

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

**To be held at 2pm on Thursday 4 August 2022
Civic Office or via MS Teams (Hybrid Meeting)**

AGENDA

12noon – 12.45pm Pre-Board Training – Homelessness

- | | | | |
|---|--|-------------|-------------------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3 | Minutes of the meeting held on 7 July 2022 and matters arising | | Enclosed |
| 4 | Chair and Chief Executive's update | D Wilkinson | To be circulated |

Policy and Strategy Items

- | | | | |
|---|---|------------|-----------------|
| 5 | Strategic Risk Register | J Crook | Enclosed |
| 6 | Asset Management Strategy Update – EMT 12.07 | C Margrave | Enclosed |
| 7 | Environmental Strategy Update – EMT 12.07 | C Margrave | Enclosed |
| 8 | Health and Safety Strategy Update | C Margrave | Enclosed |
| 9 | Housing Ombudsman's Complaint Code policy – EMT 19.07 | M McEgan | Enclosed |

Financial and Performance

- | | | | |
|----|-----------------------------|---------|-----------------|
| 10 | KPI Performance (June 2022) | J Crook | Enclosed |
| 11 | Revenue Monitoring | J Crook | Enclosed |
| 12 | Capital Monitoring | J Crook | Enclosed |

For Information

- | | | | |
|----|---|--|--|
| 13 | Committee Minutes <ul style="list-style-type: none">Audit & Risk Committee – 20 June 2022 | | |
| 14 | Any Other Business | | |
| 15 | <i>Date of next meeting</i>
6 October 2022 | | |

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited

BOARD MEETING

Hybrid meeting

7 July 2022

Present:

Dave Wilkinson (Chair), Stuart Booth, Trevor Mason, Steve Lyons, Dave Richmond, Joe Blackham, Phil Cole and Sam Bartle.

Also In Attendance

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

		Action
1	Apologies and Quorum	
1.1	Apologies were received from Susan Jones, Anthony French and Richard Allan Jones.	
2	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3	Minutes of the meeting held on 26 May 2022 and matter arising	
	The minutes were agreed as a true reflection with matters arising detailed within the table at the end of the minutes.	
4	Financial Statements	
4.1	The Director of Corporate Services presented the Financial Statements of the Company and Letter of Representation for the year ended 31 March 2022. Members were referred to Paragraph 4.3 of the covering report and were reminded of their responsibilities as Directors.	
4.2	Further clarity was given regarding the pension figures on the balance sheet and the difference between those figures and the pension figures used to calculate the contribution rates. The next three year valuation will be based on 31 March 2022, the actuaries have already given assurances that they are mindful of current world events and wherever possible will be taking a long term view.	

- 4.3 In response to a query around how staff may request to join or re-join the pension scheme it was explained that staff were entitled to opt out of the pension scheme, however were automatically re-enrolled after 3 years, which was a long term funding strategy. Members were also asked to note information around the '50/50 Scheme' which only a few members had joined. It was pointed out that the organisation had not seen staff opting out as they appreciated the benefits of staying in.
- 4.4 The Board asked if they could be provided with any information around the current year's pay award. Members were advised that the Head of Human Resources and Organisational Development would be attending a pay briefing the following week. The budget was based on a 2% pay rise however it was anticipated that this would change and would cause budgetary pressures along with other inflationary pressures. It was acknowledged that it was highly likely that the pay award would be significantly higher for those on lower grades.
- 4.5 In response to a member's query around vacancies, it was explained that there were currently 120 vacancies; the organisations budget was based on 800 posts, however a further 22 new posts had been created in the Home Options section of the business. A recruitment event had been held the day prior to the Board Meeting which had been successful. In addition, there had been 16 new apprentices recruited and a number of trades posts vacancies had been held for staff who finished their training in the coming September. In terms of electricians there was currently an 'open advert' however it was acknowledged that it was unlikely that staff would be recruited to those vacancies at the current time.
- 4.6 A member stated that the organisation obviously didn't plan the budget on a 100% staffing level, however queried what was the normal vacancy rate carried throughout the year. The Board were advised that a 4% vacancy rate was the norm, which was nowhere near the current amount of 120 (apx 14%). Over the last couple of years there had been an average of 50-60 vacancies; as explained earlier in the agenda we are trying a number of different approaches to recruitment and events. If suitable people attended the events, officers requested they completed an application and interviews were held immediately at the event.
- 4.7 Members commented that the apprentice figures mentioned earlier in the meeting seemed small; was that all that the organisation needed or all that were recruited to post. It was explained that the numbers of new apprentices were increased each year and that at the current time we had 28 apprentices across the whole business. The Board were advised that SLHD had recently been named Large Employer of the Year at the South Yorkshire Apprenticeship Awards, recognising the excellent apprenticeship scheme that was offered.

- 4.8 The Director of Corporate Services advised there were plans for the 2023 apprenticeship intake to increase again to link to the increased capital programme from 2025. We are reaching the point where all employees that are suitable mentors for apprentices have an apprentice working with them. The apprentices on the job work and college work was excellent and a very high percentage of apprentices either took up employment with the organisation or with sub-contractors of the organisation.
- 4.09 Members asked if the business was doing anything innovative to keep apprentices or possibly tie them in contract. The Director of Property Services responded that there was nothing to tie apprentices in contractually, however with enhanced communication managers were able to explain the benefits of a long term employer. He emphasised the good record in retention of apprentices and the requirement for appropriate mentors; although mentors were not remunerated the language used whilst training was that the trades would be passing on their skills to the next generation.
- 4.10 **The Board approved the Annual Financial Statements and the Letter of Representation.**

5 Committee Minutes for Noting

5.1 Building Safety Committee Minutes

The Chair of the Committee asked members to note the excellent work undertaken by the Health, Safety and Compliance team focussing on performance across compliance.

5.2 Performance and Improvement Committee

The Chair of the Committee was pleased to highlight the Repairs Excellence project through the pilot onto Borough wide rollout and the positive impact it was having.

5.3 Employment and People Committee

Members noted the ongoing work of the Agile Performance Management roll out.

6. Date of next meeting – 4 August 2022 at 2pm

Matters Arising from the previous minutes

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
23	Feb-22	9.7	Board Diversity - The Board agreed that consideration would be given to undertaking a recruitment process using 'positive action techniques' to promote board diversity. They also agreed that the issue be brought to the attention of DMBC for their consideration as part of the nomination process for board members.	In Progress – observers – no limit	Finalising pack for recruitment out to advert soon for new independent and tenant members to be appointed from the AGM.	DR
28	Apr-22	8.3	ADP & KPIs Future reporting of 'challenging KPIs' to include additional text which gives an indication of what is thought to be an acceptable figure. This is to help better manage Board expectations. Update 26.05.22 The Director of Corporate Services advised of plans to include some Benchmarking information which will be ready for the first quarter reporting. Update 07.07.22 The Director of Corporate Services advised from 26.05.22 local benchmarking was still in progress to show how we are performing in the first quarter.	In Progress		JC/CM/ MMc

31	May-22	6.2	<p>PEOPLE STRATEGY UPDATE A Member suggested that a question in a staff survey asking 'where do you see yourself in 5 years' time' may be misleading to those who are due to retire within that timeframe and therefore may answer negatively without meaning to. He suggested that we re-phrase the question for future surveys. The Director of Corporate Services agreed to consider this. Update 07.07.22 The Director of Corporate Services advised this would be addressed in the next staff survey in Autumn 22.</p>	In Progress		JCr
34	May-22	12	<p>KPI PERFORMANCE (APRIL 22) The Member appreciated this information but suggested that direction of travel and current performance is removed since we cannot monitor against targets. The Director of Housing and Customer Services responded that performance is monitored internally. Board suggested that since internal targets are being used, that they are reported at Performance and Improvement Committee. Update 07.07.22 The Director of Housing and Customer Services this was still in progress and an update would be provided at the next meeting.</p>	In Progress		MMc

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 4 August 2022

Item : 05

Subject : Strategic Risk review 2022/23

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.

1. Report Title

1.1. 2022/23 Strategic Risk review

2. Executive Summary

2.1. Board and Audit and Risk Committee receive periodic updates on the company's Risk Registers, the most recent update presented to Board in March 2022.

2.2. Members of Leadership have review the Strategic Risk Register (SRR) and the purpose of this update is to present an update on all the strategic risks facing the company.

2.3. **No risks have been added or removed**, but there have been updates to causes, effects, controls, assurances and actions. The risks are again rated based on the existing and planned controls in place.

2.4. The SRR dashboard and risk details, attached at **Appendix A**. The summary table below show ratings for each risk on the register as follows:

- **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 assessed based on a 5 x 5 numerical traffic light scoring matrix, which comprises of **likelihood** and **impact**. The risk scoring matrices are summarised below with details attached at **Appendix B**.

2.6. The SRR still has nine risks. The table below summarises their Inherent, Current and the new Forecast Residual ratings. Comparatives have been included where possible, but some are no longer appropriate given the changes

	Risk – Failure to :	Q1 June 2022/23			Q4 March 2021/22		
		Inherent rating	Current Residual Rating	Forecast Residual Rating	Inherent Rating	Current Residual rating	Forecast Residual Rating
1	manage Homelessness issues within the borough	20	16	12	20	16	12
2	develop and maintain a robust and secure ICT framework	20	12	8	20	12	8
3	deliver the Digital transformation programme and optimise use of ICT	16	12	4	16	12	4
4	manage political and local expectations of SLHD and deliver on performance and value for money as measured by DMBC	20	15	10	20	15	10
5	recruit, develop and retain a skilled, efficient and effective workforce	16	16	12	16	16	12
6	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	15	10	25	15	10
7	manage corporate health, safety and compliance risks	25	15	10	25	15	10
8	effectively govern and manage in an increasingly regulated climate	12	8	4	12	8	4
9	maintain core service delivery and business continuity as a result of external factors (eg. Covid19, weather, cost of living crisis - inflation, fuel and material shortages)	20	12	12	20	12	12

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

2.7. Operational Risk Registers: Service areas have previously conducted a thorough review of their Operational Risk Registers and a further review is due. This is yet to take place due to other operational priorities.

3. Purpose

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

4. Recommendation

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

5. Background

- 5.1. The March 2022 review by Board considered all of the main risks facing SLHD for the next financial year 2022/23, and the main focus areas in the period since have been completing year-end financial and operational reporting, continuing to embed OpenHousing and commencing work on completing actions in the Annual Development Plan (ADP).
- 5.2. The March to July period has been very busy for SLHD, which included:
- Doncaster Council (DC) approval of budgets and KPIs for 2022/23;
 - closure of St Leger Court and St Leger House and the move to the Civic Office;
 - year end financial and operational reporting concluded to tight timetables, with a clean external audit report received on the financial statements;
 - OpenHousing – continuing to work on outstanding development; and
 - Repairs Excellence Project - positive results from a pilot scheme now being rolled out across the borough;
- 5.3. In relation to the risks on the SRR, there have been a number of events since March, within SLHD, the sector and nationally/globally that could impact on SLHD's operations :

SLHD

- Inflation – double digit increases on materials and triple digits on utility costs
- Higher than normal staff turnover with increasing vacancies and continued difficulties in recruiting in some areas

Sector/National/Global

- Cost of living crisis – likely to be felt later in the year for tenants with increasing utility costs, and subsequent arrears impact for SLHD
 - Increasing Covid19 cases in June and July
 - Industrial action by train services, and threats of action from other national business areas
 - Continued economic uncertainty with conflict in Ukraine
 - Doncaster being granted city status
 - Change of Prime Minister
- 5.4. Covid19 is still a feature on the Strategic Risk Register (SRR) after being added in May 2020 as a separate risk, but now appears within the 'maintaining core service delivery' risk, and is being monitored closely within SLHD.
- 5.5. Another possible risk to maintaining core service delivery that has not yet been listed as a separate risk, is that of industrial action/strikes by employees. This is also being monitored closely and contingency plans developed, and will be added as the situation requires.

6. Procurement

- 6.1. The SLHD procurement function transferred to DMBC on 1 December 2021 and services are now provided under a Service Level Agreement.
- 6.2. Robust procedures are unchanged and 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. As referred to above, VFM is achieving the optimum balance of costs and performance, and the financial reporting and performance management frameworks in place 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

RISK OWNER	Head of Access to Homes		
FAILURE TO	1. manage the Homelessness issues within the Doncaster borough		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Impact of Universal Credit (UC) Initial transition is now business as usual, post pandemic adjustments (£20) together with inflationary pressures * 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, access to Social Housing * Review and recommissioning of Supported Housing Model * Extreme Weather Events * Increases in number of rough sleepers * Reduction in commissioned services * Workforce - structure, vacancies, pay, retention, behaviours * Pandemic affects availability of Accommodation Options Cost of Living crisis and sustainability of customers accommodation 		*
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<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 / B&B during transition to new supported housing model. * Supply not meeting demand from those in greatest need * Reputational damage * Economic impact on Town 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 * Government legislation amended to accommodate a wider group of people. * Turnover of accommodation is reduced restricting move on options. 		
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		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * UC now business as usual and arrears under control. * Increased Management Fee to increase capacity. * Tenancy Sustainability team established * Allocation Policy being reviewed * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of DMBC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEPP) * Revised staffing structure agreed and being 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 Major transformation project underway called 'Journey to Excellence' 		*
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Performance Management demonstrates an increase in preventions. * 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 * New Homelessness & Rough Sleeping Strategy * Successful bids for additional resources * Recovery Plans in Place * Journey to Excellence transformation project 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely		4	
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical		4	
Impact score x likelihood score	16		
What further action is planned to treat the risk?			
Action 1	Review of Allocations Policy	Home Choice Service Manager	Dec-22
Action 2	Review Home Options Structure to align with whole systems approach	Home Options Service Manager	Complete
Action 3	Review comms planner ensuring effective internal & external comms	Head of Customer Services	Mar-23
Action 4	Deliver Journey to Excellence project with emphasis on shift from emergency/crisis response to planned preventative service	Head of Access to Homes / Housing Management	Mar-23
Action 5	Deliver current year of Homelessness and Rough Sleeping Strategy Action Plan	Head of Access to Homes	Mar-23
Action 6	Deliver Housing Solutions work stream as part of overall J2E project to ensure utilising all accommodation options for customers with emphasis on the private rented sector	Head of Access to Homes / Housing Management	Mar-23
Action 7	DLUHC RSI funding secured	Head of Access to Homes	Complete
Action 8	Develop next steps accommodation plan to reduce the number in Hotel Accommodation.	Head of Access to Homes	On-going
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely		3	
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical		4	
Impact score x likelihood score	12		

Strategic Risk Register - Dashboard as at Q1 2022/23

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 within the Doncaster borough	5	4	20	4	4	16	3	4	12
2. to develop and maintain a robust and secure ICT framework	4	5	20	3	4	12	2	4	8
3. deliver the Digital transformation programme and optimise use of ICT	4	4	16	3	4	12	2	2	4
4. manage political and local expectations of St Leger Homes and deliver on performance and value for money as measured by DMBC	4	5	20	3	5	15	2	5	10
5. recruit, develop and retain a skilled, efficient and effective workforce	4	4	16	4	4	16	3	4	12
6. Manage all Building Safety related ssues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	5	5	25	3	5	15	2	5	10
7. Manage corporate health, safety and compliance risks	5	5	25	3	5	15	2	5	10
8. effectively govern and manage in an increasingly regulated climate	3	4	12	2	4	8	1	4	4
9. maintain core service delivery and business continuity under adverse external factors (eg. Covid, inflation, fuel and material shortages, weather)	5	4	20	3	4	12	3	4	12

RISK OWNER	Director of Corporate Services		
FAILURE TO	2. to develop and maintain a robust and secure ICT framework		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Under investment in ICT systems * Inadequate IT strategy * Disparate systems * Lack of clear outcomes in service transformation / improvement * Insufficient ICT knowledge, skills and capacity * Organisational cultural resistance to change * Lack of reliable and responsive access to ICT network and solutions (eMail, Office, Teams, back office solutions etc.) * Inadequate partnering arrangements with DC and key software and hardware suppliers 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Security breach / cyber attack * Poor/loss of service delivery and inefficient / unproductive working practices * Reduction in customer satisfaction and confidence * Loss of customer information / Data Protection Act breach and fine * Lack of customer insight and IT systems to enable storing of information. * Inaccurate and/or delayed financial and performance information * Inefficiencies and duplication in data entry to maintain systems * Lack of access to information/intelligence to inform the business * ICT system outages (downtime). Inability to perform activities due to lack of ICT access * Decision-making based on flawed or inaccurate data * Poor VFM - better systems would drive efficiency savings 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * ICT Strategy * SLA with DC * Migration to O365 and cloud computing to improve ICT service response times and reliability * Issue of laptops and general kit to allow more flexible and remote working * Robust Business Continuity Plans with manual and paper based approaches when ICT outage occurs 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Investment in ICT infrastructure and security protocols. * TOP - single system to replace several disparate systems implemented October 2021. * Liaison meetings with DC. * Business transformation programme and Forward Work Plan identifying areas for improvement. * Minimal system downtime and strong performance to maintain services into and during lockdown. * Positive employee survey feedback. * Customer Access Strategy which support transformational change for channel shift * Digital Transformation Board in operation 		
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	Investment and development of a secure and reliable solutions and ICT network, while taking advantage of the O365 products and services.	Head of ICT & BT	on-going
Action 2	Contribute and react to cyber security exercises.	Head of ICT & BT	ongoing
Action 3	Continued and regular communications on security issues and threats (from DC and SLHD).	Head of ICT & BT / ICT Service Manager	ongoing
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
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	Director of Corporate Services		
FAILURE TO	3. deliver the Digital transformation programme and optimise use of ICT		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Insufficient resources - staff, skills, knowledge, budget, to deliver projects and overall programme * Unclear objectives * Conflicting business priorities * Resistance to change from employees at all levels * Resistance from DMBC and/or partner organisations * Low take up/demand by customers * Poor project management * Lack of product awareness/availability 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Services which do not meet tenants/customers needs or expectations = dissatisfaction * Failure to realise savings/efficiencies which the business needs to make * Inefficient processes * Reduced employee satisfaction, motivation and engagement 		
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"> * Project plans in place for projects identified as part of the programme. * Third-party expertise brought in to increase capacity and contribute specialist knowledge when needed * Priorities and outcomes defined and communicated. * Comms plan in place to help inform/engage staff and to promote cultural as well as procedural changes 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Digital Transformation Board Programme chaired by Director of Corporate Services * Project Managers assigned for key projects * Procurement policies and procedures * Communication plans in place to involve employees * Deliver redesigned processes open to new ways of working * Working with Capita to further develop the new housing system 'OpenHousing' * Liaison meetings with DMBC, Capita and key suppliers. * ADP / SDP development to consider corporate priorities and capacity. * Development of communications plan and CRM culture. 		
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	Deliver Digital Transformation Board programme	Director of Corporate Services	Mar-23
Action 2	Continual clarification of priorities and ICT Projects to optimise activities and resources, through the Digital Transformation Board.	Director of Corporate Services	on-going
Action 3	Capture of VFM and efficiencies for all initiatives.	All Heads of Services & Directors	on-going
Action 4	Delivery of robust training and data capture of all learning delivered on LMS	Head of HR & OD	on-going
Action 5	Work with OD Colleagues in developing a 'digital culture' using intranet and webinars	Head of ICT & BT	first stage complete
Action 6	Review of Customer Insight data - what, how we collect and how we keep it up to date.	Head of Customer Services	first stage complete on-going
Action 7			
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	2		
Impact score x likelihood score	4		

RISK OWNER	Chief Executive		
FAILURE TO	4. manage political and local expectations of St Leger Homes and deliver on performance and value for money as measured by DMBC		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Unrealistic expectations * Lack of understanding of role and remit * Unexpected Increases in demand for services * Comparisons with better resourced Housing Associations * Failure to react to changing demand * Failure to sell the need for change to key council members * Change in national and local political leadership * Conflicting priorities * Extensive partnership arrangements and unreasonable expectations * Change in new Chief Executive approach * Poor / inadequate operational performance * Poor / inadequate budgetary control * Failure to deliver value for money 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Unrealistic political expectations * Services taken back 'in house' * Increase in Councillor complaints * Reduced customer satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage * Excessive demands on time impacting on capacity for core service delivery * Increase in complaints and members enquiries * Reduced customer satisfaction * Overspend and 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 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	20		
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 * STAR customer and transactional satisfaction survey * Member Consultation processes in place * Proactive engagement with our customers; * Ward member monthly updates by comms and area teams, and meeting attendance; * Estate walk invites; * Inclusive and extensive selection process * Weekly / Monthly performance reporting to EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * OH - new integrated housing management solution which will improve operational efficiency 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * 5 year M'ment Agreement in place from April 2019 * From 2019/20 new corporate plan aligned with Doncaster Growing Together / Mayoral strategic plan * Customer Involvement strategy actions being completed * Regular Portfolio Member briefings * Review of external communications completed - will be used to inform a revised communications strategy to be produced in 21/22 * STAR surveys in July each year and Transactional Surveys to take place April and October each year. * Top quartile customer satisfaction (STAR and other surveys) * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group * Revised Annual Review process * Housemark benchmarking submissions (quarterly and annual) * Review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statement production 16/17, 17/18, 18/19, 19/20 and 20/21 * Letter of comfort from DMBC on KPIs and budgets for Covid affected 19/20 * Redesigned 1:1 framework linking goal setting, performance and compliance to individual 1:1s 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Review Customer Involvement/Tenant Voice strategy, model and structure	Head of Housing Management	Complete
Action 2	Increase effective engagement through implementation of outcome of review of model and stucture	Head of Housing Management	On-going
Action 3	Delivery of customer experience training - rolling programme. Training to be delivered in 21/22	Head of Customer Services/Head of HR and OD	Trainer identified. Will be delivered to all employees in stages. Q4 of 22/23 and Q1/2 23/24. Also linked to work being undertaken to introduce a skills matrix for all employees.
Action 4	Undertake review of 5 year Corporate Plan	EMT	Mar-24
Action 5	Implement bi-annual Councillor forums	EMT	Complete
Action 6	Undertake 360 degree appraisals of the Chief Executive	Board	Complete
Action 7	Analysis of customer transactional and 21/22 STAR survey feedback	Head of Customer Service	Complete
Action 8	e5 CP development for SLHD, HRA and Capital Programme budget monitoring	Head of Finance and BA	Complete
Action 9	Re-design and deliver 1:1 and performance management training to all people managers	Head of HR and OD	Complete
Action 8			
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		

RISK OWNER	Head of HR & OD		
FAILURE TO	5. recruit, develop and retain a skilled, efficient and effective workforce		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Occupational shortages/skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment changes (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. * Inadequate systems * Lack of career progression/ development opportunities 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness 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 		
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 * Behaviours framework in place * Financial and Performance Management framework in place * Leadership development programmes completed * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available 		
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 * First line manager program delivery ongoing * 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 * Increased resources as required * Be well at work Silver award achieved in 2020. Plan for Gold in 2022 - through wellbeing at work group * Development of the future ways of working including 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); * Personal Development Plans for all staff in place for 2022, with central monitoring; * Repairs Excellence Board in operation * Internal audit recommendations implemented * Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?			
Action 1	Management Development Programme. First Line Managers programme commenced Jan 20	Head of HR and OD	Cohorts ongoing and planned into 2022
Action 2	Develop succession planning	Head of HR and OD	Sep-23
Action 3	Introduce peer group performance benchmarking specifically for tradesteam DLO	Head of Repairs and Maintenance	Oct-22
Action 4	Deliver year 2 of the People Strategy	Head of HR and OD	Complete
Action 5	Define and implement future agile ways of working	Head of HR and OD	Business As Usual by November 2022
Action 6	Delivery of customer experience training - rolling programme. Training to be delivered in 21/22	Head of Customer Services/Head of HR and OD	Trainer identified. Will be delivered to all employees in stages. Q4 of 22/23 and Q1/2 23/24. Also linked to work being undertaken to introduce a skills matrix for all employees.
Action 7	Deliver Repairs Excellence Project	Head of Repairs and Maintenance	Completed, phase 2 in place
Action 8	Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions	Head of HR and OD	Complete
Action 9	Wide review of pay and benefits offer and activity to review existing pay grades as appropriate	Head of HR and OD	Mar-23
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	Head of Building Safety		
FAILURE TO	6. 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. 		
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 training programme developed to support and manage building safety and compliance 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Completion of recommendations arising from FRAs	Head of Building Safety	Ongoing
Action 2	Develop resident engagement strategies for each high risk building in consultation with HOHM (draft created and circulated to members of High Rise Forum, Building Safety Group and Housing Management Team March date scheduled for EMT approval) Resident Engagement Strategy for residents of HRRBs added as an appendices to the tenants strategy.	Head of Building Safety	Complete
Action 3	Complete recommendations arising from the 'fire' external health check. Wates render system replacement commencing April 2022. Revised program issued work has started bu new program likely to suggest that render removal will start in September 2022.	Head of Building Safety	Sep-22
Action 4	Fill remaining vacancies within the Building Safety Team following structure review. There are two vacancies left in the building safety team for building safety surveyors, these will be appointed following the Assets restructure	Head of Building Safety & Head of HOAM	Oct-22
Action 5			
Action 6			
Action 7			
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	5		
Impact score x likelihood score	10		

RISK OWNER	Head of Building Safety		
FAILURE TO	7. Manage corporate health, safety and compliance risks		
What might cause the risk to occur? 'CAUSE'	<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 		
What are the possible consequences if the risk occurs? 'EFFECT'	<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		
What existing processes / controls are in place to manage the risk?	<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 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * External Verification. * 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 * Presence of accident and incident reporting procedure * British Safety Council 5* award * New Board reporting governance * ISO45001 accreditation * Increased team resources 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Further full review of all risk assessments	Heads of Service	Ongoing
Action 2	Implementation of health surveillance programme	Head of service Building Safety / Head of HR and OD	Ongoing
Action 3	Achieve gold level in the BeWell@Work Award by March 2022 having achieved silver in March 2020	Head of HR and OD	Delayed due to changes in the scheme and availability to November 2023
Action 4	Retention of ISO45001 accreditation and delivery of ISO45001 project plan	Head of Building Safety	Completed
Action 5	Complete external health check audit on key six areas of compliance Penningtons revisit April 2022	Head of Building Safety	Completed
Action 6	Introduce new health, safety and compliance sub group	Director of Property Services	Completed
Action 7	Commence delivery of new safe, compliant, excellent model for key 6 areas of compliance embedding 365	Head of Building Safety	Completed
Action 8	Review structures and staffing resources for Building Safety and Compliance	Head of Building Safety	Completed
Action 9	Implement the structure and recruit to the positions	Head of Building Safety	Sep-22
Action 10	Deliver recommendations arising from compliance health checks Penningtons returning April 2022.	Head of Building Safety	Mar-23
Action 11			
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		

RISK OWNER	Chief Executive		
FAILURE TO	8. effectively govern and manage in an increasingly regulated climate		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Failure to manage Brexit impact on operations * Failure to meet requirements of Social Housing White Paper * Failure to manage Covid19 impact on operations * Failure to adhere to Regulator's Consumer and Economic Standards * Failure to adhere to Financial Regulations and corporate policies * High inflation * Contractor and materials prices increase causing budget pressures * Existing contracts tied to Brexit changes * Labour availability * Property prices and subsequent impact on RTB enquiries and sales * Regional unemployment / zero hours contracts / minimum wage levels impacts on poverty * Increase in anti-social behaviour and crime on our estates 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection * Unable to complete repairs and improvements and deliver other core services on time/target * Stockpiling impacting on supply chains * Budget overspend, loss of trust of Board and Council, reduction in services. * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints which impact on budget and service delivery * Poor, lower quartile benchmarking performance * Increased rent arrears / bad debts * Increased tenancy turnover and homelessness 		
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	3		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
Impact score x likelihood score	12		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Close watching brief on local and national issues affecting the borough and sector * Regular attendance at Mayor Cabinet, OSMC, member and officer briefings * Team Doncaster member with close working relationships with key stakeholders. * Timely Financial and Operational performance indicators and information. * Robust procurement and Contractor monitoring arrangements in place. * Focus on VFM to drive efficiency savings and increase capacity * Alternative contractors available in the event of liquidation to prevent service disruption * Member of Prevent and ASB theme groups and hate crime reporting procedures in place. Staff trained * Anti-poverty steering group and financial inclusion group * Food bank collections & referrals and financial inclusion services 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Robust Governance framework in place * Performance Management monitoring and reporting framework * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and DC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs meeting targets and positive benchmarking * Arrears levels and tenancy sustainment good through proactive tenancy management plans * KPIs reported quarterly to Anti Poverty Steering Group * Board training plans in place * Communication on impacts of uncertainty drivers (Brexit, economy, unemployment, etc.) * EUSS requirements met for tenants and residents 		
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	2		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
Impact score x likelihood score	8		
What further action is planned to treat the risk?			
Action 1	Maintain close watching brief of local and national economic developments	Leadership	On-going
Action 2	Participate in council Brexit planning	Leadership	Complete
Action 3	Review of Housing Management structure and service to ensure arrears and ASB are managed effectively	Head of Housing Management	Aug-22
Action 4	Implement NHF Code of Governance	EMT	Mar-24
Action 5	Review Business Assurance and Governance management arrangements	Head of Finance and Business Assurance	Complete
Action 6			
Action 7			
Action 8			
Action 9			
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	1		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
Impact score x likelihood score	4		

RISK OWNER	Leadership		
FAILURE TO	9. maintain core service delivery and business continuity under adverse external factors (eg. Covid, inflation, fuel and material shortages, weather)		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * High levels of staff absence - self isolation or sickness * Reduced core services - business critical only * Reduced levels of asset investment and maintenance * Insufficient PPE for staff * Inability for all staff to work from home * Inadequate IT infrastructure (via DMBC) preventing system access * Employee health and wellbeing - change, anxiety, isolation * Tenants in increased financial hardship - fuel poverty, etc. * Delays to key projects, eg TOP, CAT * Supplier and contractor availability to provide goods and services * Insufficient materials, good, fuel etc available to support service delivery * Uncoordinated approach across borough * Delays to planned or required recruitment and required training * Disengaged / reluctant concerned workforce * Tenants refusing access for emergency repairs /statutory visits * Unrealistic expectations from government / partners * Increase in crime and ASB cases in neighbourhoods * Lack of visible Leadership * Inability to adequately support vulnerable tenants * Lack of a clear communication strategy 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Excessive demands on remaining staff not sustainable * Operational and reputational risk of services not delivered * SLHD budget pressures from new, unanticipated demands and reduced income. * H&S risks. Concerned frontline staff. May need to stop services. * Some staff unable to do any work at all. * Reduced productivity. Employee and customer frustrations * Poor KPI performance - arrears, homelessness, gas, voids, sickness. Impact on future staff retention. * Tenants in financial pressures. Rent arrears increasing - HRA cashflow and budget pressures * Fuel poverty affecting property condition - damp, mould, etc. * Budget pressures, service changes targets not met * Unable to deliver required services due to suppliers and contractors * Customer dissatisfaction and increase in complaints * Vulnerable tenants and residents 'missed' and/or efforts being duplicated * Sustained gaps in key positions - H&S risks, required skills, and behaviours not met * Non compliance with legislation/regulation (e.g. gas), increase in future disrepair / fit for habitation cases * KPI targets not met, unable to deliver core services * Customer satisfaction and increase in customer complaints linked to inability to take enforcement action * Disenfranchised and motivated staff, lacking direction and poor organisation. * Staff relations and service delivery to customers and increase in avoidable contact; * Staff health and well-being working from home * Industrial action by SLHD employees 		
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"> * Robust Business Continuity and Emergency Plans * Managers reviewing health and wellbeing of staff through frequent contact * IT infrastructure for staff to enable home working. Remote working capabilities quickly embedded * Performance Management Framework in place - early identification of issues * Monthly budget monitoring by EMT and quarterly by Board * Project Boards in place to monitor progress and agree actions, eg. DTB * Daily team, HOS & EMT, weekly Leadership virtual meetings * Risk assessments and working procedures in place * Increased stock holding of key items, incl parts & PPE * Contractor arrangements to maintain critical services, i.e. sprinklers, FRAs, lifts * Essential services still being delivered including gas servicing and provision of homelessness support * Systems to ensure statutory training can continue. Delivery of essential training to be carried out online or via software. * EMT Key Messages / notes from daily meetings / Sharing of information between EMT and HOS / FAQs * Offices closed. Most staff working from home effectively * Gold Command, TCG Silver and Cells addressing all issues * Timely, accurate budgets monitoring * Recruitment processes in place, e-recruitment operational. Able to recruit using skype or other video software for interviews * Service area Team meetings / Directors joining service area Team meetings. * Contact process in place for outbound calling to vulnerable tenants/community hub support; * Involvement in partner communication cell; * Weekly updates to employees; * Medi-cash referrals * Staff surveys undertaken * Measures adopted to maintain community facilities for welfare 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Business critical services maintained * Offices closed and most staff working from home effectively * Consultation on impact on service delivery undertaken with customers * Gold Command, TCG Silver and active cells addressing all issues * Timely, accurate, regular KPI and MI production * Timely, accurate, regular budget monitoring, both capital and revenue * Options for TOP delays considered and plans put in place * Existing recruitment processes in place, e-recruitment system still operational * Systems in place to ensure statutory training can continue * Testing regime in place * Additional consultation meetings in place with Unions and JCC 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
Action 1	Produce regular, up to date FAQs for employees	Leadership	As required
Action 2	Continue with business critical procurement. Including joint procurement with DMBC	DC Procurement Team	Ongoing
Action 3	Produce regular, up to date information for customers	Leadership	Ongoing
Action 4	Review FAQs format using drop down format on internet and intranet	Head of Customer Services / Head of IT and BT	Linked to the review of the website and internal communication platforms. Work has commenced. Anticipated go live date September 2023
Action 5	Develop our role in the partnership localities model	Head of Housing Management	Ongoing
Action 7	Develop St Leger Roadmap to Recovery in line with the up to date government guidance	Head of HR and OD	Ongoing
Action 8	Review Tenancy Sustainability model to ensure we support as many tenants as possible in the right way	Head of Housing Management	Sep-22
Action 9	Develop contingency plans in the event of industrial action	Leadership	Sep-22
Action 10			
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		

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD

REPORT

Date : 4 August 2021

Item : 06

Subject : Asset Management Strategy – Annual Update - 2022

Presented by : Chris Margrave
Director of Property Services

Prepared by : Chris Litherland Asset Strategy
Manager

Purpose : For Board to review the delivery of the Asset Management Strategy to date

Recommendation :

None. For information only

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Registered in England

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

**Agenda Item No. 06
Date: 4 August 2022**

1. Report Title

1.1 Asset Management Strategy – Annual Update (2022)

2. Executive Summary

2.1 Board approved the Asset Management Strategy 2021 to 2024 in August 2021. This update report provides a progress report on what has been achieved in year one of the strategy and what is planned for years two and three.

3. Purpose

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

4. Recommendation

4.1 None. For information only

5. Background

5.1 The Asset Management Strategy 2021 - 2024 sets out a vision for a new home standard for Doncaster's Council Homes. That vision is enshrined in the statement below:

'Homes that are modern, safe, energy efficient, sustainable, well placed, resilient, digitally included and contributing'.

5.2 In order to achieve that vision the Asset management Strategy contains a number of cross cutting strategic objectives:

- Operational Efficiency
- Asset Intelligence
- High Rise Blocks (Viability)
- Capital Investment
- Carbon Reduction
- Building Safety

This annual update reviews progress in achieving the vision in each of the strategic areas.

5.3 The Asset Management Strategy Delivery Plan can be found at Appendix 1. There are 11 actions in the plan of which:

- 1 is complete
- 7 are in track and
- 3 are behind schedule.

6. Annual Review

6.1 Operational Efficiency

The strategy identified three actions under this heading; realigning the asset management staffing structure to meet strategic priorities, the introduction of better technology and the piloting of connectivity solutions in homes.

6.2 The aims of the staffing realignment are to strengthen the way we collect, store and use asset information to ensure we use it to make the right investment choices and to assist with better forward planning. We also want to focus more on environmental and sustainability issues, particularly in relation to moving to a net zero carbon housing stock.

6.3 We realised that we wanted to provide better services to customers, enhance our contract management function and ensure that our warehouse and delivery function kept pace with the repairs excellence project.

6.4 Progress: A revised staffing structure based on the above aims has been developed, job specifications written and the new posts have been through the job evaluation process. Staff consultation started in July and will run through August.

Next steps: Recruitment to the new / vacant positions is currently taking place with the aim of having the new structure completely in place by October.

6.5 Investment in new technology has seen the introduction of Open Housing and the C365 health, safety and compliance system.

Progress: Open Housing Phase II went live in October 2021. C365 was also launched at this time, although not for all areas of compliance (and this continues to be rolled out incrementally).

Next steps: The planned maintenance module in Open Housing is being introduced incrementally over the remainder of the year as new planned programmes of work are released.

6.6 We said we will pilot connectivity solutions that provide benefits such as reduced maintenance costs, lower energy bills and a better quality home environment for residents.

Progress: We are commissioning a pilot study of 6 homes using an intelligent energy system, called wondrwall. The system is made up of three parts:

- Home automation – intelligent living system, automatically controlling heating and lighting.
- Gas free heating and hot water – all electric space and water heating
- Clean energy generation and storage. – solar PV, energy management and localised smart energy storage

Next steps: The project will commence with installation in summer 2022 and will continue with regular monitoring through to October 2023. There will be interim reviews of findings and lessons learnt every three months. The outcome of the pilot will be used to consider further roll out of intelligent energy systems at scale.

6.7 Asset Intelligence

The strategy stresses the importance of having complete, robust and reliable stock information to inform future planning and investment decisions. At the time of approval, in August 2021, there was up to date stock condition information on 18% of homes, from the in house programme of surveys that commenced in October 2018. To meet sector standards we require 20% of the stock to be surveyed each year to get 100% coverage every five years.

Progress: Savills were appointed to bolster survey figures with a 3 month programme between November 21 and March 22. During the programme 3,125 surveys were completed. The impact of this programme has been to nearly double the number of homes with a recent (within 5 years) stock condition survey to 34% of the total stock (6,717 homes in total).

Next steps: Additional funding has been secured to enable more stock condition surveys to be carried out by an external provider to bolster in-house numbers. These additional surveys will be carried out in 2022.

6.8 The strategy identified big asset management challenges ahead, including the decarbonisation of the housing stock, the building safety agenda and Decent Homes 2. The investment requirements of these challenges will be over and above the provision in the current 30-year business plan. Housing stock modelling and grading is required so that we make the right investment decisions in the right properties. To do that it was proposed to undertake an asset modelling and stock grading exercise using financial and non-financial factors.

Progress: Following a procurement exercise Savills were chosen to assist in asset modelling and stock grading and the project has been continuing over the summer.

Next steps: Findings from the stock grading exercise will be reported back to Board this autumn and we will be able to use the product to test scenarios and model different options over the next three years. Worst performing assets will be selected for options appraisal and a three level investment plan will be developed that will look something like this:

- Red - Short Term up to 2030. Minimum stock investment, fire remediation, no energy work.
- Amber - Medium Term up to 2040. EPC C, fire remediation and normal stock investment but not Zero Carbon.
- Green - Long term future up to 2050. Full Zero Carbon measures.

6.9 High Rise

The strategy highlights the issues of high rise homes from a building safety point of view. We have invested heavily in our high rise buildings to improve fire safety and there have been issues with cladding failing on the blocks, which has led to a remediation project this year. One particular issue identified is the independent gas heating systems in the 3 high rise blocks in Intake. We will look with interest to see how the high rise homes are graded in the asset modelling exercise, referred to above, and the possibility of future option appraisal.

Progress: The contractor remediation programme for the defective cladding at Balby Bridge is underway and is projected to be complete in all blocks by Autumn 2023. Staff have begun investigating alternative heating systems for high rise, including site visits to Leeds to see how they have installed low carbon ground source heat pumps, which are not only safer than gas, but produces fewer greenhouse gas emissions.

Next steps: The outcome of the stock grading exercise may result in option appraisal for high rise homes. Technical feasibility for the options of low carbon heating in the Intake high rise blocks will progress over the coming year.

6.10 Capital Investment

Being able to plan longer term programmes of work and in doing so build stronger relationships with contractors will be increasingly important in the coming years.

Progress: Programmes for the remainder of the strategy up to 2024 are now largely set. These include the external wall insulation programme, the external programme and the heating upgrade programme.

Next steps: We will be piloting different low carbon retrofit options in different property archetypes. The lessons learnt from the pilots, along with the outcomes of the asset modelling will allow us to develop a long term investment and procurement plan from 2024 onwards. These plans will take into account the manageable and affordable replacement of kitchens

and bathrooms installed during the decent homes programme between 2005 and 2015.

6.11 Carbon Reduction

In terms of net zero the Asset Management Strategy is entirely in tandem with the Environmental Strategy. There are three stages to the strategy:

1. 2021 to 2024. Feasibility for net zero carbon while continuing to invest to meet affordable warmth targets
2. 2024 to 2030. Fabric first improvements for affordable warmth target as a stepping stone to net zero carbon
3. 2030 to 2040 and beyond. Full net zero carbon works, with low carbon heating following fabric first improvements.

Progress: For net zero carbon we have the results of over 3,000 RdSAP energy surveys. This data is currently being analysed to sense check the assumptions in the 2021 desk top net zero carbon study. In 2021-22 we completed the installation of 767 heating upgrades and 319 EWI installations. As at 31st March 2022 70.32% of homes were EPC level C and above against a target of 69.24%.

Next steps: The feasibility for net zero carbon will progress to piloting different solutions on different property archetypes. For affordable warmth, we will develop individual property level investment plans, identifying any properties that cannot be improved to achieve EPC level C.

6.12 Building Safety

Property Compliance & Building Safety is of paramount importance in our Asset Management Strategy and significant investment has been made to ensure we are providing the safest of environments for our customers.

Progress: A Property Compliance Framework has been developed comprising of a regime of regular checks and servicing to ensure that homes are safe and compliant and the statutory and management inspections are completed in line with agreed frequencies. To help us manage and demonstrate compliance we have invested in a new Property Compliance Management System (C365) that provides a single live dashboard of the status in all six areas of compliance and subordinate categories.

The Property Compliance Framework for all six areas of compliance is summarised in the table below:

Control of Risk	Frequency
Gas Safety	That all properties which have a gas supply and gas component such as a boiler or have a solid fuel burning appliance are serviced every year.
Electrical Safety	All properties have an assessment of the condition of the electrical installation at a frequency no greater than every five years.
Fire Safety	Properties which have a common shared area and which fall under the control of the Regulatory Reform (Fire Safety) Order 2005 have a Fire Risk Assessment (FRA) completed regularly and that the actions identified are progressed and resolved.
Asbestos Safety	As required by regulation 4 of the Control of Asbestos Regulations 2012 properties constructed prior to 2000 and have communal areas have been assessed for the presence of asbestos containing materials (acm) and that where these materials are identified there is a regular program in place to monitor its condition.
Water Safety	The water which is supplied to our properties is wholesome and safe and that there are systems in place to prevent vulnerable persons from exposure to harmful bacteria.
Lift Safety	Properties which have passenger carrying lifts or residential dwellings which have person carrying equipment are examined at a timescale not exceeding six months and have regular maintenance.

Next Steps: This investment will allow us to provide customers with a premises assurance certificate on their homes to provide peace of mind and demonstrate that we are transparent in our working practices.

We are implementing the requirements of the Fire Safety Act 2021 and the Building Safety Act 2022. With regard to the second, although no longer a requirement of the Building Safety Act we have appointed a Building Safety Manager for the High Rise blocks. The Building Safety Manager will oversee the creation of the building safety cases and building safety files and will be a single point of contact for our customers in high rise homes to address safety concerns. In addition, we will review our pre-construction processes to include the gateway principles proposed in the Act.

6.13 Disrepair

In ensuring that all our homes are safe and in a good state of repair we will continue to rigorously defend any claims of disrepair where we consider that we are not at fault. We have strong record in successfully defending disrepair claims where we consider that there is no liability and we will continue to take this firm approach.

Progress: We have seen an increase in cases brought against us over the past year as a result of service disruption owing to COVID, however, the number and percentage of those that have been accepted has not risen disproportionately as the table below shows:

Year	Accepted	Denied	TBC	No Fault offer made	Grand Total	% accepted
2022/23	0	6	5	0	11	0.00%
2021/22	4	44	0	0	48	8.33%
2020/21	1	19	0	0	20	5.00%
2019/20	3	24	0	0	27	11.11%
2018/19	2	15	0	2	19	10.53%
Grand Total	10	108	5	2	125	8.00%

Next Steps: We will maintain our strategy to encourage customers to report repairs to us, via *houseproud* and social media, so that we can address them in a timely and effective manner. We will also continue to promote our complaints procedure so that customers who are unhappy with the condition of their home can come to us directly with their concerns.

7. Procurement

7.1 There are no procurement implications in this review.

8. VFM Considerations

8.1 VFM is about achieving the optimum balance of cost and performance.

8.2 The strategy means increased spend by way of investment into properties. However, this investment will generate cost savings to SLHD by way of lower maintenance costs, and performance will also improve in a number of areas, namely repairs, energy efficiency, customer satisfaction, tenancy turnover and potentially arrears. A balanced scorecard of KPIs is approved by Board and DMBC annually and monitored on a monthly basis, together with a wider suite of cost and performance information, all of which enables assessment of VFM in delivering the strategy.

8.3 Many of the objectives contained in the strategy are designed to improve operational efficiency and our ability to deliver investment in an effective and efficient manner.

8.4 Investing in stock intelligence and assistive technology will help us to make the right decisions at the right time, investing wisely and avoiding abortive cost.

9. Financial Implications

- 9.1 It is envisaged that the initiatives in the strategy can all be achieved within existing budgets, although the funding for net zero carbon works in later years have yet to be identified.
- 9.2 Four year budgets have been set for the improvements and investment within the Council's housing stock therefore we have clear financial budgets within which we must target our expenditure.
- 9.3 SLHD has a three year budget strategy and these are approved by the Board in March each year.
- 9.4 Stock condition survey plans were produced in 2021/22 and budgets approved for 2021/22 and 2022/23 for surveys to be carried out. The results of the surveys will be used to inform medium and longer term financial planning. £500k from the HRA was used to fund an additional 3,000 stock condition surveys in 2021-22. The same amount has been approved to supplement the survey programme again in 2022-23.

10. Legal Implications

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

11. Risks

- 11.1 There is a risk that the asset management re-alignment will impact on performance in the short term as staff become familiar with their new roles. Difficulties in recruiting to vacant positions may also impact on the capacity of the team to delivery against priorities.
- 11.2 Contractor capacity and materials shortages continue to be a problem in construction and may adversely affect delivery of planned programmes.
- 11.3 This strategy continues to help to mitigate the following risks in the strategic risk register

4 Failure to manage political and local expectations of St Leger Homes and deliver on performance and value for money as measured by DMBC– The strategy sets out how SLHD intends maintain homes and reduce carbon in line with Government priorities and commitments.

6 Failure to manage all Building Safety issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs) – The strategy sets out how SLHD will meet all Building Safety requirements

7 Failure to manage corporate health, safety and compliance risks - – The strategy sets out how SLHD will meet all health, safety and compliance requirements

8. failure to effectively govern and manage in an increasingly regulated climate - The strategy contains actions to ensure SLHD will be 'inspection ready' and satisfy all Consumer (including the Home standard) and Economic Standards

9 failure to maintain core service delivery and business continuity under adverse external factors (eg. Covid, inflation, fuel and material shortages, weather) - The strategy contains actions to ensure that core services will always be delivered even under increasingly adverse operational and economic climates

12. IT Implications

12.1 The introduction of Open Housing, as the master source for Asset information, and subsequent the implementation of C365, for managing compliance, has provided the foundations for ensuring asset information is accurate and available for the delivery of this strategy.

12.2 Work is ongoing with ensuring the integration between Open Housing and C365 is implemented

12.3 There are no other ICT implications arising from this report.

13. Consultation

13.1 Not applicable

14. Diversity

14.1 There are no diversity implications in this review

15. Communication Requirements

15.1 There are no communication requirements arising from this review.

16. Equality Analysis (new/revised Policies)

16.1 Not applicable

17. Environmental Impact

17.1 This annual review of this strategy shows the progress we are making in reducing the environmental impact of the work that SLHD does and the impact its assets have upon the environment.

18. Report Author, Position, Contact Details

18.1 Chris Litherland, Asset Strategy Manager
Tel: 01302 737002

19. Background Papers

19.1 Appendix 1 – Asser Management Strategic

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
1	Operational Efficiency	Realignment of Asset Management Team	Create new structures and roles that are better aligned to asset management strategic priorities.	New structures in place and staff in new roles.	2022 Q2	It has taken longer than expected to undertake job evaluations on all the new roles. That process is nearing completion now and staff consultation will start late summer. The new structures will be in place early in 2023	Behind Schedule
2	Operational Efficiency	Use technological connectivity to improve management and maintenance of homes	Pilot connectivity solutions in homes to improve maintenance services and save residents money	20 homes in pilot	2022 Q4	5 homes in Fishlake to be part of a pilot in 2022.	Behind Schedule
3	Operational Efficiency	IT systems used to improve processes and deliver efficiencies	Implementation of C365 Building Safety and Compliance System	System set up with dash board to monitor compliance in all six areas	2022	Framework and dash board in place (see action 11)	Completed
4	Operational Efficiency	IT systems used to improve processes and deliver efficiencies	Implementation of Open Housing including planned maintenance module	Planned maintenance module up and running for all new planned schems	2021	Work to implement the planned maintenance module has proved to be more difficult than originally thought. It is hoped that difficulties can be overcome in time for the 22-23 planned programmes of work.	Behind Schedule
5	Asset Intelligence	More up to date stock condition to better inform investment decisions	100% recent (within 5 years) stock condition surveys	20% surveys per year	2022 - 38%, 2023 - 58%, 2024 - 78%	Savills completed 3,125 surveys between November 21 and March 22, bringing the total surveyed stock to 34%. Additional funding has been secured for a second phase of Savills surveys to complement the in house programme.	On Track

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
6	Asset Intelligence	Active asset modelling to understand stock performance and provide an evidence based approach to future investment.	NPV asset modelling including social factors leading to asset grading, followed by option appraisal on worst performers	Asset grading and option appraisal	2022 Q3 - Asset grading, 2022 Q4 onwards - option appraisal	Savills appointed to conduct asset modelling. Data collection nearing completion. Results of asset grading to be reported to Board in October	On Track
7	High Rise	Develop long term High Rise Strategy	Comprehensive strategy covering building safety, net zero carbon and option appraisal.	Strategy agreed and in place.	2024	Contractor is replacing defective cladding at balby Bridge. Work has begun on options for replacing Intake gas heating. High rise homes included in asset grading exercise	On Track
8	Capital Investment	Develop longer term investment programmes to meet strategic priorities	Long term investment and procurement plan including decent homes replacements, building safety and net zero carbon.	Long term investment and procurement plan in place	2023 - Pilot retro fit solutions for net zero carbon 2024 - begin retro fit programme using a fabric first approach	Programme up to 2024 largely set, including EWI and heating upgrades.	On Track
9	Carbon Reduction	Net Zero Carbon Strategy	Three stage strategy, including, feasibility, followed by fabric first improvements and then low carbon heating	To have concluded the feasibility stage by 2024 ready for rolling out fabric first improvements from 2024	2024 - feasibility, 2024 to 2030 fabric first improvements, 2030 and beyond, low carbon heating.	3,215 RdSAP surveys completed in 21/22 and data being analysed to sense check the low carbon strategy. 319 homes fitted with EWI and 767 homes had heating upgrades in 21-22	On Track
10	Carbon Reduction	Affordable Warmth	All homes to be EPC C (SAP 69) minimum by 2030 to reduce risk of fuel poverty to 5%	Increasing all existing homes to a minimum SAP 69 by 2030	2022 – 69.24%, 2023 – 73.64%, 2024 – 78.03%	As at 31st March 2022 70.32% of homes were EPC level C and above against a target of 69.24%. The EWI and heating upgrade programmes remain the focus of our affordable warmth approach.	On Track

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
11	Building Safety	All homes safe and compliant	Property Compliance Framework for all six areas of compliance using C365	Strategy agreed and in place.	2022 - framework in place with ongoing inspections at agreed and statutory frequencies	The framework has been developed using the C365 dash board to monitor compliance. Requirements of Fire Safety Act and building Safety Act being implemented.	On Track
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Operational Efficiency
Asset Intelligence
High Rise
Capital Investment
Carbon Reduction
Building Safety

Not Started
On Track
Behind Schedule
Completed

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD

REPORT

Date : 4 August 2022

Item : 07

Subject : Environmental Strategy – Annual Update (2022)

Presented by : Chris Margrave
Director of Property Services

Prepared by : Chris Litherland
Asset Strategy Manager

Purpose : For Board to review the delivery of the Environmental Strategy to date

Recommendation :

None. For information only

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: 4 August 2022**

1. Report Title

1.1 Environmental Strategy – Annual Update (2022)

2. Executive Summary

2.1 Board approved the Environmental Strategy 2021 to 2024 in August 2021. This update report provides a progress report on what has been achieved in year one of the strategy and what is planned for years two and three.

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

3. Purpose

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

4. Recommendation

4.1 None. For information only

5. Background

5.1 The Environmental Strategy 2021 to 2024 outlines St Leger Homes' commitment to environmental sustainability. The strategy covers the following areas of the business;

1. Homes
2. Ecology
3. Innovation and Technology
4. Responsible Business
5. Raising Awareness (People)

5.2 Our vision is to achieve net zero carbon. The strategy contains the plans for the preparation for that journey.

6. Environmental Strategy 2021 - 24

6.1 In total there are 28 actions in the Environmental Strategy Delivery Plan. Of these:

- 11 are on track
- 7 are not yet due to start and
- 10 are behind schedule

Whilst, we are making reasonable progress with the delivery plan, the lack of capacity in the Assets Team is having a negative impact. The realignment plans for the Assets Team will improve our ability to deliver on actions. The realignment, that contains new dedicated environmental roles, will take place later this year.

6.2 The remainder of this section of the report highlights progress and next steps across the 5 main themes of the strategy.

Homes

6.3 In preparing to make the transition to Net Zero Carbon (NZC), in year one, we said we would undertake detailed design and technical appraisal of building archetypes.

Progress: We have completed stock condition surveys and RdSAP energy assessments on 3,125 homes. This data is currently being compiled and will be used to sense check the assumptions made for each house archetype in the 2021 Zero Carbon Study.

Next Steps: The plan for the next 12 months is to trial technical solutions for NZC at pilot scale, before developing a long-term investment plan and procurement strategy.

6.4 One of the main priorities in the strategy was to reduce the risk of fuel poverty. We set targets to ensure that 78% of homes are at EPC level C and above by 2024 on our way to achieve 100% by 2030.

Progress: As at 31st March 2022 70.32% of homes were EPC level C and above against a target of 69.24%. The EWI and heating upgrade programmes remain the focus of our affordable warmth approach. Our tenancy sustainment team is providing energy advice and assistance to residents in solid wall homes that have not yet been insulated.

Next Steps: Targets for years two and three are 73.63% and 78.02% respectively. Whilst we continue to be on track for the EPC C target, rising fuel prices and the cost of living squeeze mean that more households will be at risk of fuel poverty. We will use the RdSAP data gathered to develop individual archetype plans for reducing the risk of fuel poverty as part of the transition to NZC.

Ecology

- 6.5 The Environmental Strategy contained commitments to establish a base line for the quality of the green spaces we manage and to then go on to create higher density of biomass in these areas. Furthermore, we pledged to encourage tenants and residents to increase biodiversity in the areas in and around their homes.

Progress: Tree surveys on communal areas and enclosed gardens continued through 20-21 but the results are not yet available for analysis. We plan to review the findings when they are available later this year.

Next Steps: We have committed £60K for tree planting during 22/23 to plant 178 heavy standard trees to make a start on our commitment to improve the biodiversity of the green areas on our estates.

We are supporting eight community projects across the borough, as part of an Environmental Pride initiative aimed at making improvements for neighbourhoods and the local environment.

The eight community projects are:

- Castle Close Garden Project (Tickhill) – This will bring environmental improvements to a small area to the rear of the bungalows on Castle Close in Tickhill, including planters which will be used to grow fruit and vegetables for the community.
- Community Garden Project (Circuit House) – This will help purchase a greenhouse allowing the group to have a vegetable and fruit garden, growing produce that can be enjoyed by the community.
- Summer House (Denaby Well Bean) – This will help to build a summerhouse located within the community allotment.
- Move It (Friends of Martinwells Lake) – This will enable further enhancements to the lake area which will include the installation of additional outdoor gym equipment.
- Life Church (Church Balk Gardens) – This will help revamp the garden area of Church Balk Gardens and install raised flowerbeds to grow flowers and vegetables.
- Litter Picking Lunches (Cambeth Community Project) – This will help fund a project enabling service users, all of whom have additional needs, to develop their social interaction skills. It will also provide educational opportunities around recycling and conservation, and help to address issues of social deprivation and isolation.
- Love our Land (Community Connector) – This will improve an area of land behind some residential housing on Askern Road in Toll Bar by

creating a useful social space for the community to enjoy.

- Seed to Feed (Whinfell Community Group) – This will revitalise a piece of land near Whinfell Communal Hall in Adwick by creating raised flowerbeds to grow produce that will be used to provide soups and light lunches to members of the community. Any excess produce grown will be delivered to the residents of the area.

Innovation and Technology

- 6.6 The strategy included the plan to pilot connectivity solutions that give the following benefits; reduced maintenance costs, lower energy bills and better quality home environment for residents.

Progress: 5 homes in Fishlake have been identified for an energy saving pilot. All the homes are off the gas grid. The solution being trialled comprises three main elements; home automation of heat and light, electric space and water heating and clean energy generation and storage.

Next steps: The Fishlake pilot will commence this autumn with a first review of findings early in 2023. From this we will be able to gauge the potential for rolling out to more homes. We will continue to pursue other piloting opportunities, for example, through the social housing decarbonisation fund and ECO IV.

Responsible Business

- 6.7 Our strategy makes it clear that environmental responsibility is an integral part of our business. There are targets for reducing waste, reducing travel and sustainable purchasing. We continue to benchmark our performance using the 21 environmental criteria in the SHIFT assessment with the aim of retaining our gold status.

Progress: We have reduced the number of operational offices with the move to the Civic and the closures of St Leger House and St Leger Court. We have introduced agile working principles which has resulted in lower office occupancy overall. We have a target to keep office emission to less than 25 Kg/Co2/m2 and we remain comfortably below this at 14.37 Kg/Co2/m2.

With regard to office water usage we are close to our target of 3 m3 per employee by 2024, with the 21-22 figure being 3.3 m3.

We have discontinued using disposable cups and utensils in our offices.

One of the environmental benefits of the majority of our staff working from home owing to COVID has been the reduction in the amount of printing that we do. Pre lock down, a typical quarter, would see us printing around 450,000 copies. This reduced during lockdown to an average of 147,000 copies per quarter. As staff are beginning to return to the office there has

been an increase in printing but it is still less than half than pre COVID rates.

Next Steps: One of the aims of the Repairs Excellence Project is to reduce wasted travel for operatives by calling ahead to make sure the customer is at home. It will be good to see vehicle emissions reduce as a result of this initiative. Fleet vehicle emissions for 21-22 were 32,237 KgCo2e.

The company's driving policy is due for renewal in 2023 which presents us with an opportunity to introduce other greener travel options, such as encouraging sustainable modes of travel, the provision of EV vehicles and charging and fuel efficient driving training.

We continue to appraise our environmental performance using the annual SHIFT Assessment with the aim on retaining gold over the course of this strategy. Longer term we have ambitions of achieving platinum as the zero carbon improvements to the housing stock are delivered at scale.

Raising Awareness (People)

- 6.8 The last strategic priority is that we will continue to engage with customers and staff to encourage good environmental behaviours.

Progress: We have worked with staff making purchases of office consumable to ask them to consider responsibly sourced supplies. At the time of writing the report for percentage of responsibly sourced materials is still awaited.

Our tenancy sustainment team worked with over 900 customers in 21-22 with advice including energy bills and tariffs.

We have reviewed and updated the content of the environmental pages of our web site.

Our Customer Involvement team took part in spring clean in 2022 across the Borough and picked up 40 bags of litter. In Mexborough, a day of action cleared over 4,000 Kg of waste.

Over the year green issues have featured six times in Staff Focus with coverage including, cycling, reducing water usage and recycling.

Next steps: With energy prices at an all-time high and due to rise again in the autumn we will be offering advice on how to reduce energy usage through house proud and social media.

7. Procurement

- 7.1 There are no procurement implication in this review.

8. VFM Considerations

- 8.1 VFM is about achieving the optimum balance of cost and performance. The strategy means increased spend by way of investment into properties. However, this investment will generate cost savings to both SLHD and tenants by way of lower maintenance costs and energy bills respectively. Performance will also improve in a number of areas with environmental benefits, for example, reducing waste and water usage, customer satisfaction, lower tenancy turnover and potentially arrears.
- 8.2 In addition to the above performance measures, St Leger has a KPI of 70% of expenditure being within the Doncaster borough. As well as supporting local businesses, it also means reduced travelling for contractors and materials and in turn the carbon footprint for Doncaster and St Leger.
- 8.3 Goods from sustainable sources should offer good VFM, taking into account whole life costings, as well as environmental benefits.
- 8.4 We have been successful in our work with Doncaster Council to secure £3.2m of funding from Wave 1 of the Social Housing Decarbonisation Fund.

This funding will supplement our ongoing capital programme to improve the thermal insulation of 200 hard to heat Council homes in Intake – meaning warmer homes and lower bills for those tenants whose homes will be benefiting. The works are currently underway and will be completed by January 2023.

Overall, the scheme will save 175 tonnes of carbon emissions per year, which is great for Doncaster and fantastic for the delivery of our environmental strategy, but it is also great news for tenants as we estimate each household will typically save £255 per year in heating costs.

9. Financial Implications

- 9.1 It is envisaged that the initiatives in the 3-year strategy can all be achieved within existing budgets, although the funding for net zero carbon works in future years have yet to be identified.
- 9.2 Four year budgets have been set for the improvements and investment within the Council's housing stock therefore we have clear financial budgets within which we must target our expenditure.
- 9.3 SLHD has a three year budget strategy and these are approved by the Board in March each year.
- 9.4 Stock condition survey plans were produced in 2021/22 and budgets approved for 2021/22 and 2022/23 for surveys to be carried out. The results of the surveys will be used to inform medium and longer term financial planning. £500k was set aside from the HRA in 2021-22 to fund an additional 3,000 stock conditions surveys and we have approval for the

same amount in 2022-23.

10. Legal Implications

10.1 There are no legal implications arising from this report.

11. Risks

11.1 Risk implications are detailed in the strategy. Climate change is causing more extreme weather events and governments around the world including the UK are committing to reducing carbon omissions and adopting a greener approach. SLHD is committed to contributing the UK's and more specifically Doncaster's plans to meet environmental targets.

11.2 Investing and maintaining Doncaster Council properties and delivering core services is implicit in all the risks in the Strategic Risk Register (SRR), but specifically this strategy will help to mitigate the following risks in the SRR - *Failure to* :

3 manage political and local expectations of St Leger Homes

6 manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs)

7 manage corporate health, safety and compliance risks

8 deliver on performance and value for money as measured by DC

12. IT Implications

12.1 The Environmental Strategy proposes trialling technical solutions 2022-23 which will be incorporated into the ICT Strategy Action Plan, to ensure a consistent, secure and practical implementation of any pilot(s).

12.2 The use of existing solutions can be explored to deliver some of the proposed Aims, however there are also good opportunities to investigate and introduce more innovative solutions, such as Internet of Things (IoT) technologies.

12.3 All proposals should be done in conjunction with the Business Transformation and ICT Teams, to assist in the development of the business cases and implementation plans.

13. Consultation

13.1 Not applicable

14. Diversity

14.1 There are no diversity implications in this review

15. Communication Requirements

15.1 There are no communication requirements in this review

16. Equality Analysis (new/revised Policies)

16.1 Not applicable

17. Environmental Impact

17.1 The delivery of the strategy reduces the environmental impact of the work that SLHD does.

18. Report Author, Position, Contact Details

18.1 Chris Litherland, Asset Strategy Manager
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19. Background Papers

19.1 Appendix 1– Delivery Plan Progress Report

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
1	Homes	Net Zero Carbon	Undertake detailed design surveys across the stock to identify technical suitability for zero carbon measures in different building archetypes.	All archetypes surveyed and modelled	2022 Q4	We have completed stock condition surveys and RdSAP energy assessments on 3,125 homes. This data is currently being compiled and will be used to sense check the assumptions made for each house archetype in the 2021 Zero Carbon Study.	On Track
2	Homes	Net Zero Carbon	Explore and trial technical solutions across building archetypes to ensure suitability and affordability. This could involve localised scheme upgrades designed to inform the wider strategy.	Pilot schemes completed trialling different options	2023 Q4		Not Started
3	Homes	Net Zero Carbon	Develop a long-term investment plan and procurement strategy that reflects budget availability for both in house and contractor delivery.	Investment plan and procurement strategy in place	2024 Q2		Not Started
4	Homes	Fuel Poverty	All homes to be EPC C (SAP 69) minimum by 2030 to reduce risk of fuel poverty to 5%	Increasing all existing homes to a minimum SAP 69 by 2030	2022 – 69.24%, 2023 – 73.64%, 2024 – 78.03%	As at 31st March 2022 70.32% of homes were EPC level C and above against a target of 69.24%. The EWI and heating upgrade programmes remain the focus of our affordable warmth approach.	On Track
5	Homes	Resilience to Climate Change	Ensure homes at medium or high risk of river flooding are signed up to early flood alerts and ensure responsive actions are in the event of flooding.	Contact 4,552 households to advise to sign up for EA river flood alert and develop flood response plan based on lessons learnt from 2019.	To have completed both parts of the action by September 2021	Draft copy for item for house proud has been completed.	Behind Schedule

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
6	Homes	Resilience to Climate Change	Survey homes identified at high risk of overheating survey and install adequate ventilation measures if not already present	600 homes surveyed and fans installed as required	Surveys - summer 2022, fans installed where required spring 2023	Delayed due to capacity in the surveying team. Surveys postponed to 2023.	Behind Schedule
7	Homes	Resilience to Climate Change	Prepare reaction plan for the event of heatwaves.	Develop an overheating response plan	2022 Q4	Delayed pending the re-alignment in asset team which will create more capacity for this type of sustainability work. Postponed to 2023	Behind Schedule
8	Homes	Reduce Water Usage	Ensure bathroom replacements specification includes dual flush WCs and low flow taps or aerators	Current estimate of usage is 139 litres per person per day, target to reduce to 135 by 2024 and 130 by 2030.	Review specification in 2021 for roll out in 2022	Delayed pending the re-alignment in asset team which will create more capacity for this type of technical design and sustainability work. Postponed to 2023	Behind Schedule
9	Ecology	Increase Biodiversity	Derive efficient base line measurement of green spaces biodiversity quality	Tree surveys complete for all common areas and part way through for enclosed gardens	To complete during 2021	Tree surveys are continuing although the results will not be known until later in 2022	Behind Schedule
10	Ecology	Increase Biodiversity	Create higher density biomass areas in existing green spaces.	Programme in place to improve biodiversity to 19% of land total by 2043 including tree planting in partnership with the Council.	Programme for 19% land protected for biodiversity by 2043 to be in place by 2022.	Tree planting to commence in 22-23 with approx 178 trees. 8 Community environment schemes started in partnership with Efficiency North.	On Track
11	Innovation and Technology	Increased efficiency and lower heating bills	Pilot connectivity solutions in homes to improve maintenance services and save residents money	20 homes in pilot	2022 Q4	5 homes in Fishlake to be part of a pilot in 2022.	Behind Schedule
12	Innovation and Technology	Greater energy efficiency in homes in conservation areas	Use off site manufacture and other innovation to improve homes while retaining heritage appearance	4 homes with solid walls in conservation areas with improved insulation	2024 Q2		Not Started

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
13	Responsible Business	Reduce business mileage	Review mileage claims processes to ensure perversions do not exist that encourage staff to drive more.	Review Driving Policy	2023		Not Started
14	Responsible Business	Green Transport	Consider electric vehicle pool cars and vans, the installation of EV charging infrastructure to encourage more sustainable modes of transport.	Review Driving Policy	2023		Not Started
15	Responsible Business	Reduce fleet emissions	For your own fleet, vehicle tracking, benchmarking between drivers and fuel-efficient driving training have been shown to reduce emissions.	Review Driving Policy	2023		Not Started
16	Responsible Business	Reduce contractor fleet emissions	Partner contractor to provide details of emissions and agree action plan to reduce over length of contract	Set baseline, agree realistic targets and monitor	2021	Wait for SHIFT metrics	Behind Schedule
17	Responsible Business	Reduce energy usage in offices	Carry out an energy audit of offices with an aim of achieving 25kgs CO2/m2 or less and implement recommendations.	2020 assessment is 28kgs CO2/m2. Through agile workng review and accommodation review target to reduce to 28kgs CO2/m2 over life of this strategy	25kgs CO2/m2 by 2024	21-22 figure 14.37 - tbc on assessment	On Track
18	Responsible Business	Reduce Water Usage	Carry out a water audit and implement water saving measures. Where water facilities are already efficient but usage is high, check for leaks or incorrect billing.	Water usage calculated to be 3.2 cubic metres per employee in 2020, indicates we are well on track to achieve 3 cubic metres per employee well before 2030	3 cubic metres per employee by 2024	21-22 figure 3.3 - tbc on assessment	On Track

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
19	Responsible Business	Reduce waste	To reduce office waste and with the introduction of TOP move to 100% paperless processes.	100% paperless processes	2023 Q4	Prining reduced from average 417,000 copies per quarter in 2019 to 139,000 copies per quarter in 2021.	On Track
20	Responsible Business	Reduce waste	Disposable cups and other utensils to be phased out	No disposable cups and utensils	2022	Action complete.	On Track
21	Raising Awareness	Responsibly sourced office consumables	Encourage purchasers to choose the responsibly sourced consumables e.g. FSC paper, toner cartridges with high recycled content.	In 2020 30% of all purchases were responsibly sourced. We will aim to increase this to 50% over the time of the strategy, but review on annual basis.	2021 - 35%, 2022 - 40%, 2023 - 45%, 2024 - 50%	2021-22 Year end report from supplier awaited.	Behind Schedule
22	Responsible Business	Responsibly sourced construction materials	Increase the number and amount of responsibly resourced building materials, e.g. FSC and PEFC, by in house team and contractor partner	In 2020 38% of construction materials were responsibly sourced. We aim to increase this to 60% over the course of this strategy. We know this is a realistic target because that it what the best peer organisations are achieving.	2021 - 43%, 2022 - 48%, 2023 - 54%, 2024 - 60%	IN 2021 we achieved target of 43%, however, proportions slipped in 2022 to 40%, largely due to the reduction in ECO products purchased.	Behind Schedule
23	Responsible Business	Reduce construction waste	For contractor partner and in house team carry out waste audits and implement auditable plans to reduce waste.	Undertake waste audits and begin to implement recommendations, setting realistic but challenging targets to reduce waste	Audit 2022, implementation 2023	Delayed pending the re-alignment in asset team which will create more capacity for this type of technical design and sustainability work. Postponed to 2023	Behind Schedule
24	Raising Awareness	Reduce energy usage in homes	Include energy advice in contact with residents, e.g. annual gas safety checks, heating heating upgrades, tenancy support and verification visits	With the introduction of TOP and CRM in 2021 we will be able to record and report on every time we have provided energy advice to customers in a home visit. We will aim to reach 95% of all customers each year from 2022 onwards.	2022 - 95%	Tenancy Sustainment team worked with 914 customers in 21-22. We plan to provide an energy advice leaflet to be distributed with next year's gas servicing programme.	Behind Schedule

Number	Strategic Area	Aim	Detail	Target (s)	Timescale	Progress	Status
25	Raising Awareness	Reduce waste	Ensure web site is kept up to date with useful information how to recycle more and dispose of waste responsibly.	6 monthly reviews of information	2 reviews per year from 2020 to take place in March and September	March 2022 review undertaken and changes made	On Track
26	Raising Awareness	Reduce waste and fly tipping	Engage residents about recycling and waste during estate clean-ups	2 estate clean ups per year	2 estate clean ups per year	Customer involvement team took part in spring clean in 2022 across the Borough and picked up 40 bags of litter. Mexborough day of action cleared over 4,000 Kg of waste.	On Track
27	Raising Awareness	Reduce fly tipping	Leave notices on fly tipped waste to show we are investigating the source	In 2020 there were 31 recorded instances of fly tipping per 1,000 homes. Over the course of the next 4 years we aim to reduce this to 15 based on what others in the SHIFT peer group are achieving	2021 - 27, 2022 - 23, 2023 - 19, 2024 - 15	Wait for SHIFT metrics	Not Started
28	Responsible Business	Undertake a gap analysis of what would be required to achieve SHIFT Platinum	Conduct analysis and feasibility of achieving platinum level backed with SMART action plan.	Gap analysis and action plan	2022 - analysis, 2023 action plan	Gap analysis undertaken. Not feasible to achieve platinum until net zero carbon work is rolled out at scale	On Track

Homes
Ecology
Innovation and Technology
Responsible Business
Raising Awareness

Not Started
On Track
Behind Schedule

ST LEGER HOMES OF DONCASTER LTD

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BOARD

Date : 4 August 2022

Item : 08

Subject : Annual Update on Health & Safety Strategy and High Level Action Plan

Presented by : Chris Margrave
Director of Property Services

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

Purpose : Annual report on the Health and Safety Strategy.

Recommendation :

Members of the Board are asked to consider the progress of the Health and Safety Strategy high level actions and approve next steps.

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

**Agenda Item No. 08
Date: 4 August 2022**

1 Report Title

1.1 Annual Update on Health and Safety Strategy

2 Executive Summary

2.1 In August 2021 the Board of St Leger Homes approved a new four year Health and Safety Strategy covering the period 2021-2025.

2.2 The strategy sets out the overarching commitment, vision and direction for health and safety across the business.

2.3 The strategy centred on 5 key themes:

- To have robust and sustainable health and safety management systems;
- Embedding strong leadership and management in a positive health and safety culture;
- Ensuring all employees have the right skills, knowledge, training and experience to be competent in their role;
- Maximising the communication and consultation arrangements currently in place;
- Expanding the health and safety management system to include an operational procedure guide

2.4 To facilitate the delivery of the strategy, a high level action plan was developed which sets out the specific actions required to achieve the objectives set out in the strategy. Progress on the delivery of the strategy is reported annually to Board and six monthly to Building Safety Committee

2.5 As part of the annual review on delivery of the strategy the overall direction of the strategy has been considered from when it was originally developed in 2021.

3 Purpose

3.1 The purpose of this report is to present Board with a progress review of the high level action plan and propose next steps for the direction of the strategy for Board to consider and approve.

4 Recommendation

- 4.1 Members of the Board are asked to consider and approve the proposed next steps for the direction of this strategy.

5 Update on Strategy and High Level Action Plan

- 5.1 28 recommendations were identified and these were turned into 28 actions in the high level action plan over the 5 key themes. In summary of the 28 actions –

- 8 are complete
- 11 have a due date for completion identified by the end of the financial year 22/23
- 9 are ongoing

- 5.2 A full update of the high level action plan is attached as appendix 1. Progress has been updated against each recommendation.

- 5.3 Of the completed actions a number were around employees having the right skills, knowledge, training and experience to carry out their roles. These included training needs analysis being carried out throughout the organisation at job specific levels to aid with developing the training and development plan being delivered in this financial year.

- 5.4 Examples of the recommendations still to be completed include –

- Reviewing existing risk assessment processes
- Continuing to review our existing management systems to identify where improvements can be made including C365, SHE Software
- Identifying opportunities for tenant and resident engagement
- Development of inspection programme and tools used within this.

- 5.5 This full and critical review of the strategy and high level actions has identified some points to note.

- 5.6 A number of the recommendations are included within other action plans identified through audits such as the British Safety Council and Pennington Choices.

- 5.7 Progress on a number of recommendations identified that recruitment to positions within the Health and Safety team has delayed progress. Both the Health and Safety Manager and Advisor have proved difficult positions to fill. We were successful in recruiting to the Manager position in May and have plans to interview candidates for the Health and Safety Advisor position in July 2022.

- 5.8 The strategy was developed at a time when the new structure was being implemented and key roles, including the new Head of Building Safety and Health and Team, were not in post. We now have the opportunity with a

more stable team to create a strategy for which the organisation wishes to aspire to now until 2025

6. Proposed Next Steps

- 6.1 With the new structure implemented and successful recruitment to key posts the Health and Safety Team will review the Health and Safety Strategy and propose a new version to run from April 2023-March 2025. This will reflect the new team ethos and consider the findings from third party audits that have shaped key business priorities.
- 6.2 High level actions will still be identified but a joint cohesive action plan will be put place capturing actions from other audits. This will then be the one monitoring tool for the Health and Safety Strategy. Actions will move the organisation forward but be specific and achievable with the resources available
- 6.3 It will be clear within the strategy where this fits in the wider framework around Health and Safety including all relevant polices, procedures and links to other strategies.
- 6.4 The new strategy will follow existing approval processes. Progress on the delivery of the strategy will be reported annually to Board and six monthly to Building Safety Committee

7. Procurement

- 7.1 There are no direct procurement implications arising from the development of the Health and Safety Strategy. However, the document will provide clarity on how SLHD will meet its obligations in relation to health and safety, which in turn will inform any future procurement exercises.

8. VFM Considerations

- 8.1 VFM is about achieving the optimum balance of economy, efficiency and effectiveness. Reviewing the existing management systems we use such as the implementation of the C365 software providing a central database to replace a number of disparate, unintegrated systems, and operations will ensure SLHD operates more efficiently and also effectively by complying with all legislative and regulatory requirements.

9. Financial Implications

- 9.1 There are no direct financial implications from reviewing the Health and Safety Strategy and action plan. 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.

10 Legal Implications

- 10.1 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.
- 10.2 Having a robust strategy in place enables SLHD to fulfil its obligations under these requirements by setting out exactly how it will manage health and safety. This will protect both employees as well as other key stakeholders that SLHD staff will come into contact with on a daily basis.

11 Risks

- 11.1 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 in place, there is potential for SLHD to fail to meet its obligations.
- 11.2 Health and Safety risks are referred to on both the Strategic and operational risk registers.

12. Health, Safety & Compliance Implications

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

13 IT Implications

- 13.1 SLHD will continue to consider the effectiveness of current systems and may wish to explore other IT solutions particularly in relation to the recording of site and wider safety inspections.

14 Consultation

- 14.1 This annual review has been reviewed by EMT. Any future review of the full strategy will involve communication with key stakeholders.

15. Diversity

- 15.1 There are no diversity issues arising from the annual review.

16 Communication Requirements

- 16.1 An update on the outcome of this annual review will be shared with relevant stakeholders including Joint Safety Committee.

17 Equality Analysis

17.1 Not required for the annual review.

18 Environmental Impact

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

19. Report Author, Position, Contact Details

19.1 Laura Dougan
Health, Safety and Compliance Manager
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20. Background Papers

20.1 Appendix 1 – High Level Action Plan

High Level Action Plan

Ref	Theme	What do we need to do?	Recommendations for Improvement (Identify Risks and Opportunities)	Action Owner	Progress	Due Date for Completion
1	- Robust and Sustainable Health and Safety Management Systems	Continually improve existing management systems.	Continue to review our existing Management system to identify where improvement can be made, including C365, SHE Software, Risk Hub	Health, Safety and Compliance Team	C365 operational with Asbestos register held in there. Functionality of SHE being explored for reporting purposes across business	End March 2023
		Develop on internal audit systems to support health and safety management system and external auditing systems.	1. Continue to work with DMBC to embed the Five Star Audit process. 2. Produce a program of audits will be conducted on a regular and scheduled basis	Head of Building Safety	1. Working with Doncaster Council to develop an audit programme against SLA 2. Similar will be replicated internally for delivery by H&S team	1. End Dec 2022 2. End March 2023
		Considering the risk profile to ensure that the organisation is prepared for and supported through change by management systems.	1. Review process in all areas of the organisation 2. Ensure all new policies consider new ways of working critical to the delivery of the health and safety aims	Heads of Service	All policies are circulated to the Heads Of Services and the Health, Safety and Compliance Team will consider the H&S implications of the Policy.	Complete
		Maintain a formal joint inspection programme	A Joint programme of inspections including management, health and safety and other stakeholders will be further developed, operating throughout the organisation and with contracting partners	Health, Safety and Compliance Service Manager & Health and Safety Manager	Business case being developed for auditing tool (auditor) to support a new way and programme of auditing	End March 2023
		Examine options for formal review of individuals health and safety understanding and approach	Develop a system to collect all H&S training evaluation processes health and safety and how they may be discussed and recorded will be examined. This will also present the opportunity to understand how health and safety is perceived amongst employees and how it may be improved	Health & Safety Manager / Learning and Organisational Development Team	Delayed by recruitment challenges into Health and Safety Team	End March 2023

2	Embedding Strong Leadership and Management in a Positive Health and Safety Culture	Promote a corporate health and safety vision to embed culture	<ol style="list-style-type: none"> 1. Perform H&S Roadshows throughout the organisation, 2. Publish a Health, Safety Newsletter on the H&S Website 3. Review content of H&S Intranet site to reflect activities and HSE Priorities 	Health & Safety Manager / Health & Safety Advisor	Delayed by recruitment challenges into Health and Safety Team	Ongoing
		Sustain campaigns to increase awareness and continually improve performance	Continually examine health and safety performance, risk assessments and statistics to identify specific areas for improvement, and prepare annual schedule of campaigns to promote the reduction of accidents and improve performance.	Health & Safety Manager	Delayed by recruitment challenges into Health and Safety Team	Ongoing
		Health and safety climate monitoring	Use the Health, Safety & Compliance Activity Performance report to monitor the health and safety climate and activities within SLHD to provide an evidence baseline to suggest refinements to overall culture	Head of Building Safety	Safety and Compliance Performance Report continuing to develop, opportunities to use existing staff survey methods will be considered	End March 2023
		Develop formalised training plans	Working with Organisational Development (OD) develop a formalised training plan to capture health and safety competencies and scheduled training, including refresher courses as necessary.	Health, Safety and Compliance Manager / Learning and Organisational Development Team	Training needs analysis completed with L&OD for H&S related training needs	Complete
		Carry out reviews of health and safety training	<ol style="list-style-type: none"> 1. In consultation with OD, review health and safety training needs for our employees. 2. Develop and implement a training programme that meets individual and corporate needs. 	Health, Safety and Compliance Manager / Learning and Organisational Development Team	<ol style="list-style-type: none"> 1. Training needs analysis completed with L&OD for H&S related training needs. 2. Training programme developed by L&OD team based on TNA and PDP plans submitted for all employees 	<ol style="list-style-type: none"> 1. Complete 2. Complete

3	Ensuring all Employees have the Right Skills, Knowledge, Training and Experience to be Competent in their Role	Develop and implement e-learning programmes	Working with OD, develop and implement an e-learning programme for health and safety to make training consistent and reduce the amount of time employees spend away from their core duties.	Health, Safety and Compliance Manager / Learning and Organisational Development Team	There is a suite of elearning related to health and safety already available. As need identified these can be developed further	Complete
		Monitor training and learning at 1 to 1's and 'check-in's'	<ol style="list-style-type: none"> As part of the 1 to 1 and 'check-in process, health and safety training and learning is discussed. Information from these will be discussed at HOS meeting when considering Professional development need. 	Learning and Organisational Development Team / Heads of Service	<ol style="list-style-type: none"> All line managers provided training on check in including completing PDP plans Requests for CPD are Discussed at HOS Meeting 	<ol style="list-style-type: none"> Complete Complete
		Refine existing risk assessment systems to empower employees to take responsibility and ownership	<ol style="list-style-type: none"> Develop point of work risk assessments into 'dynamic risk assessments' that are used consistently throughout the organisation by all employees. Review existing risk assessment processes to ensure that all employees are fully engaged with these, taking responsibility and ownership of their risk assessment duties. 	Health, Safety and Compliance Service Manager & Health and Safety Manager	Delayed by recruitment challenges into Health and Safety Team. New risk assessment process has been drafted. Milestones to be agreed	<ol style="list-style-type: none"> End March 2023 End March 2023
4	Maximising the Communication and Consultation Arrangements Currently in Place	Review of Joint Safety Committee (JSC) and HSAAG terms of reference	<ol style="list-style-type: none"> Review the terms of reference of each group to ensure they are still relevant for organisational requirements. Information provided for discussion at both groups will be reviewed as part of monitoring and reporting on performance. 	Director of Property Services	JSC meets quarterly and the agenda has been amend to include the Compliance Officers attending to talk about specialist areas	<ol style="list-style-type: none"> End March 2023 Ongoing
		Review of safety representatives' involvement in the management of health and safety	<ol style="list-style-type: none"> 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, Ensure Safety Representatives are better informed and more involved in specific activities, e.g., inspections of workplaces. 	Health, Safety and Compliance Service Manager & Health and Safety Manager	Will be considered as part of review of risk assessment process and inspection process	<ol style="list-style-type: none"> Ongoing Ongoing

		<p>Embrace opportunities to raise tenant awareness through initiatives and campaigns</p>	<p>1. Work with colleagues and tenant representatives, to identify appropriate initiatives and campaigns to raise awareness of health and safety matters.</p> <p>2. Use the information obtained to form a delivery action plan .</p>	<p>Head of Building Safety</p>	<p>Specific work being done with residents in high risk buildings through the high rise forum and resident engagement strategy</p>	<p>End March 2023</p>
<p>5</p>	<p>Expand the Health and Safety Management System to include an Operational Procedure Guide</p>	<p>An Operational Procedure Guide will be developed.</p>	<p>1. The Operational guide developed will be a live document, continually updated to accommodate changes in the way we work and introduce new operations.</p> <p>2. It will provide a consistent approach and support those in conducting their duties with the assurance they are so doing in a healthy and safe manner.</p>	<p>Head of Building Safety</p>	<p>1. Legal register produced with compliance matrix which demonstrates compliance with current legislation</p> <p>2. Policy Register in place with schedule of review dates</p>	<p>Ongoing</p>

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD Meeting REPORT

- Date** : 4 August 2022
- Item** : 09
- Subject** : Housing Ombudsman's Complaint Handling Code – Self Assessment
- Presented by** : Mark McEgan
Housing and Customer Services
- Prepared by** : Jackie Linacre, Head of Customer Services
- Purpose** : To update Board on the results of a self-assessment of SLHD's complaints policy and procedures against the revised Housing Ombudsman's Complaint Handling Code.

Recommendation: That Board note the outcome of the self-assessment and approves the changes to the Compliments, Complaints and Comments Policy.

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

**Agenda Item No. 09
Date: 4 August 2022**

1. Report Title

1.1 Housing Ombudsman's Complaint Handling Code – Self Assessment

2. Executive Summary

2.1 The report informs Board of the outcome of a self-assessment of our Compliments, Complaints and Comments Policy, and complaints procedures, against the Housing Ombudsman's revised Complaint Handling Code.

2.2 The assessment shows that at the time of the assessment we were fully compliant in 52 out of the 67 requirements, were partially compliant in 6 requirements and non-compliant in 9 requirements.

2.3 For the majority of the requirements where we are non-compliant or partially compliant we will be fully compliant by amendments to our Comments, Complaints and Comments policy and/or amendments to processes and correspondence.

3. Purpose

3.1 To update Board on the results of a self-assessment of St Leger Homes' complaints policy and procedures against the revised Housing Ombudsman's Complaints Handling Code.

4. Recommendation

4.1 That Board notes the outcome of the self-assessment;

4.2 That Board approves changes to the Compliments, Complaints and Comments Policy.

5. Background

5.1 The Housing Ombudsman published a strengthened Complaints Handling Code for organisations to assess whether they are delivering a positive complaints handling culture in April 2022. Organisations have until the 1st October 2022 to comply.

- 5.2 The requirements of the original code, introduced in 2020, have been added to, and in some cases updated. The revised code now includes requirements that organisations *must* comply with and best practice requirements where organisations *should* comply.

The key areas in the revised Code include:

- Universal definition of a complaint
 - Providing easy access to the complaints procedure and ensuring residents are aware of it, including their right to access the Housing Ombudsman Service
 - The structure of the complaints procedure - only two stages necessary and clear timeframes set out for responses
 - Ensuring fairness in complaint handling with a resident-focused process
 - Taking action to put things right and appropriate remedies
 - Creating a positive complaint handling culture through continuous learning and improvement
 - Demonstrating learning in annual reports
 - Annual self-assessment against the Code.
- 5.3 An easy reference guide setting out the detail of the changes is attached at Appendix A for Board's information. This easy reference guide does not list every change as most changes are minor in nature and have not affected the core requirements of the Code.
- 5.4 The outcome of the assessment should be published through the usual resident communication channels. We will publish on our web and in HouseProud. There is no requirement to provide a copy to the Housing Ombudsman, unless requested as part of the evidence required for an investigation.

6. Self-Assessment

- 6.1 The Customer and Communications Service Manager and Customer Relations Manager completed the self-assessment against the full code. To ensure external challenge, and as part of our consultation process, this was shared and discussed with members of the Tenant Appeal Panel in June 2022.
- 6.2 The Tenant Appeal Panel agreed with the initial assessment made and have contributed to some of the recommended actions where we have judged ourselves partially or non-compliant.
- 6.3 Where we have assessed ourselves as non-compliant or partially compliant this is attached at Appendix B. This also shows the action to be taken to ensure full compliance.
- 6.4 Attached at Appendix C is the full set of requirement so that Board can be informed as to where we have assessed ourselves as fully meeting the requirements of the code.

6.5 As indicated at 2.3 above the majority of actions we need to take can be addressed by the amendment of the Compliments, Complaints and Comments Policy. A copy of the amended Policy is attached at Appendix D. The changes are highlighted in red.

7. Procurement

7.1 None associated with this report.

8. VFM Considerations

8.1 None associated with this report but a robust complaints policy and procedures can help to identify areas of service improvement, which could reduce the risk of compensation being awarded for poor service delivery.

9. Financial Implications

9.1 None associated with this report.

10. Legal Implications

10.1 We have a statutory duty to comply with the standards set out by the Housing Ombudsman's Office.

11. Risks

11.1 None associated with this report.

12. Health, Safety & Compliance Implications

12.1 There are no health and safety implications associated with this report.

13. IT Implications

13.1 None associated with this report.

14. Consultation

14.1 Consultation on the assessment against the Complaint Handling Code has been carried out with the Tenants Appeal Panel. There is a requirement in the Code for organisations to carry out an annual self-assessment against the Code to ensure their complaint handling remains in line with its requirements.

15. Diversity

15.1 There are no diversity implications arising from this report.

16. Communication Requirements

16.1 The findings from the self-assessment will be published on our website.

17. Equality Analysis (new/revised Policies)

17.1 Not required for this Strategy.

18. Environmental Impact

19.1 None associated with this report.

19. Report Author, Position, Contact Details

19.1 Jackie Linacre
Head of Customer Services
01302 862262

20. Background Papers

20.1 Appendix A – Housing Ombudsman Easy Guide Reference
Appendix B – Partial and Non-Compliant Requirements
Appendix C – Complaints Code Full Requirements
Appendix D – Amended Compliments, Complaints and Comments Policy

Complaint Handling Code changes – easy reference guide

Notes: The structure of the Code has changed, and we no longer refer to Part A, Part B and Part C. This easy reference guide does not list every change as most changes are minor in nature and have not affected the core requirements of the Code.

Code Heading	Paragraph	Difference
Introduction	N/A	Where the Code refers to something landlords 'must' do, this is a requirement. Where the code refers to something landlords 'should' do, landlords are able to use their discretion to achieve best practice in complaint handling.
	N/A	Landlords are required to self-assess against the Code annually on a 'comply or explain' basis and publish this on their website. Non-compliance could result in the Ombudsman issuing a complaint handling failure order.
The complaints process – Definition of a complaint	1.2	Use of the Ombudsman's definition of a complaint is now mandatory.
	1.3	Complaints that are submitted via a third party or representative, such as an MP, should still be handled in line with the landlord's complaints policy.
	1.4	Guidance around when chasers on a service request are considered a complaint.
Exclusions	1.8	Clarity around what constitutes legal proceedings.
Accessibility	2.1	Clarity about the various channels we expect residents to be able to submit a complaint to their landlord and that landlords must provide more than one route of access to the complaints system. Acknowledgement that not all avenues are necessary and that some channels may not be ones a landlord chooses to use.

	2.5	Reasonable adjustments policies and the Equality Act.
	2.6	Publicising the complaints policy and process, the Complaint Handling Code, and the Housing Ombudsman Scheme in a variety of mediums.
	2.7/2.8	Provision of contact information for the Ombudsman and early advice about residents' rights to access the Housing Ombudsman Service to residents are now mandatory
Complaint handling personnel	3.1/3.2	Clarity around responsibility for complaints handling.
Complaint handling principles	4.1	Clarity about the handling of a complaint once recorded. Five working days to acknowledge and log a complaint from the date of receipt.
	4.13	The timescales for a resident to request escalation of a complaint must be included in the complaints policy.
	4.14	Reasons for refusing to escalate a complaint.
	4.16	Landlords should seek feedback from residents in relation to the landlord's complaint handling as part of the drive to encourage a positive complaint and learning culture.
Complaint stages – Stage 1	5.1	10 working days for response at stage one starts from the date the complaint is logged.
	5.3/5.15/5.19	Provision of the Ombudsman's details if extensions cannot be agreed.
	5.4	Where the problem is a recurring issue, the landlord should consider any older reports as part of the background to the complaint if this will help to resolve the issue for the resident.

	5.5	The complaint response must be sent to the resident when the answer to the complaint is known. It must not be delayed until any outstanding actions are completed. Outstanding actions should be tracked and updates provided to the resident.
	5.7	Clarification regarding when additional complaints can be incorporated into the stage one response.
Stage 2	5.11	Complaints must only be escalated to stage two if it has been responded to at stage one and at the resident's request.
	5.12	The person considering the complaint at stage two, must not be the same as the person that considered the complaint at stage one.
Stage 3	5.17	If landlords strongly believe a third stage is necessary, they must set out their reasons in the self-assessment. More than three stages is not acceptable under any circumstances.
Continuous learning and improvement	7.3	Expectation that a member of the governing body is appointed to have lead responsibility for complaints.
	7.4	Expectation of what information governing bodies should receive about complaints.
	7.6	Expectation that landlords should have a standard objective for all employees in relation to complaint handling.
Self-assessment and Compliance – Self-assessment	8.1	Landlords must complete an annual self-assessment against the Code.
	8.3	Requirements of landlords following self-assessment.

Requirements where we have assessed ourselves as being partially or Non-Compliant

Appendix B

New Code requirement	Summary of actions required/taken
Partially Compliant when assessed	
<p>A complaint must be defined as: <i>'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents.'</i></p> <p><i>Our definition is: "A complaint is an expression of dissatisfaction with any aspect of SLHD's services, policies, actions or the actions of staff members or those acting on behalf of the organisation. A complaint can only relate to a service that SLHD presently provides and occurred less than 6 months after completion of the service. It does not relate to requests for new services currently not in operation or programmed to be delivered."</i></p>	<p>Change existing definition to HO definition and move time limitations part from our definition into our policy and procedures.</p> <p>Policy and procedures updated. Web pages updated.</p>
<p>If a landlord decides not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.</p>	<p>Correspondence amended to include the ombudsman's details and process.</p>
<p>Landlords must publicise the complaints policy and process, the Complaint Handling Code and the Housing Ombudsman Scheme in leaflets, posters, newsletters, online and as part of regular correspondence with residents.</p>	<p>Carry out additional publicity including through the use of leaflets and posters.</p>
<p>Landlords must confirm the following in writing to the resident at the completion of stage one in clear, plain language:</p> <ul style="list-style-type: none"> • the complaint stage • the decision on the complaint • the reasons for any decisions made • the details of any remedy offered to put things right • details of any outstanding actions • details of how to escalate the matter to stage two if the resident is not satisfied with the answer 	<p>Response template amended to make clearer.</p>
<p>If all or part of the complaint is not resolved to the resident's satisfaction at stage one it must be progressed to stage two of the landlord's procedure, unless an exclusion ground now applies. In instances where a landlord declines to escalate a complaint it must clearly communicate in writing its reasons for not escalating as well as the resident's right to approach the Ombudsman about its decision.</p>	<p>Ombudsman's details and process added to correspondence where a complaint does not fall within our guidelines.</p>
<p>Landlords should have a standard objective in relation to complaint handling for all employees that reflects the need to:</p> <ul style="list-style-type: none"> • have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments • take collective responsibility for any shortfalls identified through complaints rather than blaming others • act within the Professional Standards for engaging with complaints as set by the Chartered Institute of Housing 	<p>Incorporate CIH standards into future training programmes and team discussions.</p>
Not Compliant when assessed	
<p>Survey feedback may not necessarily need to be treated as a complaint, though, where possible, the person completing the survey should be made aware of how they can pursue their dissatisfaction as a complaint if they wish to.</p>	<p>Implement procedures for customer who are completing surveys about the services they have received to be advised how they can pursue a complaint if they wish to do so.</p>

<p>Landlords must comply with the Equality Act 2010 and may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. Landlords must satisfy themselves that their policy sets out how they will respond to reasonable adjustments requests in line with the Equality Act and that complaints handlers have had appropriate training to deal with such requests.</p>	<p>We have interpreted this as being our complaints policy which currently does not specifically specify how we will respond to reasonable adjustment requests. Policy has been updated to reflect this change.</p>
<p>Where a landlord has set up channels to communicate with its residents via social media, then it should expect to receive complaints via those channels. Policies should contain details of the steps that will be taken when a complaint is received via social media and how confidentiality and privacy will be maintained.</p>	<p>Process in place but not explicitly explained in our Policy. Policy has been updated to reflect this change.</p>
<p>Within the complaint acknowledgement, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification and the full definition agreed between both parties.</p>	<p>Update the acknowledgement letter to include the high level understanding of the complaint and the outcome the complainant is seeking.</p>
<p>A landlord must not unreasonably refuse to escalate a complaint through all stages of the complaints procedure and must have clear and valid reasons for taking that course of action. Reasons for declining to escalate a complaint must be clearly set out in a landlord's complaints policy and must be the same as the reasons for not accepting a complaint.</p>	<p>Policy has been updated to reflect this change.</p>
<p>Landlords must respond to the complaint within 10 working days of the complaint being logged. Exceptionally, landlords may provide an explanation to the resident containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason.</p>	<p>Policy has been updated to reflect this change.</p>
<p>Landlords must respond to the stage two complaint within 20 working days of the complaint being escalated. Exceptionally, landlords may provide an explanation to the resident containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason.</p>	<p>Increase internal communications and awareness to ensure appeals are dealt within timescales.</p>
<p>Where agreement over an extension period cannot be reached, landlords should provide the Housing Ombudsman's contact details so the resident can challenge the landlord's plan for responding and/or the proposed timeliness of a landlord's response</p>	<p>Policy and procedures have been updated to reflect this change.</p>
<p>Landlords must also carry out a self-assessment following a significant restructure and/or change in procedures.</p>	<p>To be actioned as appropriate.</p>

APPENDIX C

Code requirement	Comply: Yes/No	Evidence, commentary and any explanations	Summary of actions required/taken	Comments from tenant consultation 22.6.22
Must Do Requirements				
<p>A complaint must be defined as: <i>'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents.'</i></p>	Partial	<p>Our definition of a complaint partially matches the Housing Ombudsman's. We do not mention the words 'However made' or 'affecting an individual resident or group of residents'. Our definition is below:</p> <p><i>"A complaint is an expression of dissatisfaction with any aspect of SLHD's services, policies, actions or the actions of staff members or those acting on behalf of the organisation. A complaint can only relate to a service that SLHD presently provides and occurred less than 6 months after completion of the service. It does not relate to requests for new services currently not in operation or programmed to be delivered."</i></p>	<p>Change existing definition to HO definition and move time limitations part into our policy and procedures.</p> <p>Policy and procedures updated. Web pages updated.</p>	<p>Change to HO definition but where it says 'by the organisation'. Change to 'By St Leger Homes of Doncaster', to make it clear.</p>
<p>The resident does not have to use the word 'complaint' for it to be treated as such. A complaint that is submitted via a third party or representative must still be handled in line with the landlord's complaints policy.</p>	Yes	<p>We accept and log complaints that don't use the word 'complaint' on a frequent basis. All staff know the definition of a complaint however further communication around this will happen internally once the definition has been updated, as above.</p>	<p>No Action Required</p>	
<p>... if further enquiries are needed to resolve the matter, or if the resident requests it, the issue must be logged as a complaint.</p>	Yes	<p>As above</p>	<p>No Action Required</p>	
<p>A landlord must accept a complaint unless there is a valid reason not to do so.</p>	Yes	<p>Yes, other than those explained in the definition above the following are also excluded and clearly outlined in our Policy.</p>	<p>No Action Required</p>	
<p>A complaints policy must clearly set out the circumstances in which a matter will not be considered, and these circumstances should be fair and reasonable to residents.</p>	Yes	<p>Examples where individuals may express dissatisfaction and/or that would not be regarded as complaints are: the general law, unless wrongly applied;</p> <ul style="list-style-type: none"> * persons or bodies over which SLHD has no control; * matters which are, or could reasonably be expected to be the subject of court or tribunal proceedings, or which are in the hands of SLHD's insurers; * the subject of the complaint occurred more than 6 months ago and/or is already subject to an on-going or resolved complaint; 	<p>No Action Required</p>	

If a landlord decides not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.	Partial	We don't currently do this, other than for legal matters. These happen on a very rare basis. We would only not accept a complaint if it fell in line with any of the exclusions listed in the complaints policy. At this point it would be fully explained to the complainant but we don't explain the Ombudsman's process at this time.	Correspondence amended to include the ombudsman's details and process.	Agreed with the proposed action
Should Do Requirements				
Landlords should recognise the difference between a service request, where a resident may be unhappy with a situation that they wish to have rectified, and a complaint about the service they have/have not received	Yes	We accept and log complaints that don't use the word 'complaint' on a frequent basis. All staff know the definition of a complaint however further communication around this will happen internally once the definition has been updated , as above.	Further communication around this will happen internally once the definition has been updated , as above.	
Survey feedback may not necessarily need to be treated as a complaint, though, where possible, the person completing the survey should be made aware of how they can pursue their dissatisfaction as a complaint if they wish to.	No	We do not routinely mention our complaints procedure when carrying out customer surveys.	Implement procedures for customers who are completing surveys about the services they have received to be advised how they can pursue a complaint if they wish to do so.	Agreed and where TRIP are carrying out surveys to implement the same procedures.
Must Do Requirements				
Landlords must make it easy for residents to complain by providing different channels through which residents can make a complaint such as in person, over the telephone, in writing, by email and digitally. While the Ombudsman recognises that it may not be feasible for a landlord to use all of the potential channels, there must be more than one route of access into the complaints system.	Yes	We have multiple accessibility routes available to make a complaint; Online via our website or social media platforms, face to face, over the telephone, email, and in writing.	No Action Required	
Landlords must make their complaint policy available in a clear and accessible format for all residents. This will detail the number of stages involved, what will happen at each stage and the timeframes for responding.	Yes	Yes and can be found here: https://www.stlegerhomes.co.uk/my-home/complaints-and-compliments/ and we publicised how a customer can complain in HouseProud	No Action Required	
Landlord websites, if they exist, must include information on how to raise a complaint. The complaints policy and process must be easy to find on the website.	Yes	Yes and can be found here: https://www.stlegerhomes.co.uk/my-home/complaints-and-compliments/	No Action Required	
Landlords must comply with the Equality Act 2010 and may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. Landlords must satisfy themselves that their policy sets out how they will respond to reasonable adjustments requests in line with the Equality Act and that complaints handlers have had appropriate training to deal with such requests.	No	We do not have a 'reasonable adjustments policy' but we do have an equality strategy, a customer access strategy and a fairness statement. All of these ensure that customers can contact us or find out information in an accessible way and done via a method of their choice.	We have interpreted this as being our complaints policy which currently does not specifically specify how we will respond to reasonable adjustment requests. Policy has been updated to reflect this change.	Agreed but asked to consider a separate organisational wide 'reasonable adjustments policy'. Post meeting note : Our Equality and Diversity statement sets out our commitments to ensure we comply with the Equality Act 2010 and support our diverse communities.

Landlords must publicise the complaints policy and process, the Complaint Handling Code and the Housing Ombudsman Scheme in leaflets, posters, newsletters, online and as part of regular correspondence with residents.	Partial	We regularly advise residents about our complaints process (via stories in HouseProud or quarterly reports available on the website).	Carry out additional publicity including through the use of leaflets and posters.	Agreed and suggested we use the annual rent statements to publicise.
Landlords must provide residents with contact information for the Ombudsman as part of its regular correspondence with residents.	Yes	We inform tenants in our responses about the right to appeal and all response letters / emails include full contact details for the Housing Ombudsman. We also advertise the details of the ombudsman on our web pages. We DON'T provide contact details in any other of our regular correspondence but we regularly advise residents about our complaints process (via stories in HouseProud or quarterly reports available on the website).	No Action Required	
Landlords must provide early advice to residents regarding their right to access the Housing Ombudsman Service throughout their complaint, not only when the landlord's complaints process is exhausted.	Yes	We inform tenants in our responses about the right to appeal and all response letters / emails include full contact details for the Housing Ombudsman. We also advertise the details of the ombudsman on our web pages.	No Action Required	
Should Do Requirements				
Where a landlord has set up channels to communicate with its residents via social media, then it should expect to receive complaints via those channels. Policies should contain details of the steps that will be taken when a complaint is received via social media and how confidentiality and privacy will be maintained.	No	Any complaints that are received online via social media are then acknowledged via social media, discussed via private message and logged on our corporate complaints system so this can be properly investigated. The dedicated Customer Relations Officer will then contact the complainant to explain they have been allocated their complaint.	Process in place but not explicitly explained in our Policy. Policy has been updated to reflect this change.	Agreed with the proposed action.
Must Do Requirements				
Landlords must have a person or team assigned to take responsibility for complaint handling to ensure complaints receive the necessary attention, and that these are reported to the governing body. This Code will refer to that person or team as the "complaints officer".	Yes	Yes we have a small team of Customer Relations Officers, a Customer Relations Manager, a Customer and Communications Service Manager and a Head of Customer Services - all reporting through to the Director of Housing and Customer Services	No Action Required	
...the complaint handler appointed must have appropriate complaint handling skills and no conflicts of interest.	Yes	The Customer Relations Team are an independent team - any complaints received against the Customer Relation's Team staff are investigated by their manager, Service Manager or Head of Service as per any other staffing complaint. Full training is given for this role.	No Action Required	
Should Do Requirements				

Complaint handlers should: <ul style="list-style-type: none"> • be able to act sensitively and fairly • be trained to handle complaints and deal with distressed and upset residents • have access to staff at all levels to facilitate quick resolution of complaints • have the authority and autonomy to act to resolve disputes quickly and fairly. 	Yes	Complaints are investigated by the relevant service areas and coordinated by the Customer Relations team to ensure they are completed within timescales and a full response is given to a complainant. All investigating officer and the Customer relations officers have had training and are empowered to escalate and resolve when and if possible.	No Action Required	
Must Do Requirements				
Any decision to try and resolve a concern must be taken in agreement with the resident and a landlord's audit trail/records should be able to demonstrate this. Landlords must ensure that efforts to resolve a resident's concerns do not obstruct access to the complaints procedure or result in any unreasonable delay. It is not appropriate to have extra named stages (such as 'stage 0' or 'pre-complaint stage') as this causes unnecessary confusion for residents. When a complaint is made, it must be acknowledged and logged at stage one of the complaints procedure within five days of receipt.	Yes	All complaints are acknowledged in Three working days. Up until recently this was a service standard but has just been removed (as recommended by tenants) due to consistently achieving this for the past 5 years	No Action Required	
Within the complaint acknowledgement, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification and the full definition agreed between both parties.	No	Our IT system provides a section to record the outcomes being sought by the complainant. If a complaint is received via email and this is not made clear the customer relations officer takes ownership for a complaint and will contact the tenant to clarify this when they acknowledge receipt.	Update the acknowledgement letter to include the high level understanding of the complaint and the outcome the complainant is seeking.	Agreed with the proposed action.
A complaint investigation must be conducted in an impartial manner.	Yes	The main bulk of the investigation is completed internally by the service area. Challenge is provided by the Customer Relations Team who ask questions to ensure all relevant information is considered before determining the outcome of a complaint. Occasionally however the initial investigation outcome can be overturned by the Tenants Appeal panel.	No Action Required	
The complaint handler must: <ul style="list-style-type: none"> • deal with complaints on their merits • act independently and have an open mind • take measures to address any actual or perceived conflict of interest • consider all information and evidence carefully • keep the complaint confidential as far as possible, with information only disclosed if necessary to properly investigate the matter. 	Yes		No Action Required	Recommendat to take photos as evidence on initial investigation by investigating officers
Landlords must adhere to any reasonable arrangements agreed with residents in terms of frequency and method of communication	Yes	As each complainant has a dedicated Customer Relations Officer. This is agreed at acknowledgement stage if and when required.	No Action Required	

<p>The resident, and if applicable any staff member who is the subject of the complaint, must also be given a fair chance to:</p> <ul style="list-style-type: none"> • set out their position • comment on any adverse findings before a final decision is made. 	Yes	<p>In the majority of cases where we have visited a property to investigate a complaint or spoken to someone over the telephone this can be evidenced but this is not the case for all complaints, which is sometimes the reason why we receive appeals. This happens on very rare occasions. Training has been delivered to all investigating officers. We are monitoring the effectiveness of the training and to ensure this is happening by the transactional complaints surveys happening twice per year.</p>	No Action Required	
<p>A landlord must include in its complaints policy its timescales for a resident to request escalation of a complaint</p>	Yes	<p>Yes - It is in our policy and we inform tenants in our responses about the right to appeal and all response letters / emails include full contact details for the Housing Ombudsman,</p>	No Action Required	
<p>A landlord must not unreasonably refuse to escalate a complaint through all stages of the complaints procedure and must have clear and valid reasons for taking that course of action. Reasons for declining to escalate a complaint must be clearly set out in a landlord's complaints policy and must be the same as the reasons for not accepting a complaint.</p>	No	<p>This is not clearly laid out or explained in our policy</p>	<p>Policy has been updated to reflect this change.</p>	<p>Agreed with the proposed action.</p>
<p>A full record must be kept of the complaint, any review and the outcomes at each stage. This must include the original complaint and the date received, all correspondence with the resident, correspondence with other parties and any reports or surveys prepared.</p>	Yes	<p>Yes all contact is recorded on our Housing Management system correspondence and emails are all stored on our document management system. Hopefully in the near future these will both link together to create an easier picture.</p>	No Action Required	
<p>Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives when pursuing a complaint.</p>	Yes	<p>We have this written into our policy and have a set process, procedure and letter template that is followed for any of these cases.</p>	No Action Required	
Should Do Requirements				
<p>Landlords should manage residents' expectations from the outset, being clear where a desired outcome is unreasonable or unrealistic</p>	Yes	<p>Yes where possible. This is explained verbally in the majority of cases and then followed up in the response letter with a full explanation as to why, again this is being monitored by the satisfaction surveys.</p>	No Action Required	
<p>A complaint should be resolved at the earliest possible opportunity, having assessed what evidence is needed to fully consider the issues, what outcome would resolve the matter for the resident and whether there are any urgent actions required.</p>	Yes	<p>Although we have a service standard of 10 days, some complaints can be resolved the same day or earlier and responses letters are composed as soon as the information is received (unless there is another complaint that is going out of date sooner).</p>	<p>Where service standards are not being met continue the work already underway with heads of service to investigate why.</p>	
<p>Landlords should give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the landlord where this is reasonable.</p>	Yes	<p>Tenants are able to complain via a representative (once we have the necessary authority). This may be a family member, Councillor, MP, Mayor or member of their local TARA.</p>	No Action Required	

Where a key issue of a complaint relates to the parties' legal obligations landlords should clearly set out their understanding of the obligations of both parties.	Yes	Our complaint policy excludes complaints about legal obligations, however we may have to respond to complaint that covers other legal areas such as Data protection (for example). In these cases advice is always sought and clear explanations are given.	No Action Required	
Communication with the resident should not generally identify individual members of staff or contractors.	Yes	This was non compliant in the original self assessment however, procedures have been changed and unless specifically requested we use job titles instead of individual names	No Action Required	
Landlords should keep residents regularly updated about the progress of the investigation.	Yes	Tenants are kept informed and updated during the complaints process and where timescales have been extended outside service standards, we keep the tenant informed.	No Action Required	
Landlords should seek feedback from residents in relation to the landlord's complaint handling as part of the drive to encourage a positive complaint and learning culture.	Yes	We conduct a satisfaction survey twice a year with tenants who have complained.	No Action Required	
Landlords should recognise the impact that being complained about can have on future service delivery. Landlords should ensure that staff are supported and engaged in the complaints process, including the learning that can be gained	Yes	Learning from complaints has been covered in the training rolled out in 2021. Service improvements are asked for after each complaint is closed and reported to senior managers on a quarterly basis	No Action Required	
Any restrictions placed on a resident's contact due to unacceptable behaviour should be appropriate to their needs and should demonstrate regard for the provisions of the Equality Act 2010.	Yes	This is clearly outlined in our complaints policy and is taken on an individual basis looking at each case in its own merit - sometimes warranting a specific point of contact if required.	No Action Required	
Must Do Requirements				
Landlords must respond to the complaint within 10 working days of the complaint being logged. Exceptionally, landlords may provide an explanation to the resident containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason.	No	In the majority of cases we respond in 10 working days however, sometimes this has exceeded the 10 and 20 working days. These are in minority and in 21/22, 56/1183 complaints have exceeded the 10+10 days extension timeline.	Policy has been updated to reflect this change.	Agreed with the proposed action.
A complaint response must be sent to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue, are completed. Outstanding actions must still be tracked and actioned expeditiously with regular updates provided to the resident.	Yes	This is already in our procedure and we have a separate tab on our weekly reports for 'service promises'. With clear dates and timescales given to the customer for either a check in on progress or a completion date.	No Action Required	
Landlords must address all points raised in the complaint and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes	A full response is given to the tenant in all cases. There is a procedure in place to make sure all parts of the complaints are all answered in one response backed with full details of the investigation and remedial actions if applicable. All details of next steps on advice and support and next stages are at the bottom of all responses.	No Action Required	

<p>Landlords must confirm the following in writing to the resident at the completion of stage one in clear, plain language:</p> <ul style="list-style-type: none"> • the complaint stage • the decision on the complaint • the reasons for any decisions made • the details of any remedy offered to put things right • details of any outstanding actions • details of how to escalate the matter to stage two if the resident is not satisfied with the answer 	Partial	<p>A full response is given to the tenant in all cases. There is a procedure in place to make sure all parts of the complaints are all answered in one response backed with full details of the investigation and remedial actions if applicable. All details of next steps on advice and support and next stages are at the bottom of all responses.</p>	<p>Response templates amended to make clearer. in the Stage 1 response that the Appeal stage is the final stage, whether complaint upheld or not and reason for the decision</p>	Agreed with the proposed action.
<p>If all or part of the complaint is not resolved to the resident's satisfaction at stage one it must be progressed to stage two of the landlord's procedure, unless an exclusion ground now applies. In instances where a landlord declines to escalate a complaint it must clearly communicate in writing its reasons for not escalating as well as the resident's right to approach the Ombudsman about its decision.</p>	Partial	<p>These happen on very rare occasions. We would only not accept a complaint if it fell in line with any of the exclusions listed in the policy. At this point it would be fully explained to the complainant but we don't explain the Ombudsman's process at this time.</p>	<p>Ombudsman's details and process added to correspondence where a complaint does not fall within our guidelines.</p>	Agreed with the proposed action.
<p>On receipt of the escalation request, landlords must set out their understanding of issues outstanding and the outcomes the resident is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification and the full definition agreed between both parties.</p>	Yes	<p>We Acknowledge all appeals and send an acknowledgement letter detailing what the tenant is appealing against.</p>	No Action Required	
<p>Landlords must only escalate a complaint to stage two once it has completed stage one and at the request of the resident.</p>	Yes	<p>This is outlined in our policy.</p>	No Action Required	
<p>The person considering the complaint at stage two, must not be the same person that considered the complaint at stage one.</p>	Yes	<p>We have an independent tenant appeals panel at stage 2 who are accompanied by a technical expert who hasn't been involved in the original complaint.</p>	No Action Required	
<p>Landlords must respond to the stage two complaint within 20 working days of the complaint being escalated. Exceptionally, landlords may provide an explanation to the resident containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason.</p>	No	<p>In the majority of cases they are done within 20 days, some have gone over slightly due to visits that need to be made and availability of the panel.</p>	<p>Increase internal communications and awareness to ensure appeals are dealt within timescales.</p>	Agreed with the proposed action.

Landlords must confirm the following in writing to the resident at the completion of stage two in clear, plain language: <ul style="list-style-type: none"> • the complaint stage • the complaint definition • the decision on the complaint • the reasons for any decisions made • the details of any remedy offered to put things right • details of any outstanding actions and • if the landlord has a third stage, details of how to escalate the matter to stage three • if this was the final stage, details of how to escalate the matter to the Housing Ombudsman Service if the resident remains dissatisfied. 	Yes	A full response is given to the tenant in all cases. There is a procedure in place to make sure all parts of the complaints are all answered in one response back with full details of the investigation and remedial actions if applicable. All details of next steps on advice and support and next stages are at the bottom of all responses.	No Action Required	
Should Do Requirements				
If an extension beyond 20 working days is required to enable the landlord to respond to the complaint fully, this should be agreed by both parties.	Yes	This happens, although this isn't documented anywhere so will need adding to our processes	Incorporate this into our process and policy	Agreed with the proposed action.
Where agreement over an extension period cannot be reached, landlords should provide the Housing Ombudsman's contact details so the resident can challenge the landlord's plan for responding and/or the proposed timeliness of a landlord's response	No	This has never happened before so we will need to incorporate this into our process and policy	Policy and procedures have been updated to reflect this change.	Agreed with the proposed action.
Where the problem is a recurring issue, the landlord should consider any older reports as part of the background to the complaint if this will help to resolve the issue for the resident.	Yes	All history of complaints, contact and issues are taken into account for all complaints	No Action Required	
Where residents raise additional complaints during the investigation, these should be incorporated into the stage one response if they are relevant and the stage one response has not been issued. Where the stage one response has been issued, or it would unreasonably delay the response, the complaint should be logged as a new complaint.	Yes	This can happen but is not documented so will need adding to our processes	Incorporate into process	Agreed with the proposed action.
If an extension beyond 10 working days is required to enable the landlord to respond to the complaint fully, this should be agreed by both parties. Where agreement over an extension period cannot be reached, landlords should provide the Housing Ombudsman's contact details so the resident can challenge the landlord's plan for responding and/or the proposed timeliness of a landlord's response	Yes	Only occurred once previously with the delay due to the complainant requesting to meet the Appeal Panel and this could not be accommodated until Covid restrictions were lifted.	Incorporate into process and policy	Agreed with the proposed action.
Must Do Requirements				
Effective dispute resolution requires a process designed to resolve complaints. Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right.	Yes	Yes we always address any complaints we uphold with detailed explanation highlighting the improvements made and an apology. These are sent to all senior managers each month and detailed in quarterly reports to our Executive Team and our Performance and Improvement Committee.	No Action Required	

Any remedy offered must reflect the extent of any service failures and the level of detriment caused to the resident as a result. A landlord must carefully manage the expectations of residents and not promise anything that cannot be delivered or would cause unfairness to other residents.	Yes	All decisions and resolutions to complaint cases are taken on their own merit. If a customer feels we haven't treated them fairly they can appeal and this is heard by our tenants appeals panel.	No Action Required	
The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.	Yes	As mentioned previously if work is to be carried out further down the line these remain as service promises and are checked on and reported on weekly.	No Action Required	
In awarding compensation, a landlord must consider whether any statutory payments are due, if any quantifiable losses have been incurred, the time and trouble a resident has been put to as well as any distress and inconvenience caused.	Yes	Compensation is considered when and where necessary. Guidance is usually sought from the Customer Relations Manager who uses the guide given to all organisations by the ombudsman to advise in any given case.	No Action Required	
Should Do Requirements				
Landlords should look beyond the circumstances of the individual complaint and consider whether anything needs to be 'put right' in terms of process or systems to the benefit of all residents.	Yes	Yes, especially so for complaints that relate to our policies. Complaints are taken in to account when doing any 'policy' review (i.e. the latest being fencing and allocations). They are also taken into account for wider issues such as material usage / changes and whole community schemes.	No Action Required	
In some cases, a resident may have a legal entitlement to redress. The landlord should still offer a resolution where possible, obtaining legal advice as to how any offer of resolution should be worded.	Yes	Our complaint policy excludes complaints about legal obligations, however we may have to respond to complaint that cover other legal areas such as Data protection (for example). In these cases advice is always sought and clear explanations are given.	No Action Required	
Must Do Requirements				
Accountability and transparency are integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints in their annual report and more frequently to their residents, staff and scrutiny panels.	Yes	As part of our complaints response we advise the complainant of our failures (where applicable) and the actions we have taken to address, we also publicise You said, we did across a wide audience. We report to EMT, P&I and Board on complaints performance and include action points to improve which are all available on our website. These are also given to TRIP.	No Action Required	
Should Do Requirements				
A member of the governing body should be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This role will be responsible for ensuring the governing body receives regular information on complaints that provides insight to the governing body on the landlord's complaint handling performance.	Yes	Our Chief executive is a member of the Board.	No Action Required	

<p>As a minimum, governing bodies should receive:</p> <ul style="list-style-type: none"> • Regular updates on the volume, categories and outcome of complaints, alongside complaint handling performance including compliance with the Ombudsman's orders • Regular reviews of issues and trends arising from complaint handling • The annual performance report produced by the Ombudsman, where applicable • Individual complaint outcomes where necessary, including where the Ombudsman made findings of severe maladministration or referrals to regulatory bodies. The implementation of management responses should be tracked to ensure they are delivered to agreed timescales. The annual self-assessment against the Complaint Handling Code for scrutiny and challenge. 	Yes	This is reported, as already commented to P&I on a quarterly basis and Board on an annual basis.	No Action Required	
<p>Any themes or trends should be assessed by senior management to identify potential systemic issues, serious risks or policies and procedures that require revision. They should also be used to inform staff and contractor training.</p>	Yes	Reports are sent to all senior managers on a weekly basis for all open and outstanding complaints, this is shared on a monthly basis for all complaints received the previous month including themes and volumes and the quarterly report that is sent to P&I is also sent to Heads of service to discuss with their own management teams.	No Action Required	
<p>Landlords should have a standard objective in relation to complaint handling for all employees that reflects the need to:</p> <ul style="list-style-type: none"> • have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments • take collective responsibility for any shortfalls identified through complaints rather than blaming others • act within the Professional Standards for engaging with complaints as set by the Chartered Institute of Housing 	Partial	Underpinned through our values and behaviours and reinforced through complaints training. What we do not refer to as part of this are the specific professional standard set by the Chartered Institute of Housing.	Incorporate CIH standards into future training programmes and team discussions.	<p>Agreed with the proposed action.</p> <p>Post meeting note: This action will be underpinned as part of discussions currently on-going with regard to culture, behaviours and values.</p>
Must Do Requirements				
<p>Landlords must carry out an annual self-assessment against the Code to ensure their complaint handling remains in line with its requirements.</p>	Yes	We did an initial assessment of the original code in April 2021 and then reviewed it in November 2021. This review will happen on an annual basis moving forwards, unless the frequency changes.		
<p>Landlords must also carry out a self-assessment following a significant restructure and/or change in procedures.</p>	No	This will need to happen as and when. It will also need to be communicated to all of Leadership and senior managers. Advice to be sought on what is classed as 'significant'	To be actioned as appropriate.	Agreed with the proposed action.

<p>Following each self-assessment, a landlord must:</p> <ul style="list-style-type: none">• report the outcome of their self-assessment to their governing body. In the case of local authorities, self-assessment outcomes should be reported to elected members• publish the outcome of their assessment on their website if they have one, or otherwise make accessible to residents• include the self-assessment in their annual report section on complaints handling performance	Yes	We have done this previously with the original review and will continue to do so with this review and all subsequent ones.	No Action Required	
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Appendix D



POLICY DOCUMENT

Compliments, Comments and Complaints Policy

POLICY TITLE:	Compliments, Comments and Complaints Policy
LEAD OFFICER:	Customer Relations Manager
DATE APPROVED:	
APPROVED BY:	St Leger Homes Board
IMPLEMENTATION DATE:	September 2019
DATE FOR NEXT REVIEW:	September 2024
ADDITIONAL GUIDANCE:	Customer Care Policy Customer Charter & Service Standards Dignity at Work Grievance Policy Compensation and Goodwill Policy Data Protection Policy Freedom of Information Policy Customer Involvement Strategy Vulnerable Persons Policy
ASSOCIATED CUSTOMER PUBLICATIONS:	Corporate Plan (2019-2024) Customer Access Strategy Equality and Diversity Strategy
TEAMS AFFECTED:	All Staff and Board Members
THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	(the previously named) Compliments, Compliments and Comments Policies or Procedures.

DOCUMENT CONTROL

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

Revision History

Date of this revision:	July 2022
Date of next review:	September 2024
Responsible Officer:	Customer Relations Manager

Version Number	Version Date	Author/Group commenting	Summary of Changes
4.1	July 2022	Tenant Appeal Panel Head of Customer Services Customer and Communications Service Manager	Changes in response to the review of the Housing Ombudsman's Complaints Code.

Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Staff consultation through Trade Unions if applicable	Not applicable – no fundamental changes	
Trade Union consultation if applicable	Not applicable – no fundamental changes	
Stakeholder consultation if applicable	Consultation with Heads of Service	June 2022
Equality analysis carried out on the intranet	Not applicable no fundamental changes	June 2022

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

Table of Changes

Date of changes	Changes
July 2022	SLHD definition of a complaint updated to be clear that the organisation referred to in the definition is St Leger Homes of Doncaster.
	Addition of a reasonable adjustment statement.
	Addition of procedures regarding response extensions at Stage 1 and Stage 2.

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	Addition of reasons why SLHD would not accept a complaint at Stage 2.
	Addition of how we will respond to complaints received via social media.



POLICY DOCUMENT

Compliments, Comments and Complaints Policy

1. Introduction

- 1.1 St. Leger Homes of Doncaster (SLHD) aims to provide the highest standard of service that is efficient, responsive and customer orientated, however we accept, that on occasions, we may give individuals cause to complain.
- 1.2 We recognise that customers have a right to complain, comment and compliment, about the provision, or non-provision, of services. As such, SLHD aims to provide an accessible, fair and inclusive complaints procedure for tenants, leaseholders and stakeholders; our customers. SLHD takes all complaints seriously as an important part of a commitment to customer care, always putting the customers at the heart of what we do, day in day out.
- 1.3 We view all complaints received as an opportunity to continuously improve its services to meet our customer’s needs by learning from and regularly monitoring all complaints.
- 1.4 We also want to know when we do things right, and therefore we equally value our customer’s comments and compliments as well.

2. Purpose

- 2.1 The purpose of our Complaints, Comments and Compliments Policy is to ensure that:
 - any customer who is not happy with the service received (or not received) from SLHD has an accessible and easy to use method for making a complaint, which offers rapid action and response;
 - the customer can be confident that their complaint will be dealt with confidentially, effectively and fairly, even if the outcome is not to their satisfaction;
 - SLHD uses complaints and comments positively, so that by listening to our customers and taking subsequent action to learn from our mistakes, we will continue to improve our services.

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- Board Members, partnering groups and all members of staff understand the need to handle complaints, comments and compliments through the correct operation of this policy;
- Customers are aware of their right and how to appeal, if they are not satisfied with the outcome of their complaint.
- If customers remain dissatisfied after their complaint has been through all stages of the internal complaints procedure SLHD will advise of their right to complain to their designated person (which is their MP or Councillor) or the Local Government Ombudsman (LGO) or Housing Ombudsman (HO) (dependent on the service area the dispute relates to).
- All compliments and comments received by SLHD are recorded and promoted to all staff. Compliments are used to ensure improved and consistent service delivery.

3. Scope

- 3.1 This policy relates to anyone who receives or requests a service from SLHD.
- 3.2 This policy is relevant to any customer, tenant or resident who wants to make a complaint, comment or compliment about any SLHD service

4. Complaints

4.1 What is a complaint

Our definition of a complaint is:

- 4.2 **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 acting on its behalf, affecting an individual resident or group of residents.**

Examples (as defined with the help of our tenants) are when we:

- do something wrong or badly;
- do not do something at all, that we should do;
- are impolite or unhelpful (this includes staff and contractors);
- do not provide a service within our specified times;
- fail to communicate as promised;
- fail to meet legal duties;
- providing wrong or misleading advice;
- failure to act within agreed policies, procedures or service standards;
- delays in undertaking work which cannot be explained within the terms of policy and procedure;
- bias or inequality of treatment;
- rudeness, offensiveness, attitude and actions of any SLHD staff

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- member or representative;
- failure to keep appointments;

Examples where individuals may express dissatisfaction that would not be regarded as complaints are:

- the general law, unless wrongly applied;
- requests for new services;
- persons or bodies over which SLHD has no control;
- matters which are, or could reasonably be expected to be the subject of court or tribunal proceedings, or which are in the hands of SLHD's insurers;
- the subject of the complaint occurred more than 6 months ago and/or is already subject to an on-going or resolved complaint;

5. Responsibilities, Timescales and Reasonable Adjustments

5.1 Complaints, compliments and comments may be received in any format, by letter, telephone, email, web form, social media or face to face and by any member of the organisation, referred to as the Receiving Officer. They can also be received via a Local Authority Councillor, Board Member, MP, Mayor's office or a 3rd party acting on behalf of a customer, with their consent, unless there is a legal basis, under the Data Protection Act 2018, to share personal information with a 3rd party representative without consent.

5.2 All complaints will be acknowledged within 3 working days and responded to within 10 working days from the day the complaint is received.

5.3 If the response cannot be completed in full by the 10th working day, the complainant will be notified to inform them of the progress of their complaint and when they will expect a full response. **Where it is necessary to extend a response beyond 20 working days and agreement over the extension period cannot be reached, we will provide the Housing Ombudsman's contact details so the complainant can challenge our plan for responding and/or the proposed timeliness of our response.**

5.4 **Where a complaint is received via social media we will acknowledge the complaint using private messaging so that all details of the complaint and the complainant are confidential. We will then process the complaint and assign a dedicated Customer Relations Officer to deal with the complainant.**

5.5 The complaint will be investigated taking into account:

- All the details provided by the complainant in support of their case;
- Whether or not the complainants has been treated fairly;
- Whether the complainant has experienced any unreasonable delays;

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- The relevant policies and procedures of SLHD have been applied correctly ensuring that individual needs are taken into account;
- Consistency when dealing with an individual person and when dealing with other tenants and complaints;
- Clarity where responsibility lies for any action to resolve the complaint;
- Respect of confidentiality

All responses to complaints will include:

- a response that is clear to read and free from jargon showing empathy and understanding
- the decision that has been reached;
- the reasons behind that decision, an outline of promises made to rectify the complaint (if applicable)
- who the complainant should contact if they are not happy with that decision and wish to take further action

5.6 Reasonable Adjustments

In line with our Equality and Diversity Statement and commitments, we will support the needs of our diverse customers by adapting this policy and associated procedures to accommodate an individual's needs

6. Stages of the Complaint

6.1 There are two stages to the complaints process:

Stage 1

6.2 This is the first opportunity to resolve the customer's complaint. The majority of complaints will be resolved at this stage by the relevant Service Manager or Team Leader. If the customer is dissatisfied with the response the complaint can be escalated to Stage 2, our Appeal stage.

Stage 2 - Appeals

6.3 If the customer is not satisfied with the answer they receive, they have the right to appeal. Appeals must be submitted within 20 working days of the date of the response letter along with any supporting evidence to the Customer Relations Team. Appeals will be acknowledged within 48 hours of receipt, excluding weekends, bank holiday or non-working days.

6.4 All appeals will be investigated in full by an independent Appeals Panel who will review and resolve complaints where the complainant is unhappy with the response at Stage One of the complaints process.

6.5 The remit of the panel is to be fair in their approach, independently investigating the complaint to come to a conclusion. The panel will help SLHD to learn from their complaints and to challenge where and when appropriate.

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6.6 The Appeals Panel will comprise:

- A Customer Relations Officer, who has not been involved in the original complaint investigation, who will act as the independent coordinator.
- A Service Specific technical expert(s). This will be an officer from SLHD who can provide knowledge of the complaint area in question and who hasn't been involved in the original investigation.
- 2 x St. Leger Homes' Tenant representatives who will be chosen from a panel of approximately 8-10 tenants. They will be independent of the original complaint and will ensure the complaint has been fully investigated.

6.7 The Appeals Panel will be provided with, before the meeting, the following information:

- The original complaint, investigation and the response letter
- Any relevant St Leger Homes policies and procedures the panel may need to consider
- The details of the appeal and why the tenant is unhappy with the original decision
- Details of what the tenant would like to happen to resolve the complaint to their satisfaction

6.8 Visits, inspections and any interviews the panel may want to conduct will be co-ordinated by the Customer Relations Team.

6.9 The Appeals Panel will:

- Appoint a chair, who will be one of the tenant members;
- Investigate and review the documentation provided and if necessary:
 - Interview any members of staff involved in the original investigation
 - Interview or visit the tenant / customer
 - Inspect any area / standard of work / property involved in the original complaint.
- Present their findings to the relevant Head of Service.
- Respond to the appeal within 20 working days, advising on the reasons for the outcome and the next stages of the complaints procedure.

6.10 Where it is necessary to extend the response time to an Appeal beyond and additional 10 working days and an agreement over an extension period cannot be reached, we will provide the Housing Ombudsman's contact details so the resident can challenge our plan for responding and/or the proposed timeliness of our response

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6.11 Where it is deemed not appropriate for a complaint to be progressed to the Appeal Panel the complainant will be informed of this in writing.

6.12 Reasons why a complaint would not be progressed to a Stage 2 Appeal include:

- The complainant not advising of the grounds on which they want to appeal and why they are not satisfied.
- The appeal is received outside of timescales.
- Abusive, offensive or threatening comments or behaviour.
- Where the complaint is a new complaint and not part of the original investigation.
- Where it refers to a legal or ongoing legal matter.
- Where it outside the remit of the services we deliver.

7. Unacceptable Behaviour and Unreasonably Persistent Complainants

7.1 SLHD is committed to dealing with complaints fairly and impartially and to providing a high quality service to those who make them. As part of this service SLHD do not normally limit the contact complainants have with their offices. However, SLHD will not tolerate behaviours by complainants which is unacceptable, for example, which is abusive, offensive or threatening, or if complainants are unreasonably persistent in contacting SLHD concerning the same issues. We will take action to protect staff from that behaviour

7.2 When a complainant's behaviours has been considered as being unacceptable or unreasonably persistent, we will explain why we find their behaviour to be unacceptable or unreasonable and ask them to change it. We will tell them that, if the unacceptable behaviour or unreasonable persistency continues we will take action to restrict their contact with our offices.

7.3 The decision to restrict access to our offices will be taken by the HOS and/or Executive Management Team (EMT). Any restrictions imposed will be appropriate and proportionate. The options SLHD are most likely to consider are:

- requesting contact in a particular form (i.e. by letters only)
- requiring contact be made with a named officer only
- restricting telephone calls to specified days and times
- requesting contact is made through a third party
- asking the complainant to enter into an agreement about their conduct
- if the complainant is a tenant, whether it may be treated as a breach of the tenancy agreement

7.4 In all cases we will write to the complainant telling them why we consider his or her behavior to be unacceptable or unreasonable and explaining what actions we are taking and the duration of that action.

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8. Unacceptable Behaviour

- 8.1 Where a complainant continues to behave in a way that is unacceptable, SLHD may decide to terminate contact with that complainant and discontinue any investigation into their complaint.
- 8.2 Where the behaviour is so extreme that it threatens the immediate safety and welfare of SLHD and Doncaster Council staff members, Councillors or any representatives working on behalf of SLHD/Doncaster Council members of the public and other tenants, and Doncaster Council we will consider other options:
- advise the complainant of their tenancy obligations
 - report the matter to the police
 - consider taking legal action
 - include on SLHD Potentially Violent Persons' register
 - if the complainant is a SLHD tenant, whether it may be treated as a breach of the tenancy agreement.
- 8.3 Depending on the circumstances we may not give the complainant prior warning of what action is taken.

9. Unreasonably Persistent Complainants

- 9.1 Where a complainant who persists in communicating with SLHD about the same issues, we may decide to terminate contact with them. In such cases we will read all correspondence from that complainant, but unless there is fresh evidence or it is a new complaint then we will acknowledge it or place it on file with no acknowledgement.
- 9.2 All new complaints from people who have been unreasonably persistent complainants will be treated on the merits of the complaint and not the person.

10. Compliments and Comments

Compliments

- 10.1 A compliment is when someone takes the trouble to tell us that a person, team or service we provide has exceeded their expectations and is worthy of praise and compliments should be unprompted and unsolicited. It is not a compliment if it has been given when completing a satisfaction survey.
- 10.2 All compliments received will be acknowledged and where a customer has provided a member of staff's name we will pass the compliment on to the member of staff or/and the team concerned, via an email from the relevant Director.
- 10.3 A selection of compliments will be shared each month in our staff magazine and all compliments uploaded onto SLHD's intranet site for all staff members to view.

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Comments

- 10.4 A comment is when a customer takes the trouble to tell us what changes they think would assist us in improving the delivery of our services.
- 10.5 Comments are also encouraged from our customers and are taken seriously as they also enable us to view our services from the customers' experience. Comments are acknowledged within 3 working days.
- 10.6 All comments are sent to the relevant Service Managers for them to record and action if any improvements are identified to the services they deliver and are used as "You Said, We Did" feedback

11. Service Promises

- 11.1 SLHD is committed to continuous improvement in service delivery.
- 11.2 Our Service Standards for Compliments, Comments and Complaints are:
- We will make it easy and straightforward for our customers to make a complaint, comment or compliment, publicising our service on our website and other platforms;
 - We will acknowledge and respond to your complaint and compliment in line with our Service Standards and published timescales and keep you informed if we cannot meet the timescale, explaining why and when we will respond;
 - We will ensure that you will have a full explanation to your complaint in your preferred format;
 - We will tell you if changes have been made to services following your complaint as "You said, We Did" reports
 - We will publish the quarterly performance figures on the SLHD website on how we are meeting our set timescales;

12. Monitoring and Review

- 12.1 We record the numbers of and reasons for complaints as well as the information necessary to ensure response times are met.
- 12.2 Regular reports are produced for all levels of the business highlighting any trends, which may suggest possible improvements in areas of service provision or practices. Customer journeys are also created and shared at all levels, highlighting a true journey of the reasons which led to the customer having to complain which then prompts changes to services.

13. Training

- 13.1 An overview is provided to all new starters at induction covering high level information to recognise and try and resolve a complaint.

13.2

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More detailed training is provided to members of staff who investigates and responds to formal complaints. Training is also provided to the Appeals Panel Members on all aspects of the policy and procedures but also on questioning techniques, communications skills and understanding customers' expectations.

14. Partnership working

14.1 We work in partnership with Doncaster Council and other partners to resolve any joint complaints.

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ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 1 ended 30 June 2022 KPI dashboard
Action Required:	For information
Item:	10
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	4 August 2022

1. Purpose

1.1. To provide Board members with the KPI dashboard as at 30 June 2022 and brief commentary for those KPIs where the target was not met. The KPI dashboard is attached at **Appendix A**.

2. Executive summary

2.1. There are 19 KPIs agreed with DMBC for 2022/23 and include :

- two measured quarterly – residents supported in training and residents supported in employment;
- four measured annually - STAR survey (2), energy efficiency and Decent Homes Standard numbers; and
- two KPIs relating to Homelessness do not have targets yet this year.

2.2. The table below summarises the KPI dashboard as at 30 June 2022. Performance comparatives have been included from previous years. At the end of June 2022, seven KPIs were met or were within agreed tolerances of target.

	Jun 2022	May 2022	Apr 2022	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Green (meeting target)	6	4	2	7	7	6	6	8	5	6	6
Amber (within tolerance)	1	2	2	4	3	3	2	2	3	1	1
Red (not meeting target)	6	7	7	5	4	5	4	7	7	8	8
No target (homelessness)	2	2	2	3	3	3	3	0	0	0	0
Quarterly / Annual KPIs	4	6	6	0	2	2	4	0	4	4	4
Total	19	19	19	19	19	19	19	17	19	19	19

2.3. The KPI targets for 2022/23 are considered to be very challenging across the board and work is underway to establish how challenging, and to examine if there are more realistic and achievable figures in the current climate.

2.4. This work includes benchmarking nationally and locally, and in particular for the latter, speaking with our neighbouring organisations in Yorkshire, Humberside and the Midlands to identify common issues, and to also identify and share best practice.

2.5. We submit monthly pulse survey performance data to Housemark and **Appendix B** summarises this data, and quartile positions with our peer group for April and May. June's benchmarking will be available in early August.

- 2.6. The 2021/22 year end performance data has been submitted to Housemark and we should be able to benchmark with all others who have submitted in late July.
- 2.7. Initially with our neighbours, benchmarking is likely to be the usual main KPIs – current arrears, void rent loss, void re-let times, sickness, repairs, gas servicing, etc. and then to look to expand on agreed areas. Our Q1 information has been shared and results will be circulated to EMT and Board at the earliest opportunity.

3. KPI commentary

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

Target **0.50%**
Jun 22 YTD performance **0.76%** **WORSE THAN TARGET – RED**

	Jun 2022	May 2022	Apr 2022	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Void rent loss YTD %	0.76%	0.78%	0.93%	0.79%	0.79%	0.79%	0.82%	1.00%	1.02%	0.97%	0.97%
Void numbers	151	148	181	178	147	159	142	159	216	195	209

The number of voids held at the end of June shows a slight increase of 3 to 151. This figure includes 18 non-lettable voids, consisting of the following;

- eight awaiting demolition;
- three awaiting investment;
- one acquisition; and
- six requiring adaptations by DC.

In-month performance at 0.73% shows a decline when comparing to the previous month (May) of 0.67%.

However, cumulative performance to end of June shows continued improvement in 2022/23 and now stands at 0.76%.

At the quarter end, it is pleasing to note that the total number of relets at 315 continues to exceed the total number of terminations of 281, and this has continued in to July. Because of this, void rent loss performance will continue to improve.

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

Target **20.0 days**
Jun 22 YTD performance **33.6 days** **WORSE THAN TARGET – RED**

	Jun 2022	May 2022	April 2022	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Re-let days	33.6	36.4	33.1	33.7	32.4	31.6	32.7	46.1	48.3	49.3	55.1

In-month performance for June shows improvement at 27.0 days, compared to May at 38.7 days, but this remains below target. Cumulative performance also shows an improvement at 33.6 days when comparing to the previous month of 36.4 days.

Stringent monitoring remains in place across all teams involved in the key to key process, to ensure work is completed in voids and all teams are working collaboratively to ensure that voids are re-let at the earliest opportunity, to assure a continued improvement in performance.

3.3. KPI 4: Number of Households in B&B Accommodation at month end

Profiled Target June	45	
Jun 22 YTD performance	76	WORSE THAN TARGET – RED

B&B placements are showing a rise as more people approach the service having been evicted from the private rented sector, relationship breakdowns or suffering domestic abuse.

Current performance is higher than the profiled target and is still firmly aiming for the year-end target of 30.

Work is underway to identify temporary accommodation properties within St Leger stock and identify private sector properties as extremely high levels of families approach the service.

We have recently been successful in a bid to the council to secure £1m additional funding over a 12-month period to deliver a homelessness transformation project, which will deliver demonstrable improvements and outcomes to the service including the reduced and minimal use of B&B. A recruitment campaign is underway.

3.4. KPI 7: Number of complaints upheld as a percentage of all interactions

Target	0.07%	
31 May * performance	0.12%	WORSE THAN TARGET – RED

*Complaints are reported one month in arrears to ensure that the complaints are closed down within our service standard of 10 working days.

The table below summarises the interactions and complaints upheld in the two months to end of May for five financial years:

	Interactions	Complaints	Upheld	% upheld against interactions	Not upheld as % of all complaints	Upheld as % of all complaints
22/23	63,052	229	76	0.12%	67%	33%
21/22	66,596	191	61	0.09%	68%	32%
20/21	39,886	118	35	0.09%	70%	30%
19/20	65,886	180	35	0.05%	81%	19%
18/19	55,343	173	30	0.05%	83%	17%

The table above shows volumes of both interactions and complaints and highlight the impact of Covid19 in April 2020. It also shows more complaints are being upheld as a proportion of all complaints in recent years, averaging at around a third of all complaints are now upheld.

In May 2022 we received 109 complaints. This is a decrease of 11 compared to last month and is 22 more than we received compared to May 2021.

31 of those 109 complaints were upheld (28.4%). The number of complaints upheld has decreased by four compared to last month and three more than May 2021.

Overall cumulative complaints total for 2022/23 is 229 which is an increase of 38 compared to the cumulative 191 at the same stage in 2021/22.

For the KPI, we analyse the % of complaints upheld against all customer transactions. This provides us with a picture of our customer's dissatisfaction and enables us to drill down further into the relevant service areas.

The information for May 2022, shows that we have not achieved our 0.07% target, achieving 0.09%. Cumulatively we are also over our target, achieving 0.12%.

The main themes for upheld complaints in May and April 2022 relate to time taken to complete a repair, staff actions and lack of communication/ information.

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

Profiled target	1.87 days	
June 22 YTD performance	2.35 days	WORSE THAN TARGET – RED

June saw 0.69 days absence per FTE just 0.09 days above target and a significant drop when compared to the previous month (0.84 days absence per FTE). Whilst still above target Year to date (YTD) (2.35 days vs 1.87 days), this month shows a steadying of the projected outturn at year-end.

Excluding Covid related absences YTD sits at 2.05 days per FTE. Property Services as a directorate continues to drive this figure above target accounting alone for 0.78 days per FTE (little change on last month). Other directorates remain at or around target.

This month sees a levelling out of short and long-term absence with no significant difference between the two.

YTD, stress related cases account for 31.6% of all absence with a significant decrease this month on all stress cases (reduction of 60 days). MSK has risen from the third to the second highest reason this month accounting for 16.8% of all absence. Work is underway to promote our wellbeing offer around MSK including on site wellbeing clinics and access to physio services and digital support through Medicash.

Covid19 drops to the third highest cause of absence this month accounting for 12.9% and a total of 44.59 days this month and the lowest number of days seen in a month since June 2021.

All cases continue to be managed in line with the attendance management procedures. Work has now begun to review the attendance management policy and in particular, the short-term triggers to enable us to more proactively manage short-term absence cases across the workforce. This review will take place over the summer with the aim for any changes to have been agreed and implemented no later than January 2023, which is the scheduled review date of the existing policy.

3.6. KPI 14 : Number of residents helped in to training or education Days

Profiled target	19	
June 22 YTD performance	0	WORSE THAN TARGET – RED

This KPI remains significantly under target as the end of Q1. There has been no WOW courses run at Doncaster College during quarter 1 and we have not had any WOW participants asking for training or employability assistance.

This will change significantly in Q2, which has already seen on July 11th, a new WOW multi skills course began at Doncaster College with 12 participants. This is a higher number than on recent other WOW courses and reflects the fact that we have opened up the criteria required for course participation. The new WOW cleaning course is also due to start in September and so those participants will be reflected in quarter 2.

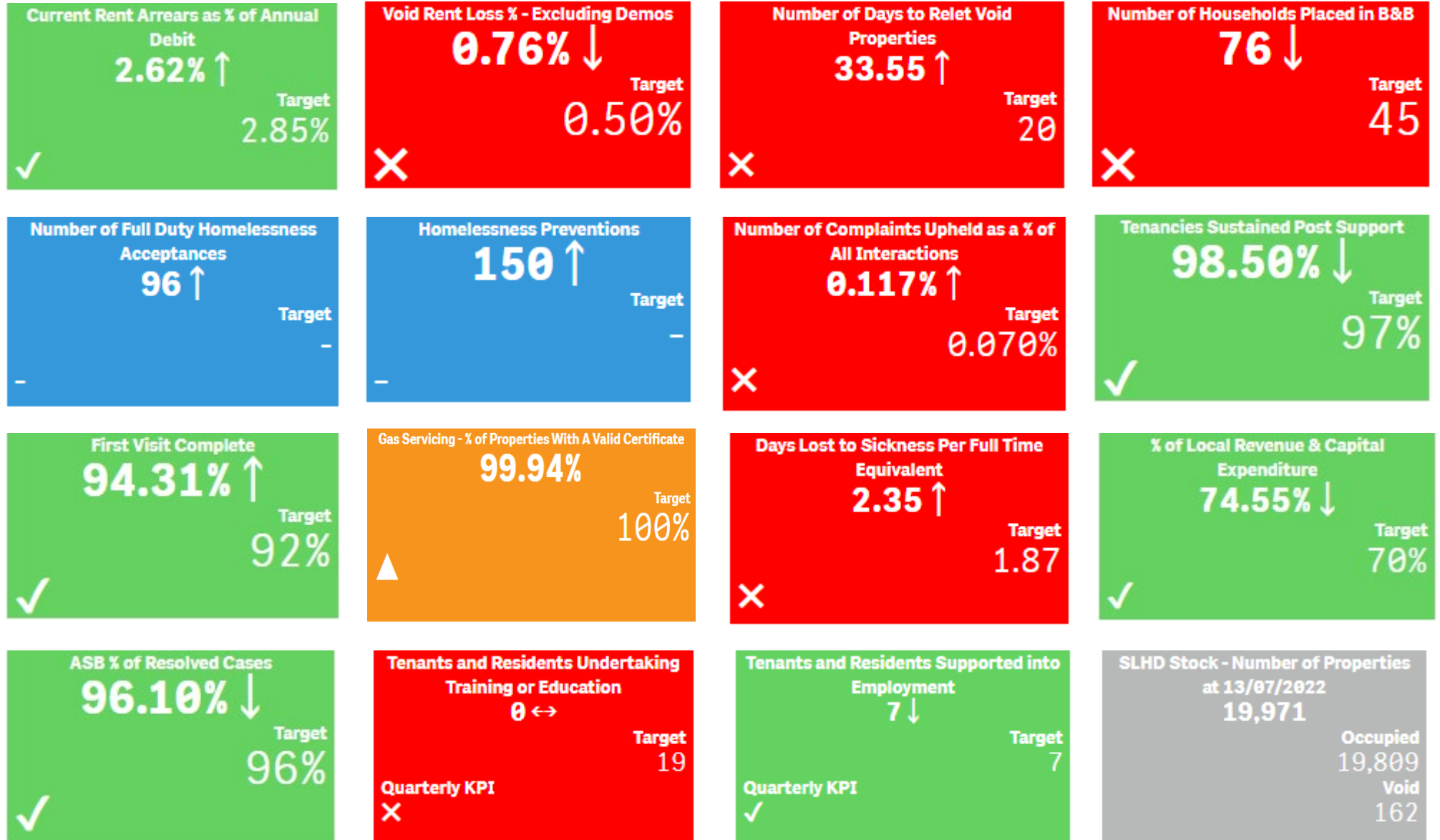
Lastly, we have also had a young student start a week of work experience on July 11th with SLHD and so the KPI figures will reflect these and other participants in the next report.

Nigel Feirn
Head of Finance and Business Assurance
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Appendix A – 30 June 2022/23 KPI dashboard

St Leger Homes of Doncaster Performance Dashboard 30 June 2022

Colour = Cumulative performance (Tick/Green = On Target, Triangle/Orange = Near to Target, Cross/Red = Not on Target, Blue = No Target)

NB : Arrows = compares performance in the month with performance in the previous month (↑ = Improved, ↓ = Not Improved, ↔ = Remained the same)



Benchmarking - Housemark monthly pulse survey results – May 22, April 22 and JUNE 22 (not benchmarked yet) Appendix B

MAY 22 Housemark pulse survey benchmarking

Measure	Q1	Median	Q3	SLHD	quartile	Polarity
True current tenant arrears at the end of the month (%)	3.22%	3.64%	5.66%	2.67%	Q1	Lower is Better
Number of social housing lettings completed in the month as a % of units	0.61%	0.49%	0.37%	0.61%	Q1	Higher is Better
Number of emergency repairs completed in month per 1,000 units	48.37	70.67	90.51	52.95	Q2	Lower is Better
No. of dwellings vacant but available to let at month end as % of units	0.41%	0.84%	1.24%	0.69%	Q2	Lower is Better
Percentage of working days lost to sickness absence in month	3.75%	4.68%	4.94%	4.70%	Q3	Lower is Better
Percentage of complaints resolved within timescale in month	93.1%	88.4%	75.7%	82.0%	Q3	Higher is Better
Number of non-emergency repairs completed in month per 1,000 units	154.33	185.57	209.09	295.85	Q4	Lower is Better
Number of formal complaints received in month per 1,000 units	0.98	2.14	2.94	5.45	Q4	Lower is Better
Percentage of homes with a valid gas safety certificate	100.00%	99.98%	99.86%	99.10%	Q4	Higher is Better
Number of new ASB cases reported	1.92	4.01	6.88	8.40	Q4	Lower is Better
Percentage of (non-emergency) repairs completed within target timescale	98.7%	89.3%	83.0%	42.8%	Q4	Higher is Better
Percentage of customer contact received via digital channels in month	34.4%	26.8%	18.8%	no data		Higher is Better
Percentage of domestic properties with EICR certificates up to 5 years old	99.15%	97.52%	88.14%	no data		Higher is Better
Satisfaction with repairs in month (transactional)	94.1%	92.3%	83.1%	no data		Higher is Better
Percentage of tenants satisfied with overall service their landlord provides	97.6%	87.0%	84.7%	no data		Higher is Better

APRIL 22 Housemark pulse survey benchmarking

Measure	Q1	Median	Q3	SLHD	quartile	Polarity
True current tenant arrears at the end of the month (%)	2.77%	3.37%	5.22%	2.48%	Q1	Lower is Better
Number of social housing lettings completed in the month as a % of units	0.43%	0.40%	0.31%	0.49%	Q1	Higher is Better
Number of emergency repairs completed in month per 1,000 units	45.27	60.56	103.66	50.30	Q2	Lower is Better
Number of nonemergency repairs completed in month per 1,000 units	132.72	163.34	229.93	156.80	Q2	Lower is Better
Percentage of working days lost to sickness absence in month	4.79%	5.05%	5.57%	5.10%	Q2	Lower is Better
Percentage of homes with a valid gas safety certificate	100.00%	99.93%	99.82%	99.83%	Q3	Higher is Better
No. of dwellings vacant but available to let at month end as % of units	0.50%	0.87%	1.25%	0.91%	Q3	Lower is Better
Percentage of complaints resolved within timescale in month	100.00%	85.63%	78.16%	81.67%	Q3	Higher is Better
Number of new ASB cases reported in month per 1,000 units	2.40	6.11	8.07	6.85	Q3	Lower is Better
Number of formal complaints received in month per 1,000 units	1.40	2.26	2.58	6.00	Q4	Lower is Better
Percentage of (nonemergency) repairs completed within target timescale	96.00%	92.71%	84.00%	71.4%	Q4	Higher is Better

NB : JUNE 2022 data has been submitted to Housemark but benchmarking results will not be known until late July at the earliest

JUNE 22 Housemark pulse survey benchmarking

Measure	Q1	Median	Q3	SLHD	quartile	Polarity
True current tenant arrears at the end of the month (%)				2.62%		Lower is Better
Number of social housing lettings completed in the month as a % of units				0.48%		Higher is Better
Number of emergency repairs completed in month per 1,000 units				22.7		Lower is Better
No. of dwellings vacant but available to let at month end as % of units				0.71%		Lower is Better
Percentage of working days lost to sickness absence in month				4.12%		Lower is Better
Percentage of complaints resolved within timescale in month				no data		Higher is Better
Number of non-emergency repairs completed in month per 1,000 units				157.7		Lower is Better
Number of formal complaints received in month per 1,000 units				no data		Lower is Better
Percentage of homes with a valid gas safety certificate				99.94%		Higher is Better
Number of new ASB cases reported per 1000 units				7.50		Lower is Better
Percentage of (non-emergency) repairs completed within target timescale				71.6%		Higher is Better
Percentage of customer contact received via digital channels in month				no data		Higher is Better
Percentage of domestic properties with EICR certificates up to 5 years old				no data		Higher is Better
Satisfaction with repairs in month (transactional)				no data		Higher is Better
Percentage of tenants satisfied with overall service their landlord provides				no data		Higher is Better

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 04 August 2022

Item : 11

Subject : Q1 Revenue Monitoring Report
2022/23

Presented by : Julie Crook
Director of Corporate Services

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

Purpose : To inform Board of the projected
revenue income and expenditure for
2022/23 and the actual and committed
income and expenditure to date as at
30 June 2022.

Recommendation :

For Board to note the Revenue Monitoring report as at 30 June 2022 and the projected outturn for the financial year 2022/23.

1. Report title

1.1. Q1 Revenue Monitoring Report 2022/23.

2. Purpose

2.1. To report income and expenditure to 30 June 2022, projected for 2022/23, variances to the approved budget and related commentary.

3. Executive Summary

3.1. After three months, an **overall deficit for the year of £751k** is projected, and includes a number of significant variances at this early stage of the year.

3.2. Housing Revenue Account (HRA) operations are projecting a **deficit of £665k** and Housing Options activities that are funded from the General Fund show a **deficit position of £86k, which is after the approval of £661k of additional management fee**. Below summarises by Directorate variances and therefore Surplus/Deficits compared to the '£zero' budget:

3.3. The table summarises where the material variances are occurring. Vacant posts and inflation are the two main drivers for the largest variances and commentary and detail appears below for HRA and Housing Options operations.

<u>Variiances</u>	Housing	Corporate	Property	Asset & HS	HRA 22/23 variance	Housing Options 22/23 variance
	£k	£k	£k	£k	£k	£k
Salaries	-42	-56	-637	-411	-1,146	846
Temporary staff	44	0	70	80	194	0
Utilities	218	0	0	845	1,063	86
Fuel	0	0	50	1	51	0
Materials	0	0	103	0	103	0
SLAs	0	-85	0	0	-85	-29
External Contractors	0	0	453	0	453	0
B&B and Security	0	0	0	0	0	-131
Private Rent Incentives	0	0	0	0	0	254
Other Income	0	0	0	0	0	-278
Additional Mgmt. Fee	0	0	0	0	0	-661
Net Others	0	0	-17	49	32	0
Surplus(-) / Deficit	220	-141	22	564	665	86
<i>WTE vacant posts (no.)</i>	<i>11.7</i>	<i>6.0</i>	<i>55.2</i>	<i>22.4</i>	<i>95.3</i>	<i>23.0</i>

NB: For this report, variances above £40k from the budget will be considered significant.

4. Budget pressures – 2022/23 assumptions

4.1. The projections table above contains a number of large budget pressures and drivers.

4.2. Utilities inflation is behind two of the largest variances – gas and electricity. Increased expenditure totalling £1.055m (see below) is currently projected on utility budgets of which £817k relates to the District Heating schemes at Balby Bridge and Ennerdale. This represents inflation at around 380% for gas and 112% for electricity, much higher than originally budgeted, as external market conditions cause energy costs to increase to unprecedented levels.

Description	£k
Gas	872
Electricity	173
Additional costs total	1,055
Additional Management Fee income (To be confirmed)	-1,055
Surplus and Deficit impact	0

4.3. As this is inflation related, additional Management Fee has been requested from DC but has not yet been approved, so is not in the projections.

4.4. The 2022/23 budget assumed a 2% pay award and the projections still assume this. Negotiations are ongoing nationally and the award is likely to be higher. As an example, a 1% higher award would equate to around £300k of additional expenditure, but this would be offset by an increase in management fee.

4.5. An added complication is that the 2% for 2022/23 is on top of the assumed increase of 2.75%, but only 1.75% was received in 2021/22, so the pay budget this year is £270k overfunded. The result of the additional management fee and overfunding will mean therefore the real surplus is only £120k, as summarised below.

	HRA £k	GF £k	SLHD £k
Current projections	665	86	751
Additional management fees requested	-1,055	-86	-1,141
Pay budget overfunded	260	10	270
True surplus	-130	10	-120

4.6. The staffing budget assumes a 4% vacancy factor, but vacancies are currently much higher than that – details appear at 7.20 below. If these vacancies persist, or even increase, this could impact adversely on SLHD's capacity to generate the budgeted capital works income.

4.7. As well as salary costs, recent information from the DC Energy team says there may be a further utility increases in October. We are awaiting further details and will incorporate and report as required.

5. Forward look to 2023/24 and 2024/25 challenges

- 5.1. At this early stage of the year, consideration is already being given to additional pressures and savings in 2023/24 and 2024/25.
- 5.2. DC have targeted £1m of savings from SLHD over three years and work has commenced to identify areas where this target can be achieved.
- 5.3. Within Housing and Corporate Services, a review of staff structures and office accommodation has potentially identified savings in the region of £150k.
- 5.4. Within Property Services, the Repairs Excellence project is identifying efficiency savings and also savings from changes to the call out service.
- 5.5. Additional budget provision for around £75k will be required for cladding maintenance from 2023/24, and this will be another added pressure on top of the savings to be identified.

6. 2022/23 Budgets - year to date key points and risks

HRA Operations

- 6.1. The main HRA variances projected for the year are in the following areas:
 - Salary costs; £1.146m (4%) under budget - due to vacant posts £1.248m less a projected overtime variance of £102k;
 - Temporary staff: £194k (452%) over budget to cover for vacant posts and additional requirements;
 - Utilities; £1.063m over budget due to
 - A 384% inflation increase (budgeted 55%) on commercial sites for gas based on the current pressures on demand in the markets.
 - Electricity budgeted increase by 38%, now expected to be 112%;
 - Fuel; £50k budget pressure based on the ongoing increase of cost of diesel, primarily, and petrol due to external factors driving up these costs;
 - Contractors; £453k over budget. Due to vacancies within Property Services key areas of work have been outsourced such as EICRs (electrical testing), Scheduled repairs, and standard void works to ensure delivery and performance targets are met; and
 - SLAs: £85k saving on ICT saving largely due to server rationalisation and relocating to the Civic Office.

Housing Options operations

- 6.2. The main Housing Options variances projected for the year are largely funded from additional management fee agreed by the Council and funding from DLUHC via the Rough Sleeper Initiative (RSI) as shown in the table below;

<u>Description</u>	<u>£k</u>
Additional Posts	846
Private Sector Housing Initiatives	254
Utilities inflationary pressure	86
Temp Accommodation & Security Saving (net of HB)	-119
Additional costs total	1,067
Additional Management Fee income	-661
RSI & Other Grants	-320
Surplus and Deficit impact	86

- 6.3. The main Housing Options variances projected for the year are:
- Salary costs : £846k (78%) over budget – comprising
 - new management fee posts totalling £593k, and
 - grant funded posts totalling £253k. This is reflected by increased management fee and Other Income forecasts.
 - Utilities: £86k over budget due to inflationary pressures.
 - Supplies & Services: £122k over budget, but funded from additional management fee. This includes
 - £253k to support initiatives to work with the private rented sector, which will facilitate access to additional accommodation units and will be used to help prevent people becoming homeless, and
 - a saving of £131k on the use of temporary accommodation (including B&B and security) due to anticipated success of the other measures.
 - Management Fee: £747k additional income; £662k relating to the additional funding agreed for the recovery plan, and £86k in relation to inflationary pressure on utilities.
 - Other income: £278k additional income;
 - £294k Rough Sleeper Initiative (RSI) grant
 - £26k Accommodating Ex-Offenders Grant
 - £42k reduction in Housing Benefit income to budget corresponding to the expected reduction in emergency accommodation

7. Operations - year to date key points and Risks/Key issues/Actions

- 7.1. Key issues or risks as summarised by Heads of Service are set out below (Appendices A-E).

Housing and Customer Services:

- 7.2. The only issue identified at this early stage for Housing Services is the inflationary pressure on the gas and electricity budgets for communal areas and halls.

- 7.3. There are no other material financial changes from the budgeted position projected at this stage.

Corporate Services:

- 7.4. In Corporate Services an early saving has been identified on the ICT SLA with Doncaster Council. Due to the rationalisation and reduction of servers as a result of TOP, along with the reduced infrastructure/network charges as a result of moving from St Leger Court and St Leger House to the Civic Office, the SLA is lower than originally estimated.

- 7.5. There are no other material financial changes from budgeted position projected at this stage

Property Services: Asset Management Services

- 7.6. The Asset Management Team and Health & Safety are currently holding 22.4 vacant posts and the majority are being held pending the re-alignment within the Directorate. Staff consultation is now expected to start at the end of July so realistically recruitment will start in September at the earliest. There are no major concerns on delivery of works within the service area in the short term.

- 7.7. The relocation of staff from St Leger Court (SLC) and St Leger House (SLH) to the Civic Building has taken place. The keys for SLH have been handed back at the end of March and the keys for SLC on 5 July. The dilapidation costs are still being finalised, but there is an additional budget pressure currently of approximately £34k on these two premises.

- 7.8. There are no other material financial changes from the position projected at this stage.

Property Services: Building Services

- 7.9. There is still a large number of vacant posts within Property Services (see below), although recruitment is in progress for the majority of the posts there has been difficulty in appointing, especially in certain trades such as Electricians and Joiners. Ongoing discussions with HR over our approach to recruitment are being held to find a solution. Agency staff, overtime and staff transfers internally are being utilised to cover certain posts and to ensure essential delivery targets are met.

- 7.10. Due to the number of vacancies, some works have been passed to contractors to ensure delivery and performance targets are met. These include;
- EICRs are still being carried out externally from last year as well as by our in house team, current forecasts expect £84k to be done externally.
 - Scheduled repairs backlog £75k, the original contractor passed 1,200 jobs back because they were unable to deliver.
 - Standard void works £160k, general and electrical works due to resource shortages.

- 7.11. Due to the increase in diesel and petrol prices, an estimated £50k cost pressure is projected at this early stage, although due to ongoing uncertainty this could increase further.

- 7.12. Lettable void numbers are similar to this time last year and at a manageable level. Resource issues especially around Joiners have resulted in some kitchen jobs going out to contractor to keep the numbers down and re-let times on target.
- 7.13. The table below shows repairs orders and void numbers after three months, and comparatives from earlier years. Aside from the quarter to June 2020, which was the first lockdown period, orders are at similar levels, but the mix of repairs has changed and is being investigated.

<u>Year to date repairs orders</u> – 3 months	Jun-22	Jun-21	Jun-20	Jun-19
	no.	no.	no.	no.
Emergency Orders	5,365	2,027	1,848	1,982
Urgent Orders	6,026	8,472	5,531	7,983
Routine Orders	3,824	4,195	1,012	4,099
Scheduled Orders	2,582	2,797	2,762	2,785
Total	17,797	17,491	11,153	16,849
<u>Voids</u>				
Terminations – <u>Year to date</u>	281	351	219	378
Lettings – <u>Year to date</u>	315	277	n/k	n/k
Lettable voids <u>at month end</u>	134	125	194	134
Non lettable <u>at month end</u>	10	8	0	0
Earmarked for demolition	8	0	0	0
Gross voids <u>at month end</u>	152	133	194	134

General Fund - Housing Options:

- 7.14. The Housing Options Service is still experiencing very high demand for services with circa 2,000 requests for service a month and an average of 50 customers per day claiming 'homeless tonight'. This is putting huge pressures on the workforce, providing minimum opportunities for robust case management and impacting on the use of B&B accommodation.
- 7.15. The table at 3.3 and details at 6.2 above show where and why the main variances to budget are projected at this stage
- 7.16. The service has been awarded additional funding from the Council to deliver a transformation project and also funding from DLUHC via the Rough Sleeper Initiative (RSI). It is estimated that the proposed solution will take 12 months from the date of implementation to address the backlog of cases.
- 7.17. The additional funding will cover two main areas;
- 20.5 FTE additional temporary staff members for a period of 12 months (seven of these posts are funded from RSI grant funding and will continue to be funded for a further two years from that approved grant allocation) at a cost of £846k these staff will primarily focus on prevention work and dealing with cases before they become homeless or at the relief stage and
 - Additional funding, £253k, to support initiatives to work with the private rented sector which will facilitate access to the much needed additional accommodation units and be used as prevention to people becoming homeless.

Employees:

- 7.18. The largest projected variance is in salary costs and totals £300k, but this comprises two main elements, one of which is in Housing Options and distorts the true position, as shown below

<u>Description</u>	<u>Variance</u> £k
HRA salary costs – underspend	-1,146
General Fund Housing Options salary costs – ‘overspend’	846
Net variance	-300

- 7.19. For Housing Options however, additional management fee has been approved and projected, so the net salaries savings variance will be much higher as a result of the vacant posts elsewhere in the business (see below).
- 7.20. There are currently 118.3 WTE posts vacant which equates to a 14% vacancy factor (VF). The budget assumes a 4% VF, equating to approximately 32.7 WTEs.

Budgeted Establishment	Vacant posts	22/23 Total vacant	22/23 Total vacant	21/22 Total vacant
2022/23 FTE		Jun-22 WTE	May-22 WTE	Q4 WTE
236.3	Housing and Customer Services	11.7	14.7	11.9
65.1	Corporate Services	6.0	7.0	6.0
82.4	Asset Management / H&S	22.4	22.4	16.2
401.8	Property Services	55.2	57.2	42.2
31.5	Housing Options	*23.0	22.5	3.0
* 817.1	Net Total vacant posts	118.3	122.7	74.5

* The Housing Options vacancies are largely new posts agreed as part of the recovery plan and were not included in the budgeted establishment.

8. Recommendation

- 8.1. For Board to note the Revenue Monitoring report as at 30 June 2022 and the projected outturn for the financial year 2022/23.

9. Procurement

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

10. Value For Money

- 10.1. Implications are referenced in this report as appropriate. Close budgetary control is imperative. Finance staff are working 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 considered within the body of the report

12. Legal implications

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

13. Risks

13.1. Financial and Operational risks are detailed in the report.

14. IT Implications

14.1. IT implications are referenced in this report as appropriate.

15. Consultation

15.1. No specific implications arising and 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. Equality and Diversity

16.1. There are no diversity issues arising from this report.

17. Communication

17.1. There are no communication requirements arising from this report

18. Environmental

18.1. There is no environmental impact resulting from the proposals in this report.

19. Recommendation

19.1. For EMT to note the Revenue Monitoring Report as at 30 June 2022 and the projected outturn for the financial year 2022/23.

Report author

Nigel Feirn – Head of Finance and Business Assurance
Budget Monitoring Working Papers 2022/23 Budget

Background Papers

Appendices A to E – Directorate Revenue Summaries
Appendices 1, 2 and 3 – Revenue summaries for SLHD, HRA and General Fund

1. Housing and Customer Services

- 1.1. At the end of June 2022, the Housing and Customer Services Directorate is projecting a **deficit of £220k**.

Housing Management

- 1.2. Overall budget at the end of Q1 is stable. Most forecasts projected to remain within or under budget, with the exception of utility costs which are projecting to be £218k (73%) more than budget,
- 1.3. All vacancies for the Housing Management service area have been checked and challenged and are all in the process of being recruited to
- 1.4. Overall, there are two area to note;
- **Employee Expenses** are currently showing a projected underspend, however last year the outturn was close to budget and this is expected again. Fuel costs are also expected to impact this. Managers have been tasked with ensuring all staff claims are up to date to ensure a clear picture of the impact is identified at the earliest opportunity.
 - **Premises Expenses** are a pressure area showing a significant projected overspend due to the increase in utility costs. There is no indication at this stage that usage from last year will change significantly. This will be closely monitored.

Customer Services

- 1.5. No major concerns or issues to report in respect of this budget. Currently forecasting an under spend on variance to date due to employee vacancies (salaries) which are being filled.

Choice Based Lettings

- 1.6. No exceptional variances in the Quarter 1 projected underspend, as previously reported. Main variances due to short-term vacancies due to maternity leave hours not being fully covered in the short term due to anticipated return to work in August.
- 1.7. The projected underspend is likely to be needed to support backfilling of secondments to support the IT upgrade to Open Housing later in the year.

2. Corporate Services

- 2.1. At the end of Q1 2022/23, the Corporate Services Directorate is projecting a **surplus of £141k**.
- 2.2. There are two main elements to this variance :
- Salary costs under budget by £56k
 - SLA cost savings of £85k as a result of server and infrastructure from TOP and relocation to Civic Office

Human Resources & Organisational Development (HR&OD)

- 2.3. There are no budget pressures at this stage of the year. HR&OD projected variances total just £12k on budgets totalling more than £1.2m.

Financial Services

- 2.4. There are no budget pressures at this stage of the year.

ICT & Business Excellence

- 2.5. Due to the rationalisation and reduction of servers as a result of TOP, along with the reduced infrastructure/network charges as a result of moving from St Leger Court and St Leger House to the Civic Quarters, the SLA is lower than originally estimated.
- 2.6. Supplies and Services will include a number of in year procurements for hardware and software solutions but is expected to be within budget.

3. Asset Management Services

- 3.1. At this early stage in the financial year, the service area is forecasting an end of year **deficit of £564k**, which is mainly due to vacant posts that are being held pending the re-alignment within the team and the utility cost increases. However due to the likelihood of us having to engage with agencies to assist in recruiting to some of the more hard to fill posts this will reduce current projected staffing savings. The current fee model for agencies that we have contracted is in the region of 15% of the annual salary.
- 3.2. In addition to this there is also the likelihood of having to temporarily fill some of these vacant posts with agency staff at cost of around £300-400 per day.
- 3.3. Even though the External Maintenance Contractor (Revenue) budget line is projected in line with budget, it should be noted that we are aware of a substantial amount of work that will need to be sub-contracted over the coming weeks/months and if this trend continues for the remainder of the financial year then it is predicated that this line may overspend. We will closely monitor this over the coming months.
- 3.4. There is also a £25k projected overspend on premises which in large is down to the handover dates for St Leger Court and St Leger House being delayed. The assumption was 1 May for both but handover for one was early and one was delayed.
- 3.5. Other issues to note are:
 - The rise in utility costs for buildings and fuel costs for vehicle fleet present a potential risk/budget pressure for the service area over the coming months.
 - A detailed dilapidation schedule for St Leger Court and St Leger House have yet to be received, which may present a budget pressure.
 - The need to replace the aging CCTV at shaw lane has meant that the repairs budget for the year for the building has already been reached. Further repairs/improvements are still required at this building but are not yet budgeted for. Linked to this, alarms and security costs for the building have already overspent due to the need to hire temporary additional security pending the installation of the new CCTV system.
 - There may be a need to increase refuse collection provision to some communal halls due to welfare use and complaints from users, thus increasing the SLA costs.

4. Property Services

- 4.1. Employee Expenses; Savings have been identified at Q1 through vacancy projections, these are offset with overtime £95k and agency £70k and may increase if vacant posts are not filled.
- 4.2. Also to note, an additional £56k (not budgeted for) has been projected this month for the agreed re-grading of the Team leaders that included some back pay paid during June.
- 4.3. Materials; £103k overspend in the void and responsive areas due to inflationary increase in material prices around windows/doors and glazing.
- 4.4. External Contractors; is projecting to overspend by £453k at Q1. This is a direct result of the continued reliance on contractors to carry out work due to the shortfall in SLHD resources.
- 4.5. Increase include; Scheduled Repairs £75k – Tomlinson unable to deliver the works so handed back the work issued to them last year (circa 1200 jobs) , our in-house teams will now deliver this work as tenants have already been waiting for these repairs. Therefore, with the commercial team we are looking to use Fullwood and maybe Wates to pick up July/August works.
- EICRs – Denton & Nickels to carry out approx. 600 so projection will be £84k.
 - Voids – Denton & Nickels contractor costs of £60k are projected to carry out electrical works and Gas boiler swaps
 - Voids – Fullwood £100k works projected to be passed on (standard void works) due to resource issues mainly around Joiners and the backlog of Kitchens. Any works on capital will be funded by the Capital programme, but will impact what the voids team can deliver in-house.
- 4.6. **Risks**; still mainly around the large number of vacancies and being able to deliver capital works, with realignment of resources from scheduled repairs to maximise income. We will continue to increase reliance on external contractors to ensure we meet service delivery targets, although our contractors are also struggling to attract some trades such as electricians.
- 4.7. Fuel is still a risk at this stage, but we are closely monitoring over the next couple of months to see if the price does increase further and our P2 projections remain as this stage.
- 4.8. Materials; we still see increased costs with non-contractual commodities and we have recently seen kitchen manufacturers change their ranges of doors/worktops that will have an impact on sourcing an equivalent for repairs.

5. **General Fund Housing Options**

- 5.1. The Housing Options service is projecting a **deficit of £86k** at Q1.
- 5.2. There are a number of significant variances projected at this stage – Salaries, Utilities, Homelessness and B&B costs - but the net effect is £zero as additional income is projected by way of additional management fee £748k or grant related funding £278k.
- 5.3. Details are reported above throughout the main body of the report.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2022

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 30 June 2022 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	29,134	7,280	6,888	-392	29,028	-105	0%
Premises Expenses	2,228	560	527	-33	3,420	1,192	53%
Transport	2,463	620	618	-2	2,498	35	1%
Supplies & Services	4,215	1,050	1,195	145	4,343	127	3%
Materials-Buildings Services	6,188	1,550	1,593	43	6,291	103	2%
Service Level Agreements	4,017	1,000	136	-864	3,903	-114	-3%
Total Management Expenditure	48,244	12,060	10,958	-1,102	49,482	1,238	3%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,291	320	516	196	1,744	453	35%
External Maintenance Contractors (Capital)	674	170	24	-146	674	0	0%
Total Maintenance Expenditure	1,965	490	540	50	2,418	453	23%
Gross Expenditure	50,209	12,550	11,497	-1,053	51,900	1,690	3%
Income							
Management Fee - HRA	-34,206	-8,550	-8,552	-2	-34,206	0	0%
Management Fee - General Fund	-2,088	-520	-522	-2	-2,750	-662	32%
Recharges to Capital Schemes (In House)	-10,585	-2,650	-2,537	113	-10,585	0	0%
Recharges to Capital Schemes (Contractors)	-674	-170	-24	146	-674	0	0%
Other Income	-2,656	-660	-81	579	-2,934	-278	10%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-50,209	-12,550	-11,715	835	-51,149	-940	2%
Surplus(-) / Deficit	0	0	-218	-218	751	751	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2022 - HRA ONLY

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 30 June 2022 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	28,028	7,000	6,584	-416	27,077	-951	-3%
Premises Expenses	1,422	360	483	123	2,528	1,105	78%
Transport	2,463	620	618	-2	2,498	35	1%
Supplies & Services	2,987	740	853	113	2,993	5	0%
Materials-Buildings Services	6,188	1,550	1,591	41	6,291	103	2%
Service Level Agreements	3,965	990	187	-803	3,879	-85	-2%
Total Management Expenditure	45,053	11,260	10,315	-945	45,265	212	0%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,291	320	516	196	1,744	453	35%
External Maintenance Contractors (Capital)	674	170	24	-146	674	0	0%
Total Maintenance Expenditure	1,965	490	540	50	2,418	453	23%
Gross Expenditure	47,018	11,750	10,855	-895	47,682	665	1%
Income							
Management Fee - HRA	-34,206	-8,550	-8,552	-2	-34,206	0	0%
Management Fee - General Fund	0	0	0	0	0	0	-
Recharges to Capital Schemes (In House)	-10,585	-2,650	-2,537	113	-10,585	0	0%
Recharges to Capital Schemes (Contractors)	-674	-170	-24	146	-674	0	0%
Other Income	-1,552	-380	-179	201	-1,552	0	0%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-47,018	-11,750	-11,291	459	-47,018	0	0%
Surplus(-) / Deficit	0	0	-437	-437	665	665	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2022 - General Fund Housing Options

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 30 June 2022 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	1,105	280	305	25	1,951	846	77%
Premises Expenses	806	200	43	-157	892	86	11%
Transport	0	0	0	0	0	0	-
Supplies & Services	1,228	310	342	32	1,350	122	10%
Materials-Buildings Services	0	0	3	3	0	0	-
Service Level Agreements	52	10	-50	-60	23	-29	-55%
Total Management Expenditure	3,192	800	642	-158	4,217	1,026	32%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	0	0	0	0	0	0	-
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
Total Maintenance Expenditure	0	0	0	0	0	0	-
Gross Expenditure	3,192	800	642	-158	4,217	1,026	32%
Income							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-2,088	-520	-522	-2	-2,750	-662	32%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	0	0	0	-
Other Income	-1,104	-280	98	378	-1,382	-278	25%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-3,192	-800	-424	376	-4,131	-940	29%
Surplus(-) / Deficit	0	0	219	219	86	86	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board

REPORT

Date : 04 August 2022

Item : 12

Subject : Q1 Capital Monitoring Report
2022/23

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the projected capital expenditure for 2022/23, the funding available and the actual and committed expenditure to date as at 30th June 2022.

Recommendation:

For Board to acknowledge the Capital Monitoring Report and the projected outturn for the financial year 2022/23.

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. 12
Date: 04 August 2022**

1. Report Title

1.1 Q1 Capital Monitoring Report 2022/23 as at 30 June 2022.

2. Executive Summary

2.1 The reported projections at Q1 show the planned, in-year spend on the Housing Capital Programme would be £34.36m, an under-spend to the revised budget of £5.38m.

3. Purpose

3.1 To inform Board of the projected capital expenditure for 2022/23, the funding available and the actual and committed income and expenditure to date as at 30th June 2022.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the forecast outturn for the financial year 2022/23.

5. Background - Housing Capital Programme 2022/23

5.1 The Housing Capital Programme for 2022/23, for which SLHD has overall financial management is summarised at Appendix A. The projected in year spend of £34.36m is an under-spend of £5.38m from the budgeted spend of £39.74m.

5.2 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.

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

5.4 The Council approved a four year Housing Capital Programme on 28th February 2022, totalling £204m across the four years.

The main priorities of the programme in 2022/23 are:

- Council House Build Programme.
- 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) / Over spends and %'s are summarised below.

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD is forecast to outturn at £26.04m against resources of £28.59m, an under-spend of £2.55m.

6.3 (0.34m, 17%, under budget) Internal Works

The proposed communal flooring works to the high rise buildings have been reprofiled pending the contractor completing the ongoing external works. The works are now estimated to be carried out in 2023/24.

6.4 (£1.61m, 13%, under budget) External Works

(£800k, External Planned / Thermal Works)

A total of £6.2m is forecast to be spent in 2022/23 delivering thermal improvement works to an estimated 467 properties. Internal recruitment issues are delaying the next phase of works being progressed which would deliver a further 50 properties.

(£576k, High Rise Buildings)

The planned delivery of the decoration / asphalt works to the high rise balconies has been revised by the contractor due to knock on delays associated with the prioritised cladding removal. Works to the first block has been re-scheduled to commence in April 2023.

(£230k, External Planned (In house))

The forecast spend on external planned maintenance works has been revised due to resources being reassigned to deliver £150k of Acquisition works and £80k Communal refurbishment works. The overall level of in house income remains unchanged.

6.5 (£0.48m, 82%, under budget) IT Improvements

The reporting area of the £475k HRA contribution towards secure & resilient technology has been changed. It is now included as part of the Digital & ICT part of DMBC's Corporate Resources Capital Programme.

6.6 £0.15m, over budget, Acquisitions

The estimated cost associated with the refurbishment of two recently acquired properties is £150k. Upon completion, the properties will become part of the existing stock.

6.7 (£0.28m, 72%, under budget) Assistance Loans

The empty home loan product with Sheffield Homes and Loans is yet to be approved and the uptake on empty property landlord grants is expected to be minimal.

7. DMBC Managed Schemes

7.1 The element of the capital programme managed by DMBC is forecast to outturn at £8.32m against resources of £11.15m, an under-spend of £2.83m.

7.2 (£2.74m, 32%, under budget) Council House New Build.

Phase 1.

(£0.14m) Adwick Lane, Toll Bar. 21 units

(£0.04m) Athelstance Cres, Edenthorpe. 5 units

(£0.06m) Appleby Road, Intake. 7 units.

The forecasts have been revised as elements of the schemes were delivered last year; in advance of the original planned spend profile. Unforeseen compensation events has resulted in the overall cost of the three schemes to overspend by an estimated £176k. The overspend will be met from the approved resources identified for the future Council house new build programme.

(£0.53) North East Road, Thorne 20 units.

Delays associated with acquiring planning permission has resulted in the forecast spend to be slipped into 2023/24.

Phase 2.

(1.97m Council house new build)

The estimated budgeted spend on the Phase 2 developments has been revised to reflect a new delivery programme. The exact costs and phasing of the developments will be updated following a full tender exercise. Upon completion, this phase of the new build programme will deliver up to 126 new units that will be added to the Council's existing stock.

8. Future Plans / Work In Progress.

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

9. Procurement

9.1 All the work delivered through the DMBC capital programme were procured in line with the requirements of DMBC's financial procedure rules and contract standing orders.

9.2 Delivery of the projected programme for 2022/23 will be subject to the availability of st leger homes employees, building materials and contractors as the whole sector is experiencing issues post Covid.

10. VFM Considerations

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

11. Financial Implications

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

12. Legal Implications

12.1 There are no legal implications arising from this report.

13. Risks

13.1 Risk implications are implicit in the report. DMBC's Capital Programme budget was £38.3m to deliver a number of priorities, primarily building new affordable homes and improving and maintaining existing housing stock.

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

- Contract risk with Fortem;
- Fire doors;
- Ongoing compliance risks;
- Ongoing investigations of the render on high rise blocks.

14. IT Implications

14.1 Not applicable.

15. Consultation

15.1 All Budget holders and EMT.

16. Diversity

16.1 There are no diversity issues arising from this report.

17. Communication Requirements

17.1 There are no communication requirements arising from this report.

18. Equality Impact Assessment (New / Revised Policies)

18.1 Not Applicable

19. Environmental Impact

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

20. Report Author, Position, Contact Details

20.1 David Henderson
Management Accountant 01302 737987

21. Background Papers

21.1 Appendix A - Capital Programme (2022/23-2025/26) budget report 28 February 2022.

Summary of Housing Capital Programme 2022/23 as at 30 June 2022

	Original Estimate - Approved Programme £000	Revised Budget (Inc Slippage) £000	Forecast Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,750	2,750	2,750	0
Mechanical and Electrical Improvements	2,921	2,921	2,921	0
Sprinklers / Fire Safety Works	1,507	2,002	2,002	0
Internal Works	1,727	2,067	1,727	(340)
External Works	12,296	12,197	10,591	(1,606)
Environmental Works	2,009	2,200	2,200	0
IT Improvements	500	580	105	(475)
Acquisitions	373	543	543	0
Acquisition Refurbishments	-	-	150	150
Caravan Site Improvements	1,340	1,367	1,367	0
Assistance Loans	360	391	111	(280)
Demolition HRA	70	70	70	0
Sub-Total	27,353	28,588	26,037	(2,551)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,200	2,100	(100)
Council House New Build	8,687	8,687	5,953	(2,734)
Affordable Housing	88	211	211	0
Demolitions	54	54	59	5
Sub-Total	11,029	11,152	8,323	(2,829)
Overall Housing Programme Total	38,382	39,740	34,360	(5,380)
Funding				
Major Repairs Reserve / Depreciation	19,870	21,047	17,390	(3,657)
Revenue Contribution - HRA	9,271	9,271	6,793	(2,478)
Usable Capital Receipts	2,203	2,261	2,054	(207)
Section 106	88	211	211	0
Prudential Borrowing	6,950	6,950	4,762	(2,188)
Grants	-	-	3,150	3,150
Under(-) / Over Commitments	38,382	39,740	34,360	(5,380)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2022/23 as at 30 June 2022

	Original Estimate - Approved Programme	Revised Budget (Inc Slippage)	Forecast 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	2,750	2,750	2,750	0
Mechanical and Electrical Improvements	2,921	2,921	2,921	0
Sprinklers / Fire Safety Works	1,507	2,002	2,002	0
Internal Works	1,727	2,067	1,727	(340)
External Works	12,296	12,197	10,591	(1,606)
Environmental Works	2,009	2,200	2,200	0
IT Improvements	500	580	105	(475)
Acquisitions	373	543	543	0
Acquisition Refurbishment	0	0	150	150
Demolition HRA	70	70	70	0
Sub-Total	25,653	26,830	24,559	(2,271)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,200	2,100	(100)
Council House New Build	8,687	8,687	5,953	(2,734)
Sub-Total	10,887	10,887	8,053	(2,834)
Overall Housing Programme Total	36,540	37,717	32,612	(5,105)
Funding				
Major Repairs Reserve / Depreciation	19,870	21,047	17,390	(3,657)
Revenue Contribution - HRA	9,271	9,271	6,793	(2,478)
Usable Capital Receipts	449	449	517	68
Prudential Borrowing	6,950	6,950	4,762	(2,188)
Flood Grant	0	0	3,150	3,150
Under(-) / Over Commitments	36,540	37,717	32,612	(5,105)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2022/23 as at 30 June 2022

	Original Estimate - Approved Programme £000	Revised Budget (Inc Slippage) £000	Forecast Outturn £000	Variance - Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	1,340	1,367	1,367	0
Assistance Loans	360	391	111	(280)
Sub-Total	1,700	1,758	1,478	(280)
DMBC Managed Schemes				
Affordable Housing	88	211	211	0
Demolitions	54	54	59	5
Sub-Total	142	265	270	5
Overall Housing Programme Total	1,842	2,023	1,748	(275)
Funding				
Usable Capital Receipts	1,754	1,812	1,537	(275)
Section 106	88	211	211	0
Under(-) / Over Commitments	1,842	2,023	1,748	(275)
Percentage Funded	100%	100%	100%	

Governance Summary Communications Template

Report from:	Audit & Risk Committee	
Date of meeting:	20 June 2022	
Report author:	Trevor Mason	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p><u>1. Internal Audit Reports - Fuel Cards</u> The Internal Audit Manager reported that this was the first Audit report completed this year and unfortunately we were only able to provide limited assurance that fuel card expenditure and the reputation of the company, was properly safeguarded against fraud.</p> <p>This was due to significant weaknesses in the Control environment relating to operative compliance and monitoring arrangements and issues with the data that was available.</p>	<p>The Committee noted its concerns about issues raised in the audit report and requested a further update at its next meeting addressing</p> <ul style="list-style-type: none"> (a) Progress on responding to the specific recommendations of the report; (b) An EMT view and proposed actions to address the weaknesses in management and supervision of fuel card use and the gaps in data management and activity tracking. 	
<p><u>2. Contract Standing Orders</u> The Head of Procurement reported that that approval was sought to make a series of changes to the Contract Standing Orders (CSOs) as per the draft shown in Appendix 1 of the report.</p>	<p>The Committee noted the report and agreed to implement the changes immediately.</p>	
<p><u>3. Committee Annual Report</u> The Director of Corporate Services presented the draft report which provided an annual overview of the activities undertaken by the Committee and would provide assurance to Board that the Committee had fulfilled its Terms of Reference.</p>	<p>The Committee noted the contents of the report and invited any further comments, particularly around Procurement to be forwarded directly to the Director of Corporate Services.</p>	
Additional notes for communication to governance:		
None.		

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

20 June 2022

Present

Trevor Mason (Chair), Sam Bartle and Phil Cole

In Attendance

Julie Crook - Director of Corporate Services (JCr), Nigel Feirn - Head of Finance and Business Assurance (NF), Holly Wilson – Head of Procurement (HW), Nicci Frost-Wilson - Doncaster Council's Internal Audit Manager (NFW), Jason Burgess – Beevers and Struthers (JB), Richard Graham – Beevers and Struthers (RG) and Shauna Brady (SB) – Executive Support Officer (minutes).

		ACTION
1.	Apologies and Quorum	
1.1	Apologies were received from Richard Allan Jones and Anthony French. Quorum was noted and the meeting commenced. Introductions were made and the Chair thanked Sam Bartle and Phil Cole for attending the meeting to enable it to be quorate.	
2.	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3.	Financial Statements	
3.1	The purpose of this report was for the Committee to undertake a full and detailed review of the financial statements of the Company for the year ended 31 March 2022 and to recommend to Board for approval at its meeting on 7 July 2022.	
3.2	Jason Burgess reported that the vast majority of the work had been completed although there were some outstanding actions as detailed on page 7 of the Audit Management letter, although since the report had been circulated a number of these actions had now been completed namely debtors testing, income testing, creditors testing, pensions and operating leases. It was noted that journals testing was underway and some glitches had been identified with the data, which would be resolved asap.	
3.3	It was pleasing to report that no additional issues had been identified and there were no issues with the draft Financial statements.	

- 3.4 It was noted that the largest item on the balance sheet was the pension figures.
- 3.5 Questions were invited from the Committee.
- 3.6 What is the FRS17 pension as opposed to the general pensions?
- 3.7 The Director of Corporate Services reported that we re-evaluate the fund every 3 years and adjust the contribution rates accordingly and this feeds into future budgets. These figures are the “real” pension figures which these figures aim to keep the fund fully funded.
- 3.8 It was noted that the assets of the South Yorkshire pension funds are all held together and we all have our own section. The figures on the balance sheet are “notional” worst case scenario figures based on the assumption that everyone in our pension fund retired as at 31 March 2022 and what the deficit would be.
- 3.9 It was noted that the numbers do fluctuate, however the deficit had reduced significantly since the last year.
- 3.10 For 2021/22, the pension fund has a new actuary – Hymans Robertson - having previously been with Mercers for a number of years. The actuary reviews the pension fund assets, liabilities assumptions and on an annual basis provide an update report for the figures to be included in the financial statements.
- 3.11 A Member commented that he appreciated that the figures were somewhat notional but how did this stack up for the future?
- 3.12 It was noted that we are we were not trying to fully fund the figure which is included on the balance sheet. We are trying to fund the pension fund based on the three year valuations of what is actually required and the valuation based on 31 March 2022 is currently ongoing and the results will feed into future budget projections.
- 3.13 The Chair queried in terms of the financial statements, what is the driver for the creditors?
- 3.14 The Head of Finance and Business Assurance clarified that nothing has changed in our approach; therefore, it was just down to timing as to when invoices were received and paid
- 3.15 Richard Graham concluded that concerning Pensions it was really just a book keeping exercise.
- 3.16 Jason Burgess thanked the Director of Corporate Services, the Head of Finance and Business Assurance and the team for their hard work and support throughout the audit.
- 3.17 **The Audit and Risk Committee recommended the Annual Financial Statements for presentation to the Board.**

3.18 The Chair thanked Beever and Struthers for their presentation and they left the meeting.

4. Previous Minutes and Matters Arising – 4 March 2022

4.1 The minutes of the meeting held on 4 March 2022 were agreed.

4.2 **From Agenda Item 7.8 – Internal Audit Reports – General Financial** - The Director of Corporate Services reported that this was still ongoing and a further update would be provided as part of the outstanding audit actions report. The Chair clarified that this related to a manual process. The Head of Finance and Business Assurance reported that this was nearing completion with further testing taking place.

4.3 **From Agenda Item 7.11 – Internal Audit Reports – TOP Phase 2**
The Director of Corporate Services reported that she had thanked the team for their hard work.

4.4 **From Agenda Item 9.1 – Internal Audit Plan 2022/2023 –** The Director of Corporate Services confirmed that the Internal Audit Plan had been circulated and R A Jones had approved this plan.

5. Monitoring of SLHD Internal Audit Programmes by DMBC Internal Audit

5.1 The Head of Finance and Business Assurance provided an update against progress against the 2022/23 Internal Audit programme and an update on progress made regarding outstanding audit actions.

5.2 It was noted that at the last meeting it was reported that there were no previous recommendations outstanding, and five were to be added from two of the audit reports – General Financial (3) and Temporary Accommodation (2) from the concluding work of 2021/22 that were presented at the meeting.

5.3 The year had ended in a good position, with 5 recommendations outstanding as at June 2022. Work had commenced with all of them with completion imminent.

5.4 **The Committee noted the contents of the report.**

6. Internal Audit Reports

6.1 Fuel Cards The Internal Audit Manager reported that this was the first Audit report completed this year and unfortunately we were only able to provide limited assurance that fuel card expenditure and the reputation of the company, was properly safeguarded against fraud.

- 6.2 This was due to significant weaknesses in the control environment relating to operative compliance and monitoring arrangements and issues with the data that was available.
- 6.3 It had been impossible to quantify fuel usage and therefore calculate miles per gallon rates due to the large number of employees not following the policy.
- 6.4 The Director of Corporate Services reported that they were very disappointed as a management team to receive the findings of this report and an update had been requested back to the management team within 6 weeks.
- 6.5 The Chair reported that we had 350 vans, how many managers are involved in this audit?
- 6.6 The Internal Audit Manager confirmed that there was 12 Team Leaders within Property Services.
- 6.7 A member sought further clarification as to what constitutes fuel card ownership?
- 6.8 It was reported that fuel cards are assigned to the staff member and not to the van.
- 6.9 A member commented that potentially two kinds of fraud could be occurring, employees using the card to fuel their own vehicle and employees using the van for personal use.
- 6.10 A member commented that he was also astonished to see that we are unable to track our vehicles.
- 6.11 Clarification was given that vehicles are tracked, at all times.. The Internal Audit Manager reported that we could see if a vehicle was on a Petrol forecourt at any given time and a receipt shows that the vehicle was fuelled.
- 6.12 The Chair reported that we need to look at this in more detail, it appeared that Managers almost seeming to be complicit with staff helping themselves to fuel. There were clear issues that needed to be addressed, that go beyond the actions mentioned within the report.
- 6.13 The Director of Corporate Services reported that our tracking system flags up if the vehicle is moved outside normal working hours and on a weekend, unless that employee is on call.
- 6.14 Within Responsive Repairs, the vehicle stays with the staff member and we can drill down to look at jobs allocated and time taken.

- 6.15 A member suggested vehicles all filling up a certain point of time and then filling up again perhaps a fortnight later and then tally this up with jobs allocated to see if it equates.
- 6.16 The Internal Audit Manager reported that that is why the employee is supposed to give the odometer reading when fuelling up.
- 6.17 The Internal Audit Manager reported that we take a broad view and look at vehicles that are outside the usual MPG range. The Head of Finance and Business Assurance's team looks at any vehicles flagged up further.
- 6.18 The Director of Corporate Services reported that The Director of Property Services was reviewing employee output as part of the Repairs Excellence project.
- 6.19 A member stated that he was unsure if people could be tracked as easily as vehicles could be, and there were some obvious checks that could be done. A serious message needed to be conveyed to staff to make it clear that fraud would not be tolerated.

The Committee noted its concerns about issues raised in the audit report and requested a further update at its next meeting addressing

- (a) Progress on responding to the specific recommendations of the report;**
- (b) An EMT view and proposed actions to address the weaknesses in management and supervision of fuel card use and the gaps in data management and activity tracking.**

JCr

7. Procurement Update

- 7.1 The Head of Procurement reported that the purpose of the report was to provide Committee with an overview on procurement governance compliance and activity for the financial year (April 2021 – March 2022).
- 7.2 It was reported that as of 1 December 2021 three Contract and Procurement Officers transferred to the council's Strategic Procurement Team team under TUPE. At the time of writing this report, the service was still bedding in. Staff that had transferred over were enjoying working as part of a bigger team and having new experiences.
- 7.3 During 2021/22, 82% (£17.919m) of expenditure was contracted spend, which was pleasing to see.
- 7.4 The Head of Procurement reported that there were 23 breaches in 21/22, of which 16 had been resolved with 7 unresolved at the present time.

- 7.5 In total there were 17 unresolved historical breaches (19/20 & 20/21), which together with the 7 new breaches totalled 24 breaches that are unresolved, which the team are working proactively to resolve.
- 7.6 A member requested a flavour of breaches that had not been resolved.
- 7.7 A typical one was around the Procurement of temporary accommodation, which had been a moving feast due to Covid and other complex issues.
- 7.8 A member queried what exactly was a breach?
- 7.9 The Head of Procurement responded that typically a breach was around not having gone out to tender or made a purchase without any further quotations. It was noted that a number of breaches were due to an emergency need, eg emergency accommodation or where the officer has not realised their obligations with regards to getting 3 quotations. There were a mixture of reasons for breaches.
- 7.10 A member sought clarification as to what was meant by resolving them and why wouldn't staff just complete a waiver?
- 7.11 The Head of Procurement reported that some of it is a lack of communication.
- 7.12 The Chair reported that we had seen some positive progress and there were less breaches now than at this time last year.
- 7.13 The Director of Corporate Services reported that hopefully moving forward we would end up with less contracts and undertake further training for Budget Holders to ensure that they are following the proper process.
- 7.14 A member sought further clarification around the one legal breach that had occurred in the last financial year and did this mean that we had broken the law?
- 7.15 The Head of Procurement reported that the consequence of this could be a formal challenge by external bodies and we may have entered into unfavourable terms and conditions, have not tested value for money, and potentially have not thoroughly tested compliance with GDPR, modern slavery, IR35, health and safety and other compliance issues.
- 7.16 The Chair concluded that pleasingly the direction of travel was going in the right direction.
- 7.17 **The Committee noted the report.**
- 8. Contract Standing Orders**

8.1 The Head of Procurement reported that approval was sought to make a series of changes to the Contract Standing Orders (CSOs) as per the draft shown in Appendix 1 of the report.

8.2 The purpose of the changes was to ensure clear and robust guidance on the rules and procedures, which would ensure compliance with procurement laws, have effective internal governance for when SLHD contracts with third parties underpinning key principles such as value for money (VFM), equal treatment, transparency and promote specific policies such as local spend and social value.

8.3 It was noted that Table 1 depicted the current picture, with the proposed changes depicted in Table 2.

8.4 The Head of Procurement reported that we wished to encourage local spend although we still needed to make sure that local companies represented value for money.

8.5 Difficulties had been experienced recently with attracting contractors and getting them to complete tender documents and express their interest.

8.6 A member queried had the EU regulations fallen by the wayside now?

8.7 The Head of Procurement responded that we had just retagged them. The Procurement Bill was going to the House of Lords in the near future and this would affect public procurement greatly.

8.8 A member confirmed that he agreed with the changes in thresholds to £25k, however was there any due diligence checks with firms that we have not had previous relationships with?

8.9 HW reported that there was due diligence on new firms through a framework and they need to meet a strict process. Further checks are also undertaken when setting up new suppliers on the system.

8.10 **The Committee noted the report and agreed to implement the changes immediately.**

Supplies & Logistics Update

9.

The Director of Corporate Services led on this report.

9.1

9.2 It was noted that the annual stock check of the warehouse at Shaw Lane was completed in March 2022. The result of the stock check was a net variance of -£2,317 from what was recorded on the stock management system to what physical stock was contained within the warehouse.

- 9.3 The Director of Corporate Services reported that overall the report was pleasing, apart from the decline in numbers of staff turning up for van checks. A reminder was going to be conveyed to staff to remind them that this was mandatory and non-compliance could lead to potential disciplinary action.
- 9.4 A member queried In terms of the vans can we press a button to see what stock had been held on a particular van in the last 6 months and see what was actually required?
- 9.5 The Internal Audit Manager reported that this was possible and the main ways that stock was issued was staff physically collect stock from stores or stock is directly delivered to the particular job.
- 9.6 The main way to look at this was by using the Schedule of Rates (SoR) for each job issued to each employee and see how much stock and time was required and compare that to the actual time taken and stock issued.
- 9.7 The Director of Corporate Services reported that with Repairs excellence we are getting the tradesmen to phone the tenant ahead of the repair to get exact specifications and ensure that jobs can be completed at first visit.
- 9.8 A member queried the reasons behind staff not turning up for Van checks.
- 9.9 The Director of Corporate Services responded that some staff simply forget, whilst others have said that they had an emergency repair to attend to.
- 9.10 A member summarised that if a particular vehicle was changing hands many times there was no way we could hold individuals to account.
- 9.11 The Internal Audit Manager responded that this is why responsive repairs staff usually have the same van as these have the greatest amount of stock.
- 9.12 **The Committee noted the contents of the report.**
- 10. Gifts & Hospitality Register - Annual Report**
- 10.1 The Director of Corporate Services presented a report to Committee of the gifts & hospitality, which had been accepted and declined in the financial year to date, depicted in Appendix A of the report.
- 10.2 It was noted that most offers are related to the annual Housing Conference. Staff are reminded in the run up to Christmas of the need to declare any gifts or hospitality.

10.3	A member queried where we saying that none of our members of staff apart from Directors had been offered gifts?	
10.4	The Director of Corporate Services responded that the low numbers entered may be due to Covid and a large number of staff working from home, however all staff are aware of the need to declare any gifts and hospitality.	
10.5	The Committee noted the contents of the report.	
11.	Fraud register & Related Activities	
11.1	The Director of Corporate Services reported that the briefing note provided an update on the potential cases of fraud, which are currently ongoing within the organisation, and any other relevant updates. It was noted that such instances are nearly always due to staff not working their prescribed hours.	
11.2	One that was being investigated has been resolved due to a misunderstanding, another instance around fraud and fuel cards was being investigated, and an update would be provided to a future meeting.	
11.3	The Committee noted the contents of the report.	
12.	Committee Annual Report	
12.1	The Director of Corporate Services presented the draft report which provided an annual overview of the activities undertaken by the Committee and would provide assurance to Board that the Committee had fulfilled its Terms of Reference.	
12.2	The Director of Corporate Services confirmed that she would update the attendance section and reflect the Committee's view on the Fuel Cards audit	
12.3	The Committee noted the contents of the report and invited any further comments, particularly around Procurement to be forwarded directly to the Director of Corporate Services.	ALL
13.	Forward Plan	
13.1	The Director of Corporate Services advised members that the forward plan contained regular reports and annual reports.	
13.2	It was agreed that an update on Fuel Cards be added to the November meeting.	SB
13.3	The Committee noted the contents of the report.	

The Chair thanked Sam and Phil, once again for their attendance at the meeting and it was noted that there had been no issues raised with the Chair that needed to be discussed with Internal or External Audit without officers being present.

14. Date and Time of Next Meeting

Monday 31 October 2022 – 14.00.

DRAFT