturer of the automatic gate recommends an annual maintenance contract. Reports have been requested from the facilities manager so evidence can be attached to C365, and assurance received that any remedial works are completed.

3.5 Automatic Door Maintenance

Currently at 0%. This is maintenance of the automatic aids that hold doors open. A data cleanse on C365 is required and evidence gathered so it can be added to C365.

3.6 Emergency Lights Annual

Currently at 99.14%. Evidence for the one property out of compliance, 74 Church Lane, is being sourced.

3.7 Emergency Lights Monthly

Currently at 0%. These are undertaken monthly. However, it is a manual process and due to the quantity of inspections and time receiving the reports, they fall out of compliance before received. We are working on developing a mobile form that can be uploaded from the time of inspection through C365.

3.8 Gypsy & Traveller Day Area & Site Card

Currently at 32.76% - 39 out of compliance. We struggle with gaining access to these properties. They are due for inspection.

3.9 Gypsy & Traveller Sockets

Currently at 4.29% - 134 out of compliance. We struggle with gaining access to these properties. They are due for inspection.

3.10 Portable Appliance Testing

Currently at 0%. This is currently recorded by building requiring this not by item. We are reviewing best practice around recording this. Information is available on request from the Electrical Team.

- 3.11 Lightning Protection
Currently at 60%. There are 4 highrises out of compliance these Silverwood, Methley, Hatfield and Cusworth. ESP are working to access buildings to complete.
- 3.12 Domestic Fire Door Inspections (Flat entrance Doors)
Currently at 91.81% - 56 out of compliance. 24 are properties with access with cases opened with the Housing Team. 32 are doors still to complete with visits planned w/c 06.05.24
- 3.13 Fire Fighting Extinguishers
Currently at 80.85% - 9 out of compliance (within the plant rooms in highrise blocks). Relevant teams responsible for these are working with ESP to arrange for these to be completed.
- 3.14 CO Detection
Currently at 99.71%. There are 54 still to have new CO detection installed. These will be delivered during the 2024 gas servicing programme, with the aim to be completed by the end of June 2024.
- 3.15 Solid Fuel
Currently at 96.20%. There are 3 properties out of compliance. The properties are all in the no access process with ISP still attempting access but these have been properties with previous access issues.
- 3.16 Residential LOLER Thorough Examination
Currently at 39.00%. The frequency of these was changed in the 2023 Lift Policy. We are working to ensure all properties have a compliant thorough examination. We are finding access to these properties is difficult and are trying to engage with the Housing Officers to aid in gaining access. There are some issues with uploading reports onto C365 with templates and formats changing; evidence of these reports is available from the Compliance Officer.
- 3.17 Residential Lift Equipment Planned Preventive Maintenance (PPM)
Currently at 30.47%. The frequency of these was changed in the 2023 Lift Policy. We are working to ensure all properties have PPM. We are finding access to these properties is difficult and are trying to engage with the Housing Officers to aid in gaining access.
- 3.18 Uninterruptible Power Supply (UPS)
Currently at 0%. These are for fire fighting lifts in place at 3 highrises (Silverwood / Westminster / Lonsdale). These are currently carried out as part of passenger lift PPM with no separate certification but are all in compliance. A new lift maintenance contract is being tendered to start in July 2024 when separate certification will be provided.
- 3.19 Fixed Edge Protection
Currently at 33.33% - these are for all 9 highrises. 6 are out of compliance with inspections ongoing with ESP during May 2024.
- 3.20 Ventilation
Currently at 0%. These are for the highrise blocks and all required inspection by ESP.
- 3.21 Low Use Outlet Flush
Currently at 0%. These are carried weekly and are all compliant with evidence held by the Compliance Officer. These compliances are set up as we have developed and are ready to go live with mobile monthly monitoring through C365 which will upload direct to C365.

3.22 Monthly Monitoring

Currently at 88.97%. This is currently a manual recording process that is being replaced by the mobile monthly monitoring. This will show live compliance rather than looking back. All monthly monitoring certificates are available for viewing by the Compliance Officer.

3.23 Access for Compliance related activities

Access is an ongoing issue for a number of compliance activities. Engagement with residents and tenants takes place in different ways through leafleting properties directly, using the internet and HouseProud. Housing Management teams provide support and where required assist with taking legal action.

4. **FRA Action Delivery**

4.1 A 10-year programme has been developed and agreed with the City of Doncaster Council for delivery of FRA actions. All actions have been assigned a work plan year. Work plan year started in April 2024.

4.2 Work Plan Year 1 – 2023/24

There are 5 actions remaining from work plan year 1. These are management actions relating to Children's Services Properties. We are awaiting evidence from our partners which will confirm that these FRA actions have been completed within the agreed work plan year. This has been escalated through the H&S Team at CDC.

Work Plan Year 1 FRA Actions			
Total in Work plan 1	Number at end of February 2024	Number at end of March 2024	Number at end of April 2024
199	7	6	5

4.3 Work Plan Year 2 – 2024/25

There are 153 actions identified in work plan year 2. Progress on these is monitored using the table below –

Work Plan Year 2 FRA Actions			
Total in Work plan 2	Number at end of April 2024	Number at end of May 2024	Number at end of June 2024
153	141		

4.4 Projects have been identified and will start with Heartswood. This has been direct awarded through a framework with pre-start discussions planned to start in May 2024. Working with Procurement we are looking to carry out a tender exercise to award to a contracting partner(s) for future years works.

4.5 In total 1,814 actions have been completed over all levels of actions between 1st April 2023 (when the workplans started) and the end of April 2024. 3,583 have been completed over the 18 months since the ISP resource has been in place dealing with actions directly.

5. EICR Actions

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

EICR Actions			
Identified Codes	Number at end of April 2024	Number at end of May 2024	Number at end of June 2024
C1 (Immediate Remedial Action)	1		
C2 (Urgent Remedial Action)	332		
C3 (Improvement Recommended)	21,699		
FI (Further Investigation)	31		

The C1 identified has been queried with the ESP due the type of action identified. ISP are working through C2s; in most instances we are awaiting the minor works certificates. C3 are recommended improvements; there is no obligation to take action these. They can be used to inform planned improvement programmes. Examples include consumer units made of a combustible material.

6. Asbestos Reinspection's Actions

- 6.1 Actions identified in the reinspections are recorded in C365. Reinspections are now being carried out inhouse and these actions are being data cleansed to clarify what requires removal or including within the reinspection programme. The number should start to reduce as the data cleanse progresses.

Actions from Reinspection's			
	Number at end of April 2024	Number at end of May 2024	Number at end of June 2024
Actions Total	95		

7. Legionella Risk Assessments Remedials

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

LRA Remedials			
Total Number	Number at end of April 2024	Number at end of May 2024	Number at end of June 2024
High	42		
Medium	151		
Low	37		

7.2 Remedials are closed down completed and evidence provided. These are being action by ISP and ESP when resource required. Some examples of the remedials being carried out by ESP include -

- Dead Legs
- Replacement of Calorifiers

8. LOLER Thorough Examinations Defects

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

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

LOLER			
Defect Codes	Number at end of April 2024	Number at end of May 2024	Number at end of June 2024
R30 – to be completed within 30 days	9		
R60 – to be completed within 60 days	1		
R180 – to completed within 180 days	1		
Observation	2		

9. Actions from Annual Gas Safety Checks

9.1 When an at risk or immediately dangerous is identified a safety notice is created against the property. The gas supply will be made safe and action required identified.

LGSR Actions			
Code	Number at end of April 2024	Number at end of May 2024	Number at end of June 2024
At Risk	1		
Immediately Dangerous	1		

10. Occupational Health and Safety Update

10.1 There were no RIDDORs reported in March 2024.

11. Damp, Mould and Condensation

11.1 Performance measures for DMC are being developed and indicative information is provided below. A mechanism for sense checking and quality assurance of the data being measured is part of this development.

- 11.2
- 3490 customer requests for a damp inspection have been received between 2 January 2023 and 06 May 2024, relating to 2794 properties.
 - From 28 April onwards: 320 damp appointment inspections currently booked in that are still to be attended (includes some without an appointment date).
 - Earliest inspection appointment for a tenant calling in on 07 May is currently 03 June 2024 in all areas.
 - Demand for a D&M related inspections has been up and down. During Jan/Feb weekly requests were around the 60-70 mark. Early November saw a significant jump to high 90s/100s. Overall demand continues to be higher than previous years.

12. Report Author, Position, Contact Details

12.1 Laura Dougan – Health, Safety and Compliance Manager
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Jordan Rowe – Electrical Compliance Officer
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ST LEGER HOMES OF DONCASTER LTD

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Company Number 05564649

ST LEGER HOMES OF DONCASTER BOARD

Date : 06 June 2024

Item : 11

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

Presented by : Daniel Boardman
Head of Building Safety

Prepared by : Laura Dougan
Health, Safety and Compliance
Service Manager

Purpose : Health and Safety Strategy Progress

Recommendation :

Members of the Board are asked to consider this update on progress in the first year of Health and Safety Strategy high level action plan.

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

**Agenda Item No. 11
Date: 06 June 2024**

1 Report Title

1.1 Health and Safety Strategy 2023-2028 – Progress against Action Plan

2 Executive Summary

2.1 In June 2023 the Board of St Leger Homes of Doncaster (SLHD) approved a new Health and Safety (H&S) Strategy running from June 2023 to March 2028. A high level action plan, initially for 2 years, was also approved.

2.2 This report is an annual update informing Board of progress against the first year of the 2 year action plan.

3 Purpose

3.1 The purpose of this report is to inform Board on progress against the first year of the H&S Strategy high level action plan.

4 Recommendation

4.1 Members of the Board are asked to consider and accept this update on the first year of Health and Safety Strategy high level action plan.

5 Progress Against First Year of High Level Action Plan

5.1 The H&S Strategy 2023-2028 links through to the H&S Policy and is a wider part of the H&S Management system that SLHD operates. The strategy details our approach to managing H&S within SLHD. The strategy runs over 5 years giving more opportunity for sustained changes to the H&S culture at SLHD

5.2 A high level action plan was developed to support the sustained change required to achieve the objectives detailed in the strategy. An initial 2 year action was approved and this is the first year annual update against progress.

5.3 There were 7 actions identified in the high level action plan. At the end of year 1 the progress is –

- 4 actions are complete. This includes the introduction of an inspection and audit programme with the use of SafetyCulture to support this and the development of the intranet.
-

- 2 actions are in progress. These are a gap analysis of the H&S management support, this supports findings from the recent British Safety Council Audit and a new risk assessment procedure and guidance to roll out throughout the organisation.
 - 1 action is around understanding and evidencing our H&S culture. The aim is to either work with existing staff pulse surveys to ask H&S based questions or develop a simple tool to carry this out. This will be completed for end of March 2025.
- 5.4 The actions are included on the Consolidated Action Plan and full details are provided in appendix 1. Progress on this plan is reported through the Safety and Compliance Performance Report which is reported to Building Safety and Compliance Committee, Board and stakeholder groups within the City of Doncaster Council, the Building Safety Group.
- 5.5 At the end of April 2025, a new plan will be developed to go through to the end of the strategy with an annual review.

6. Procurement

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

7. VFM Considerations

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

8. Financial Implications

- 8.1 There are no direct financial implications from reviewing the H&S Strategy and action plan. The H&S Team realignment is in place and budgeted for. The service area budget comprises 15 WTEs in the Health and Safety Team and a Building Safety Compliance of 6 WTEs. The annual budget for 2024/25 is £1m of which £800k relates to direct staff costs.
- 8.2 Existing budgeted resources and provisions for training, risk assessments and current software systems are included and reviewed annually, but as a result of some actions there may be financial implications and these would need to be considered as part of separate business cases and briefing notes as required.

9. Legal Implications

- 9.1 SLHD has a number of legal obligations in relation to health and safety. These are set out in full in the company's health, safety compliance legal register, however, the key piece of applicable legislation is the Health and Safety at Work etc. Act 1974.

9.2 Having a robust strategy in place enables SLHD to fulfil its obligations under these requirements by setting out exactly how it will manage H&S. This update against the action plan demonstrates how SLHD are delivering this.

10. Risks

10.1 SLHD maintains Strategic (SRR) and Operational Risk (ORR) Registers and Health and Safety is explicit and implicit in both. Two of the six risks on the SRR are 'manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)' and 'manage corporate health, safety and compliance risks', reflecting the importance of managing Health and Safety by SLHD.

10.2 SLHD acknowledges and accepts its responsibilities in accordance with regulatory standards, legislation and approved codes of practice, and that failure to discharge these responsibilities properly could lead to a range of sanctions including prosecution. Without a robust and up to date strategy with actions in place, there is potential for SLHD to fail to meet its obligations.

11. Health, Safety & Compliance Implications

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

12. IT Implications

12.1 SLHD will continue to consider the effectiveness of current systems and IT solutions in place particularly in relation to the recording of site and wider safety inspections.

13. Consultation

13.1 Consultation was carried out with Joint Safety Committee in January 2023 for the strategy and action plan.

14. Diversity

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

15. Communication Requirements

15.1 On approval the new strategy will be shared within SLHD using team briefs, Staff Focus and the intranet. It will also be shared on the internet.

16. Equality Analysis

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

17. Environmental Impact

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

18. Report Author, Position, Contact Details

18.1 Laura Dougan, Health, Safety and Compliance Manager
Email: laura.dougan@stlegerhomes.co.uk

19. Background Papers

19.1 Appendix 1 – Updated High Level Action Plan

SLHD Health, Safety & Compliance Action Plan												
Audit Date		Last Updated: 10.04.24										
ID	ISSUE	RECOMMENDATION	SLHD -ACTION	PRIORITY	STATUS	OWNER	UPDATE / COMMENTS	AREA SPECIFIC ACTION PLAN	SERVICE	DUE DATE	REVISED DUE DATE	ON TIME?
	Promote a good health and safety behaviour to drive culture change.	Understand and evidence our H&S culture	Opportunity to use existing staff surveys to include H&S based questions	Low	Not Started	Health, Safety and Compliance Manager / HR and OD	Staff surveys already exist, including wellbeing, look for options to include H&S questions and include responses to these within the Safety and Compliance Performance report. Evidence from other sources e.g. training evaluation available to be reviewed Nov 2023- To create H&S questions for the staff survey for staff conference in 2024. H&S to have a stand. April 2024 - date revised to take look at opportunities either at Colleague Festival or next pulse survey, then review results and share with colleagues	Health & Safety Strategy 2023-2025	All SLHD	31.12.2024	31.03.2025	
	Challenge existing management systems to ensure fit for purpose.	Ensure that the existing management system is fit for purpose and being used to it's full potential	1. Gap analysis on existing management system 2. Road Map developed based on gap analysis	Low	In Progress	Health, Safety and Compliance Manager / Health and Safety Manager	Approval routes confirmed for all H&S documents Strategy and Policy reviewed and approved GAP Analysis completed, road map identifying progress required aligned to existing actions within central action plan.	Health & Safety Strategy 2023-2025	All SLHD	1.31.03.2024-complete 2. 31.03.2025		
	Create a new process for the identification, assessment and recording of risk assessments	Review existing risk assessment processes to ensure that all employees are fully engaged with these, taking responsibility and ownership of their risk assessment duties.	1. Develop the risk assessments process including a generic risk assessment for employees to take guidance from when they are creating their own Risk Assessments 2. Team leaders to take more responsibility and accountability when it comes to writing their own risk assessments.	Normal	In Progress	Health & Safety Manager / H&S Advisor	March 2024- dates revised to align with plans around starting to deliver IOSH Managing Safety inhouse. Procedure complete, learnings from BSC Audit to be included within procedure and rolled out through informational sessions with management teams. The process will be embedded in the future through delivery of internal IOSH Managing Safety programmes By end of March 2023 Safety Culture will be implemented within the Health, Safety and Compliance Team	Health & Safety Strategy 2023-2025	All SLHD	1. 31.12.2023 2. 31.12.2024	1. 31.12.2024 2. 31.03.2025	
	Implement a robust inspection and auditing system	Involving team leaders and safety representatives in inspections utilising SafetyCulture	Opportunity to extend the implementation and use of SafetyCulture involving team leaders and safety representative	Low	Complete	Health & Safety Manager / H&S Advisor	Update August - implemented in team now looking at extending wider in business September 2023- Safety reps have access to Safety Culture and training has been offered by H&S Manager. Safety Reps to be invited to H&S in house with introduction Proactive site visits take place with ISP and ESP Recruitment to H&S Advisor role is critical to this	Health & Safety Strategy 2023-2025	All SLHD	31.03.2025		Complete
	Promote a good health and safety behaviour to drive culture change.	Have more of a H&S presence out on site to promote a better safety culture and explore communication routes	1. Inspection and auditing programme in place through the organisation 2. Review existing H&S communication routes i.e. intranet	Low	Complete	Health & Safety Manager / H&S Advisor	Update Aug 23 - H&S advisor in post from July. Intranet being updated as part of project but work started on developing this for example needstick page. Inspection programme being developed October 2023- The bulk of safety reps have been created at the	Health & Safety Strategy 2023-2025	All SLHD	1. 31.03.2024 2. 31.03.2025		Complete
	Promote a good health and safety behaviour to drive culture change.	Continually examine health and safety performance, risk assessments and statistics to identify specific trends and areas for improvement,	Develop Evotix and SafetyCulture for reporting and trend data	Normal	Complete	Health & Safety Manager	Evotix allows ability create graphs and statistics of incidents trend and these are being used. SafetyCulture potentially can do similar for inspections and audits and their outcomes	Health & Safety Strategy 2023-2025	Property Services	31.12.2023		Complete
	Employees and safety representatives to be actively involved in the management of health and safety	Review and improve the way we engage safety representatives so that they are able to contribute more effectively, to the management of health and safety	Opportunity to extend the implementation and use of SafetyCulture involving team leaders and safety representative	Low	Complete	Health & Safety Manager / H&S Advisor	Future years the safety representatives will be actively involved in the risk assessment process Update Aug 23 - SafetyCulture extended to safety representatives and updated being drafted for business case to continue using September 2023- Safety reps have access to Safety Culture and training has been offered by H&S Manager. Safety Reps to be invited to onsite Audits in line with inspection programme	Health & Safety Strategy 2023-2025	All SLHD	31.03.2025		Complete

Priority Rating
High To be completed within 3-6 months
Normal To be completed within 6-12 months
Low To be completed in 12+ months

ST LEGER HOMES OF DONCASTER LTD

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Board

REPORT

Date : 06 June 2024

Item : 12

Subject : Capital Monitoring Outturn Report
2023/2024

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the capital
expenditure for the financial year
2023/2024.

Recommendation:

For Board to acknowledge the Capital Monitoring Report and the outturn for the financial year 2023/2024.

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

**Agenda Item No. 12
Date: 06 June 2024**

1. Report Title

1.1 Capital Monitoring Report 2023/2024 as of 31 March, 2024.

2. Executive Summary

2.1 The reported figures at period 12 show the Housing Capital Programme out turned at £39.86m, an under-spend of £3.12m against the £42.98m revised budget forecast at Quarter 3.

3. Purpose

3.1 To inform Board of the actual capital expenditure for 2023/2024.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the year-end outturn for the financial year 2023/2024.

5. Background - Housing Capital Programme 2023/2024

5.1 The Housing Capital Programme for 2023/2024 is summarised at **Appendix A**. Further analysis of the Housing Capital Programme can be found at Appendices B&C:-

1. **Appendix B**. Public Sector Housing Capital Programme.
2. **Appendix C**. Private Sector Housing Capital Programme.

5.2 SLHD manage the finances for the whole of the housing capital programme.

5.3 The Council approved a four-year Housing Capital Programme on 27th February 2023, totalling £228m across the four years.

The main priorities of the programme in 2023/24 were:

- Council House Build Programme.
- Council House Acquisitions.
- Section 106 Opportunities
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements.
- Electrical Works.
- Energy Efficiency Works.
- Residential Site Improvements.

- Net Zero Carbon

6. Expenditure Variances

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

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD out turned at £35.24m against resources of £39.02m, a variance of £3.78m.

6.3 (£0.63m, 25%, under budget), Fire Safety Works

(£0.07m) Sprinkler/ Fire Safety Works.

The final account settlement in respect of the sprinkler related works at Silverwood House was concluded at a lower cost than forecast.

(£0.56m) Fire Works (Low Rise).

The anticipated in-year spend on the Heartwood properties was re-profiled into the next financial year as the scheme is still at the procurement stage. In addition, the fire related installation costs at Milton Court were also reprofiled in line with the contractors revised delivery plan.

6.4 (£1.04m, 9%, under budget), External Works

(£0.07m), Soil Stacks.

The planned remediation works to the soil stacks at Silverwood House have now been completed at a lower cost than forecast.

(£0.32m), Remedial Works to High Rise.

The deliverable spend on the roofing related works was affected by both design and weather delays. In addition, the planned works to the balconies have also been affected by design delays.

(£0.35m), External Planned Contractor / Thermal Works.

The number of properties completed were affected by a delay in commencing the Adwick/Woodland's scheme due to issues with the supply chain (PAS2035 retrofit assessments and scaffolding sub-contractors) and further delays due to inclement weather.

(£0.33m), External Planned Contractor (Roofs/Damp & Mould / Windows).

The deliverable spend was affected by the specialist damp & mould contractor's capacity to carry out the planned works. Some of the works were very disruptive and needed the tenant to decant and others were extensive in nature.

£0.09m, External Planned Maintenance In-House.

The amount of deliverable works the in-house team completed exceeded that forecast at Quarter 3.

(£0.05m), Communal Hall Refurbs & Conversions.

The underspend was as a result of there being no costs incurred against the contingency budget forecast at Quarter 3.

£0.03m, Structural Works.

The costs associated with external wall remediation works at two properties at Mexborough completed by the contractor; Fullwood exceeded the original forecast.

(£0.04m), Shops and Flats.

The underspend was because of there being no costs incurred against the contingency budget forecast at Quarter 3 and the planned completion of a shop at Cantley to the local community group being delayed pending clarification of the lease agreement.

6.5 £0.38m, 28%, over budget, Environmental Works

£0.04m Garage Sites.

The overspend was because of the unforeseen costs incurred on remediation works to the retaining walls following the removal of the garage structures at both the Conisbrough and Cantley locations.

£0.13m Estate Roads and Paths.

The overspend was because of additional footway works being carried out by the contractor across various locations in the Borough.

£0.21m Asbestos.

The demand for surveys to support the project works across the business increased. Additional spend was incurred to prevent delays to project works that are due to start early in 2024/25. In addition, the reactive nature of some removal costs contributed to the additional spend.

6.6 (£1.03m, 12%, under budget), Acquisitions

Offers were accepted on the sixty-seven properties forecast at Quarter 3, unfortunately completion was only achieved on forty-eight of them. We had received constant assurance from the Councils legal department that most properties would complete, but some of the chains fell through at the last minute. The remaining nineteen properties will now complete in 2024/25.

6.7 (£1.09m, 99%, under budget), Acquisition Refurbishments

The number of properties that had refurbishment works carried out was affected by the reduced planned completions as detailed above.

6.8 (£0.50m, 88%, under budget), Caravan Site Improvements

(£0.38m), G&T Site Investment.

The awarding of the tender and start of the pre-construction phase was delayed due to a combination in lack of interest from contractors and the need to seek additional information from the one submission received. Additionally, planned clearance of rubbish to one site was not physically possible due to timescales for procurement and contractor availability.

(£0.12m), Park Home Sites.

The completion of the fire barrier works across all three residential sites was delayed due to an issue regarding the connection of the electricity supply, which necessitated the project being halted whilst a planning application was submitted.

6.9 (£0.01m, 100%, under budget), Assistance Loans

The Empty Home loan product with Sheffield Homes and Loans is yet to be approved and there were no requests for Empty property landlord grant funding in year.

6.10 (£0.01m, 100%, under budget), Appropriated Properties

The single-story extension and refurbishment / adaptation of the former caretaker's bungalow at Valley drive Branton was delayed pending the approval from planning (granted in March 2024). A contractor will be appointed in 2024/25 to progress the works.

7. **DMBC Managed Schemes**

7.1 The element of the capital programme managed by CDC out turned at £4.62m against resources of £3.96m, a variance of £0.66m.

7.2 £0.67m, 25% over budget, Adaptation for the Disabled

The overspend was as a result of a number of high value, urgent referrals for the service being completed.

7.3 (£0.03m, 90%, under budget), Empty Homes Scheme

The in year spend on the properties at the Royal Estate at Edlington was minimal.

8. **Delivery Information**

8.1 A summary of the actual outcomes delivered by the Capital programme during 2023/2024 compared to those estimated are detailed at Appendix E. The estimated outcomes for 2024/25 are also included for information.

9. **Future Plans / Work In Progress.**

9.1 The Council approved a four-year Housing Capital Programme on 26th February 2024, totalling £236m across the four years.

Full details are provided at Appendix D.
The main priorities of the programme in 2024/25 are:

- Council House build programme.
- Council House acquisitions.
- Council House improvement and maintenance programme.
- Fire safety improvements.
- Electrical works.
- External Planned Maintenance including Thermal and Energy efficiency works.
- Residential site improvements
- Net zero carbon.

9.2 Acquisitions.

The programme included funding for acquisitions to deliver 232 properties across the four-year period (2023/24-2026/27), funded from rent increases and retained right to buy receipts. In addition, successful bids for LAHF grant funding were secured to deliver 19 properties in 2023/24. The outturn position is detailed below.

2023/24 Outturn Position	W/e 31st March
Number of properties completed to date.	48
Purchase price of properties completed.	£6,882,582
Number of properties in legal process (offer submitted and accepted)	19
Purchase price of properties in legal process	£2,422,000

10. **Procurement**

10.1 All the work delivered through the CDC capital programme was procured in line with the requirements of CDC's financial procedure rules and contract standing orders.

10.2 Delivery of the projected programme for 2024/25 will be subject to the ability to procure building materials and contractors as the company, borough and the country is experiencing both supply and inflationary increases issues across the sector.

11. **VFM Considerations**

11.1 Efficiency and Value for Money principles were adopted throughout the capital monitoring process.

12. **Financial Implications**

12.1 All the financial implications are considered within the body of the report.

13. Legal Implications

13.1 There are no legal implications arising from this report.

14. Risks

14.1 Other noteworthy risks which will potentially have a financial impact are;

- Ongoing compliance risks.
- Ongoing investigations of the render on high rise blocks.

Mitigation measures have been introduced to address these issues including the restructuring of the Asset Management Team and the employment of a Head of Building Safety, Building Safety Manager and five subject matter experts.

15. IT Implications

15.1 Not applicable.

16. Consultation

16.1 All Budget holders and EMT.

17. Diversity

17.1 There are no diversity issues arising from this report.

18. Communication Requirements

18.1 There are no communication requirements arising from this report.

19. Equality Impact Assessment (New / Revised Policies)

19.1 Not Applicable

20. Environmental Impact

20.1 New Asset Management and Environmental Strategies were approved during 2021 that will help the Authority move towards achieving an Energy Performance Certification “C” standard by 2030.

21. Report Author, Position, Contact Details

21.1 David Henderson, Management Accountant. 01302 737987

22. Background Papers

22.1 Capital Programme (2023/24-2026/27) budget report 27th February 2023.
Capital Programme (2024/25-2027/28) budget report 26th February 2024.

Summary of Housing Capital Programme 2023/24 as at 31 March

	Original Estimate - Approved Programme £000	Revised Budget (Approved Qtr3) £000	Actual Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	3,290	3,990	3,852	(138)
Mechanical and Electrical Improvements	3,502	4,912	5,018	106
Fire Safety Works	2,171	2,588	1,952	(636)
Internal Works	3,114	1,884	2,102	218
External Works	15,865	11,983	10,940	(1,043)
Environmental Works	1,370	1,370	1,750	380
IT Improvements	60	161	154	(7)
Acquisitions	8,348	8,926	7,893	(1,033)
Acquisition Refurbishments	-	1,108	12	(1,096)
Caravan Site Improvements	3,713	570	69	(501)
Assistance Loans	20	11	-	(11)
Appropriated Properties	-	12	-	(12)
Sub-Total	42,953	39,015	35,242	(3,773)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,670	3,340	670
Council House New Build	25,208	1,172	1,184	12
Affordable Housing	-	88	88	0
Empty Homes Scheme	-	30	3	(27)
Sub-Total	27,408	3,960	4,615	655
Overall Housing Programme Total	70,361	42,975	39,857	(3,118)
Funding				
Major Repairs Reserve / Depreciation	32,757	26,140	25,024	(1,116)
Revenue Contribution - HRA	7,280	5,942	5,597	(345)
Usable Capital Receipts	6,061	1,938	1,478	(460)
Section 106	-	1,806	1,536	(270)
Prudential Borrowing	23,208	4,582	1,660	(2,922)
Grants	1,055	2,567	4,562	1,995
Under(-) / Over Commitments	70,361	42,975	39,857	(3,118)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2023/24 as at 31 March 2024

	Original Estimate - Approved Programme	Revised Budget (Approved Qtr3)	Actual Outturn	Variance Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	3,290	3,990	3,852	(138)
Mechanical and Electrical Improvements	3,502	4,912	5,018	106
Fire Safety Works	2,171	2,588	1,952	(636)
Internal Works	3,114	1,884	2,102	218
External Works	15,865	11,983	10,940	(1,043)
Environmental Works	1,370	1,370	1,750	380
IT Improvements	60	161	154	(7)
Acquisitions	8,348	8,926	7,893	(1,033)
Acquisition Refurbishment	0	1,108	12	(1,096)
Appropriated Properties	0	12	0	(12)
Sub-Total	39,220	38,434	35,173	(3,261)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,670	3,340	670
Council House New Build	25,208	1,172	1,184	12
Sub-Total	27,408	3,842	4,524	682
Overall Housing Programme Total	66,628	42,276	39,697	(2,579)
Funding				
Major Repairs Reserve / Depreciation	32,757	26,140	25,024	(1,116)
Revenue Contribution - HRA	7,280	5,942	5,597	(345)
Usable Capital Receipts	2,328	1,327	1,406	79
Section 106	0	1,718	1,448	(270)
Prudential Borrowing	23,208	4,582	1,660	(2,922)
Grants	1,055	2,567	4,562	1,995
Under(-) / Over Commitments	66,628	42,276	39,697	(2,579)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2023/24 as at 31 March 2024

	Original Estimate - Approved Programme	Revised Budget (Approved Qtr3)	Actual Outturn	Variance Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Caravan Site Improvements	3,713	570	69	(501)
Assistance Loans	20	11	0	(11)
Empty Homes Scheme	0	30	3	(27)
Sub-Total	3,733	611	72	(539)
DMBC Managed Schemes				
Affordable Housing	0	88	88	0
Sub-Total	0	88	88	0
Overall Housing Programme Total	3,733	699	160	(539)
Funding				
Usable Capital Receipts	3,733	611	72	(539)
Section 106	0	88	88	0
Under(-) / Over Commitments	3,733	699	160	(539)
Percentage Funded	100%	100%	100%	

<u>Public Sector Housing Capital Programme</u>	Annual Budget 2024/25	Annual Budget 2025/26	Annual Budget 2026/27	Annual Budget 2027/28	Total 4 Yrs
	£000s	£000s	£000s	£000s	£000s
Management Fee	1,500	1,500	1,500	1,500	6,000
Voids Capital Works	3,290	3,290	3,290	3,290	13,160
<u>Mechanical & Electrical</u>					
Heating Conversions/Upgrades	2,670	2,670	2,670	2,670	10,680
Remove Gas from High Rise		4,000			4,000
Electrical Planned Works (In House)			360	360	720
Electrical Planned Contractor	2,230	1,900	1,900	1,900	7,930
Mechanical Planned Works	544	144	144	644	1,476
Door Entry		300			300
Mechanical & Electrical Total	5,444	9,014	5,074	5,574	25,106
Internal Works (In House)	2,010	2,010	540	540	5,100
Internal Works (Contractor)	1,000	84	84	84	1,252
Planned works following 20 years since decent homes work		5,600	5,600	5,600	16,800
<u>External Works</u>					
External Planned Maintenance (In House)	3,192	3,192	3,192	3,192	12,768
External Planned Maintenance Inc Thermal / Energy Efficiency Works (Contractor)	9,204	10,883	8,666	8,903	37,656
Structural	315	315	315	315	1,260
Fire safety works	1,583	2,010	1,600	1,600	6,793
Shops/flats	210	210	210	210	840
Communal Halls	105	550	105	105	865
External Works Total	14,609	17,160	14,088	14,325	60,182
<u>Environmental Works</u>					
Environmental / Fencing Programme	175	175	175	175	700
Asbestos Surveys & Removal	700	700	500	500	2,400
Garage Site Improvements	300	300	300	300	1,200
Estate Roads & Paths	200	200	200	200	800
Environmental Works Total	1,375	1,375	1,175	1,175	5,100
IT Systems/Investment	40				40
Sub Total	29,268	40,033	31,351	32,088	132,740
Acquisitions	7,192	7,192	7,192	4,836	26,412
Acquisitions Refurbishments	928	928	928	624	3,408
New Acquisitions (1% Rent increase)	4,200				4,200
Appropriated Properties	300				300
Council House Building Programme (Committed)	5,000	15,000	9,950		29,950
Council House Building Programme (Uncommitted)		11,000	11,000	8,810	30,810
Sub Total	17,620	34,120	29,070	14,270	95,080
Total Public Sector Housing Capital Programme	46,888	74,153	60,421	46,358	227,820
<u>Private Sector Housing Capital Programme</u>					
Edlington Royal Estate	170			900	1,070
Residential Site Investment	2,800	2,574	400	400	6,174
Housing Investment	-	-	-	1,000	1,000
Total Private Sector Housing Capital Programme	2,970	2,574	400	2,300	8,244
<u>Adults Wellbeing Culture</u>					
Adaptations for the Disabled	2,230	2,300	2,500	2,500	9,530
Total Adults Wellbeing Culture Capital Programme	2,230	2,300	2,500	2,500	9,530

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

- Date** : 06 June 2024
- Item** : 13
- Subject** : Revenue Monitoring Outturn Report
2023/24
- Presented by** : Julie Crook
Director of Corporate Services
- Prepared by** : Nigel Feirn
Head of Finance and Business
Assurance
- Purpose** : To inform Board of actual income and
expenditure for the year ended 31
March 2024
- Recommendation** : For Board to acknowledge the
Revenue Outturn Report for the
financial year 2023/24.

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

**Agenda Item No. 13
Date: 06 June 2024**

1. Report title

1.1. Revenue Outturn report 2023/24.

2. Executive Summary

2.1. SLHD report an **Overall Surplus of £343k**, comprising a Surplus on Housing Revenue Account (HRA) and Deficit on General Fund (GF) operations. Additional Management Fees were approved in the year and the table also shows comparatives for Q3 and Q2 assuming additional Management Fees were approved at that time:

		Q4	Q3	Q2
		Outturn	Projected	Projected
		£k	£k	£k
HRA	-Surplus / Deficit	-353	-198	-86
GF	-Surplus / Deficit	10	-8	-75
SLHD	-Surplus / Deficit	-343	-206	-161

2.2. The Surplus will be repaid to the HRA and the deficit will be funded by the GF. Commentary appears below on the numerous material variances in a year that was dominated by inflation and cost of living pressures in all areas.

3. Purpose

3.1. To inform Board of actual income and expenditure for the year ended 31 March 2024.

4. Recommendation

4.1. For Board to acknowledge the Revenue Outturn Report for the financial year ended.

5. Background

5.1. Budgeted income to deliver SLHD services in 2023/24 was £54.77m. Actual income for the year out-turned at £56.98m, an increase of £2.21m.

5.2. The £2.21m comprises additional management fees of £0.83m (for pay award and inflationary pressures), additional capital income and higher income relating to temporary accommodation and homelessness, as summarised below :

	HRA	GF	Total
	£m	£m	£m
Budgeted income	50.70	4.08	54.77
<u>Additional / variances :</u>			
Management Fee - inflation and pay award	0.67	0.16	0.83
Capital income	0.95	0.00	0.95
Grants / Housing Benefit / Pension / Others	-0.62	1.05	0.44
Actual income	51.69	5.29	56.98

6. HRA OPERATIONS

6.1. The table at 5.2 shows additional HRA Management Fee of £666k. This was approved in February 2024 for the pay award and to address inflationary and operational pressures in the year, as follows:

<u>Budget</u>	<u>Comments</u>	<u>£k</u>
Ext. Contractor	Dunbar (lifts) (£12k), FRAs (£16k), Switch 2 G6 (£28k)	58
Office costs	Civic Office (£96k) and Shaw Lane (£58k) rates (£10k)	164
District Heating	Maintenance fee in SLHD from CDC virement	101
Inflationary impacts sub total		323
Pay award	£1,925 per employee vs 4% budgeted	667
Pension contributions	Reduced contribution rates 16% to 10.2% / refund offset	-536
SLAs (see below)	Pay award related SLA adjustments – see below	212
Additional HRA Management Fee		666

6.2. The main **HRA variances** have been reported in detail throughout the year. Key items to note again are shown below with previous quarter comparatives to show changes:

<u>HRA Variances</u>	Q4 ACTUAL Variance £k	Q3 Projected Variance £k	Q2 Projected Variance £k	Comments
Salaries (excl Call Out)	-1,731	-1,621	-1,612	Vacant posts (see Appendix A), pay award impact
Salaries - Call Out	510	421	361	Actual costs £1,174k higher than Budgeted £663k.
Temporary staff	243	229	184	Cost of cover for vacant posts
Supplies and Services	381	356	374	Project Management £61k, District Heating maintenance £101k (see additional M'ment Fee notes above) Skips £127k (27%) over budget
Premises	-199	-131	-54	Utilities £232k under budget, Shaw Lane rents £61k over budget (additional m'ment fee)
SLAs	138	210	14	Pay award adjustments (additional m'ment fee)
Building Materials	354	325	302	£116k increased repairs relating to the backlog and Damp & Mould repairs, £139k CO detectors, £56k Heating capital scheme (see additional income), £108k revenue voids. WOW revenue £54k saving, due to trainees working on capital related jobs.
Fuel	-176	-153	-153	Reduced cost due to efficiencies and price fall
External Contractors	1,177	1,207	1,134	Main overspends are on EICR contractors £643k, Wates £186k, £93k Denton Nickel (showers), emergency repairs to District Heating boiler leak and piping issues (dead legs) on high rise properties. Also responsive repairs contractors £136k overspend mainly with Metro Rod and Bradford ISG (doors/windows).
Capital Income	-947	-955	-830	Primarily additional income from CO detectors (£524k), Acquisitions (£173k) and Heating replacements (£120k). see below
Other Income	-83	-83	-81	External Funding £81k (2x Mental health practitioners)
Other income – Pension	725	725	725	Pension refund replaced by reduced contributions
Net Others	-79	-62	-92	
Additional M'ment Fee	-666	0	0	As detailed at 6.1 above
Deficit / (-) Surplus	-353	468	372	

- 6.3. SLA costs in total were £138k over budget, involving a £70k under spend on one Asset Management SLA and the £212k impact of the approved pay award. Details of the latter are set out below and formed part of the additional HRA Management Fee:

<u>SLA</u>	<u>£k</u>
Arboriculture	15
Grounds Maintenance	83
Legal	31
ICT	30
Metroclean Communal areas	36
Concierge	17
	212

7. GENERAL FUND (HOUSING OPTIONS) OPERATIONS

- 7.1. The additional £155k GF Management Fee was based on the projected £147k deficit at Q3 plus the £8k impact of the pay award.
- 7.2. The main expenditure variances for the year are summarised below, with previous quarter comparatives to highlight recent changes:

<u>Variances</u>	Q4 Actual variance £k	Q3 projected variance £k	Q2 projected variance £k	Comments
Salaries	-198	-173	-142	Vacant posts, pay award. See below
Temporary staff	0	49	10	Vacant post cover
Supplies and Services	1,341	1,182	424	Demand on hotels, security and equipment
Premises	105	191	194	Temporary Accommodation (GF)
Other Income	-1,054	-1,089	-387	Increased Housing Benefit due to higher hotel and TA costs
Other income – Pension	47	47	47	Pension refund / reduced contributions
Additional Management Fee	-155	0	0	As detailed at 7.1 above
Net Others	-76	-52	-66	
Deficit / (-) Surplus	10	155	80	

- 7.3. The main movements in projections since the Quarter 3 report are around Temporary Accommodation, hotel placements and related Housing Benefit income recovery.
- 7.4. The table shows numbers projected compared to the actual outturn volumes and reflects the ongoing and increasing demand on the service when a reduction was expected.

Projections	Actual Q4	Projected Q3	Projected Q2
TA properties (budget 110)	170	162	160
<u>Hotel placements per night :</u>			
December	103	105	42
January	105	95	42
February	113	85	42
March	120	75	42

- 7.5. The temporary accommodation (TA) budget assumed 110 properties in use throughout the year. Numbers increased as the year progressed and have been at least 160 since around August, and even higher by year end.
- 7.6. For hotels, up until the end of September, the average number of placements in hotels was around 40. October's average increased to around 60 per night and this increase continued steadily in November and was between 100 and 120 for the last four months.
- 7.7. Housing Benefit recovery reduced in Q4 and averaged 80% for the year (99% on TA and 72% on hotels), having been above 90% for the period to end of Q3.
- 7.8. The impact of all of these on the outturn can be seen in the above table, with
- TA premises costs £105k over budget;
 - hotel and related security costs £1.34m over budget, and
 - Other Income £1.05m more than budget

8. Operations - Key operational points, risks and actions

Staffing levels

- 8.1. The largest variances in the year have again been a result of staffing levels, with vacant posts covered by overtime, temporary staff or external contractors.
- 8.2. **Appendix A** shows vacancies by quarter and Directorate, and have averaged 73 WTEs over the year, with levels higher in the first half of the year. This equates to a vacancy factor of around 8.7% compared to the budgeted 4% (circa 34 WTEs).

Housing and Customer Services:

- 8.3. The Directorate delivered a underspend of £363k on income of £11m. No real budget pressures in the year other than staff vacancies and inflation as detailed above.
- 8.4. Operationally the main challenges have been around the cost of living impact on our tenants, particularly in the District Heating schemes and there has also been an increase in the level of customer complaints.

Corporate Services:

- 8.5. Corporate Services out-turned a overspend of £338k on income of £5.7m. However, this figure is distorted by lower than budgeted income receipts of £725k as part of revised pension contribution arrangements, so the true position is a Surplus of £387k.
- 8.6. No real budget pressures during the year. Operational pressures have been around supporting front line services and embedding new processes following implementation of the new Housing Management ICT system.

Property Services: Asset Management Services and Health and Safety

- 8.7. The Asset Management and Health & Safety Directorate out-turned an underspend of £467k on income of £5.9m.

- 8.8. Operationally, the teams have again had recruitment difficulties in the year and had on average around nine vacant posts, including senior posts, throughout the year. External services were used where required.
- 8.9. Enquiries and cases relating to damp, mould and condensation (DMC) across properties in the borough continued to increase and caused strain on resources throughout the year. Surveyors have had to prioritise DMC cases and this caused a delay to other work, including some stock condition surveys. A dedicated in house DMC team has now been recruited.
- 8.10. Shaw Lane skip and refuse collection costs were also under pressure all year and ended over budget by £65k.
- 8.11. The disrepair budget was again under pressure all year and out-turned in excess of £100k, more than 40% higher than budget. The number of active disrepair cases continues to rise (currently more than 200 live cases), with around ten cases approaching court stage. Recent court cases have seen mixed results in terms of wins, losses and settlements.

Property Services: Building Services

- 8.12. Property Services out-turned an overspend of £140k on income of £29.1m
- 8.13. There was also a large number of vacant posts within Property Services (see **Appendix A**) throughout the year, averaging 42 WTEs (a 10% vacancy factor) compared to the budgeted 17. Electricians in particular were difficult to recruit to and resulted in Contractors required for voids and for EICR tests to cover the shortfall.
- 8.14. Electricians were transferred from planned capital works on electrical works to increase resource in responsive repairs to cope with high demand and backlogs, affecting capital income to the company.
- 8.15. Generally, savings from vacant posts have been used to fund overtime (£352k over budget), agency staff (129k over) and/or contractors to ensure delivery and performance targets were met.
- 8.16. Savings from the Electrician vacancies in the Mechanical & Electrical Service Area are funding the EICRs (electrical tests) completed by contractors, as agreed by EMT.
- 8.17. Call out salary costs were also a substantial pressure in the year, with costs exceeding £1.17m against a budget of £600k. This is almost identical to 2022/23 costs and is 17% higher than 2021/22. This is currently being investigated to determine why demand has been higher in recent years.
- 8.18. **Appendix B** summarises repairs completions and void numbers, with comparatives. Repairs completions are broadly in line with 22/23 and up slightly on 21/22. Void numbers have reduced towards the end of Q2 and were around 85 for the whole of Q3, but increased again at the end of Q3 and averaged around 110 throughout Q4.
- 8.19. Capital income : The table below summarises the main areas of variance to budget for contributing to the additional £947k received, most of which (£523k) is from additional Carbon Monoxide (CO) installation work.

	Budget	Outturn	Variance
	£k	£k	£k
Management Fee	1,500	1,500	0
Mech and Elec	2,645	3,262	618
Voids/acquisitions	3,240	3,700	460
Planned	5,452	5,322	-105
	<u>12,837</u>	<u>13,784</u>	<u>947</u>

General Fund – Housing Options

- 8.20. The main operational issues in the year were to continue to address the homelessness challenges within the borough and to try and reduce numbers in hotel accommodation and facilitate increased access to the private rented sector.
- 8.21. The table at 7.4 shows demand has been high and increasing as the year progressed, with Temporary Accommodation properties reaching 170 in Q4 compared to the budgeted 110, and hotel placements averaging more than 100 per night.
- 8.22. The Directorate budgeted an establishment of 59 WTEs and averaged seven vacant posts throughout the year. However, employee turnover was high and at times there were eleven vacant posts, which will place even greater demand on core service.

9. Procurement implications

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

10. VFM implications

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

11. Financial implications

- 11.1. Financial implications are detailed in the body of the report

12. Risks

- 12.1. Financial and Operational risks have been reported throughout the year, some of which may recur in 2024/25.

13. Health, Safety & Compliance Implications

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

14. ICT implications

- 14.1. ICT implications are referenced in this report as appropriate.

15. Consultation

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

16. Diversity

16.1. There are no diversity issues arising from this report

17. Communication requirements

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

18. Equality analysis

18.1. There are no equality issues arising from this report

19. Environmental impact

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

Report author

Nigel Feirn

Head of Finance and Business Assurance

Appendices 1 to 3 Revenue summaries for SLHD, HRA and General Fund,
Appendices A & B - vacant posts, repairs and void numbers

1. Vacant posts by quarter

- 1.1. As referred to above, vacancies have existed in all Directorates throughout the year as a result of employee turnover, difficulties in recruiting or ongoing restructures and realignments.
- 1.2. The table below summarises the budgeted number posts for the year together with the number of vacant posts each area by quarter. The budget assumed a Vacancy Factor of 4% which equates to approximately 34 Whole Time Equivalent (WTEs).

<u>Budgeted</u> <u>23/24</u> <u>WTEs</u>	<u>Directorate</u>	Vacant posts 23/24				Vacant posts 22/23			
		<u>Q4</u> <u>23/24</u> <u>WTE</u>	<u>Q3</u> <u>23/24</u> <u>WTE</u>	<u>Q2</u> <u>23/24</u> <u>WTE</u>	<u>Q1</u> <u>23/24</u> <u>WTE</u>	<u>Q4</u> <u>22/23</u> <u>WTE</u>	<u>Q3</u> <u>22/23</u> <u>WTE</u>	<u>Q2</u> <u>22/23</u> <u>WTE</u>	<u>Q1</u> <u>22/23</u> <u>WTE</u>
207.5	Housing and Customer	5.6	7.6	9.0	19.0	9.6	15.1	6.5	11.7
67.4	Corporate	2.5	4.5	5.5	5.7	2.0	3.5	3.0	6.0
79.7	Asset Management	8.0	7.6	9.0	11.0	12.6	13.1	17.8	22.4
428.8	Property	38.1	42.5	42.0	45.5	42.5	44.0	44.4	55.2
59.0	Home Options (GF)	2.5	10.0	11.0	4.0	*1.0	*1.0	*2.5	*23.0
842.2	Totals	56.7	72.2	76.5	85.2	67.7	76.7	74.2	118.3

* includes temporary posts agreed as part of the 22/23 recovery plan and were not included in the budgeted establishment

2. Repairs completions and void numbers.

2.1. The table below summarises the number of repairs **completed** by category for the past three years. The following job types are **excluded**:

- no access;
- aborted;
- public building;
- private landlord in nature.

Please note that classification of repairs changed in 2022/23, with scheduled repairs becoming classed as routine.

2.2. The table also shows the number of voids at the end of each year, and lettings and terminations in the year

<u>Repairs COMPLETIONS -</u> year ended 31st	March 24	March 23	March 22
	no.	no.	no.
Emergency Orders	25,625	27,313	18,083
Urgent Orders	23,092	24,438	27,128
Routine Orders	22,162	14,675	15,470
Scheduled Orders	2,785	6,584	11,295
Total	73,664	73,010	71,976
<u>Voids</u>			
Terminations – in year	1,121	1,193	1,172
Lettings – in year	1,109	1,222	1,138
Lettable voids <u>at month end</u>	112	126	165
Non lettable <u>at month end</u>	13	7	5
Earmarked for demolition	0	0	8
Gross voids <u>at month end</u>	125	133	178

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2024

	Income/Expenditure for the year	Year end Outturn	Year end Variance	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	32,097	30,904	-1,193	-4%
Premises Expenses	2,239	2,120	-118	-5%
Transport	2,576	2,439	-137	-5%
Supplies & Services	4,385	6,016	1,631	37%
Materials-Buildings Services	7,667	8,021	354	5%
Service Level Agreements	4,234	4,386	152	4%
Total Management Expenditure	53,197	53,886	689	1%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,576	2,754	1,178	75%
Total Maintenance Expenditure	1,576	2,754	1,178	75%
Gross Expenditure	54,774	56,641	1,867	3%
Income				
Management Fee - HRA	-36,687	-37,353	-666	2%
Management Fee - General Fund	-2,503	-2,663	-160	6%
Recharges to Capital Schemes (In House)	-12,837	-13,784	-947	7%
Other Income	-2,747	-3,183	-436	16%
Direct Charge to HRA	0	0	0	-
Total Income	-54,774	-56,984	-2,210	4%
Surplus(-) / Deficit	0	-343	-343	-

**St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2024 -
Home Options (General Fund)**

	Income/Expenditure for the year	Year end Outturn	Year end Variance	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	1,957	1,747	-209	-11%
Premises Expenses	872	953	81	9%
Transport	0	0	0	-
Supplies & Services	1,207	2,545	1,338	111%
Materials-Buildings Services	0	0	0	-
Service Level Agreements	43	57	14	32%
Total Management Expenditure	4,078	5,302	1,224	30%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	0	0	0	-
Total Maintenance Expenditure	0	0	0	-
Gross Expenditure	4,078	5,302	1,224	30%
Income				
Management Fee - HRA	0	0	0	-
Management Fee - General Fund	-2,503	-2,663	-160	6%
Recharges to Capital Schemes (In House)	0	0	0	-
Other Income	-1,575	-2,629	-1,054	67%
Direct Charge to HRA	0	0	0	-
Total Income	-4,078	-5,292	-1,214	30%
Surplus(-) / Deficit	0	10	10	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2024 - HRA ONLY

	Income/Expenditure for the year	Year end Outturn		Year end Variance	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %	
Management Expenditure					
Employee Expenses	30,140	29,156	-984	-3%	
Premises Expenses	1,367	1,168	-199	-15%	
Transport	2,576	2,439	-137	-5%	
Supplies & Services	3,178	3,471	293	9%	
Materials-Buildings Services	7,667	8,021	354	5%	
Service Level Agreements	4,191	4,328	138	3%	
Total Management Expenditure	49,119	48,584	-535	-1%	
Maintenance Expenditure					
External Maintenance Contractors (Revenue)	1,576	2,754	1,178	75%	
Total Maintenance Expenditure	1,576	2,754	1,178	75%	
Gross Expenditure	50,696	51,339	643	1%	
Income					
Management Fee - HRA	-36,687	-37,353	-666	2%	
Management Fee - General Fund	0	0	0	-	
Recharges to Capital Schemes (In House)	-12,837	-13,784	-947	7%	
Other Income	-1,172	-554	617	-53%	
Direct Charge to HRA	0	0	0	-	
Total Income	-50,696	-51,691	-996	2%	
Surplus(-) / Deficit	0	-353	-353	-	

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 4 / Year ended 31 March 2024 KPI dashboard
Action Required:	For information
Item:	14
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	06 June 2024

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of Quarter 4 (Q4) / financial year ended 31 March 2024, and brief commentary for those KPIs where their target were not met.
- 1.2. Appendices are attached as follows:
 - A : KPI dashboard 31 March 2024;
 - B : Latest Housemark monthly pulse surveys; and
 - C : TSM 2023/24 schedule

2. Executive summary

- 2.1. 18 KPIs were agreed with City of Doncaster Council (CDC) at the start of the 2023/24 financial year.
- 2.2. During the year, performance data for the new TSMs was collected and four additional Health and Safety TSMs were added to the original 18 KPIs, from Q2 onwards, to give a schedule of 22 KPIs for 2023/24.
- 2.3. Of the 22 KPIs, four are measured annually - tenant surveys (two), energy efficiency and Decent Homes Standard numbers - the same as in 2022/23.
- 2.4. The table below summarises the KPIs at the end of Q4, with comparatives. At the end of the financial year, twelve were met or were within agreed tolerances of target.

KPIs	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Green (meeting target)	9	9	8	4	6	7	5	6
Amber (within tolerance)	3	3	3	1	4	1	2	1
Red (not meeting target)	9	8	9	9	6	7	8	6
No target (homelessness)	-	-	-	-	2	2	2	2
Quarterly / Annual	1*	2	2	4	1*	2	2	4
Total	22	22	22	18	19	19	19	19

* data unavailable

- 2.5. A further SLHD Board annual KPI has been set to measure employee satisfaction with SLHD as an employer (staff survey). The target for 2023/24 was 80% and survey results exceeded target at 89%.

3. TSM benchmarking

- 3.1. **Appendix C** lists the TSM results for 2023/24. The Q3 report to Board in February 2024 included TSMs from the perception survey results undertaken between April and September 2023, plus some management information TSMs. The remaining management information TSMs have now been collected so the full suite of TSMs is reported for completeness.
- 3.2. Available TSM perception survey benchmarking was undertaken in November and presented to Board, reporting a positive position overall. There has been no further TSM benchmarking information published, but will be analysed and reported as soon as it is available.

4. KPI commentary

4.1. KPI 2 : Void rent loss (lettable voids)

Target 0.50%
Q4 23/24 Year end performance 0.68% WORSE THAN TARGET – RED

The KPI of 0.50% equates to approximately 110 lettable void properties.

	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Void rent loss YTD %	0.68%	0.68%	0.70%	0.73%	0.67%	0.67%	0.72%	0.76%
Target %	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Lettable Void numbers	102	108	79	122	127	118	92	133

The total number of voids held at the end of March was 125, down slightly from February at 127 but higher than end of December (113). The total figure of 125 consists of 102 general voids, 17 acquisitions, and 6 non lettable voids.

In comparison, the total number of lettable voids held at the end of 2022/23 was 127 so is a significant improvement.

Void Rent Loss (VRL) in-month performance shows a decline at 0.76% when comparing to the previous month of 0.69%, and the year end KPI ended at 0.68%.

4.2. KPI 3 : Average Days to Re-let Standard Properties

Target 20.0 days
Q4 23/24 Year end performance 24.9 days WORSE THAN TARGET – RED

	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Re-let days	24.9	24.6	25.8	25.6	26.7	26.9	29.1	33.6

In-month performance shows a decline at 26.2 days compared to February's 25.8 days and is also higher than December's 20.7 days. These lead to cumulative performance for the year showing a slight decline at 24.9 days compared Q3's 24.6 days.

However, it is pleasing that this year end performance of 24.9 days is an improvement when compared to 2022/23 year end performance at 26.7 days.

4.3. KPI4 : Households placed in hotel accommodation at month end

Target March 2024 30
Q4 23/24 Year end performance 108 **WORSE THAN TARGET – RED**

	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Households in hotels at month end	108	91	42	50	16	48	62	76

91 placements in March following the 110 placed in February, 141 in January, and is also 66% higher than March last year. This resulted 3,683 total paid nights in March, the highest monthly number of nights in the year. This is a cumulative impact of the winter pressures experience since October.

Whilst the number of households placed has increased, the team are continuing to minimise the number of nights they are staying and moved on 96 households on from hotels during the month.

The work on prevention (KPI5) should start to see a reduction in placements and therefore a reduction in both numbers in Hotels and number of nights households are placed

4.4. KPI5 : % of Settled Accommodation at Prevention Stage

Target 60%
Q4 23/24 Year end performance 32% **WORSE THAN TARGET – RED**

130 prevention cases were closed within the month, of which 55 were able to secure existing or alternative accommodation.

Whilst demand remains high, the additional capacity introduced via Agency Staff is evident with the number of cases prevented continuing the upward trend previously reported in January and February.

This provides an outturn for the last quarter of 42% and places us in a good position to sustain improvement in 2024/25.

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

Profiled Target YTD 50.0
Q4 23/24 Year end performance 66.0 **WORSE THAN TARGET – RED**

This is a new KPI for 2023/24 and is also part of the new Tenant Satisfaction Measures required by the Regulator.

For the target to have been met, less than 995 complaints would have been received.

For the year just ended, 1,311 complaints have been received and this equates to a KPI of 66.0 complaints per 1,000 properties (61.1+4.9). The split is as follows:

Number of Stage 1 complaints received for the YTD is 1,215 = 61.1

Number of Stage 2 complaints received for the YTD is 96 = 4.9

Nearly three quarters of all complaints are due to four main themes – in order; policy, time taken, staffing and service delivery.

4.6. KPI 11 : Days lost to sickness per Whole Time Equivalent (WTE)

Target **8.5 days**
Q4 Year end performance **11.2 days** **WORSE THAN TARGET – RED**

Performance is now an annualised calculation, consistent with CDC.

March saw 0.86 days sickness per FTE against a target of 0.78 days. This is a positive reduction and the lowest since September 2023.

This brings the year end figure to 11.2 days per FTE against a target of 8.5 days. Year end sees us outturn worse than target but an improvement on 2022/23 which saw 11.7 days per FTE.

The table below summarises sickness levels by Directorate, with comparatives from 2022/23.

	2023/24	2022/23
Directorate	Sickness days per WTE	Sickness days per WTE
Corporate Services / Exec Support	7.9	6.4
Housing and Customer Services	12.4	11.4
Property and Asset Services	11.1	11.9
SLHD	11.2	11.7

In Q4, ‘stress, depression and anxiety’ remain the highest reason for absence this financial year 33.1%. This is followed by MusculoSkeletal (MSK) contributing to 22% and infection and virus which now account for 14% of the absence.

March saw an increase in reported stress related figures of 249.5 days in March compared to 191.66 days in February and this is across all forms of stress.

In terms of long and short term volumes and trends, the table below summarises 2023/24 by quarter, together with the quarterly target for the KPI to be met.

	Short term days per WTE	Long term days per WTE	Total days per WTE	Target days per WTE
Q1	1.7	1.1	2.8	2.0
Q2	1.3	1.4	2.7	2.1
Q3	1.7	1.1	2.8	2.2
Q4	1.7	1.2	2.9	2.2
	6.4	4.8	11.2	8.5

The volume of stage meetings and early interventions continues to remain high since the introduction of the new policy which is a positive step in ensuring that colleagues are supported to return to work / remain in work.

The deep dive into sickness in Housing and Customer Services continues, with a further meeting planned with the Leadership team in this Directorate to review progress on 22nd April.

In addition, a year-end report will be provided to EMT to demonstrate the impact of the revised policy and triggers over the last 12 months as well as a summary of the deep dive actions and impact of these.

4.7. KPI 12 : % of Local Revenue and Capital Expenditure

Target	70.0%	
Q4 23/24 Year end performance	39.7%	WORSE THAN TARGET – RED

Monthly expenditure has ranged from £1.55m to £3.37m in the year, averaging £2.36m per month.

March 2024 spend of £3.14m was the second highest of the year after January. However, the local percentage in the month was the second lowest of the year 31% (£0.96m).

The effect of this is a year end KPI of 39.7%, well below target of 70%.

Yorkshire & Humber spend % in March was also the second highest of the year at £1.82m, to give a year end PI of 66%.

Half of the March spend (£1.57m) was again with just five suppliers, three of which were in Doncaster and totalled £0.37m. This is typical of the year, with around half of expenditure in monetary value being with around five or six suppliers, and three quarters of expenditure with around 15 suppliers.

As a result, any of these suppliers not being in Doncaster will significantly impact the KPI, as has been the case with Wates, primarily, and other suppliers like Fullwood, SIGD and Bradford MBC.

In March, Wates were again the highest paid (£1m) of 163 suppliers, and as still being classed as South East this adversely impacts the KPI.

Annual CDC KPIs

4.8. KPI 15 : Overall Tenant satisfaction %

Target	85.0%	
23/24 year end performance	76.0%	WORSE THAN TARGET – RED

Performance for 2023/24 has been measured by the new Tenant Satisfaction Measures, with TP01 used for this KPI.

SLHD achieved an overall satisfaction score of 76% for the 2023/24 period, reflecting a generally positive sentiment among residents.

Appendix C lists all of the TSMs and when these were benchmarked mid-year, SLHD performed positive overall, and we were in the upper quartiles for most measures. The benchmarking also showed that nationally satisfaction scores have reduced in general compared to previous years.

The Appendix shows the highest scoring surveys included TP08, indicating satisfaction with fair treatment and respect (89.8%), TP05 demonstrating confidence in property safety (84.9%), and TP02, indicating contentment with repairs services (79.6%).

However, areas for improvement were identified, notably TP09 for complaints handling (27.6%) and TP12 for communal area maintenance (66.5%).

Understanding what influences overall satisfaction, key drivers were identified as well-maintained homes (TP04) 75.9%, responsiveness to tenant feedback (TP06) 71.6%, and effective communication (TP07) 79.3%.

Results have been analysed and benchmarked in detail using the Housemark mid-year reports from November 2023. Further benchmarking is planned when more reports become available. This analysis helps guide efforts toward enhancing the overall service quality and resident satisfaction.

Report author
Nigel Feirn

Appendix A KPI Dashboard Q4 / year ending 31 March 2024
Appendix B Latest Housemark monthly pulse surveys
Appendix C TSM 2023/24 schedule

St. Leger Homes Key Performance Indicator Summary Q4 2023/24

Appendix A

KPI	TSM	Indicator	22/23 Outturn	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	23/24 Target	DoT
1		Percentage of current rent arrears against annual debit %	2.74%	2.80%	2.92%	3.09%	2.72%	2.75% y/e	↑
2		Void rent loss (lettable voids) %	0.67%	0.73%	0.70%	0.68%	0.68%	0.50%	↔
3		Average Days to Re-let Standard Properties ytd days	26.7	25.4	25.8	24.6	24.9	20.0	↓
4		Number of Households placed in B&B accommodation at month end	16	50	42	91	108	30 y/e	↓
5		% of settled accommodation at Prevention stage (New)	n/a	33%	28%	27%	32%	60%	↑
6	CH01	Number of stage 1 and 2 complaints per 1,000 properties (New)	n/a	15.4	32.6	47.8	66.0	50.0 y/e	↓
7	CH02	% of Complaints responded to within timescale (New)	n/a	92.5%	83.8%	86.6%	89.3%	92.3%	↑
8		Number of tenancies sustained post support	96.8%	98.0%	98.4%	99.0%	99.3%	97.3%	↑
9		Number of repairs first visit complete	94.8%	94.8%	95.6%	95.4%	95.1%	94.0%	↓
10a	BS01	Gas: % of properties with a valid gas servicing certificate	100.00%	99.97%	99.96%	100.0%	100.0%	100.0%	↔
10b	BS02	Fire: % homes all risk assessments have been carried out (New)	n/a	not reported	100.0%	100.0%	100.0%	100.0%	↔
10c	BS03	Asbestos: % homes surveys or re-inspections completed (New)	n/a	not reported	100.0%	100.0%	100.0%	100.0%	↔
10d	BS04	Legionella: % homes where all assessments completed (New)	n/a	not reported	100.0%	100.0%	100.0%	100.0%	↔
10e	BS05	Lifts: % homes all communal lifts safety checks completed (New)	n/a	not reported	100.0%	100.0%	100.0%	100.0%	↔
11		Days lost through sickness per FTE CDC calculation	11.9	11.7	11.9	11.4	11.2	8.5 y/e	↑
12		Percentage of Local Expenditure % Revenue and Capital	67.6%	49.0%	38.9%	40.7%	39.7%	70.0%	↓
13	NM01	Number of ASB Cases per 1,000 properties (New)	n/a	22.0	36.1	47.9	62.2	60 y/e	↓
14		Number of residents in training, education or employment	58	9	53	82	108	97 y/e	↑
15	TP01	Tenant satisfaction levels overall %	81.3%	Annual KPI	76%	76%	76%	85.0%	↔
16	RP01	Percentage of homes maintaining decent standard %	99.69%	Annual KPI	Annual KPI	Annual KPI	99.21%	100.00%	↓
17	TP02	Tenant satisfaction with satisfied with the overall repairs service %	75.7%	Annual KPI	80%	80%	80%	83.0%	↔
18		Energy efficiency. Target: achieve EPC Level C by 2030	69.22%	Annual KPI	Annual KPI	Annual KPI	Data not available	73.50%	n/a
19		SLHD KPI - Employee satisfaction with St Leger Homes as an employer - STAFF survey question	80%	Annual KPI	Annual KPI	Annual KPI	89%	80%	

1. Direction of travel (DoT) is against performance in the previous quarter. ↑ = Improving, ↔ = No Change, ↓ = Declining

2. Targets are for the end of the year performance unless indicated otherwise (ytd = cumulative year to date)

3. Key

Meeting / better than target	Within tolerances of target	Not meeting / worse than target
------------------------------	-----------------------------	---------------------------------

Month	Housemark pulse survey benchmarking - IN MONTH performance	Q1	Median	Q3	SLHD	quartile
Mar-24	Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.89%	100.00%	Q1
Mar-24	Responsive repairs completed per 1,000 properties	327.10	274.60	212.50	283.22	Q2
Mar-24	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.0%	91.4%	73.1%	94.4%	Q2
Mar-24	Voluntary staff turnover (%)	0.60%	0.90%	1.50%	0.63%	Q2
Mar-24	'True' current tenant arrears (%)	2.00%	2.85%	4.10%	2.72%	Q2
Mar-24	Dwellings vacant but available to let (%)	0.26%	0.50%	1.01%	0.61%	Q2
Mar-24	Average re-let time in days (standard re-lets)	24.9	42.0	68.3	26.2	Q2
Mar-24	New ASB cases reported per 1,000 properties	1.70	2.87	4.61	4.00	Q3
Mar-24	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.01	5.05	7.39	6.70	Q3
Mar-24	Responsive repairs completed within target timescale (%)	90.8%	83.0%	74.8%	72.9%	Q4
Mar-24	Working days lost to sickness absence (%)	2.6%	3.6%	4.6%	5.3%	Q4
Mar-24	Customer contact received via digital channels (%)	45.3%	31.1%	21.0%	no data	
Mar-24	Satisfaction with the overall service their landlord provides - perception (%)	82.5%	72.0%	65.2%	no data	
Mar-24	Satisfaction with repairs - transactional (%)	92.8%	87.0%	79.9%	no data	
Mar-24	Domestic properties with EICR certificates up to five years old (%)	99.85%	99.00%	96.19%	no data	

TSM ref	KPI ref	Tenant Satisfaction Measure / Performance indicator	SLHD
TP01	KPI 15	% respondents who report that they are satisfied with the overall service from their landlord	76.0%
TP02	KPI 17	% respondents who had a repair in last 12 months are satisfied with the overall repairs service	80.0%
TP03		% respondents who had a repair in the last 12 months are satisfied with time taken to complete most recent	73.0%
TP04		% respondents who are satisfied that their home is well maintained	76.0%
TP05		% respondents who are satisfied that their home is safe	85.0%
TP06		% respondents who are satisfied that their landlord listens to tenants views and acts upon them	72.0%
TP07		% respondents who are satisfied that their landlord keeps them informed about things that matter to them	79.0%
TP08		% respondents who agree their landlord treats them fairly and with respect	90.0%
TP09		% respondents who report making a complaint in last 12 months are satisfied with the approach to complaints handling	30.0%
TP10		% respondents who are satisfied that their landlord keeps communal areas clean and well maintained	67.0%
TP11		% respondents who are satisfied that their landlord makes a positive contribution to the neighbourhood	77.0%
TP12		% respondents who are satisfied with their landlord's approach to handling anti-social behaviour	69.0%
BS01	KPI 10a	% homes for which all required gas safety checks have been carried out	100.0%
BS02	KPI 10b	% homes for which all required fire risk assessments have been carried out	100.0%
BS03	KPI 10c	% homes for which all required asbestos management surveys or re-inspections have been carried out	100.0%
BS04	KPI 10d	% homes for which all required legionella risk assessments have been carried out	100.0%
BS05	KPI 10e	% homes for which all required communal passenger lift safety checks have been carried out	100.0%
RP01	KPI 16	% homes that do not meet the Decent Homes Standard	0.79%
RP02		Non-emergency repairs completed within target timescale	62.8%
RP02		Emergency repairs completed within target timescale	81.5%
NM01	KPI 13	Number of ASB cases, opened per 1,000 homes	62.2
NM01	KPI 13	Number of ASB cases that involve hate incidents opened per 1,000 homes	-
CH01	KPI 6	Number of stage one complaints received per 1,000 homes	61.1
CH01	KPI 6	Number of stage two complaints received per 1,000 homes	4.9
CH02	KPI 7	Stage 1 complaints responded to within the Handling Code timescales	83.80%
CH02	KPI 7	Stage 2 complaints responded to within the Handling Code timescale	100.00%
		Stage 1 complaints responded to within timescales without extension	100.00%

* 'TP' above means Tenant Perception. Surveys were undertaken April to September 2023

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan 2023/24
Action Required:	For information
Item:	15
Prepared by:	Mark Haughey - Head of ICT & Business Transformation
Date:	06 June 2024

1 Purpose

- 1.1 To provide an end-of-year summary of the key activities relating to the strategic priorities within the 2023/24 Annual Development Plan (ADP) as at the end of March 2024.

2 Background

- 2.1 It has been agreed that Board should receive progress updates against key actions relating to the four corporate plan objectives within the 2023/24 ADP. This briefing note summarises the progress and achievements as at year-end.
- 2.2 The 2023/24 ADP directly aligns to the St. Leger Homes 5-Year Corporate Plan 2019-24 and delivers against the strategic objectives of:
1. All our homes are modern, decent, safe and energy efficient.
 2. Our tenants live successful and fulfilling lives.
 3. We will be a nationally recognised provider of housing services.
 4. Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together.
- NB This is to be superseded by the new recently launched Corporate Plan 2024-29.

3 Progress Summary

- 3.1 The responsibility to report on each of the actions has been allocated to a member of the leadership team and the update against each action is provided at Appendix A.
- 3.2 A status indicator provides an 'at a glance' view of whether a milestone is complete; will be superseded by an action on the 2024/25 ADP; requires carrying over as not complete on schedule; or the action has been moved to business-as-usual (BAU) moving forward.
- 3.3 Summary of the end of year progress:

Status	End of year
Complete	14 Plans
Superseded	3 Plans
Carried Forward	6 Plans
Moved to Business-As-usual	8 Plans

3.4 Some notable results and accomplishments from completed ADP activities include:-

- Successfully reviewed and launched the new St Leger Homes website and intranet within timescales. Feedback internally and externally on the new sites has been very positive.
- The Safeguarding and ASB team have delivered excellent work since it was developed in July 2024. Response times for high risk ASB cases within service standard of 24 hours performed at 93% for 23/24 and satisfaction with the outcome for closed cases was 88%.
- The procedures relating to the collection of TSM feedback and analysis are now embedded and will take place on an annual basis.
- All registered building safety cases ready for when we are invited to apply for a Building Assurance Certificate by the Building Safety Regulator.
- Investors In People (IIP) assessment complete and accreditation received, demonstrating that we have developed practises against all of the IIP 9 indicators and established practise in 3 of these.
- Future Leaders (managers) in-house programme has been developed and approved. Applications will be opened for a September start, all preparations are complete and delivery dates are scheduled.
- Completed a large and challenging project to move the Allocations and Homelessness service to our corporate OpenHousing ICT solution.

3.5 While good progress was made within the year, not all the actions planned were complete as anticipated. Leadership continually monitored all actions and agreed those that would need to be **carried forward** and those that have not been complete but are **superseded** by new actions in the 2024/25 ADP.

3.6 Additionally, there are some actions that while may not have been identified as complete but, by the nature of the action, have been moved to the regular operations of the business and are referred to as **business-as-usual** (BAU).

3.7 The ADP for 2024/25 has been approved at Board, however this has now been updated to reflect those actions that have been carried forward.

3.8 Appendix A shows the position of each action as at the end of the year and now denotes the actions that have been carried forward (C/F), with the reference number of the new action, and those that have been superseded, with the equivalent reference number in the 2023/24 ADP and those that are now considered business-as-usual.

4 Appendix

4.1 Appendix A – 2023/24 Annual Development Plan.

Appendix A – 2023/24 Annual Development Plan.

ADP Actions								
Ref	Service area	2023/24	Plans	Date	Owner	Objective of Action	Q4 Status	Q4 Commentary
B1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 9 work streams.	Reduce and prevent homelessness Continuously improve our business processes Improve communication with tenants and residents	Mar-24	HoATH	Prevent and reduce homelessness in the city.	Green (Superseded A1)	Superseded (24/25 Action A1) Detailed presentation of J2E outturn on the agenda of May 2024 P & I committee. J2E programme will continue to drive improvement into the 2024/25 plan. Challenges remain with Households accommodated in TA and Hotels. Overall caseload on a downward trajectory. Additional resources secured. Permanent 3 x FTE Home Options Staff 4 x FTE Fixed term until March 2025, secured via partnership initiatives with Children Services, Resettlement and Domestic & Sexual Abuse Services, within the Council
B2	Access to Homes	Review Housing Register Customer Journey and Service Standard.	Continuously improve our business processes Improve communication with tenants and residents Use technology to modernise and transform service delivery	Mar-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Amber (Carry Forward)	Carry Forward into 24/25. Due to 5 month delay with mobilisation of Capita System this project is carried forward to 2024/25.
B3	Housing Management	Review and implement the Tenancy Agreement	Help tenants to sustain their tenancies	Mar-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Amber (Carry Forward)	Carry forward - will be complete by September 2024. Further consultation has had to be undertaken on the changes, which has meant a delay on the Cabinet approval. Due to the notice requirements to tenants and Cabinet dates the final changes will go out to tenants in July 2024.
B4	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	Improve communication with tenants and residents Use technology to modernise and transform service delivery	Aug-23	HoCS/ HoICT&BT	Improved, up to date and user friendly website which encourages customers to self serve and which supports channel shift. Improved communication across the organisation and engagement with employees. Project commenced 22/23 with full delivery planned 23/24.	Complete	Completed. Both projects were successfully implemented within timescale. Feedback internally and externally on the new sites has been very positive.

B5	Customer Services	Explore and investigate implementation of AI and Omnichannel technology to encourage channel shift and self service.	Improve communication with tenants and residents Use technology to modernise and transform service delivery	Mar-24	HoCS/ HoICT&BT	Improved customer access to services, greater transparency of customer interaction across a range of access channels and increase in amount of customer self servicing.	Complete	Completed. AI and Omni Channels explored and incorporated into the Customer Access Strategy for implementation.
B6	Housing Management	Implement the decisions taken on the Furnished Tenancy business case	Help tenants to sustain their tenancies	Mar-24	HoHM	Targeted support to prevent tenancy failure.	Complete	Completed. We have appointed a member of staff to manage this scheme and they have started looking at households to offer furnished tenancies. Training sessions with Housing Officers, CSAs and HomeChoice staff planned for May with a plan to go live from June 2024.
B7	Housing Management	Develop approaches to tackling ASB to improve outcomes, perceptions and satisfaction	Safer neighbourhoods through reduced anti-social behaviour and crime	Oct-24	HoHM	ASB outcomes demonstrating high quality service delivery.	Complete	Completed. Delivered ahead of time. The Safeguarding and ASB team have delivered excellent work since it was developed in July 2024. Response times for high risk ASB cases within service standard of 24 hours performed at 93% for 23/24 and satisfaction with the outcome for closed cases was 88%. We feel this is exceptional performance and very proud of what the team has achieved.
B8	Customer Services	Implement procedures to ensure tenant feedback is collected and data analysed using the new Tenant Satisfaction Measures.	Improve communication with tenants and residents Increase tenant and community member involvement in our business	Aug-23	HOCS	To meet regulation and to gather insight from tenants on satisfaction with the services we provide.	Complete	Completed. The procedures relating to the collection of TSM feedback and analysis are now embedded and will take place on an annual basis.
B9	Repairs & Maintenance	Deliver repairs excellence project. (Phase 2)	Deliver an efficient and effective repairs and maintenance service	Mar-24	HoRM	Modernise the repairs service. Phase 2 has a number of defined areas within the project including: The out of hours emergency service, scheduled and responsive repairs, staff culture and performance management.	Green (Superseded A3)	Superseded (24/25 Action A3) - Phase 2 (23/24) has delivered InfoSuite, with the recent DRS health check providing several actions that will be picked up in Phase 3, focusing on repairs and productivity. Phase 3 (24/25) will continue the Excellence project and focus on Voids and out of hours call out.
B10	Asset Management	Complete the delivery of the render remediation scheme at Balby Bridge and the PAS9980 assessment of the EWI at Intake.	Ensure our homes are safe and free from hazards	May-24	HoAM & HoBS	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Red (Moved to BAU)	Business As Usual (BAU) - Project is still being delivered and expected delivery by May 2025. Action will be monitored through the Building Safety Committee and considered BAU.
B11	Asset Management	Complete phase 2 review of communal halls.	Provide communal halls and spaces which the community value	Dec-23	HoAM	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Red (Moved to BAU)	Business As Usual (BAU) - An initial desk top review has been undertaken and pending further discussions with portfolio holder. Action will be monitored through the Building Safety Committee and considered BAU.

B12	Building Safety & Property Compliance	Disseminate the requirements of the Regulations and confirm each high rise building conforms and we are able to provide robust evidence.	Implement the requirements of the Fire Safety Regulations 2023	Mar-24	HOBS	All 12 requirements are achieved across each Property Type High, Medium & Low rise properties	Complete	Complete - All fire doors identified, registered and being inspected in line with the requirements of the Building Safety Act.
B13	Building Safety & Property Compliance	Develop Building Safety Cases for all High Rise Residential Buildings and have them accepted by the Building Safety Regulator (BSR), so that Building Assurance Certificates (BAC) can be issued by the BSR.	Deliver the requirements of the Building Safety Act.	Jan-24	HOBS	All Nine HRRBs are registered with the BSR, each building has a Building Safety Cases (BSC) accepted by the BSR and a BAC is issued for each building.	Complete	Complete - All registered building safety cases are ready for when we are invited to apply for a Building Assurance Certificate by the Building Safety Regulator
B14	Health Safety & Property Compliance	Ensure all the evidence is available and to hand to provide assurance in the event of a In depth Assessment (IDA)	Review the Compliance Framework and embed it within working practices	Mar-24	HOBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Green (Carry Forward)	Carry Forward - Evidence available within C365 for all areas of compliance and within differing policies and procedures. Agreed to write a compliance framework which centralises all compliance KPIs this will be completed for end of quarter two 24/25.
B15	Asset Management	Deliver the improvements to 3 x Gypsy & Traveller sites as part of the Gypsy, Traveller and Residential Sites investment plan.	Continue to invest in homes and neighbourhoods	Jun-24	HoAM	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Red (Moved to BAU)	Business As Usual (BAU) - Investment to the 3 Gypsy & Traveller sites will not be completed by the ADP target date of June 2024. Planning approval for all 3 sites has been secured (albeit with some conditions that still require discharging). However, appointment of a contractor was stalled given only 1 tender submission was received. Contractor has been appointed for pre-construction phase. Full building contract is expected to be awarded in 2024/25 Q1 subject to satisfactory costings and detailed project plan being received. A start on the first site is expected in late June/early July 2024, but an estimated completion date cannot be confirmed until the contractor has provided a detailed project delivery plan. It is anticipated that the project will last circa 18-20 months from the start on site date. This will now become a business-as-usual project.
B16	Asset Management	Deliver and Monitor SLHD's Damp & Mould Action Plan.	Ensure our homes are safe and free from hazards	Mar-24	HoAM	To ensure that SLHD's approach to managing damp and mould meets the 26 recommendations identified in the Housing Ombudsman's Spotlight on Damp and Mould report.	Red (Moved to BAU)	Business as Usual (BAU) - 51 actions were originally identified to create the initial DMC action plan. Of these, 14 have been completed, 22 are in progress, 4 are ongoing actions and 11 are yet to commence. Progress has been limited due to the ongoing exceptionally high demand on the service and the need to focus first and foremost on addressing customer issues. The DMC service will continue to evolve, and the ongoing action plan will reflect this and become business as usual, consequently it will not need to feature in the 2024/25 ADP.

B17	HR and Organisational Development	External accreditation / assessment in line with liP / Best Companies TBC	Work in ways which reflect our values Continue to develop our workforce Deliver award winning services and achieve appropriate accreditations	Mar-24	HoHR&OD	Achieve assurance of our workforce wellbeing. Having decided in 22/23 what the right external method of accreditation is, deliver against this.	Complete	Complete - Assessment complete and accreditation received, demonstration that we have developed practises against all of the liP 9 indicators and established practise in 3 of these. The Assessment provides useful recommendations and areas of development which will now be incorporated into the 2024 People Strategy.
B18	HR and Organisational Development	Implement Leadership development and deliver future leaders and managers learning	Work in ways which reflect our values Continue to develop our workforce	Mar-24	HoHR&OD	Develop our Leadership and Management development offering. To continue to ensure that our leaders and managers are equipped to lead the workforce.	Complete	Complete - Future Leaders (managers) internally designed and delivered program has been signed off for delivery by Heads in March 2024 and applications will be invited or a September start, all planning in place and delivery dates in the diary. The team followed a structured approach to SMT development during 23/24 and this will go on into 24/25 using the biannual SMT away day to deliver half day sessions.
B19	HR and Organisational Development	Develop and consult upon the People Strategy post April 2024	Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy	Mar-24	HoHR&OD	Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy. Create the future direction for activity.	Complete	Complete - The People Strategy scope document has been agreed by EMT following consultation with Heads, the scope will be seen by unions for their feedback on 18/04 and E&P in May ahead of a final June board sign off. The scope for the strategy has been informed by the results from liP and recent pulse surveys.
B20	Finance and Business Assurance	Review all Governance arrangements and implement improvements as required	Deliver value for money services Continuously improve our business processes Operate commercially	Mar-24	HoF&BA	To ensure SLHD has appropriate, fit for purpose governance arrangements in readiness for Regulatory inspection for 2024/25. Review all Governance arrangements, appoint and work with a critical friend to identify strengths and weaknesses, implementing changes as required, and undertake mock regulatory inspection.	Green (Moved to BAU)	Business As Usual (BAU) - Savills action plan in place as well as Consumer Standards review undertaken and action plan in place. Numerous other activities underway, e.g. Strategy and Policy updates and governance related training, and governance benchmarking work. Mock inspection targeted for 24/25. TSM reporting in place from mid 23/24 as part of full KPI suite.
B21	ICT & Business Transformation	Upgrade of Open Housing to web based One Housing.	Use technology to modernise and transform service delivery	Dec-23	HoICT&BT	To take advantage of the benefits that a web based version of the Housing Management solution enables.	Red (Superseded A9)	Superseded (24/25 Action A9) . Due to the Capita product readiness commercially, we will not hit the original deadline. Discussions ongoing with Capita and CDC on upgrade implications. This action has been superseded in the 24/25 ADP.
C1	Access to Homes	Implement revised Allocations Policy aligned to new IT System.	Ensure the allocations policy reflects the changing needs of tenants and residents	Jan-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Complete	Completed - System Go live 3 July 2023 achieved and Project to formally closed Oct 2023.
C2	Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social	Help tenants to sustain their tenancies	Mar-24	HoHM	Targeted support to prevent tenancy failure.	Complete	Completed . We have appointed a member of staff to manage this scheme and they have started looking at households to offer furnished tenancies. Training sessions with Housing Officers, CSAs and HomeChoice staff planned for May with a plan to go live from June 2024.

Commented [CJ1]: Can we change this to a specific date as two weeks from date of writing may be different to two weeks from the date of reading and the Board meeting.

		housing furnished tenancy offer.						
C3	Housing Management	Review of Tenancy Agreement.	Help tenants to sustain their tenancies	Mar-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Amber (Moved to BAU)	Business As Usual (BAU) - Tenancy agreement going out to consultation and moving action to BAU and will be complete by July 2024. Further consultation had to be undertaken on the changes and due to the notice requirements to tenants and Cabinet dates the final changes will go out to tenants in July 2024.
C4	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	Deliver our environmental and asset management strategy	Jul-24	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Amber (Carry Forward)	Carry Forward - The infrared system has been installed but there are ongoing concerns about the effectiveness of this, with customers reporting high running costs. Work is ongoing with the contractor and customers to address the concerns raised. Further additional pilot projects will need to feature in the 2024/25 ADP.
C5	Asset Management	Procure and implement an asset sustainability modelling tool.	Deliver our environmental and asset management strategy	Aug-24	HoAM	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.	Green (Moved to BAU)	Business As Usual (BAU) - On track - Initial findings have been received. Assets Team have undergone training. It has been identified that the data in the system (which is approximately 1.5-2 years old) would benefit from updating prior to being fully rolled out. This information to be updated in Q1/Q2 2024/25. Action is considered on track and moving to BAU.
C6	Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	Ensure our business accommodation is fit for purpose	Sep-24	HoAM	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.	Amber (Moved to BAU)	Business As Usual (BAU) - Initial proposals for area offices have been presented and considered. It is suggested that whilst work on this will continue, it should not feature in the 2024/25 ADP and be treated as business as usual.
C7	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	Ensure our homes are safe and free from hazards	Oct-24	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Amber (Carry Forward)	Carry Forward - Small delay with the integration of C365 and OH relating to property sync so that components can be synced in the domestic module. Should all be resolved for the beginning of May 24.
C8	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	Improve communication with tenants and residents	Dec-24	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Green (Carry Forward)	Carry Forward - Partially completed. Keep in touch visits are taking place and data is being captured. The other actions will move into 24/25 as they are reliant on external providers. In the meantime we are updating and capturing insight data at first point of contact with customers.

C9	Access to Homes	Review the operational arrangements for the accessible housing register.	Ensure tenants with disabilities are able to secure appropriate homes	Jan-24	HoAtH	To make best use of the housing stock to meet housing needs within an efficient allocations and lettings process to keep void turnaround to a minimum.	Complete	Complete - Due to capacity issues within Adult Social Care the Council's mobilisation will slip into 2024/25, however the SLHD elements of the project actions are complete and final mobilisation will form part of SDP 2024.
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ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Annual Complaint and Service Improvement Report 23/24
Action Required:	Board note and respond to the Report.
Item:	16
Prepared by:	Jackie Linacre, Head of Customer Services
Date:	06 June 2024

1. Purpose

- 1.1 To advise Board of the Annual Complaint and Service Improvement Report for 23/24, which will be provided to the Housing Ombudsman's Office and published on our website.

2. Background

- 2.1 The Housing Ombudsman's Office introduced a revised Complaints Code in April 2024. The Code sets out the standards against which all member organisations should deal with complaints. Compliance with the Code is a statutory requirement.
- 2.2 The Housing Ombudsman will assess compliance with the Code in three areas. One of the areas is compliance in scrutiny and oversight.
- 2.3 A requirement of this area of compliance is that member organisations should produce an annual complaints and service improvement report which must include the following:
- A qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept;
 - Any findings of non-compliance with the Code by the Ombudsman;
 - The service improvements made as a result of the learning from complaints;
 - Its actions following any annual report about the landlord's performance from the Ombudsman; and
 - Actions following any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord.
- 2.4 It is a statutory requirement that the Annual Report is reported to an organisation's Governing Body or equivalent and the report and the Governing Body's response published on the section of the website relating to complaints.

The report and the Governing Body's response has to be submitted to the Housing Ombudsman's office via a dedicated electronic form by 30th June 2024. The report will also be shared with the Member Responsible for Complaints at the City of Doncaster Council.

The intention is to look towards an executive decision record being signed by the Cabinet Member for Housing and Business at the City of Doncaster Council detailing the monitoring of performance which will also be subject to review. Currently this includes a six-monthly report to an Officer Liaison Board between St Leger Homes and City of Doncaster Council, a six-monthly report to the Member Responsible for Complaints and an annual report, as part of a wider complaints report, to the City of Doncaster Council Overview and Scrutiny Committee.

2.5 The purpose of this Annual Report is to provide the Housing Ombudsman and our customers with insight into complaints; how many we received, how quickly we responded and what we learnt as a result of the feedback we received to improve service delivery.

2.6 A copy of the Annual Report is attached at Appendix A.

3. Submission process

3.1 To meet the scrutiny and challenge compliance threshold, the Annual Report must include documents or a link to them from the landlord's website and be submitted to the Housing Ombudsman via a dedicated electronic form.

3.2 One of these documents is the self-assessment against the Housing Ombudsman's Complaints Code. This is shown as a link within the Annual Report. The self-assessment against the Code was reported to Board in April 2024.

4. Recommendations

4.1 That Board note and respond accordingly to the Annual Complaints and Service Improvement Report.

5. Author: Jackie Linacre, Head of Customer Services

Annual Complaint and Service Improvement Report – 23/24

1. INTRODUCTION

Listening to and learning from feedback from our customers, about the services we provide, whether the feedback is positive or is pointing out where we need to work differently through our complaint's procedures, is important to us.

Just as important, is demonstrating to customers that we deal with complaints fairly, put things right and learn from the complaints we receive.

We have a statutory requirement, set out by the Housing Ombudsman's Office, not only to advise our customers how we are performing against the requirements of the Housing Ombudsman's Complaints Code but also to publish this report on a section of the website relating to complaints. We have a requirement to report performance to the Housing Ombudsman and to the governing body or equivalent.

This report therefore includes examples of where we have learnt from complaints and changed the way we have delivered our services, as well as setting out some of the key data in respect of the number of complaints we receive, what they were about and how quickly we responded.

To ensure we are compliant with the requirements of the Housing Ombudsman's Office this report will include the following:

- ✓ A copy of our annual self-assessment against the Housing Ombudsman's Complaints Handling Code.
- ✓ Analysis of our performance on responding to complaints within timescales set by the Housing Ombudsman;
- ✓ A summary of the type of any complaints we have refused to accept;
- ✓ Any findings of non-compliance with the Housing Ombudsman's Complaint Code;
- ✓ Service improvements we have made as a result of learning from complaints;
- ✓ Actions following any annual report about our performance from the Ombudsman or other relevant reports or publications produced by the Housing Ombudsman in relation to the services we provide;

2. BACKGROUND

Our definition of a complaint is compliant with the Housing Ombudsman's Complaints Code and is set out in our Compliments, Comments and Complaints Policy which states that a complaint is *"an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those action on its behalf, affecting an individual resident or group of customers"*

We have a statutory requirement, enforced by the Housing Ombudsman, to deal with complaints in accordance with the Housing Ombudsman's Complaints Code.

The purpose of the Housing Ombudsman's Complaints Code is to ensure we:

- Provide a **universal definition** of a complaint.
- Provide **easy access** to and awareness of our complaints procedure;
- Ensure our tenants know how to access the Housing Ombudsman Service.
- Have a **structured complaints procedure** with clear timelines for responses.
- Are fair in how we handle complaints, using a process that is focused on the complainant.
- Take action to **put things right** and provide appropriate remedies.
- Create a **positive complaint handling culture** through continuous learning and improvement, throughout the organisation.
- Demonstrate how we have learnt from complaints in the Annual Complaint and Service Improvement Report.
- Ensure we conduct an **annual self-assessment** against the Code.

3. OUR COMPLAINT STAGES

Our complaints policy sets out our approach to dealing with complaints in two stages. Stage 1 involves a formal investigation of a complaint by a Service Investigating Officer in the relevant department. This will usually be a Team Leader or Service Manager responsible for providing the service. If a customer is not happy with the Stage 1 response the complaint can be reviewed at Stage 2 of our procedures. This is undertaken by a Head of Service.

During 23/24 we changed the way we deal with complaints at Stage 2 of our processes. These were previously investigated by a Tenant Appeal Panel. This was changed in October 2023 to involve the relevant Head of Service reviewing stage 2 complaints. This was done to further embed a positive complaints culture across the organisation and to ensure ownership and learning from complaints within teams.

Our aim in 23/24 was to respond to Stage 1 complaints within 10 working days and Stage 2 complaints within 20 working days.

Complaints are investigated by the relevant department to ensure ownership and learning, and anyone in the organisation can log a complaint. This also helps to promote a positive complaints culture.

4. PUBLISHING OUR PROCEDURES

Our complaints procedures are published in our HouseProud magazine, on our website and in our offices; to make it easy for customers to complain. Complaints can be received using any media and all employees can log a complaint.

We also carry out an annual self-assessment against the Housing Ombudsman's Complaints Code and report this to our Board to ensure both scrutiny and challenge against our compliance with the Code. A copy of our self- assessment against the

Code can be found on our website [here](#). We provide additional scrutiny by involving Tenant Scrutiny Panel members in our self-assessment against the Code.

5. KEY HEADLINE DATA FOR 23/24

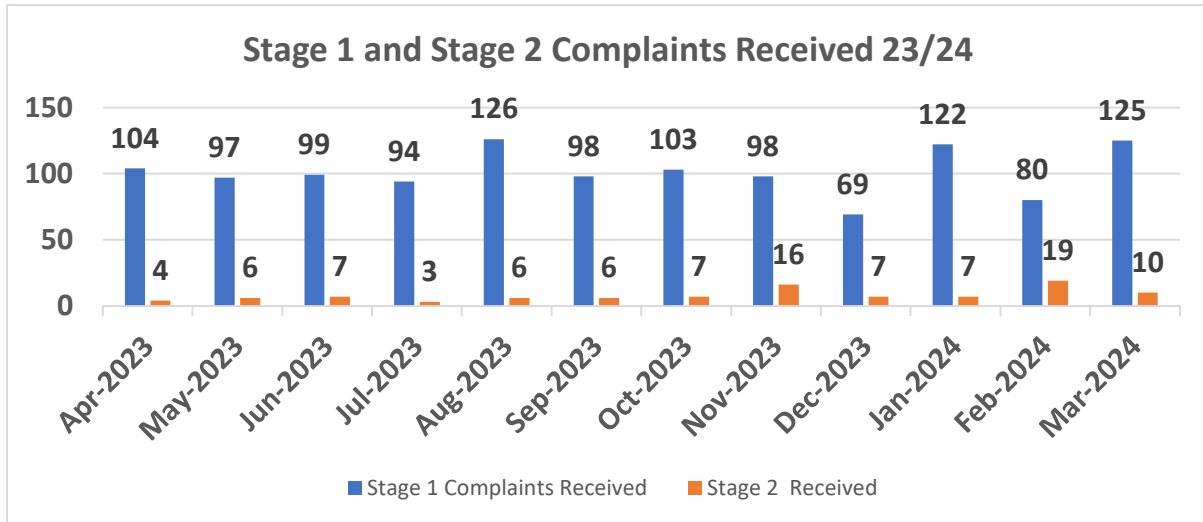
The data provided in this report relates to all complaints received at Stage 1 and Stage 2 of our complaints process, between 1st April 2023 and 31st March 2024. It includes data on all complaints received from tenants and other customers, such as customer applying for a council home or who are homeless.



6. OVERVIEW and ANALYSIS OF PERFORMANCE

6.1 Number of Complaints

The graph below shows the number of Stage 1 and Stage 2 complaints received in 23/24 together with the monthly trend. These are all complaints received and include those upheld, and those not upheld.



We received 1,215 Stage 1 complaints in 23/24, of these 98 were reviewed as part of our Stage 2 complaints process. The number of complaints we received per 1,000 properties in 23/24 was 66.1. Overall, we received fewer complaints in 23/24 than we did in 22/23, reducing by 6.7%.

The percentage of complaints we received where we were asked to review at Stage 2 of our procedures is potentially low. This was 8.06% of all complaints received and suggests that customers are largely satisfied with the Stage 1 responses we are sending.

Complaints regarding services provided by Property Services received the highest proportion of complaints in 23/24, with 71.6% of all complaints about their services. Housing Services received 28.07% of complaints and Corporate Services Teams received 0.32%. Learning from these complaints and actions we have taken to reduce are included at Section 10, below.

The number of complaints we receive throughout the year remained fairly constant, with occasional peaks in numbers. We experienced an increase in complaints in August, October, November 2023 and in March 2024, linked in part to national news about damp, mould and condensation and additional publicity, locally and nationally about how to complain. We regularly publicise our complaints procedures using a variety of media to make it easy for customer to complain.

We did not refuse to accept any complaints in 23/24.

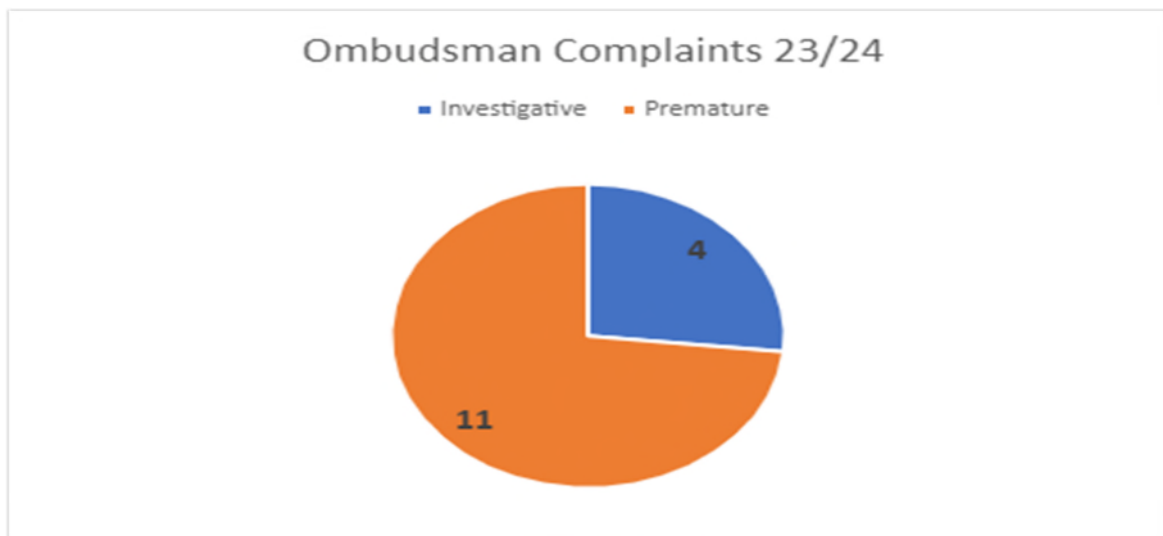
6.2 How Quickly We Respond

Our year end cumulative performance for 23/24 was 90.86% complaints at Stage 1 responded to in accordance with the Housing Ombudsman's Complaints Code and within the 10-day target. Our response times to dealing with complaints at Stage 1 has been improving throughout the year as we introduced new systems and training.

Our performance on dealing with Stage 2 complaints fell in October 2023 from 100%, due to vacancies within the team which co-ordinates and manages complaints processes, but has been rising since January 2024, to a year end figure in 23/24 of 81.63%, this despite an increase in complaints at Stage 2, increasing from 17 in Q1 23/24 to 36 in Q4 23/24.

The key reasons for Stage 1 complaints were about our policies – 24.61% of all complaints were about this aspect of our services, with 64.88% of those who complained about policy being related to services delivered by Property Services and 34.78% about policy linked to delivery of Housing and Customer Services.

7. HOUSING OMBUDSMAN REFERRALS



Four Housing Ombudsman determinations were received during 23/24. Further detail is shown below. Where recommendations have been made these have been fully complied with and confirmed to the Housing Ombudsman.

Determination 1.

In this case maladministration was found with regard to how we handled a repair. No maladministration was found with regard to how we dealt with a report about a bee infestation. Service failure was found in how we handled the complaint.

Determination 2.

In this case maladministration was found in relation to the handling of a report of anti-social behaviour and service failure was found in how we handled a report from a tenant regarding a satellite dish and wiring on a neighbour's flat.

Determination 3.

In this case no maladministration was found about the noise complaint regarding building work. No maladministration was found in how we handled a request for re-housing. Maladministration was found in how we handled the complaint.

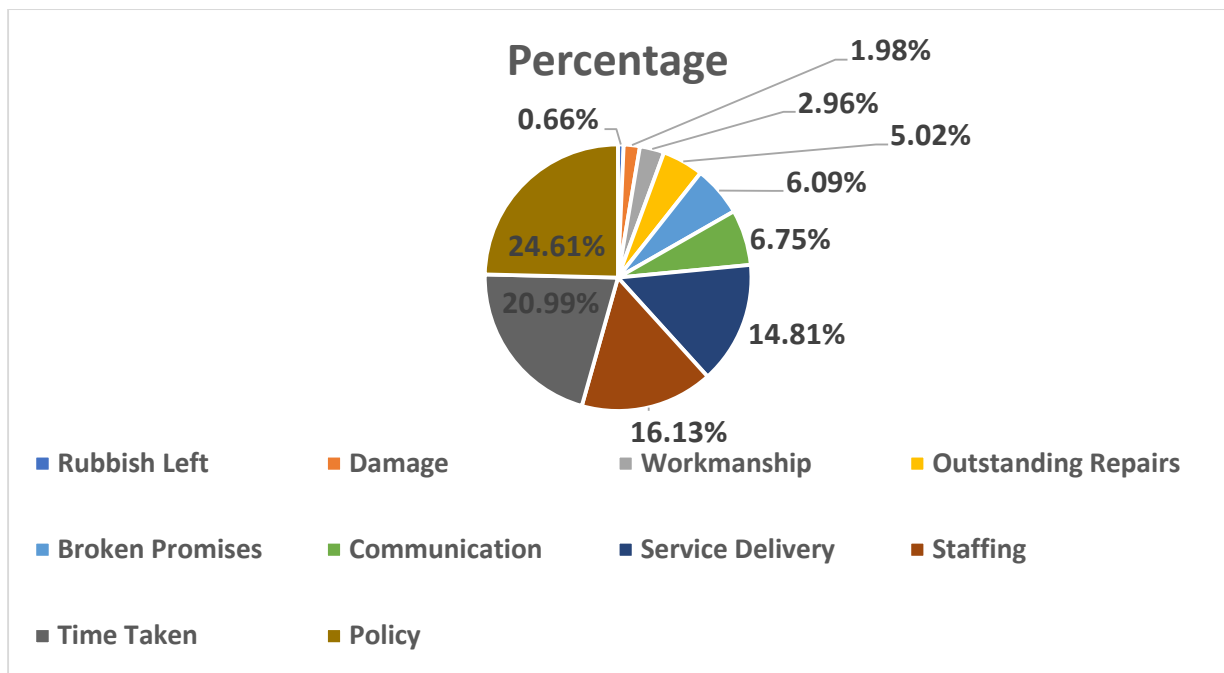
Determination 4.

In this case maladministration was found regarding communication associated with a request for re-housing. No maladministration was found regarding the allocation of properties and maladministration was found in how we handled the complaint.

We also received 11 requests from the Housing Ombudsman's Office to deal with referrals received, through our own complaints procedures.

8. COMPLAINT THEMES

We carry out thematic analysis to the complaints we received to help inform learning and changes to services delivery. The complaints received cover a range of issues and are for similar themes across all areas of the business. The top themes for complaints in 23/24, are shown below. The actions we have taken to improve are shown at Section 10, below.



9. MONITORING PERFORMANCE

Our self- assessment against the requirements of the Complaints Code was approved by our Board in April 2024.

Performance on the number of complaints, how quickly we respond and the reasons for complaints is monitored internally using a live system which is accessible by all teams across the organisation.

Our Executive Management and Leadership Teams receive regular reports on performance. Our Performance and Improvement Committee reviews performance on a quarterly basis; members of the Committee are also a Board members.

We report to the City of Doncaster Council's Officer Liaison Board and the Overview and Scrutiny Management Committee. We will enhance this approach in 24/25 by also reporting, every six months, to the Member Responsible for Complaints.

We introduced a new process in May 2024 for a sub-group of our Tenant Scrutiny Panel to review and challenge on a sample of complaints of their choosing to ensure we are compliant with the Housing Ombudsman's Complaints Code and to ensure we are identifying learning.

We publish our performance on our website, which also includes a You Said, We Did section which included learning and changes made as a result of some of the complaints we have received.

10. LEARNING FROM COMPLAINTS

We undertake thematic analysis learn from complaints, breaking down the reasons for complaints at Directorate, Service and Team level. This information is available across the organisation to support a learning and change culture.

We routinely report learning from the Spotlight reports to our Executive Management Team, highlighting, carrying out a self-assessment against the reports and identifying areas for action that need to be taken corporately or within individual Directorates. Actions arising from the reports are monitored by our Executive Management Team and owned by Heads of Service to ensure delivery.

Housing Ombudsman annual reports and review reports for other organisations are shared with relevant teams to promote learning. The quarterly Housing Ombudsman's Complaint Handling Failure Order reports, which covers reporting across all member organisations, are shared with our Leadership team, to promote wider learning and review.

We share learning from complaints with our tenants on our website, as part of our You Said, We Did communication.

We share a sample number of complaints with our sub-group of our Tenant Scrutiny Panel who review the complaint received, the response made, and the remedy provided to ensure that is fair and that we are compliant with the Complaints Code. Feedback is shared with Heads of Service.

Some examples of the changes we have made as a result of learning from the complaints we have received are set out below:

- ✓ We changed the way we deliver scheduled repairs to improve communication with tenants and to make increased use of trade staff resources. Previously these repairs were done as part of a batched approach to delivery with tenants being on a monthly delivery date. We now inform our customers of their appointment date at the first point of contact.
- ✓ We improved the way we communicate with our customers accessing our repairs service by sending a confirmation and reminder text message for every responsive repair and by telephoning customers as trade staff set off to carry out the repair.
- ✓ We used feedback from complaints to review and inform policies. Examples include the review of our Repairs and Maintenance Policy and the implementation of a new Damp, Mould and Condensation Policy.
- ✓ We set up a new team to specifically deal with all requests related to damp and mould. This is a dedicated team carrying out damp and mould inspections and ensuring the reporting of follow on work.
- ✓ We implemented a corporate wide training on Customer Excellence. This training was mandatory for all employees and included a focus on positive behaviours to reduce complaints and improve customer service.
- ✓ We have undertaken a signification transformation in our Housing and Customer Services Directorate, moving towards a more seamless and joined up service. We restructured in our Housing Services to create a dedicated team of officers to deal with reports of high level anti-social behaviour and restructured our housing officer services to increase support to our customers in the localities. This has resulted in improved response times and customer satisfaction when dealing with high and medium risk reports of anti-social behaviour.
- ✓ We have increased the number of resources we have in our Customer Relations Team to support the timely processing of complaints.
- ✓ When our customers complained they were having difficulty accessing our HomeChoice service, following the implementation of a new customer portal, we produced a video to help support access.
- ✓ We delivered training for all employees involved in the investigation of complaints to ensure compliance with the Complaints Code.

- ✓ We implemented a new website in October 2023 with improved contact capabilities to make it easier for our customers to communicate with us.
- ✓ We automated the way we distribute complaints at Stage 1 to better track and monitor performance by Investigating Officers – this has helped improve our performance. We are currently in the process of implementing a similar process for Stage 2 complaints

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Board Members Expenses and Attendance Register
Action Required:	Board are asked to note the information as an accurate record
Item:	17
Prepared by:	Julie Crook, Director of Corporate Services
Date:	06 June 2024

1. Summary

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

2. Background

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

3. VFM Considerations

- 3.1 From October 2011 both Tenant and Independent Board Members have an Agreement for Services. Board Members nominated from the Council receive no remuneration directly from the company as membership of SLHD Board is regarded as part of their Council duties.
- 3.2 In addition to Board and Committee meetings, attendance at training when appropriate ensures that Board Members have the level of skills and experience required to consider the information presented and make decisions. A copy of the attendance registers can be found at Appendix A.
- 3.3. Board strategic planning (half) days have taken place in July and November 2023.

Further, board strategic planning (half) days are scheduled for:

- 4 July 2024 and
- 7 November 2024

4. Financial Implications

- 4.1 For the financial year 2023/24 a budget of £33,100 was included within the overall budget. Details can be found in the table below.

	<u>Budget 23/24</u>	<u>Outturn 23/24</u>	<u>Variance</u>
Rents	300	-	-300
Contract Hire	120	-	-120
Car Allowances	800	45	-755
Clothes/uniform	120	-	-120
Advertising Costs	2,850	-	-2,850
Other Services	24,300	26,152	1,852
Subsistence/Conferences	4,410	1,150	-3,260
Volunteer expenses	200	222	22
	33,100	27,569	-5,531

The outturn was £27,569. A saving of £5,531 due to underspends on a number of budgets.

The total budget for 2024/25 is £34,360.

5. Legal Implications

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

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

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

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

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

6. Risk

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

7. Background Papers

7.1 Appendix A – Board and Committee Member Attendance Record

Main Board Attendance Record

BOARD MEMBER	07-Dec-23	01-Feb-24	07-Mar-24	04-Apr-24	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	1	1	4	4	100
Dave Richmond	1	1	1	1	4	4	100
Joe Blackham	1	1			2	2	100
Phil Cole	1	1	A	1	3	4	75
Richard Allan Jones	1	A	1	1	3	4	75
Stuart Booth	1	1	1	A	3	4	75
Susan Jones	1	1	A	1	3	4	75
Milcah Walusimbi	1	1	1	A	3	4	75
Trevor Mason	1	1	1	1	4	4	100
Vicky Purnell	1	1	1	1	4	4	100
Barry Keable	A	1	1	1	3	4	75
Sarah Smith			1	A	1	2	50

KEY

Apologies Received

Attendance

Not applicable

A
1

Audit & Risk Committee Attendance Record

	08-Mar-24	Total meetings attended	Total meetings held	%
Board Member				
Trevor Mason, Chair	1	1	1	100
Richard Allan Jones	1	1	1	100
Susan Jones	1	1	1	100
Vicky Purnell	A	0	1	0

KEY

Apologies Received

A

Attendance

1

Not applicable

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Performance & Improvement Committee Attendance Record

	22-Feb-24	16-May-24	Total meetings attended	Total meetings held	%
BOARD MEMBER					
Stuart Booth - Chair	1	1	2	2	100
Phil Cole	A		0	1	0
Milcah Walusimbi	1	1	2	2	100
Barry Keable	1	1	2	2	100
Sarah Smith		A	0	1	0

KEY

Apologies Received
 Attendance
 Not applicable

A
1

Building Safety and Compliance Committee Attendance Record

BOARD MEMBER	25-Jan-24	09-May-24	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	2	2	100
Phil Cole	1	1	2	2	100
Trevor Mason	1	1	2	2	100
Barry Keable	1	1	2	2	100

KEY

Apologies Received	A
Attendance	1
Not applicable	

Board Training Records

	Equality & Diversity training - pre board session	HDN: Effectively Preparing for and contributing in Board Meetings	HDN: Regulation in the Social Housing Sector	HDN: Risk Management and Assurance	Total meetings attended	Total meetings held	%
BOARD MEMBER	07.12.23	26.02.24	08.04.24	20.05.24			
David Wilkinson, Chair	1				1	1	100
Dave Richmond	1				1	1	100
Joe Blackham	1				1	1	100
Phil Cole	1				1	1	100
Richard Allan Jones	1				1	1	100
Stuart Booth	1				1	1	100
Susan Jones	1				1	1	100
Trevor Mason	1				1	1	100
Milcah Walusimbi	1	1			2	2	100
Vicky Purnell	1				1	1	100
Barry Keable	A	1	1	1	3	4	75
Sarah Smith					0	0	0

1	Complete
1	Complete via video recording
x	Not attending
	Not required
	Not applicable

Board Strategic Planning Attendance Record

BOARD MEMBER	Board Strategic Planning 06/07/2023	Board Strategic Planning 02/11/2023	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	2	2	100
Dave Richmond	1	1	2	2	100
Joe Blackham	1	A	1	2	50
Phil Cole	1	1	2	2	100
Richard Allan Jones	1	1	2	2	100
Sam Bartle	1		1	1	100
Steve Lyons	1		1	1	100
Stuart Booth	1	A	1	2	50
Susan Jones	A	A	0	2	0
Milcah Walusimbi	1	1	2	2	100
Trevor Mason	1	1	2	2	100
Vicky Purnell		1	1	1	100
Barry Keable		1	1	1	100
Sarah Smith			0	0	0

KEY

Apologies Received

A

Attendance

1

Not applicable



Board Forward Plan

Board Forward Plan

	Aug-24	Oct-24	Dec-24	Feb-25	Apr-25	Jun-25
Pre-Board discussion item (BOARD ONLY)	Introducing Electric Vehicles	Annual EDI strategy session - could be incorporated in other reports/sessions	Procurement - Board member Awareness Raising??			
Minutes of the previous meeting	✓	✓	✓	✓	✓	✓
Chairs / CEO Update	✓	✓	✓	✓	✓	✓
KPI Performance	✓	✓	✓	✓	✓	
Committee minutes	✓	✓	✓	✓	✓	✓
Capital/Revenue Monitoring	✓		✓ Q2 following A&R	✓		
Health & Safety Highlight & Dashboard Update		✓		✓		✓
Strategic Risk Register				✓		✓
6 MONTHLY ITEMS						
Annual Development Plan - Current Year		✓		✓		
Board Expenses & Attendance Register (Dec report includes new Declarations of Interest forms)			✓			✓
Board Forward Plan			✓			✓
Asset Report			✓			✓
Consumer Standards GAP analysis action plan			✓			✓
ANNUAL ITEMS						
Financial Statements - <i>one item early July Board meeting</i>	✓					
People Strategy Update						✓
Budget Update (as part of CEO report)				✓		
Budget Approval					✓	
ICT Strategy Update		✓				
Year-end Performance						✓
Year-end Revenue and Capital Monitoring						✓
Annual Development Plan and draft KPI's – Year ahead				✓	✓ (final sign off)	
Annual Development Plan - Year End Review						✓
Modern Slavery Statement						✓
Value for Money Statement			✓			
Committee Annual Reports		✓				
Board TOR Review (inc in CEO Report)		✓				
Asset Management Strategy - update against plan		✓				
Environmental Strategy - update against plan		✓				
Health and Safety Strategy - Update against plan						✓
Customer Voice Strategy - Annual update against action plan					✓	
Equality and Diversity Strategy - Annual update against action plan						✓
Safeguarding Children and Adults Annual Report for 2022-23		✓				
Housing Ombudsman Complaint Handling Code Annual Review		✓				
Annual complaint performance and service improvement report						✓
Governance Standard and NHF code of Governance update						
AD-HOC ITEMS						
Re-charge Policy	✓					
Customer Own Improvement Policy	✓					
Committee TOR review	✓					
Fencing Policy	✓					
EDI Policy	✓					