

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

**To be held at 2pm on Thursday 1 June 2023
Civic Office, Floor 4 – Room 410 or via MS Teams (Hybrid Meeting)**

AGENDA

1pm – 1.40pm Pre-Board Training – Safeguarding

- | | | | |
|----|---|---------|-------------------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3a | Matters arising and action log from previous meetings | T Mason | Enclosed |
| 3b | Ratification of minutes of meeting held on 6 April 2023 | T Mason | Enclosed |
| 4 | Chair and Chief Executive's update | T Mason | To be circulated |

For Approval

- | | | | |
|---|----------------------------------|------------|-----------------|
| 5 | Strategic Risk Register | J Crook | Enclosed |
| 6 | Revised Health and Safety Policy | C Margrave | Enclosed |
| 7 | Revised Health & Safety Strategy | C Margrave | Enclosed |

For Information

- | | | | |
|----|--|------------|-----------------|
| 8 | Health and Safety Performance Report | C Margrave | Enclosed |
| 9 | Year-end Capital and Revenue Monitoring | J Crook | Enclosed |
| 10 | Year-end KPI Performance | J Crook | Enclosed |
| 11 | Repairs Excellence Evaluation | C Margrave | Enclosed |
| 12 | Annual Development Plan - Year End Review | J Crook | Enclosed |
| 13 | People Strategy Update | J Crook | Enclosed |
| 14 | Customer Voice Strategy Update | M McEgan | Enclosed |
| 15 | Safeguarding Children and Adults Annual Report for 2022-23 | M McEgan | Enclosed |
| 16 | Modern Slavery Statement | J Crook | Enclosed |
| 17 | Board Expenses, Attendance Register | J Crook | Enclosed |
| 18 | Board Forward Plan | D Richmond | Enclosed |
| 19 | Any Other Business | | |
| 20 | <i>Date of next meeting –
Board Strategic Planning - 6 July 2023
Board Meeting – 3 August 2023</i> | | |

Board Decision Summary

Meeting:	St Leger Homes Board
Date of meeting:	6 April 2023
Chair:	Trevor Mason
The Board approved:- Agenda Item 5 - Company's budget for the financial years 2023/24, 2024/25 and 2025/26. Agenda Item 5 – Committee arrangement changes.	
The Board recommended:- There were no reports requiring additional recommendations	
The Board noted:- Agenda Item 4 – Chair & Chief Executive Update – Position on stock condition surveys. Agenda item 7 – Progress of the Equality, Diversity and Inclusion (EDI) Strategy Action Plan Agenda Item 8 – KPI Performance (February 2023) Agenda Item 9 – Committee meeting minutes from 12 January 1012, 25 th January 2023, 20 February 2023, 23 February 23 and 6 March 2023.	

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
61	Apr-23	8.13	KPI Performance Cllr RA Jones requested an update to his suggestion that MMc liaise with Localities Team to work towards better help for vulnerable tenants.			MMc
60	Apr-23	7.5	EDI Strategy The Board noted the progress to date and agreed to provide their own diversity monitoring information in line with success measures in paragraph 2.3 of the report.	Diversity monitoring forms have been circulated to Board Members for completion		JCr
59	Apr-23	4.4.6	Chair and Chief Executive's Update Cllr RA Jones requested an update to his suggestion that MMc liaise with Localities Team to work towards better help for vulnerable tenants.			DR
58	Feb-23	12.5	Revenue Monitoring Q3 One to one session agreed to run through the figures with Cllr RA Jones, Board member.	A meeting is scheduled for 31 May	Y	JCr

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

6 April 2023

Present:

Trevor Mason (Chair), Cllr Richard Alan Jones, Steve Lyons, Milcah Walusimbi, Cllr Joe Blackham (partial), Cllr Phil Cole (partial), Dave Richmond.

Also In Attendance:

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

Members of the Public/Observers:

Karen Ratcliffe - Assistant Director Economy and Environment, Doncaster Council.

		Action
1	Apologies and Quorum	
1.1	Apologies received from Susan Jones, Dave Wilkinson, Stuart Booth, and Sam Bartle.	
2	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3	Matters arising and action log from previous meetings	
3.1	Board noted updates against outstanding actions.	
3a.	Ratification of minutes from the meeting held on 2 February 2023	
3.1a	The Board agreed the minutes from the meeting held on 2 February 2023 were an accurate reflection of discussions.	
3.2a	Steve Lyons reminded Tenant Board Members that they had agreed to attend the One Voice Forum events.	
4	Chair and Chief Executive's Update	
4.1	The Chief Executive presented the report that included updates in the following areas: Equality, Diversity and Inclusion Peer Review, Board Training Plan, Absence/ Attendance Management Policy,	

Flexible Working Policy, Health and Safety, Disrepair, Tenant Recharges and St Leger's involvement in safeguarding. A more detailed discussion took place in relation to the following:

4.2 Equality Diversity and Inclusion (EDI) Peer Review

The EDI Peer Review was being undertaken by the Housing Diversity Network. No feedback had been received yet, but direct sessions held with staff had taken place throughout the organisation. They had also met with the Chair of the Board.

4.3 Disrepair

Members noted the increasing trend of legal disrepair claims and the recent court case, which resulted in costs being awarded against the tenant for an amount in excess of £10,000.

4.3.1 The Chair asked for an update around stock condition surveys, and the Director of Property Services advised of the proactive approach as follows:

- Prior to employing Savills a low number of stock surveys were taking place; Savills were employed to undertake 6,500 stock surveys over a two year period
- We were approaching a position to carry out 500 stock surveys in house, however the Damp, Mould and Condensation issue arose therefore resources were moved to address this
- In the new financial year Savills will be carrying out surveys, and 2 surveyors would go back to doing the stock survey work also
- Asbestos surveys would also be carried out.

4.3.2 He concluded by stating that all of the above work would populate an enhanced database and would allow other investment work to be planned in. When asked about timescales members were advised that the stock survey would be 100% complete in a 5-year programme subject to the availability of resources.

4.3.3 The Director of Housing and Customer Services was asked about supporting work in his Directorate and he provided an update as follows:

- Brand new website with tenants at the centre of the review
- New tenant portal which will allow tenants to view their accounts
- Complete complaints review
- Service standards review
- Overlapping work around the Tenant Voice Strategy
- The recently launched One Voice Forum had increased membership with 30 new attendees.

4.3.4 The Chair queried if we were able to ask for details of other people residing at properties. It was explained that we could ask however, tenants did not have to report this. We used data around Housing Benefits, which could inform household sizes; and this data was also useful to use for a proactive work plan to give incentives to downsize for under occupancy tenancies.

4.3.5 Members asked if there were many disrepair cases in Doncaster. The Chief Executive stated numbers were low in the City; however, feedback from neighbouring authorities were showing increasing numbers of disrepair claims. A communications plan for this issue was planned to emphasise that we were intent on maintaining stock, however if tenants pursued a frivolous disrepair claim it could potentially be a circa £10,000 and above legal bill for them.

4.3.6 The Board were advised a spotlight report from the Housing Ombudsman around Damp, Mould and Condensation (DMC) and disrepair had been received and members indicated they would welcome sight of this.

DR

4.4 Chair's Update

A member referred to the Chair's update around staff/Board recruitment and asked how we would attract younger people to Board, and also consider disabilities. It was explained there was an ongoing piece of audit work around this.

4.4.1 Another member asked if there were any opportunities to engage and assist ex-service personnel in employment. The Chief Executive advised we are a member of the Armed Forces Covenant so can potentially provide support and/or training for a job for ex-service personnel.

FOR APPROVAL

5 Budget Approval

5.1 The Director of Corporate Services presented the SLHD Budgets for the current financial year up until 2026 and advised one of the biggest challenges for preparing for the current year was the impact of inflation and the cost generally on all of the Housing Revenue Account (HRA) budgets. She advised the report sets out our income and shows savings/growth/outline for the next two financial years; members were asked to note there were no big financial savings identified in the next two financial years to enable us to meet our savings targets.

5.2 The Chair referred to DMC and the additional resources to address this and asked if this has been resolved for going forward. The Director of Corporate Services explained that additional funding from Doncaster Council had been identified as a lump sum of money.

There would be a need to review this if demand continues and it could affect other works. There was a total for two years funding and this would be regularly reviewed.

- 5.3 In response to a query around inflation, not only in the UK but globally, it was noted that every cost was looked at, and the impact of materials and utilities have been massive. Going into the new financial year the pay award offer was greater than budgeted for also; it was noted that the pay award for the last financial year was settled however not for the current financial year.
- 5.4 Members referred to future efficiency savings, and asked that, apart from The One Project, beyond that would there still need to be efficiency savings. The Director of Corporate Services explained that it would be difficult to estimate. We need to ensure there was sufficient funding for all properties to be maintained at the Doncaster decency standard and the government decent home standard is under review. There was also discussions around net zero carbon however, at this time no funding has been identified for this.
- 5.5 **The Board approved the Company's budget for the financial years 2023/24, 2024/25 and 2025/26.**

6. Committee Review

- 6.1 The Chief Executive presented the Committee Review report and highlighted previous discussions around Committee structures, which had concentrated on time pressures of Board Members. The most recent discussion had been at the November 2022 Board Away Day, where it had been agreed to keep the Building Safety & Compliance Committee and looking to agree only calling the Employment & People Committee meeting when needed.
- 6.2 **The Board ratified discussions as noted above and agreed to retain all Committees as is, with the exception of Employment & People Committee, which would be held only as and when required.**
- 6.3 The Chief Executive went on to say that, agendas in Committees were growing, and the vast majority of reports were for noting. In SLHD's status as an Arm's Length Management Organisation (ALMO), the Council made many of the decisions. Looking at the workload of Committees, it would be useful to look if all the reports were warranted and to consider if there could be other ways of scrutiny. He directed member's attention to Option 2 in the report and advised that as part of the upcoming appraisal process discussions would be held around workload of Board Members and how this could be reduced by presenting fewer reports, which would allow them potentially to attend different, or more Committees.

- 6.4 A member pointed out that the time taken in actual meetings was mainly due to the presenting of the reports, and this was a culture that could be changed; if members were asked to review or approve there was plenty of time to read and only raise any pertinent issues that wouldn't take up as much time.
- 6.5 The Chief Executive emphasised the time taken for senior officers to compile reports, which then had to be reviewed by Board Members, which were not a decision making report, and suggested that the reports may not all be required.
- 6.6 Members voiced concern that the Council delegated a lot of responsibility to the Board and members needed to ensure they were diligent that they could demonstrate that they were giving thorough considerations to all information and reports, however onerous it may be. In future, coming inspections could mean a more challenging regime.
- 6.7 The Board considered and agreed the option to request that Committees review their forward plans, and consider removing reports that were not adding significant value as they were already reviewed by the Executive Management Team.

FOR INFORMATION

7. Equality, Diversity and Inclusion (EDI) Strategy

- 7.1 The Director of Corporate Services presented the end of Year 1 update and the Year 2 action plan for the EDI Strategy and explained that the reporting has moved to Corporate Services; there was some duplication in the action plan and this had now been consolidated for year 2 reporting. Members were asked to note the key measures of success, particularly around the Senior Management Team (SMT) results. It was noted that not all staff members have provided their EDI information and had not responded to requests for updates however managers did not pressure staff to do so. Nevertheless, we are looking at different ways to increase the data that we hold.
- 7.2 A member referred to diversity data and asked if employees realised it was aggregated data as sometimes there could be a perception that management wanted individual's information. Did management make clear the fact that they wanted an overall picture of ethnicity and disabilities, for example. It was explained that this was made clear with staff and customers during communications.
- 7.3 Members commented that this was something that couldn't be done in a couple of years, it would take years to complete and embed. They were reassured teams were making progress and encouraging ongoing dialogue with both staff and customers.

7.4 The Director of Corporate Services agreed and referred to recent pulse surveys with staff; previously 79% of staff had responded positively to the question “are you happy and comfortable expressing your individuality and bringing their “whole self” to work ?” however that had now risen to 95% which was a really positive picture.

7.5 **The Board noted the progress to date and agreed to provide their own diversity monitoring information in line with success measures in paragraph 2.3 of the report.**

JCr

8. KPI Performance

8.1 The Director of Corporate Services presented the KPI Performance report and advised Directors would update on their performance.

8.2 KPI 1: % of Current Rent Arrears against Annual Debit

The Chief Executive pointed out that some targets were incredibly challenging and he had had a number of conversations with the Council around them. He stated that the performance showing was up to the end of February 2023, and referred to the Current Rent Arrears as a percentage of Annual Debit in particular. During benchmarking with other organisations, all were seeing rent arrears rising and everyone was expecting to see our performance dip. However whilst a minor sub-fraction change, this year’s figure had outturned on 2.74% which was remarkable performance, particularly as there were a lot more people having financial difficulties and struggling to pay their rent.

8.3 The Director of Housing and Customer Services agreed his team thought it would be just under 3%, in line with Housemark’s predictions, therefore the team was delighted as there was a lot of work to achieve this, particularly following the rent increase.

8.4 A member queried evictions and what happened to tenants arrears. It was explained that when tenants leave their properties, their arrears become former tenants’ arrears (FTAs) and there is a separate policy to follow to collect these. It was highlighted that it can be very difficult to find out where some of these ex tenants had moved to even with the use of debt collection agencies.

8.5 Members noted that in the covering report, there were 700 more tenants in arrears this year than last year and this would need to be looked at carefully.

8.6 KPI 3 : Average Days to Re-let Standard Properties

The Chief Executive advised the current figure for KPI Number of Days to Relet Void Properties was 26.94 which represented best performance in 4 years. There was still some way to go to achieving the target however it was moving in the right direction, which is positive.

- 8.7 Members expressed concern that the target was consistently being missed, and suggested that the target may need to be revisited if it wasn't meaningful. The Director of Property Services reported that SLHD were sub 30 days and were therefore in Quartile 1 position. It was acknowledged that it was a challenging target however staff were driving towards 20 days.
- 8.8 The Chief Executive further explained that the Mayor and Portfolio also appreciated it was a challenging target, however there were strong views that this target needed to be worked towards and they were pleased to see improvement.
- 8.9 Members agreed there was consistent month on month improvement and suggested that the Mayor and Portfolio holder be advised that our position shows the organisation is sometimes struggling with both acquiring and costs of materials for repairs which would impact on time taken to repair and relet properties. The Chief Executive stated that he and the Portfolio Holder had regular discussions around benchmarking data and performance quartiles, and also benchmarked with similar local authorities. Conversations would then be had with senior CDC colleagues to debate KPIs. The days to relet properties was a KPI that the Mayor and Cabinet were keen to see improvement for the benefit of Doncaster's residents.
- 8.10 Members acknowledged it was an aspirational target which sought continuous improvement from the organisation. The Director of Property Services added that further contractor support had been procured; their performance would be monitored however it was hoped that if there was a surge in empty properties his teams would have the support to move resources around.
- 8.11 KPI4: Number of Households Placed in B&B Accommodation
Members were pleased to be informed that the result for March 2023 was closed on 16 households without any families in B&B which was a phenomenal result; it was acknowledged that the drive towards using private rented accommodation had been key for the results to happen.
- 8.12 KPI7: Number of Complaints Upheld as a % of All Interactions
The Chief Executive reported that complaints were still far too high, with a significant amount being upheld. The Director of Housing and Customer Services explained that an intensive piece of work was ongoing to address this issue which was already showing results.
- 8.13 A member referred to the recent publicity around a tenant of a London Housing Association whose remains had been found in her flat 2½ years after she died. He asked that if, as a result of tenancy checks, do we over a period of time visit vulnerable tenants ? The Director of Housing and Customer Services reported his teams were

going to be launching keeping in touch visits, which had been postponed due to ICT issues. These would be based on risk and would start with high rises and were linked with 'knowing your customers'; the visits were planned over the next 2-3 years, however would be reviewed after 6 months initially. He added that he was keen to be able to access council information e.g. assisted bin collections and other information around vulnerable people, to build up a database to better understand and help vulnerable tenants. A Council member advised that localities team would be best placed to assist with this and he would welcome an update around this piece of work.

MMc

- 8.14 The Chief Executive pointed out that just over 18,900 properties have gas and had an annual visit, and in terms of rent arrears he would anticipate that if we saw significant changes in this a visit would be arranged.

COMMITTEE INFORMATION FOR NOTING

9. Committee Minutes

- 9.1 Performance and Improvement Committee – 23 February 2023
Members noted the minutes.

- 9.2 Audit & Risk Committee – 6 March 2023
Members noted the minutes.

- 9.3 Building Safety & Compliance Committee – 12 January 2023, 25 January 2023 and 20 February 2023
Members noted the minutes.

10. Any Other Business

- 10.1 No other business was raised.

11. Date of next meeting

Thursday 1 June 2023

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 1st June 2023

Item : 04

Subject : Chief Executive and Chair's Update Report

Presented by : Dave Richmond

Prepared by : Dave Richmond, Chief Executive

Purpose : To provide an update to Board Members on recent significant activity.

Recommendation:

1. That Board note the content of this report and indicate if further information is required.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 04
Date: 1 June 2023**

1. Report Title

1.1 Chief Executive and Chair's Update Report

2. Executive Summary

2.1 This report updates Board Members on the key issues that have arisen since the last board meeting.

3. Purpose

3.1 To provide an update to Board Members on recent significant activity.

4. Recommendations

4.1 That Board note the content of this report and indicate if further information is required.

5. Chairs Update

5.1 On 27th April, I attended the annual NFA Conference in Birmingham with Milcah Walusimbi, Chris Margrave and Mark McEgan. We found topics to be relevant to the current issues ALMOs and Local Authorities are facing and will be taking anything relevant back into the workplace or updating Board as appropriate.

6. Corporate and Governance issues

6.1 Equality Diversity and Inclusion – Housing Diversity Network Accreditation

SLHD has secured HDN accreditation.

The Executive summary of the report determines:

“Whilst St Leger Homes has some distance to go in order to be truly reflective of the wider Doncaster community that it serves, it has good EDI policies and practices in place to help it manage and monitor that journey, and the data suggests that this is resulting in improvements. In addition, tenants, Board, Executive, and employees have a good understanding of EDI and articulate positive intent by St Leger Homes in this area. For these reasons, the accreditation has been awarded, but with the caveat that there is still more work to do. There are therefore 20 areas for improvement identified. There are also 8 areas which we have highlighted

as distinctions in St Leger Homes' approach to EDI...."

The full report will be submitted to August Board which will include an action plan.

6.2 Board Member Recruitment

This year one Independent Board Member, Trevor Mason and one Tenant Board Member, Sam Bartle are due to stand down. Both are eligible to put themselves forward. We are in the process of advertising these vacancies. Given the large scale process we undertook to recruit tenant Board Members last year and the quality of the applicants, this year we are advertising it in Houseproud and writing directly to those people who applied last year to see if they would wish to be considered again.

For the independent role we are advertising the vacancy on the internet and social media.

7. **National issues**

7.1 Right to Buy Changes

DLUHC has sent a letter to Councils on changes to the Right to Buy (RtB) enabling Local Authorities to retain 100% of their RtB receipts from 2022/23 and 2023/24 providing they are spent within 5 years.

7.2 Four Million Homes

The DLUHC funded programme, Four Million Homes, has launched. The programme aims to raise awareness and provide training and information for tenants living in social housing. The programme website (<https://www.fourmillionhomes.org/>) includes webinars and training that tenants can sign up for. St Leger Homes along with a range of other Landlords has also been working on a programme to develop a 'digital tenants academy' with similar aims, namely to promote tenants understanding of social housing issues and thereby enable them to engage effectively with and influence their landlords services. This initiative, instigated by SLHD is currently in the process of developing a range of 'knowing more' videos which will be made publicly available. The first draft video (concerning the Housing Ombudsman's complaints handling code) is available here <https://youtu.be/uPGXPVZcnM8>

7.3 High-rise residential buildings registration service

The registration service for high-rise residential buildings opened on 12 April. It is a legal requirement to register all applicable buildings with the Building Safety Regulator by 1 October 2023. As well as identifying and describing the building, applicants will need to advise government of their accountable person for each building. Full details here; [Register a high-rise residential building \(buildingsafety.campaign.gov.uk\)](https://www.buildingsafety.gov.uk/register-a-high-rise-residential-building).

SLHD has already submitted registration details for all in scope buildings.

7.3 Publicity

Recent publications from the National Federation of ALMOs include:

Critical Friends; what tenant scrutiny brings to better landlord performance; [93637-NFA-Critical-Friends-WEB.pdf \(almos.org.uk\)](#)

Adversity and Tenacity: Annual sector survey (SLHD is mentioned in respect of the new behaviours framework) There is also a section relating to boards which is worthy of note. [93722-NFA-Annual-Survey-Proof-v4.pdf \(almos.org.uk\)](#)

The NFA has also published a briefing on Damp and Mould [NFA Damp & mould briefing April 2023.pdf](#)

National publicity

Some of the work of the Sustainability Team was recently highlighted in a new cost of living briefing published by the Chartered Institute of Housing. The document is available to download here:- [CIH cost of living briefing: A spotlight on older people | Chartered Institute of Housing](#) and an SLHD case study is included on page 16.

Chris Margrave gave a warmly received presentation at the National Federation of ALMOs conference in April on Decarbonising Social Homes.

7.4 SLHD's involvement in the Fair Foundations Partnership

Over the past few months I have become involved in the above partnership which was initiated by Karbon Homes and the Northern Housing Consortium. The purpose of the partnership is to share approaches to assessing the needs of left behind places and share learning about successful approaches to area based regeneration. The initial research conducted by Karson is based on foundational economics and focuses primarily on household's residual income once fixed outgoings have been paid. So far the partnership involves around 15 northern based landlords, mostly housing associations. The partnership is keen to engage Local Authorities in the work and CDC have indicated a willingness to attend partnership meetings before determining potential for greater commitment. The initial report by Karbon 'Fair Foundations- a new movement for left behind places' is available should anyone wish to see it.

7.5 Private Sector Rents

Board Members may be aware that there has been national media attention relating to the disparity that exists between the levels of benefits (predominantly) private renters receive to pay for their housing costs and the actual cost of rents. The amount claimants can receive differs from area to area and also according to the size of accommodation required, it is referred to as the Local Housing Allowance (LHA). The LHA is determined locally by the Valuation Office but central Government determine whether rates will rise or fall. Over the years the level of LHA has been pegged to differing Private rent levels. Initially it was set at the 50% level of Private rents, before falling back and then being restored in

2020 to the 30th percentile. However at a time of rapidly increasing private rents, the LHA has been frozen for the last three years. Consequently in Doncaster there are very few tenancies advertised at rates that are affordable to benefit claimants. Information sourced from Doncaster DWP identifies that 2/3rds of Universal Credit LHA payments are insufficient to cover rent payments.

This is obviously a very worrying issue for renters themselves but also for landlords. Whilst this is a private rental sector issue, it also has significant implications for social rent landlords, since PRS renters face homelessness as a result of affordability issues and hence increased demand is being experienced for social housing.

The Chief Executive has been chairing a Doncaster partnership group looking at this issue, which has produced a briefing paper with the aim of highlighting the problem for local politicians and decision makers.

The paper argues that the LHA should be restored to the 30th percentile and that valuations should be based not on rent paid but rent advertised as landlords tend to take the opportunity to increase rents when tenants move on. Hence pegging the LHA to rent paid underestimates the costs incurred by those seeking accommodation. Rather than elongate this report by attaching the briefing note to this report, it is available to any board member on request.

8. Operational Issues

8.1 Ombudsman cases

SLHD has recently received two Ombudsman decisions where fault was found with the services offered by SLHD. Whilst these are operational matters they obviously have significant bearing on the reputation of the organisation and potentially the approach to be taken by the regulator in respect of future inspections.

The first case involves the handling of a homeless application. At this current time the decision of the Ombudsman is a draft and confidential until investigations are concluded. For these reasons no more detail is provided here.

The second case concerns a determination of maladministration on behalf of SLHD. The case concerns a complaint relating to anti-social behaviour experienced by a resident living in a flat below the perpetrators. Concerns related to noise, overcrowding, substances being thrown from the above flat into communal areas below and the positioning of a satellite dish. The failings relate to taking too long to deal with the issues, failure to recognise that there may be communications difficulties in dealing with the perpetrators, and an ineffective response. SLHD of Doncaster has been ordered to offer an apology and compensation of £350

These are the first cases in recent years in which the Ombudsman has

found fault with SLHD. As an organisation we are determined to learn any lessons that arise from the specific cases, and in any event consideration is being given to changing the handling of complaints investigations so as to ensure a very senior manager reviews complaints at stage two of the process. Such a change will seek to ensure that our considerations are thorough, measured and reasonable, and that wherever possible amends are made if there is fault on behalf of ourselves.

A more detailed report on these two cases will be brought to the Board for its awareness and consideration at the earliest possible time.

8.2 Locality Working

At the last Board Meeting, a query was raised about SLHD's involvement in localities working.

SLHD plays an active role in the weekly ward based local solutions groups and the monthly NAGs (Neighbourhood Action Groups)

8.3 Tenant Engagement - One Voice Forum

The forum continues to grow and Steve Lyons has now passed on chairing responsibilities to another active tenant, Luke Laister. The forum is designed as the umbrella engagement mechanism, allowing views from all tenant engagement to come together to form a clear pathway into the Board. To make this as effective as possible it is helpful if Tenant Board Members can attend the meetings. Terms of reference are attached as Appendix B for information.

8.4 Ongoing digital communication improvements

Work is continuing to encourage customers to channel shift and access services digitally. On-going projects include:

- The development of the My Access Customer Portal so that tenants can report repairs online, cancel and change an appointment. This is due to be delivered by end June 2023.
- In June we will go live with a new housing app that will make it easier for customers to register for a home and to track their application.
- Work will begin early June on the implementation of a ChatBot to support customers to access services 24/7 without the need to phone.
- We have been using VoiceScape our digital communication tool to gather satisfaction feedback on our repairs services and to gather feedback on the new corporate plan. We are currently working with VoiceScape about a welfare campaign to contact 'silent' customers who haven't been in contact with the organisation. This will help prioritise those customers that need the most support.

- Work to implement our new website and intranet by Autumn is still on track. Procurement of a company to implement this is underway and potential companies have been shortlisted. An officer and tenant working group has been established to look at design and structure of the site. Tenants will be heavily involved in design, testing and implementation.

8.5 Vacancies

Board are aware that there has been difficulties recruiting to a number of key posts since the approval of the structure changes in property services. Whilst we have been successful in recruiting to all of the roles within the Building Safety and Compliance Team with one position on hold, however our roles in the Assets Service have proved to be more difficult to recruit to. Consequently it is pleasing to report that we have seen some recent success in our Assets recruitment with key posts such as Asset & Environmental Service Manager, Environment & Sustainability Manager and surveyor's posts being filled.

Additional posts have also been filled in the Damp and Mould team, namely Technical Officer and Disrepair Surveyor and the appointment of a Facilities Manager.

There are more interviews planned in what is clearly an improving recruitment market, the following weeks will provide a much needed resource to support the work the team are challenged to undertake. Trade vacancies have also seen a recent improvement with a number of trade vacancies being filled, the one trade area that is still difficult to recruit to is electrical and this has resulted in some electrical work being passed to contractors.

9. Procurement

- 9.1 A list of recent and planned procurement activity is included as Appendix A.

10. VFM Considerations

- 10.1 VFM matters are considered as part of the appraisal process for any items mentioned above.

11. Financial Implications

- 11.1 Any financial implications will be addressed as issues progress.

12. Legal Implications

- 12.1 Legal matters are considered as part of the appraisal process for any items mentioned above.

13. Risks

- 13.1 Any risks arising from issues in this report will be considered as part of normal Governance processes. Risks relating to ombudsman decisions will be addressed in the forthcoming report.

14. Health, Safety & Compliance Implication

- 14.1 Not Applicable

15. IT Implications

- 15.1 Not Applicable

16. Consultation

- 16.1 Not Applicable

17. Diversity and Equality Analysis

- 17.1 There were diversity issues raised as part of the Ombudsman's complaint determination, these have been recognised and are to be addressed.

Any diversity and inclusion issues raised within the HDN accreditation report will be considered and may be dealt with as part of intended action plan. This is exactly what we hoped for by submitting ourselves for accreditation. Recommendations will be used to shape future policy and practice.

18. Communication Requirements

- 18.1 Any communications requirements will be addressed as work on projects progresses.

19. Environmental Impact

- 19.1 Not Applicable

20. Report Author, Position, Contact Details

- 20.1 Dave Richmond, Chief Executive
dave.richmond@stlegerhomes.co.uk
01302 862700

David Wilkinson, Chairman

21. Background Papers

- 21.1 Appendix A - Procurement Report
Appendix B - One Voice Forum Terms of Reference

<u>Procurement Exercise</u>	<u>Estimated Contract Value Based on a 4 year Term (exc VAT)</u>	<u>Framework or Tender</u>	<u>Service Area</u>	<u>Work, Supply or Service</u>
<u>Primarily capital expenditure, so Contracting Authority to be Doncaster Council</u>				
Electrical Services	£800,000	Tender	Repairs & Planned Maintenance	Works
Windows & Doors	£300,000	Tender	Asset Management	Supplies
<u>Primarily revenue expenditure, so Contracting Authority to be St. Leger Homes of Doncaster</u>				
Plumbing and Heating	£10,000,000	Framework	Asset Management	Supplies
Electrical Materials	£5,700,000	Framework	Asset Management	Supplies
Modular Buildings	£4,500,000	Framework	Asset Management	Supplies
Emergency Accommodation	£2,500,000	Framework	Access to Homes	Services
Gas Spares	£1,000,000	Framework	Asset Management	Supplies
Kitchens	£1,000,000	Framework	Asset Management	Supplies
Agency and Recruitment Services	£800,000	Framework	HR & OD	Services
Kitchens - Legacy	£702,000	Framework	Asset Management	Supplies
Building Materials	£600,000	Framework	Asset Management	Supplies
Tools, Equipment & Plant	£500,000	Tender	Repairs & Planned Maintenance	Supplies
Internal Doors	£465,000	Framework	Asset Management	Supplies
Supply of Woodchip Fuel	£250,000	Framework	Repairs & Planned Maintenance	Supplies
Passenger Lift Maintenance	£250,000	Framework	Repairs & Planned Maintenance	Services
Security Services	£200,000	Tender	Access to Homes	Services
Project Design & Consultancy Services	£200,000	Tender	Asset Management	Services
Heating Pump Supplies	£170,000	Quotation	Repairs & Planned Maintenance	Supplies
Taxi Services	£160,000	Quotation	Access to Homes	Services
Repairs, Maintenance & Installation of Door Entry/Access Systems	£150,000	Quotation	Repairs & Planned Maintenance	Services
Business Intelligence	£150,000	Framework	ICT & Transformation	Services
Digital/TV & Aerial Maintenance	£120,000	Quotation	Repairs & Planned Maintenance	Services
Asbestos Services - Analytical	£100,000	Tender	Asset Management	Services
Critical Friend Contract	£80,000	Tender	ICT & Transformation	Services
Chartered Surveyors - Right to Buy Valuations	£75,000	Quotation	Asset Management	Services
External Audit Services	£70,000	Framework	Finance & Business Assurance	Services
Service & Maintenance of Fire Alarms & Emergency Lighting	£60,000	Quotation	Repairs & Planned Maintenance	Services
Japanese Knotweed Management Services	£50,000	Quotation	Housing Management	Services
Sprinkler System Maintenance	£50,000	Quotation	Building Safety	Services
Adapted Bathroom Equipment	£44,000	Quotation	Asset Management	Supplies

Merchant Card Plumbing & Heating	£40,000	Framework	Asset Management	Supplies
Merchant Cards Tool & Plant Hire	£40,000	Framework	Asset Management	Supplies
Merchant Cards Building Supplies	£40,000	Framework	Asset Management	Supplies
Ecology Services	£23,000	Quotation	Asset Management	Services
Apprenticeships Customer Services Practitioner	£15,000	Framework	HR & OD	Services
Timber	TBC	Tender	Asset Management	Supplies
Ironmongery	TBC	Tender	Asset Management	Supplies
Asbestos Surveying Services	TBC	Tender	Asset Management	Services
Town Centre Flats Fire Safety Works	TBC	Framework	Asset Management	Works



One Voice One Voice Forum

Terms of Reference

1. Purpose/Role of the One Voice Forum

- a) The purpose of the One Voice One Voice Forum is to ensure that St Leger Homes is kept informed of the changing views, needs, desires and aspirations of its tenants, residents and of the wider Doncaster community.
- b) The One Voice Forum is an engagement One Voice Forum for tenants, SLHD tenant board members and TARA representatives for consultation and discussion on service delivery and key strategic and policy changes to ensure there is tenant communication, perspective and engagement.
- c) To empower tenants and TARAs in ensuring that SLHD provides housing services that meet customer needs and are delivered to the highest standard.
- d) Review progress on the delivery of the Tenant Voice Strategy, Tenant Voice Model and compliance with the Regulator of Social Housing's Consumer Standards and TPAS accreditation.
- e) Provide an opportunity for tenants and residents to consider housing performance, customer insight, tenant satisfaction, risks, health and safety responsibilities, and learning from complaints to help shape future service delivery.
- f) To act as tenant champions and offer a representative and objective tenant view of the policies, procedure and standards used to deliver housing related services.
- g) To consider and feedback on briefings on housing matters, locally, regionally, and nationally, that will impact on tenants.

2. Membership of the One Voice One Voice Forum

- a) Must be at least one board member and representatives from tenants and one representative from each of the TARA's.
- b) Tenants would make up the majority of the One Voice Forum.
- c) The Chair would have the casting vote.

- d) Members are expected to attend meetings on a regular basis and if they are unable to do so, they must send apologies. If members miss 3 consecutive meetings, without apologies, then they will no longer be classed as a member.
- e) All members must respect and adhere to the confidentiality and code of conduct agreement.
- f) Members shall at all times conduct themselves in a reasonable manner when attending meetings or any other function in connection with the One Voice Forum.
- g) Members must treat all information provided to them as confidential, unless informed otherwise.
- h) Members must declare an interest in a matter where appropriate and withdraw from a part of the meeting where the One Voice Forum is discussing a matter which specifically affects them or a relative/friend/organisation with which they are involved.
- i) Members shall actively seek to represent the various needs of tenants and we require all groups and individuals involved with tenant engagement to act to promote equality and welcome participation and inclusion from all our communities.
- j) Representatives can withdraw from the One Voice Forum without notice and without providing a reason but will need to advise the Customer Involvement Team.

3. Terms and Conditions – St Leger Homes

- a) Ensure involvement activities are accessible and appropriate to give each person the same chance to do well, have their voice heard and feel part of their community.
- b) Create a culture of mutual trust and transparency so that you can question and challenge effectively
- c) To ensure all tenants have access to easy to understand information about St Leger Homes and its partners performance and improvement plans, and to support the development and publication of such information.
- d) Respect your views and opinions ensuring the value of your contribution is viewed by all, encouraging more tenants to get involved.
- e) Offer a variety of involvement opportunities supporting all members of the One Voice One Voice Forum.
- f) Reimburse all reasonable out of pocket expenses.
- g) Ensure you are provided with the support, training and information you need to support you as a One Voice One Voice Forum representative.

4. Meetings

- a) Meetings will take place bi-monthly for 2 hours with a 5-minute break included where appropriate. Meetings may also be convened by exception from time to time where there is a pressing need to do so.

- b) These meetings could take place in different neighbourhoods across Doncaster.
- c) Meetings will take place using a hybrid approach to enable face to face and for those who want to join virtually.
- d) Meetings should be held at a time and place that encourages attendance and consideration should also be given to other means of involvement that allow the widest contributions on particular issues.
- e) A forward plan of the meetings will be planned, agreed and circulated for every year.
- f) The dates of the One Voice Forum meetings will be published on the SLHD website, social media and House Proud.
- g) The minutes from One Voice Forum meetings will be made available through the SLHD website.

5. Review

Terms of Reference for this One Voice Forum will be reviewed after 6 months of the commencement of the One Voice Forum, and thereafter, every 12 months.

6. Administration

The One Voice One Voice Forum will be supported and serviced by the Customer Involvement Team. Agendas and papers will be circulated at least 3-7 working days before the One Voice One Voice Forum meeting. Papers and consultation documents may be circulated anytime between meetings that need a prompt response and to be consulted on.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 1 June 2023

Item : 05

Subject : Quarter 1 - Strategic Risk review
2023/24

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. Quarter 1 2023/24 Strategic Risk review

2. Executive Summary

2.1. Board and Audit Committee receive periodic updates on the company's Strategic Risk Register (SRR), most recently February 2023.

2.2. The purpose of this Quarter 1 review is to consider all the strategic risks facing the company during this new financial year 2023/24.

2.3. A full review of the SRR was undertaken by Leadership as the main agenda item at their meeting on 4 May 2023. **No risks have been added or removed.**

2.4. There have been updates to risk descriptions, causes, effects, controls, assurances and actions. Ratings are based on existing and planned controls in place **and are unchanged.**

2.5. **The SRR has eight risks** and is attached at **Appendix A**. The table below shows Inherent, Current and Forecast Residual ratings for each strategic risk:

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

2.6. 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**.

		Quarter 1 2023/24 (and Quarter 4 2022/23)		
	Risk – Failure to :	Inherent rating	Current Residual Rating	Forecast Residual Rating
1	manage Homelessness issues within the borough	20	16	12
2	deliver the Digital transformation programme and optimise use of ICT	16	12	4
3	manage political and local expectations of SLHD and deliver on performance and value for money as measured by DMBC	20	15	10
4	recruit, develop and retain a skilled, efficient and effective workforce	16	16	12
5	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	10	5
6	manage corporate health, safety and compliance risks	25	10	5
7	effectively govern and manage in an increasingly regulated climate	12	8	4
8	maintain core service delivery and business continuity in an unstable world (eg. illness, cost of living, fuel and material shortages, adverse weather, international unrest)	20	12	12

Risk rating key :

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

3. Purpose

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

4. Recommendation

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

5. Background

5.1. As with previous Leadership reviews, this looked back on the year just ended alongside the current risks on the SRR, to see if :

- any risks were no longer relevant;
- any new ones needed to be added; and
- the ratings for each were appropriate.

5.2. This work was all in the context of a very challenging year operationally and financially, where despite these, we operated within budget and reported excellent outturn performance for some KPIs, notably current arrears. We also showed steady improvements in other KPIs like void management and complaints. Numerous subjects were considered, including but not limited to:

- cost of living crisis – inflation and ongoing impact on tenants, industrial actions;
- economic climate – increasing interest rates and impact on homeowners, landlords and banks;
- Regulatory framework, including new Tenant Satisfaction Measures (TSMs) and planned inspection work;
- Repairs Excellence Project;
- Ongoing development of OpenHousing and related projects;
- Recently approved 2023/24 Annual Development Plan (ADP), budgets setting and Key Performance Indicators (KPIs);
- Recruitment and retention difficulties in some areas; and
- The ongoing impact of an ‘unstable world’ and how events in the likes of Ukraine, Afghanistan and now Sudan are felt in the borough

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. Contract Standing Orders were updated in 2022 and Financial Regulations were updated in April 2023. These robust procedures are inherent within a number of strategic and operational risks, and are a fundamental part of SLHD’s assurance framework.

7. VFM Considerations

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

8. Financial Implications

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

9. Legal Implications

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

10. Risks

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

11. IT Implications

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

12. Consultation

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

13. Diversity

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

14. Communication Requirements

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

15. Equality Impact Assessment (new/revised Policies)

- 15.1. Not applicable to this report.

16. Environmental Impact

- 16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

Background Papers

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

Strategic Risk Register - Dashboard Q1 2023/24

As at 30 April 2023

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. deliver the Digital Transformation Programme and optimise the use of ICT	4	4	16	3	4	12	2	2	4
3. 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
4. recruit, develop and retain a skilled, efficient and effective workforce	4	4	16	4	4	16	3	4	12
5. Manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	5	5	25	2	5	10	1	5	5
6. Manage corporate health, safety and compliance risks	5	5	25	2	5	10	1	5	5
7. effectively govern and manage in an increasingly regulated climate	3	4	12	2	4	8	1	4	4
8. maintain core service delivery and business continuity in an unstable world (eg. Illness, cost of living, fuel and material shortages, adverse weather, international unrest)	5	4	20	3	4	12	3	4	12

RISK OWNER	Head of Access to Homes		
As at 30 April 2023			
FAILURE TO	1. Manage the Homelessness issues within the Doncaster borough		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Impact of changes to the welfare benefit system * Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities. * Additional Grants for homeless initiatives are time limited. * Unaffordable Private Rented Sector, rising market rents and freezing of LHA rates, increasing the top up gap for those on benefits and rents unaffordable for those on lower incomes * Review and recommissioning of Supported Housing Model * Extreme Weather Events or other emergency situations * Increases in number of rough sleepers with complex needs * Reduction in commissioned services * Workforce - skills, culture and retention * Increase in domestic abuse * Increase in ASB and violence causing people to flee * Cost of Living crisis and sustainability of customers accommodation * Increases in evictions from private sector accommodation * Lack of partnership working to address other parts of the homeless system * Government legislation amended to accommodate a wider group of people. * Increase in presentations from the ending of the Homes for Ukraine Scheme 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increase in demand on service beyond accepted levels * Judicial Review of Homelessness cases * Unable to effectively prevent Homelessness * Reduction in Housing Pathways * Increased demand for Temp Accom / 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 * 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		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Increased Management Fee to increase capacity. * Journey to Excellence Project commenced with governance arrangements to monitor progress and outcomes * Allocation Policy 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 (SWEP) * Revised staffing structure agreed and implemented * Complex Lives Alliance * Multi agency engagement in developing a new housing support model. * New structure providing opportunity for progression and succession planning. * Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings * DLUHC Funding - Rough Sleeper Initiative funding secured * Home Options structure realignment * New Housing Solutions service * Partnership governance arrangements involving key partners from other areas of the system and ultimately governed by Homeless Board * HPG Funding increased in 23/24 and 24/25. RSI Funding secured until 2024/25. * AEFO funding secured until 2024/25, 2 x DA Posts and 1x Homes for Ukraine/Refugee Workers funding for 12 months respectively. 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Performance Management framework in place to track progress * New software providing improved quality assurance on Data * Improved case management by Team Leaders * Homelessness Board established overseeing Strategic Action Plans * Partnerships in place * Monitoring of Allocations Policy and lettings by priority bands * Homelessness & Rough Sleeping Strategy * Successful bids for additional resources * Recovery Plans in Place * Journey to Excellence transformation project * Out of Hours service in place * New processes being implemented * Staff training and development in place with performance monitoring arrangements * Revised Allocations Policy approved to be implemented from April 2023 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Review comms planner ensuring effective internal & external comms	Head of Customer Services	Mar-24
Action 2	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-24
Action 3	Deliver Homelessness and Rough Sleeping Strategy Action Plan	Head of Access to Homes	Mar-24
Action 4	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-24
Action 5	Develop next steps accommodation plan to reduce the number in Hotel Accommodation.	Head of Access to Homes	Mar-24
Action 6	Develop Sustainable structure beyond 2022/23 transition funding.	Head of Access to Homes / Housing Management	Mar-24
Action 7			
Action 8			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

RISK OWNER	Director of Corporate Services As at 30 April 2023		
FAILURE TO	2. deliver the Digital Transformation Programme and optimise the 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 * Poor technical precautions and lack of staff vigilance to cyber attacks (phishing, spam, malware etc.) 		
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 * Risk to the organisation (reputational, technical and financially) through CyberCrime 		
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 Governance in place employing recognised (and appropriate) project methodologies * 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 * Robust technical procedures and support desk in place to monitor and ensure resilient infrastructure and software platform. * Training, comms, raising awareness and monitoring of Cyber Security 		
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, employing standard project governance * Procurement policies and procedures * Communication plans in place to involve employees * Deliver redesigned processes open to new ways of working * Liaison meetings with DMBC, Capita and key suppliers. * ADP / SDP development to consider corporate priorities and capacity. * Development of communications plan and CRM culture. * Developing a 'digital culture' using intranet and webinars. (New Teams channels and User Groups established to help embed digital culture. Now BAU). * Cyber security communications and monitoring of attacks through monthly reports. * Periodic scenario and penetration testing to confirm resilience of infrastructure and solutions. * C365 solution implemented. * Robust training and data capture of all learning delivered on LMS. * Data Excellence Project Board established to review and act on improving our data. * Mandatory Cyber Security training for all staff. Induction training and refresher training for all staff every two years. 		
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	Consider actions to update customer profile data. This is linked to the implementation of One Housing.	Head of Customer Services	Sep-23
Action 2	Utilise Office 365 to facilitate an ICT Hub to centralise and manage support/maintenance and ICT requests for services.	HoICT&BT	Jul-23
Action 3	Implement Hybrid Mail to reduce the manual intervention of sending outgoing post.	HoICT&BT	Dec-23
Action 4	Review, update and develop website and intranet	Head of Customer Services	Aug-23
Action 5	Develop and implement PowerBI to replace Qlik and improve performance reporting company wide	HOFBA	Sep-24
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	2		
Impact score x likelihood score	4		

RISK OWNER	Chief Executive As at 30 April 2023		
FAILURE TO	3. 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; * VFM Strategy updated periodically and 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 for the past six years * Revised Annual Review process * Housemark benchmarking submissions (quarterly and annual) * Review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statements 16/17, 17/18, 18/19, 19/20, 20/21 and 21/22 * Redesigned 1:1 framework linking goal setting, performance and compliance to individual 1:1s * Updated Customer Involvement/Tenant Voice strategy, model and structure * bi-annual Councillor forums * 360 degree appraisals of the Chief Executive * e5 CP development for SLHD, HRA and Capital Programme budget monitoring * Re-designed and delivered 1:1 and performance management training to all people managers * Customer Involvement/Tenant Voice strategy, model and structure reviewed * Tenant Satisfaction Measures (TSM) implemented from April 2023 		
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	Increase effective tenant engagement through implementation of actions arising from review of model and structure	Head of Customer Services	Mar-24
Action 2	Delivery of customer experience training - rolling programme. 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.	Head of Customer Services/Head of HR&OD	Sep-23
Action 3	Undertake review of 5 year Corporate Plan	EMT	Mar-24
Action 4	Produce 2022/23 VFM statement	HOFBA	Nov-23
Action 5	Implementation of the RSH's Tenant Satisfaction Measures	HOCS	April 2023 (complete) with first year data sent to RSH summer 2024
Action 6	Meet/exceed challenging KPIs, TSMs and ADP for 2023/24	HOS	Mar-24
Action 7	Develop benchmarking, in particular frequency and increased locally, incorporating new TSMs	HOFBA	Mar-24
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 HR & OD		
As at 30 April 2023			
FAILURE TO	4. 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. * Reduced budgets resulting in more limitations on reward packages * Inability to influence / pay annual pay award due to lack of union agreement with national Pay Offer * Inadequate systems - eg Rotherham system and restricted advertising of vacancies AND system failures * Lack of career progression/ development opportunities 		
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 in particular stress related absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture <p>High temporary agency spend and / or consultancy fees</p>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * People Strategy in place * Skills and Behaviours framework in place * Financial and Performance Management framework in place * Leadership development programmes completed * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available * Attractive Benefits package and communication of total reward statements and packages * Attractive advertising of vacancies selling the total package * Agency Framework for temporary recruitment through Cirrus * Succession planning in place 		
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 complete * Wider range of apprenticeships across the business and career start activity * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular check in (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place - years 1 and 2 and 3 actions completed * Increased resources as required * Be well at work Silver award achieved in 2020. Plan for Gold in 2022 - through wellbeing at work group * Embedded agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. * Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones * Implemented new industry standard Schedule of Rates (SORs); * Personal Development Plans for all staff in place for 2022, with central monitoring; * Repairs Excellence Board in operation * Journey to Excellence Board in operation * Attendance at targeted careers events, bespoke campaigns and vacancy monitoring * Internal audit recommendations implemented * Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions * Professional development (sponsored study support) and Career graded roles * Professional membership requirements and senior colleagues part of networking and future focused industry standard groups. 		
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	Targeted recruitment initiatives for hard to fill roles	Head of HR&OD	Ongoing
Action 2	Achieve IIP accreditation to benchmark People practises	Head of HR&OD	Jan-24
Action 3	Continue to benchmark as required peer group performance benchmarking specifically for trades team DLO	Head of Repairs and Maintenance	Ongoing
Action 4	Delivery of customer experience training - rolling programme.	Head of CS/Head of HR&OD	Sep-23
Action 5	Deliver Repairs Excellence Project (Phase 1 (21/22) and additional Phases 23/24)	Head of Repairs and Maintenance	Phase 1 completed, phase 2 immobilised from February 23
Action 6	Wide review of pay and benefits offer and activity to review existing pay grades as appropriate	Head of HR&OD	Sep-23
Action 7	New internet and Intranet to better promote working for SLHD and celebrate success	Head of CS and Head of ICT	Sep-23
Action 8	Reviewing recognition schemes including SLHD Stars	Head of HR&OD	Sep-23
Action 9	Deliver year 4 of the People Strategy	Head of HR&OD	Mar-24
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 As at 30 April 2023		
FAILURE TO	5. 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 * Resident engagement strategies for each high rise building 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Completion of recommendations arising from FRAs. The Plan is to make the improvements following the remediation works to the EWI on the buildings at Balby.	Head of Building Safety	Apr-25
Action 2	Complete recommendations arising from the 'fire' external health check. -Complete the render remediation scheme at Balby Bridge (which is now underway).	Head of Building Safety & Head of HOAM	May-24
Action 3	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	Jun-23
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Head of Building Safety		
As at 30 April 2023			
FAILURE TO	6. 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"> * 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 * Restructure and increased team resources * External Verification via health check * New safe, compliant, excellent model for key 6 areas of compliance embedding C365 * New health, safety and compliance sub group * Recommendations arising from compliance health checks delivered * Implementation of health surveillance programme gap analysis 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Further full review of all risk assessments. This project will be delivered by the new H&S advisor at Corporate level but will still needs areas to be responsible & accountable for RA for their services	Heads of Service	Jun-23
Action 2	Implementation of health surveillance programme following completion of gap analysis	Head of service Building Safety / Head of HR&OD	Apr-24
Action 3	Achieve gold level in the BeWell@Work Award by March 2022 having achieved silver in March 2020	Head of HR&OD	Delayed due to scheme changes and availability - November 2023
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
Action 11			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Chief Executive As at 30 April 2023		
FAILURE TO	7. effectively govern and manage in an increasingly regulated climate		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Failure to 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 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection * Unable to 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 		
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 existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Close watching brief on local and national issues affecting the borough and sector * Regular attendance at Mayoral 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 		
What are the current assurance activities around the risk?	<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 * New Business Assurance and Governance management arrangements * Review of Housing Management structure and service to ensure arrears and ASB are managed effectively undertaken. Realignment underway. * NHF Code of Governance adopted by Board 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Maintain close watching brief of local and national economic developments	Leadership	On-going
Action 2	Complete actions arising from adopting NHF Code of Governance	EMT	Sep-23
Action 3	Appoint critical friend to review governance arrangements	DCS	Jun-23
Action 4	Critical friend to review governance arrangements and undertake mock regulatory inspections	DCS	Mar-24
Action 5	Develop governance peer group to share plans and best practice in lead up to inspection	HoFBA	On-going
Action 6			
Action 7			
Action 8			
Action 9			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	4		

RISK OWNER	Leadership As at 30 April 2023		
FAILURE TO	8. maintain core service delivery and business continuity in an unstable world (eg. illness, cost of living, fuel and material shortages, adverse weather, international unrest)		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * High levels of staff absence * Reduced core services - business critical only * Reduced levels of asset investment and maintenance * Inadequate IT infrastructure (via DC) preventing system access * Employee health and wellbeing - change, anxiety, isolation * Tenants in increased financial hardship - fuel poverty, cost of living crisis, etc. * Delays to key projects * Supplier and contractor availability to provide goods and services * Insufficient materials, 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 * Civil unrest / war in other countries impacting on economy and core services (migrants/housing need) 		
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 - refreshed and tested annually * 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; * Media-cash referrals * Staff surveys undertaken * Measures adopted to maintain community facilities for welfare * Insufficient housing stock to meet demand - homelessness, refugees, migrants 		
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	Continue with business critical procurement. Including joint procurement with DMBC	DC Procurement Team	Ongoing
Action 2	Produce regular, up to date information for customers	Leadership	Ongoing
Action 3	Regularly review and update FAQs, including format, on internet and intranet. Linked to the review of the website and internal communication platforms.	Head of Customer Services / Head of IT and BT	Mar-24
Action 4	Develop our role in the partnership localities model	Head of Housing Management	Jun-23
Action 5	Review Tenancy Sustainability model to ensure we support as many tenants as possible in the right way	Head of Housing Management	Jun-23
Action 7			
Action 8			
Action 9			
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		

Risk rating methodology

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

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

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

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

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

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

St Leger Homes of Doncaster Board Meeting

Date : 01 June 2023

Item : 06

Subject : Health and Safety Policy Review

Presented by : Chris Margrave
Director of Property Services

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

Purpose : To seek approval from EMT for the reviewed Health and Safety Policy.

Recommendation :

Members of Board are asked to approve the reviewed Health and Safety Policy attached to this document

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

**Agenda Item No. 06
Date: 01 June 2023**

1 Report Title

- 1.1 Review of Health and Safety Policy

2 Executive Summary

- 2.1 St Leger Homes is required under Health and Safety legislation to have a policy in place for managing health and safety.
- 2.2 The health and safety policy sets out our general approach to health and safety. It explains how St Leger Homes, as an employer, will manage health and safety including roles and responsibilities.
- 2.3 A periodic 3 yearly review of the Health and Safety Policy has taken place. Feedback from previous British Safety Council Five Star and ISO 45001 audits have been included within the review. No fundamental changes have been identified.

3 Purpose

- 3.1 To seek approval from the Board of the reviewed Health and Safety Policy.

4 Recommendation

- 4.1 As there are no fundamental changes to the policy the Board are asked to approve the Health and Safety Policy attached to this report.

5 Background

- 5.2 A significant review of the Health and Safety Policy was carried out in April 2020. This was approved, at the time by Employment and People Committee.
- 5.3 The Health and Safety Policy was changed to reflect the requirements of ISO 45001 and with feedback from the British Safety Council Five Star Audit
- 5.4 Key changes in the reviewed Health and Safety Policy were –
- Links to other key documents including the legal compliance register and strategic risk register – both of these are key elements of ISO 45001 and Five Star Audit
 - A leadership statement of intent that sets clear achievable commitments to our management of health and safety

- A clear framework for the management system as a whole based on 'plan-do-check-act' with examples of how we do this in the business
- Tied into this a diagram demonstrating how the management system looks to us.
- Focus on strategic roles and responsibilities

5.5 The periodic 3 yearly review of the Health and Safety Policy is due in April 2023. No significant changes have been identified. The main changes are within the statement of intent and shown in Appendix 1. They include-

- Explicit statement around providing suitable information, instruction and training
- Periodic review of the H&S management system
- Co-operation and support of all employees in the implementation of H&S arrangements.

5.6 These changes were identified in previous British Safety Council Audits and strengthen the statement of intent. The draft Health and Safety was shared at the most recent British Safety Council audit in February 2023.

5.7 A draft version of the Health and Safety Policy was also sent out for consultation with Joint Safety Committee in January 2023. Feedback from this consultation is included in the attached proposed Policy.

6 Procurement

6.1 Not applicable

7 VFM Considerations

7.1 Not applicable

8 Financial Implications

8.1 Currently there are adequate budget provisions to support the Health and Safety Policy to ensure St Leger Homes are compliant across all aspects of Health and Safety. These include a dedicated H&S and Compliance Team that has increased since 2022, training, risk assessments, H&S audits and bespoke IT software. Budgets and requirements are reviewed annually as part of the budget setting process. Any additional funding required has to be approved by EMT.

9 Legal Implications

9.1 The policy underpins compliance with the Health and Safety at Work Act etc. 1974.

10 Risks

10.1 The policy is linked to the strategic risk register and legal compliance

register. The policy supports these documents with assurances to St Leger Homes around management of health and safety in the business.

11. Health, Safety & Compliance Implication

- 11.1 This policy sets out the structure of our health and safety management system including strategic roles and responsibilities.
- 11.2 Having a robust health and safety management system in place assists St Leger Homes manage its legal and other risks to ensure we are compliant with all identified requirements.

12 IT Implications

- 12.1 Not applicable

13 Consultation

- 13.1 Consultation was carried out with Joint Safety Committee in January 2023. Feedback from this has been added to the draft policy attached.
- 13.2 The draft policy was also shared with the British Safety Council auditor in February 2023 and feedback from this has been added to the draft policy attached.

14. Diversity

- 14.1 Not applicable

15 Communication Requirements

- 15.1 Once approved the policy will be communicated out to all employees via Staff Focus. Line Managers will also be asked to ensure this is discussed at team meetings or team briefs.

16 Equality Analysis (new/revised Policies)

- 16.1 An Equality Analysis was completed, with no adverse impacts identified, when the policy was approved by Employment and People Committee in March 2020. As there are fundamental changes to the policy it is proposed that a new Equality Analysis is not required.

17 Environmental Impact

- 17.1 Not applicable

18. Report Author, Position, Contact Details

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

19. Background Papers

- 19.1 Appendix 1 - Health and Safety Policy



POLICY DOCUMENT

Health and Safety Policy

POLICY TITLE:	Health and Safety Policy
LEAD OFFICER:	Health, Safety and Compliance Service Manager
DATE APPROVED:	2023
APPROVED BY:	Employee and People Committee
IMPLEMENTATION DATE:	April 2023
DATE FOR NEXT REVIEW:	April 2026
ADDITIONAL GUIDANCE:	Health and Safety Strategy
TEAMS AFFECTED:	All St Leger Homes Employees
THIS POLICY REPLACES:	General Health and Safety Policy

Brief Policy Summary: This policy sets out the organisations approach towards managing health and safety (H&S).

Page	Version	Date	Author
Page 1 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

Document Control

Revision History

Date of this revision:	April 2023
Date of next review:	April 2026
Responsible Officer:	Health, Safety and Compliance Service Manager

Version Number	Version Date	Author/Group commenting	Summary of Changes
0.1	October 2019	Health, Safety and Compliance Service Manager	First draft of policy, replacing previous General Health and Safety Policy.
0.2	January 2020	Heads of Service, Joint Safety Committee, British Safety Council	Feedback from consultation added to policy – main comments – <ul style="list-style-type: none"> • Use of system rather than framework • Definition of Leadership Team • Including wellbeing within statement of intent • Adding communication methods
1.0	March 2020	Employment and People Committee	Policy Approved
1.1	October 2020	HSC Service Manager	New CEO signature on Statement of Intent – no change to content of policy
1.2	April 2023	Health, Safety and Compliance Manager	Periodic review of policy –no significant changes. Main changes to statement of intent include- <ul style="list-style-type: none"> • Explicit statement around providing suitable information, instruction and training • Periodic review of the H&S management system • Co-operation and support of all employees in the implementation of H&S arrangements.

CONTENTS

Page	Version	Date	Author
Page 2 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

1.	Introduction	5
2.	Purpose	5
3.	Context of the Organisation	5
4.	Scope	6
5.	Leadership Statement of Intent	7
6.	Roles and Responsibilities	8
7.	Consultation and Participation of Employees	8
8.	Health & Safety Management System	8
Appendix 1 – How our H&S Managements System Works		11
Appendix 2 – Roles and Responsibilities Matrix		12

1. Introduction

Page	Version	Date	Author
Page 3 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

- 1.1 St Leger Homes have legal duties to ensure the health and safety (H&S) at work of our employees as well as our customers and other stakeholders who may be affected by our work activities. We manage a [legal register](#) to identify the relevant pieces of legislation, approved codes of practice (ACoPs) and guidance that are relevant to the organisation and monitor our compliance with these; including the consumer standards
- 1.2 In addition to its legal responsibilities, St Leger Homes is also aware, and fully embraces, its moral duty to 'do the right thing' , ensuring our employees, customers and other stakeholders are safe at work and not adversely affected by the activities we carry out.

2. Purpose

- 2.1 This Health and Safety Policy is part of the H&S Management system St Leger Homes has in place. Appendix 1 shows how our management system looks. The overall management system is there to guide and assist management teams and all employees to develop and maintain a positive H&S culture.
- 2.2 The policy will communicate the overall structure of the H&S Management System and set out our Leadership Teams commitment to H&S through our Chief Executive's statement of intent. Our Leadership Team is made up of our Executive Management Team and Heads of Service.

3. Context of the Organisation

- 3.1 St Leger Homes is an Arm's Length Management Organisation (ALMO), established in 2005 to manage Doncaster Council's housing stock. We manage over 20,000 council homes, shops, community facilities, garages, Gypsy and Traveller sites, and other residential sites. We manage properties on behalf of private sector landlords via our St Leger Lettings service, and undertake the Council's statutory homeless function.
- 3.2 We have a diverse workforce, including office and trade employees, who work over an extensive geographical area covering urban and rural locations. Our employee profile includes apprentices through to experienced employees. We acknowledge that we have an aging work profile.
- 3.3 Managing housing in a post Grenfell world highlights the importance of ensuring statutory compliance but also going beyond compliance taking us to being a nationally recognised housing provider of choice.
- 3.4 External issues, such as national policy changes, and internal issues, such as the diverse workplaces of our employees, feedback from employees and recommendations from audit processes, can affect our management of H&S. St Leger Homes identify these issues by managing a [strategic](#) risk register. Managing the risk register allows St Leger Homes to identify any threats, along with opportunities to improve on management controls in place.

4. Scope

Page	Version	Date	Author
Page 4 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

- 4.1 This policy is applicable to all employees of St Leger Homes.
- 4.2 Other relevant interested parties are affected by the activities carried out by St Leger Homes and the management system covered by this policy; these include-
- Customers
 - The Board
 - Doncaster Council
 - Legal and regulatory bodies
 - Agency Workers
 - External providers e.g. suppliers and contractors
 - Trade Unions
- 4.3 This policy and the H&S management system covers all workplaces and activities that St Leger Homes carry out.

Page	Version	Date	Author
Page 5 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

5. Leadership Statement of Intent

The Leadership Team of St Leger Homes consider that health, safety and wellbeing (H&S) is one of the highest priorities within our organisation. We are committed to keeping our employees, our customers and the public safe by promoting high standards of H&S in all of our workplaces, premises, and in all of our activities. We aim to go beyond compliance demonstrating best practice and continual improvement to make us a nationally recognised housing provider of choice.

To achieve this, we will:

- Constantly work towards improving the H&S culture at all levels within the organisation, using a 'top down' and 'bottom up' approach where worker participation and feedback is encouraged and recognised.
- Ensure compliance with all relevant legal duties in respect of H&S at work legislation.
- Align H&S within corporate objectives and set annual development and service delivery plans.
- Monitor performance on objectives set and report on these.
- Provide adequate resources to identify and evaluate risk, with the aim to eliminate hazards or reduce to an acceptable level.
- Ensure operational teams are supported in the planning, provision and maintenance of safe working conditions.
- Develop and implement a management system to support all aspects of the business ensuring that relevant documented information is available; ensuring this is periodically reviewed.
- Take action where standards fall short of our expected behaviours and values.
- Encourage reporting of incidents including near misses. Employees are encouraged to report short falls but equally to contribute good ideas and improvements.
- Provide suitable information, instruction and training to employees
- Informal involvement and participation of employees in H&S is encouraged through discussions with management teams.
- Formal involvement of employees in H&S will take place through team meetings, inspection programmes and Joint Safety Committee.
All employees will co-operate and support in the implementation H&S arrangements



Dave Richmond
Chief Executive
St Leger Homes of Doncaster Limited

Date: XXth April 2023

Page	Version	Date	Author
Page 6 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

6. Roles and Responsibilities

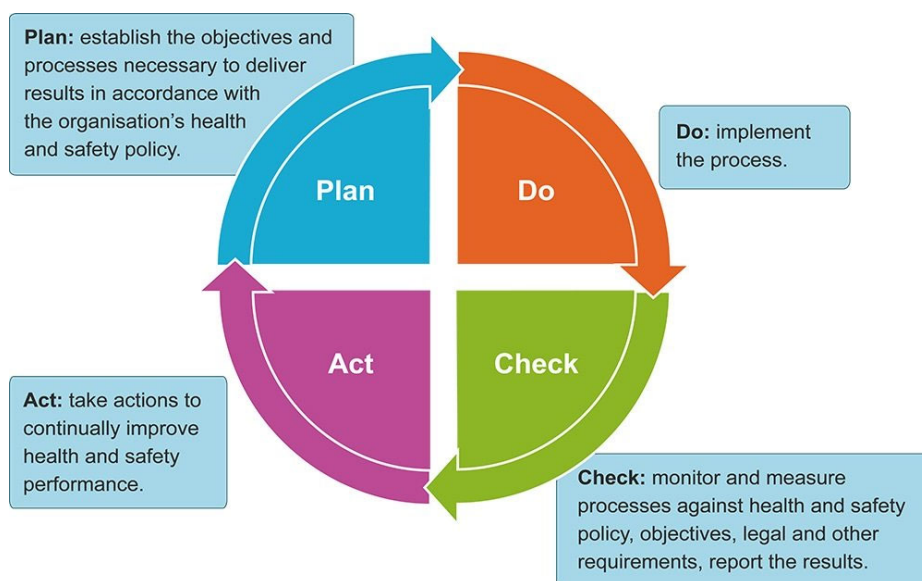
- 6.1 Leadership Team is responsible and accountable for H&S and ensuring effective systems are in place. Day to day decisions and work will be delegated to others in the organisation.
- 6.2 The matrix in appendix 2 sets out strategic health, safety and compliance responsibilities in the organisation. Specific operational responsibilities will be covered by other documents such as job descriptions and discussed as part of checkins.

7. Consultation and Participation of Employees

- 7.1 St Leger Homes encourages formal and informal consultation and participation of employees.
- 7.2 Formally employees are consulted through Trade Union representatives and Joint Safety Committee.
- 7.3 Employees are encouraged to participate and be actively involved in day to day decisions around their work. Risk assessments are encouraged to be collaborative with those who understand the potential hazards giving insight into these.

8. H&S Management System

- 8.1 The H&S management system is made up of different elements of documented information; this policy is one element as shown in appendix 1. By adopting this approach St Leger Homes has an auditable structured system in place
- 8.2 The St Leger Homes H&S Management system adopts a 'plan-do-check-act' approach (see figure1 below).
- 8.3



Page	Version	Date	Author
Page 7 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

8.4 Plan (this sets the framework for our H&S management system) –

- Set out overall commitments to managing H&S - in our H&S policy
- Set objectives for improvement – in our Corporate Plan, Annual Development Plan and Service Delivery Plans
- Determine legal and other requirements – in our legal register
- Identify risks and opportunities – in our strategic risk register
- System in place to identify hazards and assess risks – risk assessments process
- Assessment of H&S management system – audit programme
- Resources in place to deliver H&S team and the H&S management system – organisational development, financial planning
- Processes in place to deliver H&S and the H&S management system – learning and development, procedures, EVOTIX

8.5 Do –

- Assessment of risks – risk assessments and safe working procedures in place
- Learning and development activities in place to ensure right people with the right competencies – learning and development systems
- Managing change as it occurs – change management processes
- Managing external contractors and supplier – procurement and contract management processes
- Communication – through Staff Focus, team meetings, team briefs and toolbox talks
- Emergency preparedness and response – corporate and operational business continuity plans

8.6 Check –

- Evaluation of legal and other compliance requirements – in our legal register
- Audit programme in place to check how we are performing –in terms of H&S performance and the H&S management system
- Governance of H&S performance including accidents and incidents – through the Safety and Compliance Performance report
- Accident and incident reporting including near misses – through EVOTIX and the Safety and Compliance Performance Report
- Workplace inspections and auditing– utilising iAuditor
- Management Review of the H&S management system – governance through the Safety and Compliance Performance Report to feedback to Joint Safety Committee
- External assurance – through British Safety Council 5* Occupational H&S Audit and ISO 45001

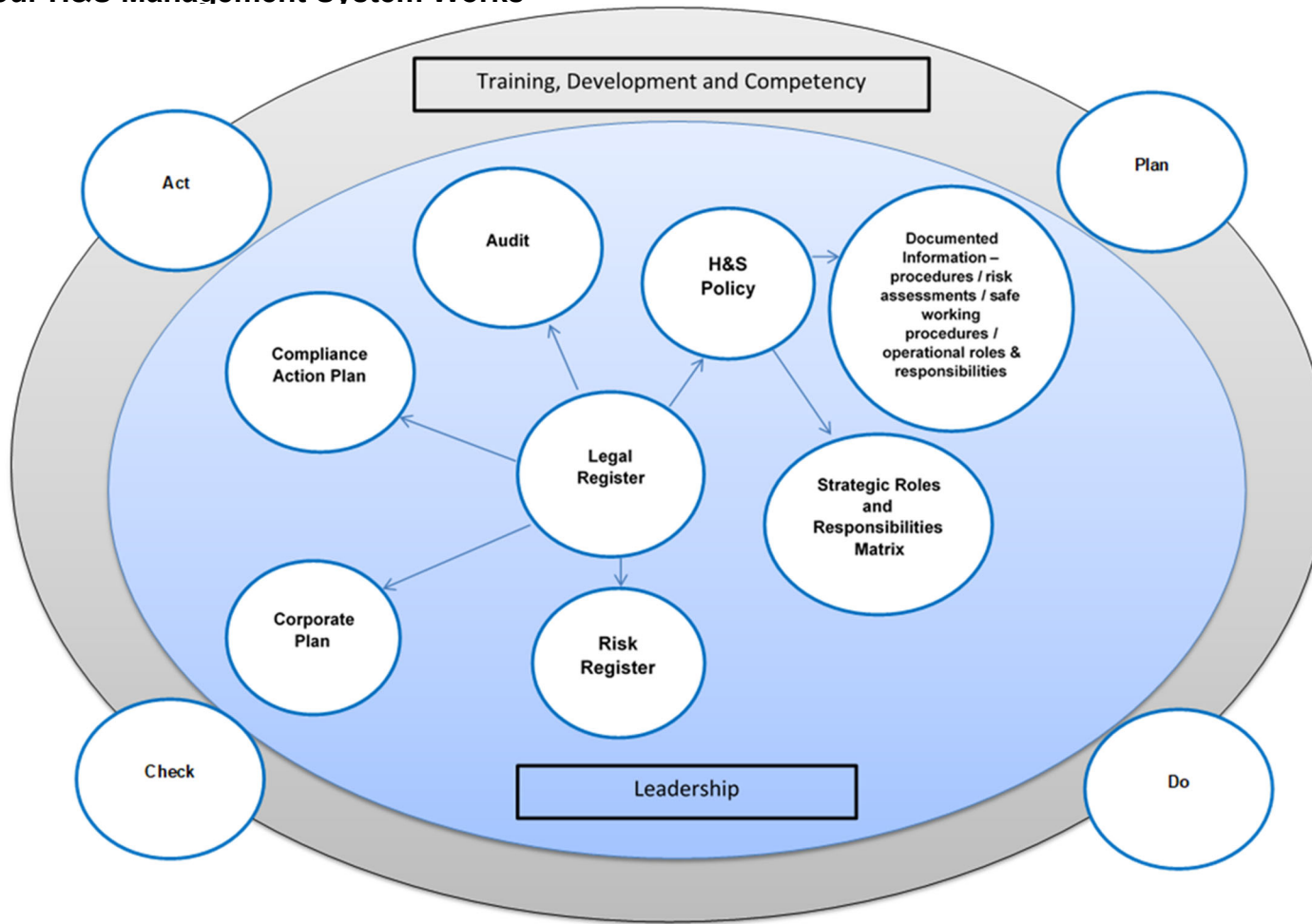
Page	Version	Date	Author
Page 8 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

8.7 Act -

- Learning from accident and incident outcomes
- Feedback from audits, internal and external, identifying any non-conformities, processes not being followed
- Benchmarking and learning from best practice locally, regionally and nationally within the housing sector
- Responding to changes in the national landscape including changes to legislation
- Continuing professional development such as learning from professional journals
- Opportunities for continual improvement of the H&S management system
- Development of Service Delivery Plans

Page	Version	Date	Author
Page 9 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

Appendix 1 – How our H&S Management System Works



Page	Version	Date	Author
Page 10 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

Appendix 2 – Roles and Responsibilities Matrix

Responsibility	Plan							Do										Check					Act			
	Determine legal and other requirements	Set overall commitments to managing H&S	Set objectives for improvement	Identify risks and opportunities	System in place to identify hazards and assess risks	Resources in place to deliver H&S and the H&S management system	Processes in place to deliver H&S and the H&S Management System	Assessment of risks	Lead by personal example	Follow risk assessments and safe working methods in place	Learning and development activities in place	Managing change as it occurs	Managing external contractors and suppliers	H&S standard agenda item of team meetings	Report accident and incidents including near misses	Report short falls in H&S Management and contribute solutions	Providing and using Personal Protective Equipment	Emergency preparedness and response	Internal audit programme in place	Governance of H&S performance	Accident / Incident Reporting Investigation / Monitoring	Workplace Inspections and Monitoring	Management Review of the H&S Management System	Learning from accident and incident outcome	Feedback from internal programme	Continual improvement of H&S Management System
Role																										
Board or Sub-Committees	✓	✓	✓	✓		✓	✓		✓	✓		✓		✓	✓		✓			✓						✓
Executive Management Team	✓	✓	✓	✓		✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heads of Service	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Service Managers	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓
Line Managers			✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓			✓		✓
Employees				✓			✓	✓	✓		✓	✓	✓	✓	✓	✓	✓				✓					✓
Health, Safety and Compliance Team	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
HR and OD Team							✓		✓	✓	✓			✓	✓											
Trade Union Safety Representatives				✓			✓	✓	✓	✓	✓			✓	✓	✓				✓	✓	✓		✓		✓
Joint Safety Committee	✓	✓	✓	✓			✓	✓	✓	✓	✓			✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓

Specific Operational roles and responsibilities are documented on the intranet e.g. first aiders and fire wardens or by job descriptions.

Page	Version	Date	Author
Page 11 of 11	1.2	April 2023	Health, Safety and Compliance Service Manager
File Path			

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

ST LEGER HOMES OF DONCASTER BOARD

Date : 01 June 2023

Item : 07

Subject : Revised Health and Safety Strategy

Presented by : Chris Margrave
Director of Property Services

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

Purpose : New Health and Safety Strategy

Recommendation :

Members of the Board are asked to approve the new Health and Safety Strategy and associated high level action plan

Company Number 05564649
A Company Limited by Guarantee
Registered in England

**To the Chair and Members of the
BOARD of St Leger Homes of Doncaster**

**Agenda Item No. 07
Date: 01 June 2023**

1 Report Title

- 1.1 New Health and Safety Strategy 2023-2028

2 Executive Summary

- 2.1 In August 2021 the Board of St Leger Homes (SLHD) approved a new four year Health and Safety (H&S) Strategy covering the period 2021-2025. The strategy set out the overarching commitment, vision and direction for health and safety across the business at the time.
- 2.2 As part of the annual review on delivery of the strategy in August 2022 the overall direction of the strategy was considered from when it was originally developed in 2021. It was proposed we undertake a full revision of the strategy. This was because of the significant changes within the H&S Team from when the strategy was first written.
- 2.3 With the new structure implemented and successful recruitment to key posts within the H&S Team it was proposed that a new strategy be developed that would reflect the new team ethos and consider the findings from third party audits that have shaped key business priorities.
- 2.4 High level actions would 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 H&S Strategy. Actions will move the organisation forward but be specific and achievable with the resources available
- 2.5 This report sets out the proposed new H&S Strategy and the associated high level action plan.

3 Purpose

- 3.1 The purpose of this report is to present Board with a new H&S Strategy from April 2023 to March 2028 along with an initial 2 year high level action plan.

4 Recommendation

- 4.1 Members of the Board are asked to consider and approve the proposed new H&S Strategy and high level action plan.

5 New H&S Strategy 2023-2028

5.1 The H&S Strategy links through to the H&S Policy and is a wider part of the H&S Management system that SLHD operates as well as the SLHD Corporate Plan.

5.2 The strategy details our approach to upholding H&S within SLHD and identifies what we want the future H&S vision to be. It is proposed for the strategy to run for 5 years, giving more opportunity for sustained changes to be made and embedded within the culture of SLHD.

5.3 Over the past 18 months a more stable Health and Safety team has been recruited. Bringing colleagues in from other businesses both private and public sectors brings different experience and skills which have been used to develop the strategy.

5.4 The proposed new H&S strategy is attached at appendix 1 and it is split into 3 sections-

- Current state – setting out challenges and opportunities
- Objectives – what we will do and how we will do it
- Future state – our future H&S vision

5.5 Identifying current challenges and opportunities sets the scene for the full strategy. One challenge is accepting that success of delivery cannot be done by one person or team. It requires people from across SLHD using their skills, tools and influence to collectively drive better outcomes.

5.6 Five objectives have been set for the strategy –

- Challenge existing management systems to ensure they are fit for purpose
- Implement a robust inspections and auditing system
- Promote good health and safety behaviour to drive culture change
- Create a new process for the identification, assessment and recording of risk assessments
- Employees and safety representatives to be actively involved in the management of health and safety

A high level action plan has been developed to support the sustained change required to achieve these objectives. This is discussed within section 6 and attached as appendix 2.

5.7 Three goals have been established that will demonstrate our future H&S vision-

- Be risk focussed – implementing changes and sustaining these to ensure that risks are reduced to a level as low as reasonably practicable
- A capable system where everyone feels confident to play their part – having the right resources and support in the right place with the

- competence they need to do their job
- A system focussed on what will make the biggest impact – focussing our resources in the right areas.

6. High Level Action Plan and Reporting on Delivery

- 6.1 Initially a 2 year action plan has been developed, attached at appendix 2. This will be reviewed annually, reported on to board and building safety compliance committee and at the end of the 2 year period a new plan will be drafted to go through to the end of the strategy.
- 6.2 Actions from the previous strategy action were reviewed and these have either been closed or the principles of the action taken over into the new plan. In summary –
- 28 actions were identified
 - 21 actions have been completed
 - 7 actions are still ongoing and the principles of these have been taken across to the new high level action plan
- 6.3 There are 10 actions identified in the new high level action plan. These include –
- Extending implementation of SafetyCulture to involve team leaders and safety representatives
 - Reviewing existing health and safety communication routes
 - Opportunity to use existing staff surveys to H&S based questions
- 6.4 The actions will be included on the Consolidated Action Plan. Progress on the overall plan is reported through the Safety and Compliance Performance Report which is reported to Building Safety and Compliance Committee, Board and stakeholder groups within the City of Doncaster Council, the Building Safety Group.
- 6.5 The new strategy will follow existing approval processes. Progress on the delivery of the strategy and high level action will be reported annually to EMT, Board and Building Safety and Compliance Committee.

7. Procurement

- 7.1 There are no direct procurement implications arising from the development of the H&S 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. There are no direct VFM considerations however 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 H&S Strategy and action plan. The H&S Team realignment is in place and budgeted for. Existing budgeted resources and provisions for training, risk assessments and current software systems are included and reviewed annually, but as a result of some actions there may be financial implications and these would need to be considered as part of separate business cases and briefing notes as required.

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 H&S. 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.

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 Consultation was carried out with Joint Safety Committee in January 2023.

15. Diversity

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

16 Communication Requirements

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

17 Equality Analysis

- 17.1 An Equality Analysis was completed in February 2023. No adverse impacts of the H&S Strategy or action plan were identified. The overall aim of the strategy is to have a positive impact by improving the occupational health and safety of all employees. Although the strategy does not directly affect groups such as tenants by improving standards this will have an associated benefit.

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
Email: laura.dougan@stlegerhomes.co.uk

20. Background Papers

- 20.1 Appendix 1 – Health and Safety Strategy 2023-2028
20.2 Appendix 2 – High Level Action Plan



Health and Safety Strategy

POLICY TITLE:	Health and Safety Strategy
LEAD OFFICER:	Health and Safety Manager
DATE APPROVED:	
APPROVED BY:	Board of St Leger Homes Doncaster
IMPLEMENTATION DATE:	April 2023
DATE FOR NEXT REVIEW:	April 2028
ADDITIONAL GUIDANCE:	
TEAMS AFFECTED:	All St Leger Homes Employees
THIS POLICY REPLACES:	Health and Safety Strategy 2021-25

Page	Version	Date	Author
Page 1 of 9	0.1	January 2023	Health and Safety Manager
File Path			

Document Control

Revision History

Date of this revision:	April 2023
Date of next review:	April 2028
Responsible Officer:	Health and Safety Manager

Version Number	Version Date	Author/Group commenting	Summary of Changes
0.1	January 2023	Health Safety Manager, Health, Safety and Compliance Service Manager	First draft of strategy, replacing previous health and safety strategy 2021-2025. Early review of strategy agreed by Board in August 2023

Page	Version	Date	Author
Page 2 of 9	0.1	January 2023	Health and Safety Manager
File Path			

CONTENTS

1.	Introduction	4
2.	Strategy Overview - Current Challenges and Opportunities	5
3.	Actions we will take to achieve our objectives	6
	Objective 1. Challenge existing management systems to ensure they are fit for purpose.	
	Objective 2. To implement a robust inspection and auditing system.	
	Objective 3. Promote a good health and safety behaviour to drive the culture change.	
	Objective 4. Create a new process for the identification, assessment and recording of risk assessments.	
	Objective 5. Employees and safety representatives to be actively involved in the management of health and safety.	
4.	Our Success - Future Health and Safety Vision	8

Appendices

Appendix 1 – H&S Strategy on a page

Appendix 2 – Monitoring our progress – High Level Action Plan 2023-25

Page	Version	Date	Author
Page 3 of 9	0.1	January 2023	Health and Safety Manager
File Path			

1. Introduction

- 1.1 SLHD has legal duties to ensure the health and safety (H&S) at work of our employees as well as our customers and other stakeholders who may be affected by our work activities including contractors working on our behalf. We manage a legal register to identify the relevant legislation, approved codes of practice (ACoPs) and guidance that are relevant to the organisation and monitor our compliance with these; including the consumer standards.
- 1.2 In addition to its legal responsibilities, SLHD is also aware, and fully embraces, its moral duty to 'do the right thing', ensuring our employees, customers and other stakeholders are safe at work and not adversely affected by the activities we carry out.
- 1.3 This Health and Safety Strategy complements the [Health and Safety Policy](#) and is part of the H&S Management system SLHD operates. The overall management system is there to guide and assist management teams and all employees to develop and maintain a positive H&S culture.
- 1.4 This strategy will detail our approach to upholding H&S within the organisation and identifies what we want the future H&S vision of the organisation to be. Appendix 1 shows the key elements of the strategy.
- 1.5 The goals of our future H&S vision are –
 - **Be risk focused** - We will prevent ill health and injury and proactively enhance the physical and psychological health of our people.
 - **Create a capable H&S system where everyone plays their part** - We will work with our employees to build a culture where ideas and issues are shared and jointly acted upon.
 - **A H&S system focused on what will make the biggest impact** - We will have effective processes in place for safety that are fit for purpose, well maintained plant and equipment and we will support our workers with development, training and information.

Section 5 of the strategy expands on these goals.

- 1.6 To achieve the full intent of this strategy we will consider the current challenges and opportunities. Objectives have then been identified to lead us to this future state; an action plan has been developed to support the achievement of these objectives. Appendix 2 shows the high level action plan.

Page	Version	Date	Author
Page 4 of 9	0.1	January 2023	Health and Safety Manager
File Path			

2. Strategy Overview - Current Challenges and Opportunities

- 2.1 The SLHD Corporate Plan 2019 – 2024 objective of “We will be a nationally recognised provider of housing services” defines that we will embed a positive health, safety and wellbeing culture, with a key indicator to improve Health & Safety outcomes.
- 2.2 The success of the Strategy depends on our ability to translate the vision and objectives into action. Delivering the strategy is not something that can be done by one person. It will require people from across SLHD using the skills, tools and influence they have to collectively drive better outcomes.
- 2.3 A positive H&S culture within the organisation will be critical to the success of achieving the vision set out in this strategy. Having a culture without employee buy in towards H&S will be a challenge to delivering the objectives identified. This strategy sets out how, where needed, we will work to change and improve behaviours towards H&S.
- 2.4 Another potential challenge to achieving our vision is the current management systems that are in place. Where systems may not be followed or used to the full potential that is intended, this could make this difficult to achieve our vision. For example, reviewing adverse events when they occur can identify system failings. Regular reporting is carried out to building safety compliance committee and joint safety committee and this will capture where any incidents of non-compliance may occur.
- 2.5 Opportunities that will allow SLHD to achieve the vision that is set out in the strategy include having a robust auditing system in place. SLHD have recently implemented SafetyCulture as a tool to aid in recording the actions of the works that are carried out by SLHD employees. Being able to record these actions aids SLHD to ensure compliance with health and safety legislation and doing what is reasonable practicable.
- 2.6 Another aspect of the company that presents an opportunity to improve the way we work and to achieve the vision we have set out is, putting more ownership on to the trade union representatives and team leaders providing the opportunity for employees and safety representatives to be actively involved in the management of H&S. Subsequently, from this there will be a bigger drive of health and safety from the team leaders to their employees.

Page	Version	Date	Author
Page 5 of 9	0.1	January 2023	Health and Safety Manager
File Path			

3. Actions we will take to achieve our Objectives

- 3.1 The Strategy sets out a plan to create a health and safety system that's capable of delivering first class health and safety outcomes. It has five key objectives:
- 3.2 The first objective on the path to achieve the vision we have set out in the strategy is to **challenge existing management systems to ensure they are fit for purpose.**
- 3.3 Good quality and timely information is crucial to identify risks and understand the drivers of harm. Mechanisms for sharing health and safety information across SLHD need to be strengthened to support better risk management practises including evaluation and alignment of effort. Despite improvements, the current approach to collecting and analysing data is still limited, causing confusion and inconsistent interpretation of the risks and harm.
- 3.4 We need to ensure the right data and analysis is available to support people and our organisation to measure and focus on what matters. SLHD and unions share insights and work together on research, evaluation and data. Information on emerging risks and best practise is shared effectively and provides a robust risk base to inform interventions.
- 3.5 Our second objective to achieve the vision is to **implement a robust inspection and auditing system.**
- 3.6 For risks to be well managed, employees need to be able to access a robust auditing system when they need it and ensure that SLHD employees have the capability and support to identify, assess and manage risks well. We need to educate SLHD employees on the importance of what an audit produces, such as the quality of work that is being completed and how data can be analysed and used to drive improved performance. From that the H&S team can analyse if there is a breakdown in how safe SLHD employees work and how compliant they are with H&S legislation.
- 3.7 We need to ensure the specialist health and safety team has the competence to advise all staff on managing risks effectively. SLHD to understand the specialist capability they require and are able to source it. The educational system and framework around health and safety competency is strengthened with risk concepts embedded in relevant training and education.
- 3.8 Our third objective is to **promote a good health and safety behaviour to drive the culture change.**
- 3.9 Effective worker engagement, representation and participation is fundamental to effective risk management. It helps create workplace cultures that support good health and safety, and company performance. A genuine commitment to involving workers at all levels is critical to create healthier, safer and more engaged work activities and workplaces.

Page	Version	Date	Author
Page 6 of 9	0.1	January 2023	Health and Safety Manager
File Path			

- 3.10 We need to ensure that all workers have the opportunity to participate, engage and be represented. Workers and their representatives play a key role in the management of risk evaluation and control and will receive the training and support they need to do this. Team leaders understand the value of involving their workers and engaging with their workers to create a better health and safe systems of work.
- 3.11 The fourth objective is to **create a new process for the identification, assessment and recording of risk assessments.**
- 3.12 Good health and safety is about effective risk management. We need to ensure that the effort going into managing risks is proportionate to the harm they cause. Good risk management means having clarity about all the risks in the business and managing them in a systematic and proactive way.
- 3.13 Achieving a sustained reduction in risk requires a culture that reinforces and promotes the value of good health and safety, celebrates those who do well and holds people to account for not meeting minimum standards. A positive health and safety culture encourages a common and accepted way of working to manage risk. It informs a shared understanding about working practices, risk tolerance and the response to accidents and near misses.
- 3.14 The fifth objective is for **employees and safety representatives to be actively involved in the management of health and safety.**
- 3.15 Good leadership is about prioritising and resourcing health and safety. This means integrating health and safety into how a company works and supporting a good health and safety culture. Improving health and safety requires leadership from all aspects of SLHD and its workers and their representatives.
- 3.16 We need to ensure team leaders and safety representatives remain influencers across the organisation and have the commitment and buy in from their teams to create a learning system by sharing success, failure and best practice. Team leaders and safety representatives have strong accountability and clear responsibilities for health and safety, holding each other accountable.
- 3.17 Action Plan**
- 3.18 Achieving a sustained change requires everyone working together and helping each other across SLHD to improve the system's capability, including making sure people have the skills, knowledge, attitude, training and experience to meet their duties. There is a significant opportunity to coordinate, support and align this work towards a common goal. To support this change actions have been identified in the high level action plan in Appendix 2.
- 3.19 Initially a 2 year action plan has been developed. This will be reviewed annually and at the end of the 2 year period a new plan will be drafted to go through to the end of the strategy.

Page	Version	Date	Author
Page 7 of 9	0.1	January 2023	Health and Safety Manager
File Path			

4. Our success - Future Health and Safety Vision

4.1 Goal 1: Be risk Focused

- 4.2 Being risk focused means you are focused on reaching or completing specific tasks to achieve a planned outcome.
- 4.3 We will prevent ill health and injury, proactively enhancing the physical and psychological health of our staff.
- 4.4 SLHD will be a risk focused company by implementing a new auditing system that is more accessible across management level and team leaders. The new system will allow more information to be attainable to SLHD employees. With the information gained from the new auditing tool (SafetyCulture); it will allow SLHD to implement changes where needed to be ensure are reduced to a level as low as is reasonably practicable for employees to work in.

4.5 Goal 2: A capable system where everyone feels confident to play their part

- 4.6 Improving our health and safety performance requires everybody to play their part including safety representatives, using their influence, expertise and insights.
- 4.7 Roles and responsibilities across the system must be integrated and aligned so everyone is clear about how they can work together, and what tools they have to influence change. They also need the right resources and support for the role they play.
- 4.8 Leadership has an important role in making change happen, but it is something that cannot be done alone. Getting better outcomes will require everyone playing their part.

4.9 Goal 3: A system focused on what will make the biggest impact.

- 4.10 We need to ensure our effort is focused in the right areas to reduce the potential risk of serious injury or harm to health. Risks can also have other significant impacts on workers, or others, such as time away from work.
- 4.11 One way that SLHD is focusing on what will make the biggest impact is through our accident and near miss reporting system. We are able to compile the data that can be used to identify trends and areas for improvement. SLHD has produced an action plan that suggests recommendations for the benefit of SLHD. This action plan targets injury and harm prevention programmes at areas in the business where the risks are more challenging.

Page	Version	Date	Author
Page 8 of 9	0.1	January 2023	Health and Safety Manager
File Path			

Appendix 1 – H&S Strategy



Page	Version	Date	Author
Page 9 of 9	0.1	January 2023	Health and Safety Manager
File Path			

SLHD Health, Safety & Compliance Action Plan												
Audit Date		Last Updated:										
ID	ISSUE	RECOMMENDATION	SLHD -ACTION	PRIORITY	STATUS	OWNER	UPDATE / COMMENTS	AREA SPECIFIC ACTION PLAN	SERVICE	DUE DATE	REVISED DUE DATE	ON TIME?
	Challenge existing management systems to ensure fit for purpose.	Ensure that the existing management system is fit for purpose and being used to it's full potential	1. Gap analysis on existing management system 2. Action plan developed based on gap analysis	Low	Not Started	Health, Safety and Compliance Manager / Health and Safety Manager	Approval routes confirmed for all H&S documents Strategy and Policy reviewed and approved	Health & Safety Strategy 2023-2025	All SLHD	1. 31.03.2024 2. 31.03.2025		
	Implement a robust inspection and auditing system	Involving team leaders and safety representatives in inspections utilising SafetyCulture	Opportunity to extend the implementation and use of SafetyCulture involving team leaders and safety representative	Low	In Progress	Health & Safety Manager / H&S Advisor	By end of March 2023 SafetyCulture will be implemented within the Health, Safety and Compliance Team	Health & Safety Strategy 2023-2025	All SLHD	31.03.2025		
	Promote a good health and safety behaviour to drive culture change.	Have more of a H&S presence out on site to promote a better safety culture and explore communication routes	1. Inspection and auditing programme in place through the organisation 2. Review existing H&S communication routes i.e. intranet	Low	In Progress	Health & Safety Manager / H&S Advisor	H&S Manager attends all corporate welcome days as an introduction Proactive site visits take place with ISP and ESP Recruitment to H&S Advisor role is critical to this	Health & Safety Strategy 2023-2025	All SLHD	1. 31.03.2024 2. 31.03.2025		
	Promote a good health and safety behaviour to drive culture change.	Continually examine health and safety performance, risk assessments and statistics to identify specific trends and areas for improvement.	Develop Evotix and SafetyCulture for reporting and trend data	Normal	In Progress	Health & Safety Manager	Evotix allows ability create graphs and statistics of incidents trend work has started on using these. SafetyCulture potentially can do similar for inspections and audits and their outcomes	Health & Safety Strategy 2023-2025	Property Services	31.12.2023		
	Promote a good health and safety behaviour to drive culture change.	Understand and evidence our H&S culture	Opportunity to use existing staff surveys to include H&S based questions	Low	Not Started	Health, Safety and Compliance Manager / HR and OD	Staff surveys already exist, including wellbeing, look for options to include H&S questions and include responses to these within the Safety and Compliance Performance report. Evidence from other sources e.g. training evaluation available to be reviewed	Health & Safety Strategy 2023-2025	All SLHD	31.12.2024		
	Create a new process for the identification, assessment and recording of risk assessments	Review existing risk assessment processes to ensure that all employees are fully engaged with these, taking responsibility and ownership of their risk assessment duties.	1. Develop the risk assessments process including a generic risk assessment for employees to take guidance from when they are creating their own Risk Assessments 2. Team leaders to take more responsibility and accountability when it comes to writing their own risk assessments.	Normal	In Progress	Health & Safety Manager / H&S Advisor	1. Work is ongoing on the risk assessment process including the template. Recruitment to H&S Advisor role is critical for this 2. Previous training has taken place (i.e. IOSH Managing Safety) with review of process new training will be identified	Health & Safety Strategy 2023-2025	All SLHD	1. 31.12.2023 2. 31.12.2024		
	Employees and safety representatives to be actively involved in the management of health and safety	Review and improve the way we engage safety representatives so that they are able to contribute more effectively, to the management of health and safety	Opportunity to extend the implementation and use of SafetyCulture involving team leaders and safety representative	Low	In Progress	Health & Safety Manager / H&S Advisor	Future years the safety representatives will be actively involved in the risk assessment process	Health & Safety Strategy 2023-2025	All SLHD	31.03.2025		

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 01 June 2023

Item : 08

Subject : Safety & Compliance Performance Report

Presented by : Chris Margrave
Director of Property Services

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

Purpose : Provide an update on all areas of compliance, occupational and building safety health, compliance performance.

Recommendation :

Board are asked to consider the content of this report and its format.

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

**Agenda Item No. 05
Date: 01 June 2023**

1. Report Title

1.1 Safety and Compliance Performance Report April 2023

2. Gas

2.1 Table 1: Landlords Gas Safety Record (LGSR) Programme

2.2 The number properties requiring an annual gas service is shown in table one below. The programme is delivered between February and the end of October each year, using the MOT style anniversary which allows the service to be completed two months early and retain the anniversary date.

Total number of properties on the Internal Service Provider (ISP) gas servicing programme	18,875
Total number of properties remaining on the programme	13,833
Total number of validated properties on programme (C365)	18,870*

*-this excludes the 5 LGSRs covered in 2.4

2.3 A reconciliation of the 2022 programme has taken place to provide assurance that all properties which require a gas service have received one and that there is evidence available to support this.

2.4 99 properties from the 2022 servicing program were identified where the LGSR visit has been completed but the compliance team were unable to locate the LGSR evidence from the normal location within the enterprise system. At the end of April this number had reduced to 5, 3 of these are in the 2023 no access stage. The Gas Team are re-attending these properties as a priority, anniversary dates will be maintained for these properties.

2.5 Table 2: LGSRs in the access process and at which stage

2.6 Properties cannot reach stage 4 of the access process until they have gone past their anniversary date so therefore table 2 demonstrates that 0 properties have gone past their anniversary date due to the MOT anniversary dates. 267 have not reached their anniversary date yet but they are at various stages of the access process following a failed first appointment

2.7

Access Stage April 2023		Number of Properties
1	No Access – carded property advising tenant to make another appointment (first visit)	59
2	8 Day letter sent advising to make appointment or legal action would commence (sent first class)	60
3	21 days abatement notice sent with letter (sent recorded delivery) – contact us and initiating court action	148
4	Expired LGSR (have or waiting for a court date to obtain warrant)	0
Total Properties in the access process		267

2.8 Carbon Monoxide Detection Compliance

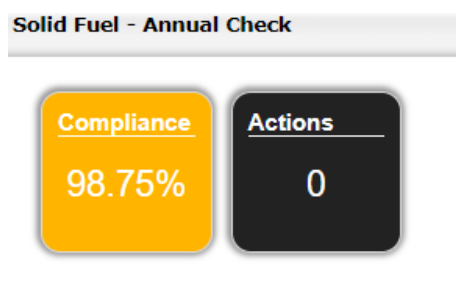
2.9 The Smoke and Carbon Monoxide (CO) Alarm (Amendment) Regulations came into force on October 1st 2022. These require St Leger Homes to ensure that a carbon monoxide detector is in any room used as living accommodation where there is a fixed combustion appliance (excluding cookers). There is also the requirement to ensure that alarms are repaired or replaced once informed and found that they are faulty.

2.10 In order to ensure compliance with the Smoke and Carbon Monoxide Alarm (Amendment) Regulations all properties will have the CO detector replaced as part of the annual gas service visit.

2.11 To date 5,042 gas services have been completed. During each service a CO detection device is being fitted and tested. Reports are generated from Open Housing and triangulated with the LGSR programme to confirm that CPO detection is installed. This report is run monthly and the comparison takes place.

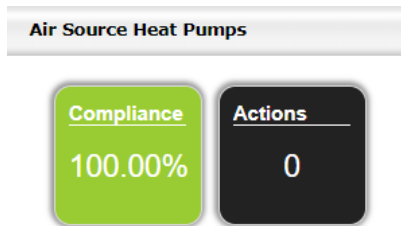
2.12 Solid Fuel Compliance

There are currently 80 properties which have a solid fuel-burning appliance within the property. Previously we had 87. Seven properties have had the solid fuel heating appliance removed. Six were converted to natural gas and are on the LGSR programme and one was converted to LPG and added to the LPG programme. One property (11 Windhill Crescent, Mexborough) is out of compliance and in the no access process. Solid fuel heating appliances are removed from properties when they are void. Residents of the properties with solid fuel burning appliances are being contacted offering alternative fuel supplies to eliminate the presence of solid fuel burning appliances in SLHD properties.



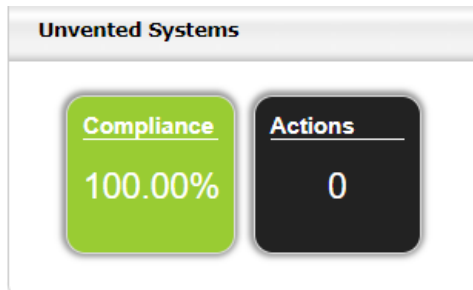
2.13 Air Source Heat Pumps (ASHP) compliance

Currently 15 ASHP have been confirmed as present. We have confirmed evidence of cyclical maintenance for all 15.



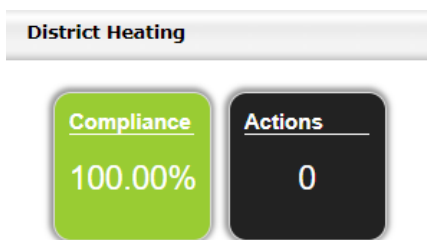
2.14 Unvented Systems Compliance

Currently there are 41 confirmed sites where unvented cylinders are present and all are in compliance. However as part of the gas policy review the frequency period for service visit is going to be reviewed.



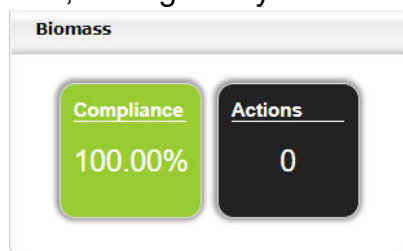
2.15 District Heating Compliance

District heating has 3 main burners in the boiler house at Milton Court; these burners supply all the Balby Bridge estate. The burners underwent their annual services in June 2022.



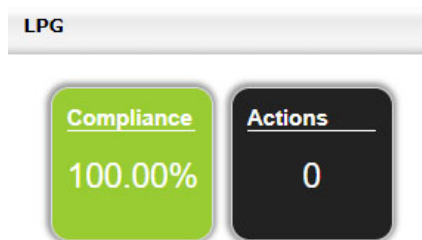
2.16 Biomass Compliance

We have two biomass systems, located at Ennerdale and Adwick Leisure Centre, both are in compliance. Extensive works have taken place at Ennerdale to better serve the area, zoning the system so when maintenance takes place this disrupts less tenants.



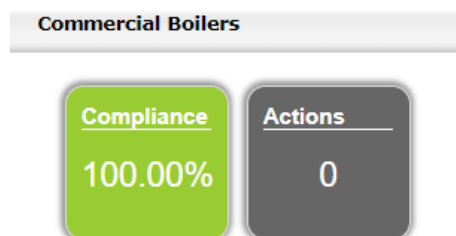
2.17 LPG Compliance

All 13 LPG properties are compliant.



2.18 Commercial Boilers Compliance

The 4 commercial boilers we have, at Ennerdale and Adwick Town Hall, are all in compliance.



3. Electrical Safety

3.1 A reviewed Electrical Policy was approved by EMT in April 2023. This was a review of an existing policy confirming changes in structures, the clear definition of client and contractor with details of how electrical management activities are to be delivered.

3.2 Electrical Installation Condition Reports (EICR) Programme

Historically St Leger Homes has performed electrical condition testing in all properties on a 10-year cycle in line with statutory requirements. In April 2018 a programme began to move properties to 5 year testing in line with good practice. The impact of COVID where EICRs were not carried out for a year and recruitment and retention issues of electricians has affected the compliance of the programme. The following sections report on numbers and explain mitigations being put in place.

3.3 Table 3: Compliance reporting on domestic EICR Programme

There are 4,155 residential properties which require the EICR to be completed between 1st April 2023 and March 31st 2024. Table 3 demonstrates performance against the programme. External service provider (ESP) are being used for additional capacity until more robust arrangements are made as detailed in 3.10.

Total numbers EICRs completed in April 2023 by ISP	0			
Total numbers EICRs completed in April 2023 by ESP	121			
Total number of properties on 2023-24 Programme	4,155	Completed to date -	121	↓
Total number of properties on programme	19,883			
Total number of properties with a 5 year EICR	14,914 (75.00%)			
Total number of properties with an EICR over 5 years old	4,969 (25.00%)*			
Total number of properties with an EICR over 10 years old	78 (0.39%)**			

* - 4,131 have been passed to ESP.

** - there are currently 15 completed EICRs awaiting certificates, see section 3.8

3.4 Table 4: Compliance Reporting on Communal EICR Programme

There are 89 communal properties which require the EICR to be completed between 1st April 2023 to March 31st 2024. Table 4 demonstrates performance against the programme.

Communal EICRs				
Total numbers EICRs completed in April 2023	1			
Total number of properties on 2023-24 programme	89	Completed to date against programme	1	↓
Total number of properties on programme	405			
Total number of properties with a 5 year EICR	405 (100%)			
Total number of properties out of compliance with programme	0			

3.5 Table 5: EICRs over 10 years old

Total number of properties out of compliance with an EICR over 10 years old	78
Included within the 78 the total number that are void properties	3
Included with the 78 the number of properties where the EICR has been completed and we are awaiting EICR certificates	15

3.6 At the end of April 2023 78 properties had EICRs that are over 10 years old and are being visited as a priority. 62 are with ESP to complete the EICR; the remaining 16 are with the ISP. 15 of these have had the EICR completed but the certificate has not been received yet. In the next full performance report a table will be provided to demonstrate the position of each property in the no access process.

3.7 We have been working with the procurement team of the City of Doncaster Council to procure a framework of electrical contractors to undertake testing and remediation works. The specification and selection process is complete and we are now at contract award, the contract is expected to be in place for July 2023 resulting in three contractors being able to undertake electrical work in all of our properties including remedial works. We are working with these contractors to see if it is possible to mobilise earlier than the

contract date In addition the teams have engaged with local contractors, including those already being used, to see if the process can be expedited.

4. Fire Safety

Fire Risk Assessment (FRA) and Fire Risk Action Programme

4.1 Table 6: FRA Programme compliance

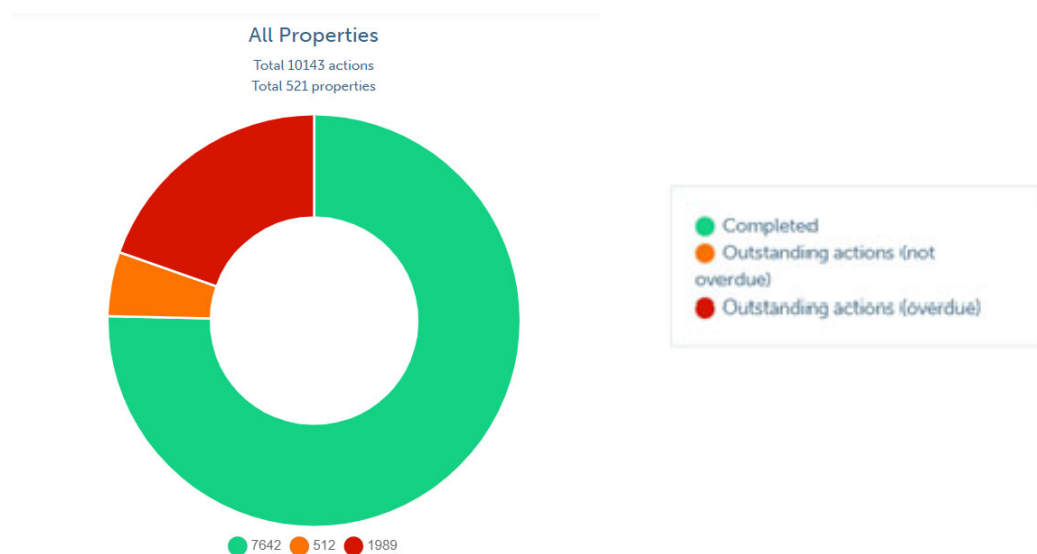
Total numbers FRA completed in April 2023	21
Total numbers FRA with an anniversary date in April 2023	3
Total number of properties on programme	514
Total number of properties with a compliant FRA	514 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

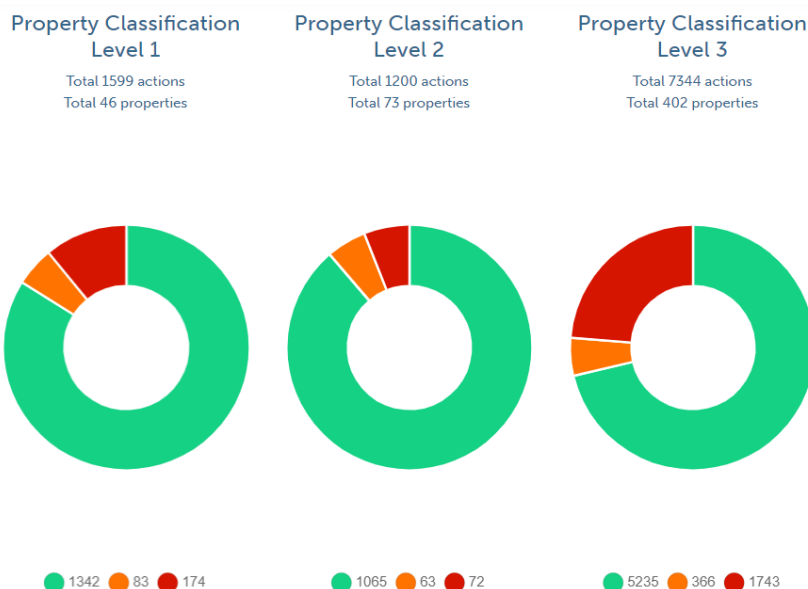
4.2 The new FRA contract with Savills started in December 2022. Between January and March 2023 seven of the high rise FRAs are complete, with the exception of Sandbeck and Firbeck House. These will be completed in April taking into consideration the ongoing EWI works. The Building Safety and Compliance Team are working with the fire risk assessor to take a new approach to FRAs on high risk buildings with aim of avoiding unnecessary actions.

4.3 FRA Actions

Our fire safety consultants categorise buildings depending on risk with three levels of buildings (below with examples of building types) –

- Level 1 – high rises, specialised housing, group homes
- Level 2 – communal halls, caravan sites, low rises (dependent on storeys / number of flats), offices
- Level 3 – low rise blocks (dependent on storeys / number of flats)





4.4 In total 10,143 actions have been identified through FRAs. 7,642 actions have been completed leaving 2,501 actions open. Of these 1,989 actions are overdue. A 10 year programme of work has been developed, starting 2023/24, to address existing actions. This piece of work is in discussion with the Building Safety Group with City of Doncaster Council and a report presented to EMT with proposals for a programme of work. Further discussion will take place at Building Safety and Compliance Committee. Actions dates can then be managed within systems to set new due dates based on the programme.



4.5 **Table 7: FRA Level one actions and progress**

Level one buildings include high-rise buildings and specialised housing in line with the specialist housing guide. There are 257 open actions currently on level 1. 83 are in progress and 174 are overdue. 102 relate to project work at Jubilee Court, Milton Court and Heartswood. Works were completed at Jubilee Court at the end of April; however the actions cannot be closed off until we receive evidence on handover of the property. Pre-construction information is being prepared for Milton Court with Openview appointed as ESP.

	February	March	April	Trend of Performance of month
Cumulative Total Completed	1338	1324	1342	
In Progress	71	57	83	↑
Overdue	153	175	174	↓



4.6 **Table 8: FRA Level two actions and progress**

Level two buildings include communal halls, caravan sites, low rises (dependent on storeys / number of flats), offices. There are 135 actions open currently on level 2. 63 are in progress and 72 are overdue. 6 relate to the actions around residential site fire barriers which, subject to planning, are planned to complete in 2023/24.

	February	March	April	Trend of Performance of month
Cumulative Total Completed	1017	1061	1065	
In Progress	64	49	63	
Overdue	64	71	72	

4.7 **Table 9: FRA Level three actions and progress**

Level three buildings include low-rise blocks (dependent on storeys / number of flats. There are 2,109 actions open currently on level 3. 366 are in progress and 1,743 are overdue. 2,098 relate to actions that will be completed as part of the 10 year planned programme.

	February	March	April	Trend of Performance of month
Cumulative Total Completed	5212	5225	5235	
In Progress	515	447	366	
Overdue	1617	1672	1743	

4.8 **Residential Site Fire Barriers**

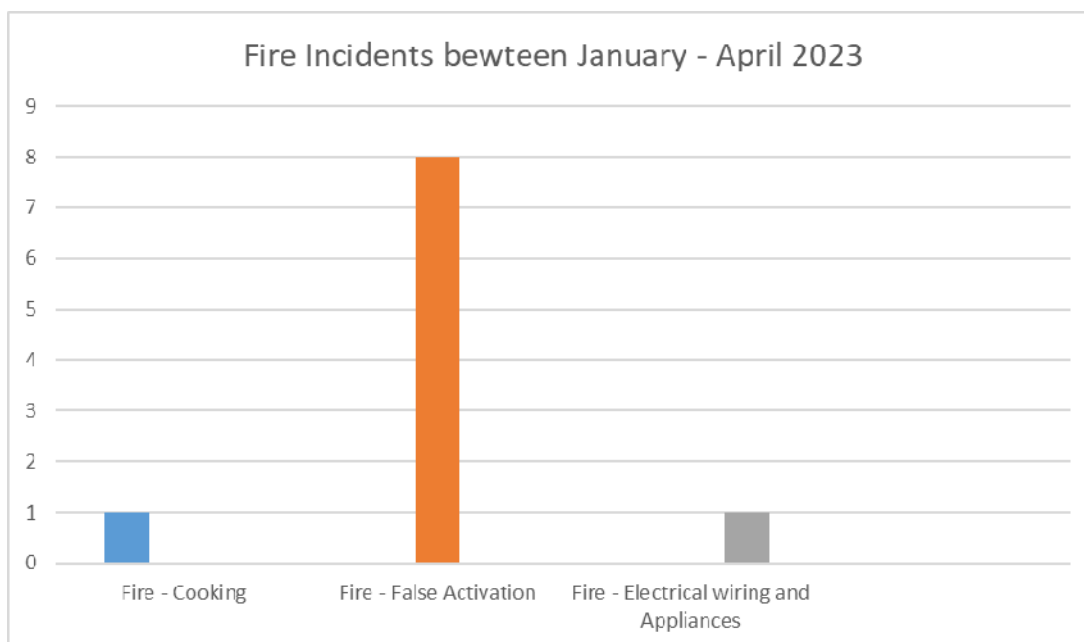
To maintain safe separation distance between plots on residential caravan sites in line with the 2008 Caravan Standard which states there should be 6metres of separation between each residence, a project is ongoing to install fire barriers or consider an alternative plan B option. The initial project considered the installation of concrete barriers and planning approval is being pursued for these. Concerns over the planning application and resident concerns have been discussed with the Building Safety Group. Any changes to designs and plans would need to be agreed with Doncaster Council. Plans of escape routes for sites have been drafted to assist with responses to public health questions. Costs for the option B scheme have been received and an option paper is being drawn up for EMT and the Building Safety Group the designs when finalised with be shared with Savills for comment.

4.9 Building Safety External Façade Update

The ESP, Wates, are onsite at Balby Bridge. Mast climbers are in place on Sandbeck House and Firbeck House. The EWI has been stripped completely from Sandbeck House and the structural survey has been completed the report with any remedial actions has been received and work has started on the actions identified in the structural report. A revised programme has been requested from Wates to cover the additional works which need to be completed in a sequential form. These will be completed in the following order, façade repairs, new balcony details, roof and then EWI. The project is being project managed by AHR and Danny Boardman, Head of Building Safety, is acting is project sponsor.

4.10 Coordinated site visits are taking place between the SLH H&S Team and Wates H&S team. Monthly progress meetings are held between key stakeholders and Wates Contractors to monitor progress against programme and raise any concerns that may cause a delay to the delivery of the scheme.

4.11 Graph 1: Fire Related Incidents



4.12 Graph 1 shows the number of fire related incidents reported since the last full performance report. These trends will continue to be monitored and any fires in level 1 residential buildings result in a notification paper to go to EMT and subsequent relevant operational committees.

4.13 There has been an increase in false activations of fire alarms in number of the highrises. This has identified a potential concern relating to the age and sensitivity of the detection in place but this will be addressed by the communal upgrade programme.

5. Asbestos

5.1 Table 10: Compliance Reporting Reinspection Programme

Total number of properties on reinspection programme	553
Total number of properties with a compliant reinspection	553 (100%)
Total number of properties out of compliance with programme	0 (0%)

5.2 The reinspection programme is currently migrating from being managed by a spreadsheet onto C365. Contractors are directly uploading completed reinspections onto C365 through a quality control process to then directly update the asbestos register. At the end of April the programme was 100% in compliance.

5.3 We continue to look for opportunities to gather more data from surveys in properties to recoup information not migrated to C365. Increased survey contractor and asbestos officer capacity is supporting this process without detriment to operational delivery; without these resources being in place we would not be able to have the confidence in the effective management for asbestos. 265 surveys have been completed so far this financial year over all work streams. 8,625 properties (38.83%) now have valid asbestos information on C365. This is a 4.08% increase on the previous report.

5.4 A programme to undertake asbestos management surveys in properties not identified as being on schemes for 2023/24 is being developed, this will enable C365 to be updated with current asbestos survey information to further populate the data base. It is anticipated this will be started in 2023/24.

6. Water Management

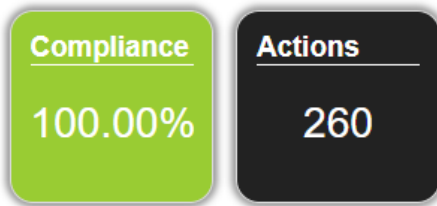
6.1 A reviewed Water Hygiene Management Policy was approved by EMT in April 2023. This was a review of an existing policy confirming changes in structures, the clear definition of client and contractor with details of how water management monitoring activities are to be delivered.

6.2 Table 11: Compliance Reporting Legionella Risk Assessments (LRA) Programme

Total number of properties on LRA programme	72
Total number of properties with a compliant LRA	72 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

6.3 LRAs are showing at 100% on C365 with 260 actions requiring remedial works; this is a reduction of 113 from the previous report. Actions are monitored by the Water and Lifts Compliance Officer and as remedial work is carried by the ISP the actions are closed down on C365. When necessary due to resources ESP are required to carry out remedial work. The Mechanical Team Leader is currently awaiting a response from an ESP to carry out remedial work and will update the Recommendation Management system accordingly. Where appropriate the due dates on actions is being reviewed with the ISP team.

Legionella Risk Assessment

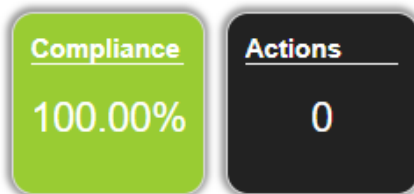


6.4 Water Systems Monitoring Activities

6.5 Cold Water Storage Tank (CWST) Inspections

CWST are inspected every 6 months and are currently showing at 100%. As required in the new Water Management Policy during these inspections photographic evidence is taken for the Water Technician and sent to the Compliance Officer as evidence should there be any requirement for the tanks to be cleaned.

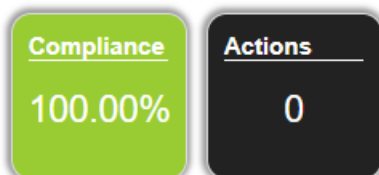
Cold Water Storage Tank Inspection



6.6 Shower Cleans and Disinfections

Shower clean and disinfections are completed every 3 months by the ISP. There are 19 showers on the programme.

Shower Clean and Disinfections



7. Lift and Lifting Equipment (LOLER) Management Programme

7.1 A Passenger and Residential Lift Policy was submitted to EMT in April 2023. This was a new policy setting the standard for how SLHD manages passenger and residential lift safety. The policy will be taken to Building Safety and Compliance Committee in May confirming changes in structures, the clear definition of client and contractor with details 2023 and then to Board for approval in August 2023.

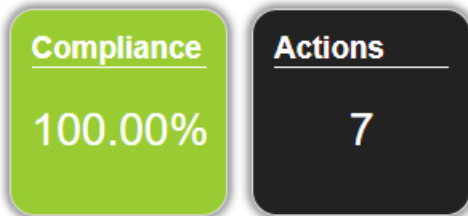
7.2 **Table 12: Compliance reporting on LOLER passenger lift programme**

Total number of passenger lifts on LOLER programme	26
Total number of passenger lifts with a compliant LOLER inspection	26 (100%)
Total number of passenger lifts out of compliance with programme	0 (0.00%)

7.3 6 monthly LOLER thorough examination programme has been migrated into C365 which allows programme delivery and compliance performance to be tracked. In April 2023 Ashdale Engineering were appointed to carry out thorough inspections following a procurement exercise led by CDC.

7.4 The Water and Lifts Compliance Officer is working the ISP and our Lift Consultants to ensure this change in ESP does not affect compliance and put processes in place to get direct access to the insurers portal to upload certification onto C365.

Passenger Lift - LOLER Thorough Exam

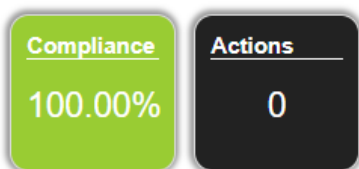


7.5 The 7 actions will be closed off when the next 6 monthly thorough examination is completed and confirms the defects are no longer on the report.

7.6 **Passenger Lift Planned Maintenance Programme**

A routine planned maintenance programme is in place carried out by specialist lift contractors. This is monthly on properties over 3 floors and every 2 months on lower rise properties. This is now being monitored for compliance through C365. This frequency is a contract requirement.

Passenger Lifts PPM

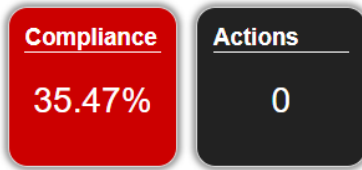


7.7 **Residential Lifting Equipment**

7.8 **Residential LOLER Thorough Inspections**

There are currently 623 properties on the programme requiring thorough examinations. These are being uploaded to C365 as they are received and validated as they go on. The new ESP for thorough inspections have commenced with the aim of improving compliance ensuring each thorough examination is completed every 6months.

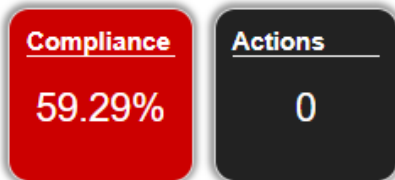
Residential LOLER Thorough Inspection



7.9 Residential Planned Preventative Maintenance Programme

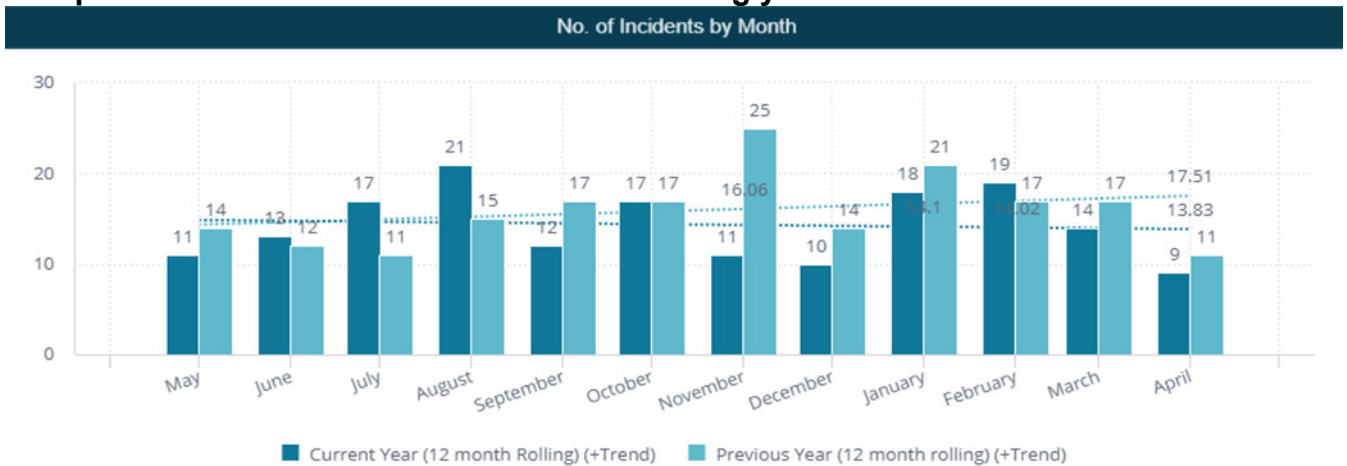
The Water and Lifts Compliance Officer receives reports from the Contractor (Wessex) after the PPM is complete; these do not come through in a timely manner (received monthly via our Lift Consultants). The compliance is improving but not in real time. This contract has just been extended for another 12 months by the Mechanical Manager and we are hoping to improve compliance as we go.

Residential PPM



8. RIDDOR, Incidents and Accident Update

8.1 Graph 2: Accident and incident data over rolling year.



8.2 Graph 2 shows the accident and incident performance over a rolling year recorded via the EVOTIX accident reporting system. In April there were 9 incidents reported these are broken down into –

- 4 - Violence & Aggression
- 3 – Injury Incidents
- 2 – Near Misses

The H&S team will work with teams around types of incidents to report and classifications that can be used. Fire incidents are not included as these are reported in Graph 1.

8.3 No RIDDORs were reported in April.

9. Damp, Mould and Condensation (DMC)

9.1 Recruitment is ongoing for the DMC Team. Progress has been made with the DMC policy and the associated Action Plan.

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

- 795 customer requests for a damp inspection between 2 January 2023 and 16 April 2023, relating to 775 properties.
- From 17 April 2023 onwards: 271 damp appointment inspections currently booked in that are still to be attended (includes some without an appointment date).
- Earliest inspection appointment for a tenant calling in on 24 April is currently 18 June 2023 in all areas (some slightly earlier availability in east area) and appointments are triaged.

9.3 Information in future safety and compliance performance reports will reflect these developments and tabulated performance measures will be developed.

10. Link to Risk Register/Any New Risks

10.1 Items within this report directly link to items in the Strategic Risk Register specifically:

- managing all issues surrounding high rise accommodation and any emerging new requirements
- managing corporate health, safety and compliance risks.

11. Procurement

11.1 Outsourced contracts such as lift maintenance follow SLHD procurement processes.

11.2 Fire works contracts are being procured to deliver the first year of the 10 year delivery programme using existing frameworks and mini competition within the framework to value test the market.

12. VFM Considerations

12.1 Consideration of providing the Legionella Risk Assessments (LRA) using internal resources rather than external contractors. The LRAs for the buildings have been completed so the current assessments would only need a desktop review by the compliance officer water and lifts unless there are material changes to the buildings and the LRA would need a full review.

13. Financial Implications

13.1 When the 2023/24 budget was set there was sufficient budget provision available within SLHD to carry out all the necessary and regular checks (fire risk assessments, gas safety and solid fuel checks, electrical testing, legionella, lift inspections and asbestos surveys).

These budgets are now being reviewed as the approach to electrical testing is being reviewed to improve the compliance performance.

13.2 The table below shows the capital budgets for 2023/24 that are included in the approved four year capital programme. They are reviewed and updated regularly to ensure that they are sufficient to address all the issues arising.

	2023/24 Original Budget £000s
Heating conversions/upgrades	2,520
Electrical planned works	838
Mechanical planned works	144
Fire safety works	2,508
Asbestos Surveys and removal	700
Total	6,710

14. Legal Implications

14.1 SLHD has a duty to comply with all legal statutory requirements and legislation with regards to Occupational Health and Safety and Building Safety.

15. Risks

15.1 The consequences of not meeting the Health and Safety Executive (HSE) statutory and regulatory compliance requirements are significant. A breach of health and safety regulations is a criminal offence and as such, any company or individual manager found to be in breach of these regulations could face prosecution by the HSE. If found guilty, the company or person responsible could face a fine or even imprisonment.

If the Regulator for Social Housing deems that a Landlord/housing provider has breached their Consumer Standards and placed its tenants at risk then the regulator will intervene.

16. Health, Safety & Compliance Implications

16.1 Within the report.

17. IT Implications

17.1 The implementation process for C365, a dedicated compliance software solution is ongoing. This will better enable SLHD to manage its legal obligations in respect of

compliance by automating servicing, inspection and risk assessment cycles, and providing a central repository for any resultant actions. It will enable 'live' performance management of compliance and eliminate the need for manual record keeping through spreadsheets, which is currently commonplace for many areas of compliance.

18. Consultation

18.1 Not applicable.

19. Diversity

19.1 Not applicable.

20. Communication Requirements

20.1 Not applicable.

21. Equality Analysis (new/revised Policies)

21.1 Not applicable.

22. Environmental Impact

22.1 Not applicable.

23. Report Author, Position, Contact Details

23.1 Laura Dougan
Health, Safety and Compliance Service Manager
01302 862956

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board

REPORT

Date : 01 June 2023

Item : 09

Subject : Capital Monitoring Outturn Report
2022/2023

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the capital
expenditure for the financial year
2022/2023.

Recommendation:

For Board to acknowledge the Capital Monitoring Report
and the outturn for the financial year 2022/2023.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 09
Date: 01 June 2023**

1. Report Title

1.1 Capital Monitoring Report 2022/2022 as at 31 March, 2023.

2. Executive Summary

2.1 The reported figures at period 12 show the Housing Capital Programme out turned at £31.30m, an over-spend to the revised budget forecast at Q3 of £0.62m.

2.2 The report also includes at Appendix D the budgets that were approved by Council on 27 February 2023 for the next four years.

2.3 The outturn figure included a one-off adjustment totalling £1.35m relating to inflationary increases across the elements of the programme delivered by the in-house teams (SLHD repairs service).

3. Purpose

3.1 To inform Board of the actual capital expenditure for 2022/2023.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the year-end outturn for the financial year 2022/2023.

5. Background - Housing Capital Programme 2022/2023

5.1 The Housing Capital Programme for 2022/2023 is summarised at **Appendix A**.

Further analysis of the Housing Capital Programme can be found at Appendices B&C:-

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

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

5.3 The Council approved a four year Housing Capital Programme on 28 February 2022 totalling £204m across the four years.
The main priorities of the programme in 2022/2023 were:

- 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 percentages are summarised below.

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD out turned at £23.05m against resources of £22.88m, a variance of £0.17m.

6.3 £0.35m, 12%, over budget, Mechanical & Electrical Works

£0.09m, Electrical Planned Works (Contractor).

The overspend was as a result of the revision of final valuations for the work completed under the J Tomlinson contract and additional electrical works by a new contractor which were not anticipated at Q3.

£0.13m, Heating Conversions/ Upgrades.

The number of boiler installations forecast at Quarter 3 was exceeded with a corresponding increase in costs.

£0.11m, Electrical Planned Works (In house).

The forecast spend was exceeded due to an acceleration of the CO detector installation works which commenced in February in conjunction with the gas servicing programme.

£0.02m, Mechanical Planned Works.

The forecast was slightly exceeded as a result of costs associated with the biomass boiler upgrade/maintenance programme at Ennerdale being incurred.

6.4 £0.51m, 6%, over budget, External Works

(£0.20), Soil Stacks.

Supply chain issues with the contractor meant that works could not commence in February as originally planned. The work will be completed during 2023/24.

£0.19m, External Planned Contractor / Thermal Works.

The contractors delivered more external wall insulation works to properties than was originally profiled. Favourable weather conditions and works commencing at both Amthorpe and Wheatley locations ahead of profile contributed to the increased delivery.

£0.32m, External Planned Maintenance In-House.

The in house team delivered in excess of the profiled works. Contributing factors included an increase in the team's capacity resulting from reduced sickness levels, variations to the original planned works and favourable weather conditions.

£0.01m, Communal Hall Refurbs & Conversions.

The small overspend on the Communal hall conversion at Broadwater Drive was as a result of the additional repair works required to the roof following the theft of the lead flashing.

£0.14m, Structural Works.

The forecast spend was exceeded due to an increase in the number of referrals received and additional costs associated with the remedial works to a wall at Coronation Terrace.

£0.05m, Shops and Flats.

An increase in the contractor's capacity resulted in an acceleration in the roofing works completed at both the Radburn Road and Crosslands Way locations.

6.5 (£0.32m, 77%, under budget), Acquisitions

Despite offers being made and accepted, the completion of two purchases were not achieved by the end of the financial year as anticipated. The purchases are expected to be completed shortly.

6.6 (£0.01m, 100%, under budget), Assistance Loans

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

6.7 (£0.02m, 20%, under budget), Demolitions HRA

The final costs associated with demolition of the eight properties at Gargrave Close were less than forecast.

6.8 There were no other reportable variances.

7. DMBC Managed Schemes

7.1 The element of the capital programme managed by DMBC out turned at £8.25m against resources of £7.80m, a variance of £0.45m.

7.2 £0.37m, 17% over budget, Adaptations for the Disabled.
Additional capacity within the DMBC Property building maintenance team resulted in the number of properties benefitting from adaptations exceeding that forecast.

7.3 (£0.09m, 42%, under budget), Affordable Housing.
The final stage payment to aid viability of the development of the former depot and offices at Cooke / Truman Street, Bentley has been slipped into 2023/24 due to water ingress issues in the building.

7.4 There were no other reportable variances.

8. Future Plans / Work In Progress.

8.1 The Council approved a four year Housing Capital Programme on 27th February, 2023, totalling £228m across the four years.
Full details are provided at Appendix D.

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

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

9. Procurement

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

9.2 Delivery of the projected programme for 2023/24 will be subject to the ability to procure building materials and contractors as the company, borough and the country is experiencing both supply and inflationary increases issues across the sector.

10. VFM Considerations

10.1 Efficiency and Value for Money principles were 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 within the report. DMBC's capital programme budget was £31.30m to deliver a number of priorities as set out in paragraph 5.3.

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.

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

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

20. Report Author, Position, Contact Details

20.1 David Henderson, Management Accountant. 01302 737987

21. Background Papers

21.1 Capital Programme (2022/23-2025/26) budget report, DMBC Council meeting, 28 February 2022.
Capital Programme (2023/24-2026/27) budget report, CDC Council meeting, 27 February 2023.

Summary of Housing Capital Programme 2022/23 as at 31st March 2023

	Original Estimate Approved Programme	Revised Budget Approved Qtr 3	Actual Outturn	Variance Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,750	3,150	3,153	3
Mechanical and Electrical Improvements	2,921	3,003	3,355	352
Fire Safety Works	1,507	1,600	1,362	(238)
Internal Works	1,727	1,607	1,428	(179)
External Works	12,296	9,050	9,561	511
Environmental Works	2,009	2,051	2,134	83
IT Improvements	500	50	63	13
Acquisitions	373	420	96	(324)
Acquisition Refurbishments	-	170	176	6
Caravan Site Improvements	1,340	175	144	(31)
Assistance Loans	360	11	-	(11)
Demolition HRA	70	95	76	(19)
Sub-Total	27,353	22,882	23,048	166
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,200	2,566	366
Council House New Build	8,687	5,333	5,501	168
Affordable Housing	88	211	123	(88)
Demolitions	54	59	59	(0)
Sub-Total	11,029	7,803	8,249	446
Overall Housing Programme Total	38,382	30,685	31,297	612
Funding				
Major Repairs Reserve / Depreciation	19,870	19,907	21,012	1,105
Revenue Contribution - HRA	9,271	6,314	6,314	(0)
Usable Capital Receipts	2,203	713	503	(210)
Section 106	88	211	123	(88)
Prudential Borrowing	6,950	-	-	0
Grants	-	3,540	3,345	(195)
Under(-) / Over Commitments	38,382	30,685	31,297	612
Percentage Funded	100%	100%	100%	100%

Summary of Housing Capital Programme 2022/23 as at 31st March 2023

	Original Estimate - Approved Programme	Revised Budget Approved Qtr 3	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	3,150	3,153	3
Mechanical and Electrical Improvements	2,921	3,003	3,355	352
Fire Safety Works	1,507	1,600	1,362	(238)
Internal Works	1,727	1,607	1,428	(179)
External Works	12,296	9,050	9,561	511
Environmental Works	2,009	2,051	2,134	83
IT Improvements	500	50	63	13
Acquisitions	373	420	96	(324)
Acquisition Refurbishment	0	170	176	6
Demolition HRA	70	95	76	(19)
Sub-Total	25,653	22,696	22,904	208
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,200	2,566	366
Council House New Build	8,687	5,333	5,501	168
Sub-Total	10,887	7,533	8,067	534
Overall Housing Programme Total	36,540	30,229	30,971	742
Funding				
Major Repairs Reserve / Depreciation	19,870	19,907	21,012	1,105
Revenue Contribution - HRA	9,271	6,314	6,314	(0)
Usable Capital Receipts	449	468	300	(168)
Prudential Borrowing	6,950	0	0	0
Grants	0	3,540	3,345	(195)
Under(-) / Over Commitments	36,540	30,229	30,971	742
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2022/23 as at 31st March 2023

	Original Estimate - Approved Programme £000	Revised Budget Approved Qtr 3 £000	Forecast Outturn £000	Variance - Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	1,340	175	144	(31)
Assistance Loans	360	11	0	(11)
Sub-Total	1,700	186	144	(42)
DMBC Managed Schemes				
Affordable Housing	88	211	123	(88)
Demolitions	54	59	59	(0)
Sub-Total	142	270	182	(88)
Overall Housing Programme Total	1,842	456	326	(130)
Funding				
Usable Capital Receipts	1,754	245	203	(42)
Section 106	88	211	123	(88)
Under(-) / Over Commitments	1,842	456	326	(130)
Percentage Funded	100%	100%	100%	

Public Sector Housing Capital Programme

	Annual Budget 2023/24	Annual Budget 2024/25	Annual Budget 2025/26	Annual Budget 2026/27	4 Year Total
	£000s	£000s	£000s	£000s	£000s
Management Fee	1,500	1,500	1,500	1,500	6,000
Voids Capital Works	3,290	3,290	3,290	3,290	13,160
Mechanical & Electrical					
Heating Conversions/Upgrades	2,520	2,520	2,520	2,520	10,080
Remove Gas from High Rise		4,000			4,000
Electrical Planned Works				360	360
Electrical Planned Works Contractor	838	838	838	838	3,350
Mechanical Planned Works	144	144	144	144	576
Mechanical & Electrical Total	3,502	7,502	3,502	3,862	18,366
Internal Works (In House)	2,010	2,116	2,137	540	6,803
Internal Works (Contractor)	1,104				1,104
Planned works following 20 years since decent homes work			6,800	6,800	13,600
External Works					
External Planned Maintenance inhouse	3,192	3,192	3,192	3,192	12,770
External Planned Maintenance - contractor	2,611	2,611	2,611	2,611	10,443
Thermal Efficiency - ECO works	6,721	5,716	5,772		18,209
Energy Efficiency Works				3,355	3,355
High Rise Investment / Soil Stacks	2,326				2,326
Structural	312	315	315	315	1,257
Fire safety works	2,171	2,001	2,010	1,600	7,782
Shops/flats	208	210	210	210	838
Communal Halls	495	105	105	105	810
External Works Total	18,036	14,150	14,216	11,388	57,790
Environmental Works					
Environmental / Fencing Programme	170	175	175	175	695
Asbestos Surveys & Removal	700	700	700	500	2,600
Garage Site Improvements	300	300	300	300	1,200
Estate Roads & Paths	200	200	200	200	800
Environmental Works Total	1,370	1,375	1,375	1,175	5,295
IT Systems/Investment	60				60
Sub Total	30,872	29,932	32,819	28,555	122,178
Adaptations for the Disabled	2,200	2,200	2,200	2,200	8,800
Acquisitions/Buy Backs	223	100	100		423
Acquisitions funded from rent increase	8,125	8,125	8,125	8,125	32,500
Future Placements Strategy	18				18
Council House Building Programme (Committed)	25,000	6,000			31,000
Council House Building Programme (Uncommitted)	208	8,446	15,919	9,884	34,457
Sub Total	35,774	24,871	26,344	20,209	107,198
	66,646	54,803	59,163	48,764	229,376
Private Sector Housing Capital Programme					
Empty Homes / Flood Loans and Grants	20	20	20	1,040	1,100
Residential Site Investment	3,713	1,000	400	400	5,513
Housing Investment				405	405
Sub Total	3,733	1,020	420	1,845	7,018
	70,379	55,823	59,583	50,609	236,394
Resources					
Major Repairs Reserve	32,757	23,890	25,446	20,799	102,892
Revenue Contribution to Capital	5,653	8,591	9,373	9,656	33,273
Revenue Contribution to Capital Acquisitions	1,627	1,626	1,613	1,634	6,500
Prudential Borrowing	23,208	17,986	22,431	16,375	80,000
Usable Capital Receipts	4,033	1,320	720	2,145	8,218
Usable Capital Receipts (Future Placement Strategy)	18				18
Usable Capital Receipts with restrictions	2,000	2,410			4,410
141 Receipts	28				28
Grants	1,055				1,055
	70,379	55,823	59,583	50,609	236,394
Housing Capital Programme	68,161	53,623	57,383	48,409	227,576
Adults, Heath & Wellbeing Programme	2,200	2,200	2,200	2,200	8,800
Children, Young People & Families Programme	18				18
Sub Total	70,379	55,823	59,583	50,609	236,394

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

- Date** : 1 June 2023
- Item** : 09
- Subject** : Revenue Monitoring Outturn 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 actual income and
expenditure for the year ended 31
March 2023
- Recommendation** : For Board to acknowledge the
Revenue Outturn Report for the
financial year 2022/23.

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

**Agenda Item No. 09
Date: 1 June 2023**

1. Report title

1.1. Revenue Outturn report 2022/23

2. Executive Summary

2.1. The results for the financial year show an **Overall Surplus of £61k**, comprising a Deficit on Housing Revenue Account (HRA) and Surplus on General Fund (GF) operations respectively :

		£k
HRA	Deficit	286
GF	Surplus	-347
SLHD	Overall Surplus	-61

2.2. As usual, the year end surplus will be repaid to the GF and the deficit will be funded by the HRA.

2.3. The figures include numerous material variances in a year that was dominated by inflation and cost of living in all areas. Commentary appears below.

3. Purpose

3.1. To inform Board of actual income and expenditure for the year ended 31 March 2023.

4. Recommendation

4.1. For Board to acknowledge the Revenue Outturn Report.

5. Background

5.1. SLHD is an income led organisation and budgeted income for 2022/23 was £50.20m. Actual income for the year out-turned at £54.60m, the increase mainly due to additional income towards funding the pay award, addressing inflationary pressures that emerged in the year, and also new grants and increased income recovery relating to temporary accommodation and homelessness, as summarised below :

	HRA £m	GF £m	Total £m
Budgeted income	47.00	3.20	50.20
<u>Additional :</u>			
Management Fee - inflation and pay award	1.15	0.66	1.81
Capital Schedule of Rates (SOR) income - inflation	1.35	0.00	1.35
Grant income / Housing Benefit / others	-0.10	1.34	1.24
Actual income	49.40	5.20	54.60

5.2. Any surplus is repaid to, and any deficit funded by the Council, so expenditure totalled £54.60m, split £49.7m HRA and £4.9m GF.

6. HRA OPERATIONS

- 6.1. The table at 5.1 shows additional HRA income of £2.50m (£1.15m + £1.35m). This was to address inflationary pressures, pay award impact and an inflation related Schedule of Rates (SOR) adjustment for Capital works. Budget areas affected were:

<u>HRA Budget pressures</u>	SLHD £k
Gas (net of additional heating income)	548
Electricity	198
Materials	470
Fuel	50
Skips	29
Contractors	49
SLAs	154
Other (IT, Postage)	29
Non pay inflation	1,527
Salaries - Pay award increase	973
Total increases	2,500

- 6.2. These inflationary and pay award impacts form part of the total expenditure variances for the year, which are summarised below, along with the projected position at Q3:

	Q3 22/23 projected £k	Q4 22/23 outturn £k	Movement in quarter £k
Budget expenditure	47,017	47,017	
<u>Variances :</u>			
Salaries	-118	80	198
Temporary staff	352	424	72
Utilities	1,188	1,143	-45
Materials	267	696	429
SLAs	42	-107	-149
External Contractors - Revenue	812	687	-125
Net Others	132	-244	-376
Projected / Actual expenditure	49,692	49,696	4
<i>WTE vacant posts (no.)</i>	75.7	66.7	

- 6.3. The main **HRA variances** have been reported in detail throughout the year. Key items to note again are:

- Employee costs £544k over budget comprising :
 - Salary costs; £80k over budget – a combination of the pay award and vacant posts (**Appendix A**);
 - Temporary staff: £424k (1060%) over budget to cover vacancies and demand;
- Utilities; £1,143k over budget due to inflationary increases previously reported;
- Materials; £696k over budget due to inflated price increases more than budgeted for, but partially offset by increased capital works.

- Contractors; £687k over budget mainly due to vacancies and some standard void works were outsourced due to staff shortages (mostly electricians);
- SLAs: £107k under budget, mainly due to increased demand on the Legal SLA as a result of disrepair claims and complex cases, being offset by savings on the ICT SLA (Civic relocation) and on Strategic Asset SLA due to a vacancy and lower demand;
- Capital income overall is broadly in line with the budget after accounting for additional SOR income of £1.350m. However, this is a mix of some areas being under budget – works on internal works, major voids and electrical works (£0.78m) - being largely offset by increased income from works on CO detectors, fire doors, communal halls and heating install works (£0.75m).

6.4. The table at 6.2 shows Q4 outturn and Q3 projected expenditure, highlighting the main movements in the quarter which have been around:

- Staff costs £198k higher than Q3 projections. This is largely due to increased call out costs and overtime in the quarter, which were £110k and £45k higher than anticipated respectively;
- Temporary staff to cover for vacant posts as required; and
- Materials and external contractors increases and decreases reflecting the changes in mix and delivery of works, both capital and revenue in nature;

7. GENERAL FUND (HOUSING OPTIONS) OPERATIONS

7.1. The table at 5.1 above shows additional GF income of management fee (£661k) and Other Income (£1.34m). The majority of Other Income is housing benefit, but additional grant funding of £320k is within this increase. These were to fund inflation pressures and new posts to address demands on services.

7.2. The main expenditure variances for the year are summarised below, along with the projected position at Q3:

	GF Q3 22/23 projected £k	GF Q4 22/23 outturn £k	Movement In quarter £k
Budget expenditure	3,192	3,192	
<u>Variiances</u>			
Salaries	546	549	3
Temporary staff	240	264	24
Utilities	86	112	26
Supplies & Services	142	145	3
B&B and Security	584	613	29
Net Others	-47	-33	14
Projected / Actual expenditure	4,743	4,842	99
<i>WTE vacant posts (no.)</i>	1.0	1.0	

- 7.3. The table shows outturn expenditure to be broadly in line with what was projected at Q3, with the main increase being on B&B costs. This cost increase was largely offset by a corresponding increase in Housing Benefit income recovery.
- 7.4. The main Housing Options expenditure variances for the year were:
- Employee related costs : £813k over budget comprising
 - Salary costs £549k over budget, including management fee and grant funded posts. The outturn also includes posts approved to March 23 for the Accommodating Ex-Offenders and Ukraine projects;
 - Temporary staff costs £264k over budget for vacant post cover.
 - Utilities: £112k over budget due to inflation;
 - Supplies & Services: £145k over budget, partially funded from additional management fee and additional Housing Benefit recovery. This includes
 - initiatives to work with the Private Rented Sector (PRS) which will facilitate access to additional accommodation units;
 - overspend for site clearance at the White Towers caravan site; and
 - Winter Plan expenditure, funded by additional RSI funding.
 - B&B and Security £613k over budget: B&B placements have been higher than planned throughout the year, but numbers started to fall in quarter 4. Security costs were also higher than budgeted, but levels also reduced as the year progressed.
- 7.5. Housing Options income was also much higher than budgeted, offsetting the above adverse expenditure variances. Other income was £1,336k over budget (see table at 5.1) comprising:
- £294k Rough Sleeper Initiative (RSI) grant;
 - £60k Winter Plan Funding (RSI);
 - £51k Ex-Offenders Grant, including new posts approved;
 - additional Housing Benefit recovery for hotel accommodation; and
 - £12k funding for post supporting the Ukraine project to March 2023.

8. Operations - Key operational points and risks/actions

Staffing levels

- 8.1. The largest variances in the year have again been a result of staffing levels, with vacant posts covered by overtime, temporary staff or external contractors. Vacancies have equated to a vacancy factor of around 9% compared to the budgeted 4% (circa 33 FTEs). **Appendix A** summarises the vacant posts by Directorate for each quarter.

Housing and Customer Services:

- 8.2. No real budget pressures in the year other than staff vacancies and inflation as detailed above. Operationally the main challenges have been around the cost of living impact on our tenants, particularly in the District Heating schemes, and there has also been an increase in the level of customer complaints.

Corporate Services:

- 8.3. No real budget pressures during the year. Operational pressures have been around supporting front line services and embedding new processes following implementation of the new Housing Management ICT system.

Property Services: Asset Management Services and Health and Safety

- 8.4. The Asset Management and Health & Safety teams have again had recruitment difficulties in the year and had on average around 14 vacant posts, including senior posts, throughout the year. External services were used where required.
- 8.5. There were increasing enquiries and cases of damp, mould and condensation (DMC) across properties in the borough and this caused strain on resources throughout Property Services. Surveyors have had to prioritise DMC cases and this has caused a delay to 500 stock condition surveys as a result. A dedicated in house DMC team is being recruited.
- 8.6. The Disrepair budget was under pressure all year, with twice the number of new cases this year compared to last, and nearly 90 live cases at year end.

Property Services: Building Services

- 8.7. There was also a large number of vacant posts within Property Services (see **Appendix A**) throughout the year, in particular Electricians. This resulted in Contractors required for voids and for EICR tests to cover the shortfall.
- 8.8. Electricians were transferred from planned capital works on electrical works to increase resource in responsive repairs to cope with high demand and backlogs, affecting capital income to the company.
- 8.9. Agency staff, overtime and staff transfers were used to cover certain posts and ensure delivery targets were met. In total, overtime costs were £300k over budget.
- 8.10. **Appendix B** summarises repairs and void numbers for the year with comparatives. Repair numbers are up slightly ~3% and void numbers have reduced slowly in the year, being consistently around the 130 level.
- 8.11. **District Heating** is a significant contributor to the year end variances. Costs increased significantly for the full year and, even though charges to tenants increased in December, income was lower than anticipated.

DISTRICT HEATING	22/23 Budget	Q4 Outturn	Variance
	£k	£k	£k
Utilities	409	1,352	943
Income - tenant usage	-393	-576	-183

General Fund – Housing Options

- 8.12. The main operational issues in the year were to continue to address the homelessness challenges within the borough, by reducing the numbers in Bed & Breakfast accommodation and facilitate increased access to the private rented sector. The original budget for 2022/23 was increased early in the financial year to include provision for 20.5 FTE temporary staff funded by DC and DLUHC at a cost of £846k. All posts were quickly recruited to.
- 8.13. All of the work done resulted in a positive outcome with only 16 in Bed & Breakfast accommodation at year end, beating the target of 30.

Inflation

- 8.14. Inflation was the main challenge during 2022/23. At the end of Q3, projections assumed a level of continued inflationary pressure and was the basis for additional management fees from DC. Inflation in certain areas was actually higher than projected in Q4 and this has continued into 2023/24, and the current inflation rates are higher than budgeted in some areas, which will provide further challenges in this new financial year. Salary costs is the main area, but this will be partially offset by reduced pension contributions.

9. Procurement implications

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

10. VFM implications

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

11. Financial implications

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

12. Risks

- 12.1. Financial and Operational risks have been reported throughout the year, some of which may recur in 2023/24.

13. Health, Safety & Compliance Implications

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

14. ICT implications

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

15. Consultation

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

16. Diversity

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

17. Communication requirements

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

18. Equality analysis

- 18.1. There are no equality issues arising from this report

19. Environmental impact

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

Report author

Nigel Feirn

Head of Finance and Business Assurance

Budget Monitoring Working Papers 2022/23 Budget

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

Appendices A & B - vacant posts, repairs and void numbers

Vacant posts by quarter

Budgeted Establishment	Directorate	22/23 Total vacant	22/23 Total vacant	22/23 Total vacant	22/23 Total vacant	21/22 Total vacant
2022/23		Q4	Q3	Q2	Q1	Q4
FTE		WTE	WTE	WTE	WTE	WTE
236.3	Housing and Customer	9.6	15.1	6.5	11.7	11.9
65.1	Corporate	2.0	3.5	3.0	6.0	6.0
82.4	Asset Management / H&S	12.6	13.1	17.8	22.4	16.2
401.8	Property	*42.5	*44.0	44.4	55.2	42.2
31.5	Housing Options GF	**1.0	**1.0	**2.5	** 23.0	3.0
* 817.1	Net Total vacant posts	67.7	76.7	74.2	118.3	74.5

* includes 7 WOW posts

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

Appendix B

Repairs orders and void numbers.

The mix has changed as all gas repairs are now classed as emergency and not urgent. Also the merger of scheduled with responsive repairs from February has resulted in an increase in routine orders from scheduled.

<u>Year to date repairs orders</u> – 12 months	Mar-23	Mar-22	Mar-21
	no.	no.	no.
Emergency Orders	27,407	18,865	n/k
Urgent Orders	25,519	30,380	n/k
Routine Orders	17,667	17,725	n/k
Scheduled Orders	7,981	9,588	n/k
Total	78,574	76,558	n/k
<u>Voids</u>			
Terminations – <u>Year to date</u>	1,193	1,172	1,233
Lettings – <u>Year to date</u>	1,222	1,138	1,224
Lettable voids <u>at month end</u> *	126	165	133
Non lettable <u>at month end</u>	7	5	24
Earmarked for demolition	0	8	0
<u>Gross voids at month end</u>	133	178	157

* There was an additional 10 voids on 31 March with handover of new properties on that date, but these have been excluded from the table.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2022

	Income / Expenditure for the year	Outturn at year end	Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	29,133	30,489	1,356	5%
Premises Expenses	2,229	3,606	1,377	62%
Transport	2,462	2,511	49	2%
Supplies & Services	4,215	4,980	765	18%
Materials-Buildings Services	6,188	6,884	696	11%
Service Level Agreements	4,017	3,890	-127	-3%
Total Management Expenditure	48,244	52,360	4,116	9%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,291	1,978	687	53%
External Maintenance Contractors (Capital)	674	200	-474	-70%
Total Maintenance Expenditure	1,965	2,178	213	11%
Gross Expenditure	50,209	54,538	4,329	9%
Income				
Management Fee - HRA	-34,206	-35,356	-1,150	3%
Management Fee - General Fund	-2,088	-2,749	-661	32%
Recharges to Capital Schemes (In House)	-10,585	-11,911	-1,326	13%
Recharges to Capital Schemes (Contractors)	-674	-200	474	-70%
Other Income	-2,656	-4,383	-1,727	65%
Direct Charge to HRA	0	0	0	-
Total Income	-50,209	-54,599	-4,390	9%
Surplus(-) / Deficit	0	-61	-61	-

**St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2022 - HRA
ONLY**

	Income / Expenditure for the year	Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	28,028	28,571	543	2%
Premises Expenses	1,423	2,630	1,207	85%
Transport	2,462	2,511	49	2%
Supplies & Services	2,986	3,064	78	3%
Materials-Buildings Services	6,188	6,884	696	11%
Service Level Agreements	3,965	3,858	-107	-3%
Total Management Expenditure	45,052	47,518	2,466	5%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,291	1,978	687	53%
External Maintenance Contractors (Capital)	674	200	-474	-70%
Total Maintenance Expenditure	1,965	2,178	213	11%
Gross Expenditure	47,017	49,696	2,679	6%
Income				
Management Fee - HRA	-34,206	-35,356	-1,150	3%
Management Fee - General Fund	0	0	0	-
Recharges to Capital Schemes (In House)	-10,585	-11,911	-1,326	13%
Recharges to Capital Schemes (Contractors)	-674	-200	474	-70%
Other Income	-1,552	-1,943	-391	25%
Direct Charge to HRA	0	0	0	-
Total Income	-47,017	-49,410	-2,393	5%
Surplus(-) / Deficit	0	286	286	-

**St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2022 -
General Fund Housing Options**

	Income / Expenditure for the year	Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Actual £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	1,105	1,918	813	74%
Premises Expenses	806	976	170	21%
Transport	0	0	0	-
Supplies & Services	1,229	1,916	687	56%
Materials-Buildings Services	0	0	0	-
Service Level Agreements	52	32	-20	-38%
Total Management Expenditure	3,192	4,842	1,650	52%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	0	0	0	-
External Maintenance Contractors (Capital)	0	0	0	-
Total Maintenance Expenditure	0	0	0	-
Gross Expenditure	3,192	4,842	1,650	52%
Income				
Management Fee - HRA	0	0	0	-
Management Fee - General Fund	-2,088	-2,749	-661	32%
Recharges to Capital Schemes (In House)	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	-
Other Income	-1,104	-2,440	-1,336	121%
Direct Charge to HRA	0	0	0	-
Total Income	-3,192	-5,189	-1,997	63%
Surplus(-) / Deficit	0	-347	-347	-

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	March 2023 KPI dashboard
Action Required:	For information
Item:	10
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	01 June 2023

1. Purpose

1.1. To provide Board members with the KPI dashboard as at the end of the financial year 31st March 2023 and brief commentary for those KPIs where the target was not met. The KPI dashboard is attached at **Appendix A**. The latest 'in-month' monthly benchmarking is attached at **Appendix B**.

2. Executive summary

- 2.1. Nineteen KPIs were agreed with Doncaster Council (DC) for 2022/23 and included :
- Two measured quarterly – residents supported in training (KPI14a) and residents supported in employment (KPI14b);
 - Four measured annually - STAR survey (two), energy efficiency and Decent Homes Standard numbers;
 - Two KPIs relating to Homelessness do not have targets.
- 2.2. The table below summarises the KPI dashboard as at March 2023, with comparatives from previous years. Ten KPIs were met or were within agreed tolerances of target. * Data for one KPI is not yet available (Energy efficiency %).

KPIs	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22
Green (meeting target)	6	7	5	6	7	7	6	6
Amber (within tolerance)	4	1	2	1	4	3	3	2
Red (not meeting target)	6	7	8	6	5	4	5	4
No target (homelessness)	2	2	2	2	3	3	3	3
Quarterly / Annual / data not available *	1	2	2	4	0	2	2	4
Total	19	19	19	19	19	19	19	19

3. KPI commentary

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

Target 0.50%
22/23 year end performance 0.67%

WORSE THAN TARGET – RED

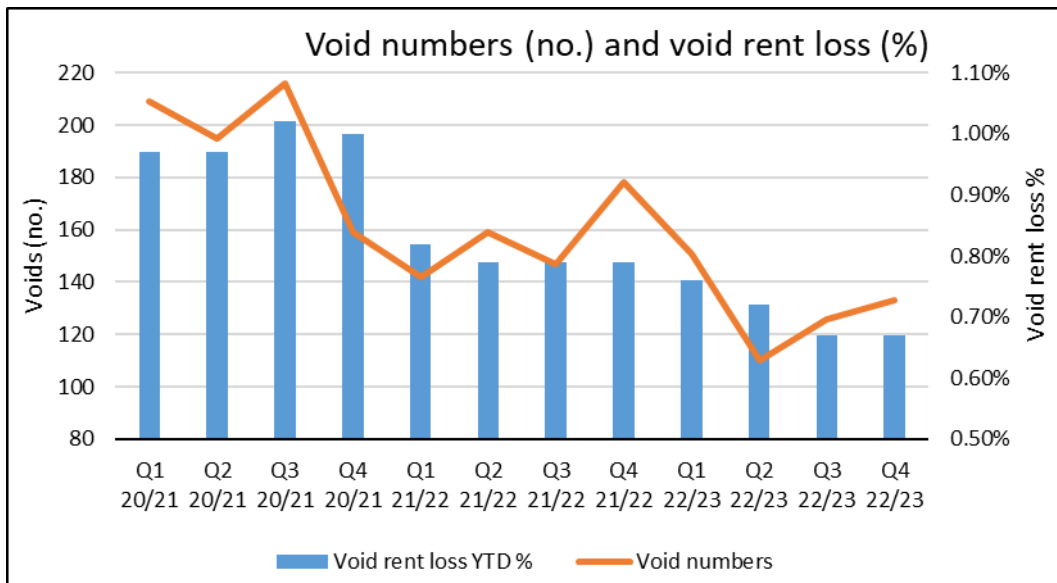
	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22
Void rent loss YTD %	0.67%	0.67%	0.72%	0.76%	0.79%	0.79%	0.79%	0.82%
Target %	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Void numbers	133 *	126	110	151	178	147	159	142

* There were 143 voids as at 31 March, but ten of these were new build properties that were handed over on that day, so have been excluded here.

The 133 shows small reductions from February and January but is higher than the December Q3 figure. There were six non-lettable voids, consisting of the following:

- 3 awaiting further investment;
- 1 awaiting major work due to fire damage;
- 1 undergoing adaptations by DMBC; and
- 1 awaiting lease commencing for SY Police to use.

The KPI of 0.50% equates to approximately 110 void properties. The KPI is a very challenging target, but current performance would still be a top quartile position when benchmarked nationally and with our peers. Improvements are being seen and the graph below plots data from the last three years which reflects this.



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

Target **20.0 days**
22/23 year end performance **26.7 days** **WORSE THAN TARGET – RED**

	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22
Re-let days	26.7	26.9	29.1	33.6	33.7	32.4	31.6	32.7

In-month re-let performance for March shows an improvement at 25.9 days when comparing to February’s 26.4 and January’s 28.0 days.

Cumulative performance therefore and the year-end outturn KPI is 26.7 days and is an improvement when comparing to the previous year 2021/2022.

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.

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

Target **0.070%**
*** Mar 23 Outturn performance** **0.091%** **WORSE THAN TARGET – RED**

* Complaints are normally reported one month in arrears to ensure that the complaints are closed down within our service standard of 10 working days, but given the timing of the year-end reporting, March data is available, has been included here and presents a full year of April 2022 to March 2023.

The table summarises interactions, complaints and upheld levels for the past five years, now showing full 12 months' data for each year:

	Interactions	Complaints	Upheld	% upheld
22/23	370,732	1,303	339	0.091%
21/22	363,502	1,183	450	0.124%
20/21	367,122	1,047	240	0.065%
19/20	392,087	1,070	241	0.061%
18/19	350,964	1,139	251	0.072%

There are small variations in numbers across throughout each month, but in general, complaint numbers have increased by around 13% for the past two years compared to 20/21 and before. The number of complaints upheld have also increased in the past two years, as shown in the table above.

We analyse the percentage 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.

Themes for upheld complaints in Quarter 4 relate to time taken to complete a repair.

There has been increasing focus on dealing with complaints in recent months and the performance measure '% of complaints resolved within timescale in month' improved significantly in significantly in March (93%) compared to February (83%) and January (61%).

This can also be seen at **Appendix B** where SLHD is now top quartile compared to our peers for this measure.

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

Profiled target **7.90 days**
22/23 year end performance **11.66 days** **WORSE THAN TARGET – RED**

March saw 0.9 days absence per FTE against a monthly target of 0.72, slightly lower than February, which saw 0.91 days absence per FTE. This provides a year end figure of 11.66 days per FTE against a target of 7.90 days, marginally lower than the previous financial year which out turned at 11.88 days per FTE but also significantly above target.

At year end stress, depression and anxiety remain the highest reason for absence accounting for 31% of all absence. This month sees a reduction in the number of days for all forms of stress related absence compared to last month and a continuing downward trend from the month before that. This is followed by Musculoskeletal (MSK) 17.6% and then infection and virus 14.1%.

Short Term sickness continues to drive up the number of sickness cases. All cases continue to be managed in line with the attendance management procedure. Changes for the attendance management policy have now been approved and will go live from the 1st April introducing additional short term triggers for management of short term absence

3.5. KPI 14(a) : Number of residents undertaking training or education

Target	67	
22/23 year end performance	58	WORSE THAN TARGET – RED

In Q4, we saw 23 people enter some form of training, the majority either signing up for the latest World of Work Cleaning course, or completing a period of unpaid work experience with St Leger Homes. For the cleaning course, there was a record number of participants, this now highlighting and confirming the benefits of widening the criteria for potential participants.

Three of the new training stats came from partnership working with Doncaster College and SLHD, giving three of their T-Level students the opportunity to come and do their required placements at either the Civic Office or Shaw Lane. Also included in the 23 placements are a small number of short periods of unpaid work experience, this has mainly been accommodated for relations of SLHD employees, however it is proving a useful way of testing our work experience offer before looking at rolling it out across the organisation and to a wider audience. Whilst we did not reach the target for this specific KPI14(a), KPI14 was reached as a whole if combined with KPI14(b) which considers numbers of residents assisted into employment.

Whilst we only had five employment starts in Q4, this should have been higher, however two of the expected WOW EPM participants did not start work due to delays in their pre-employment checks. We are therefore expecting two starters in Q1 of the 23/24 year with a further WOW participant having started employment elsewhere; we are just currently ascertaining his start date. Overall, the targets for KPI14 (a and b) were met for the year.

Annual DC KPIs

3.6. KPI 18 : Tenant satisfaction with property condition % (STAR)

Target	89.4%	
22/23 year end performance	75.7%	WORSE THAN TARGET – RED

The satisfaction with property condition results have fallen to 75.7% from the previous year's survey result of 86.5%.

As with all other survey results, detailed analysis of comments received has been undertaken and numerous actions developed, some of which have been incorporated in to the work of the ongoing Repairs Excellence Board. These involve changes to categories of repairs, new ways of working and new performance measures.

Annual SLHD KPIs

- 3.7. In addition to the 19 DC KPIs, SLHD Board requested three additional KPIs in relation to SLHD as an employer, utilising staff and tenant surveys and their resulting Net Promoter Scores (NPS), as follows :
- Employee satisfaction with St Leger Homes as an employer - Staff Survey
 - NPS - How likely are you to recommend SLHD to family and friends – Tenant Survey
 - NPS - How likely are you to recommend SLHD to family and friends – Staff Survey
- 3.8. The first two of these targets were met but the third was below target (see below).
- 3.9. How likely are you to recommend SLHD to family and friends – Staff Survey

Target

25

March 23 year end Performance -15

WORSE THAN TARGET – RED

The Net Promoter Score (NPS) has shown a further decline to -15 (from -7 in 2022 and +25 in 2020). This however contradicts the employee satisfaction scores from the same surveys, which have been positive, ie 80.4% and exceeding target. Therefore, a decision has been taken not to continue to measure the staff NPS in future years, given the significant disparity between the satisfaction and NPS scores.

St Leger Homes of Doncaster Performance Dashboard March 2023

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

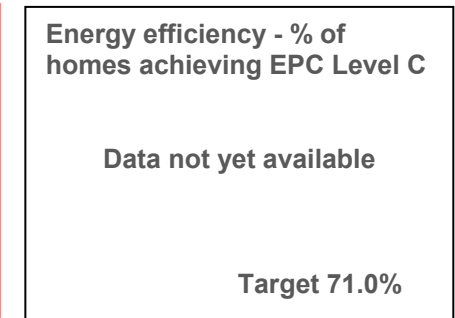
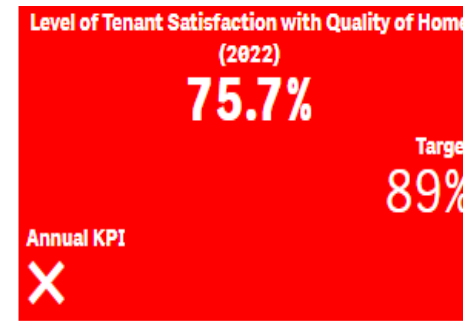
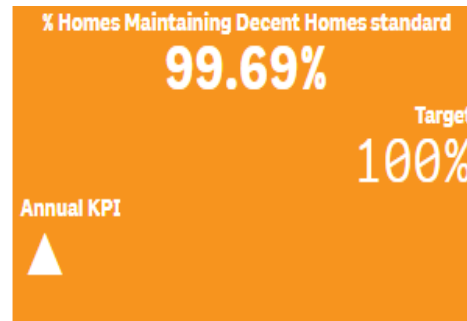
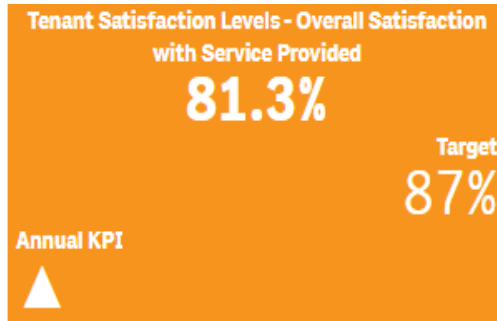
NB : Arrows = compares performance in the month with performance in the previous month (↑ = Improved, ↓ = Not Improved, ↔ = Remained the same)



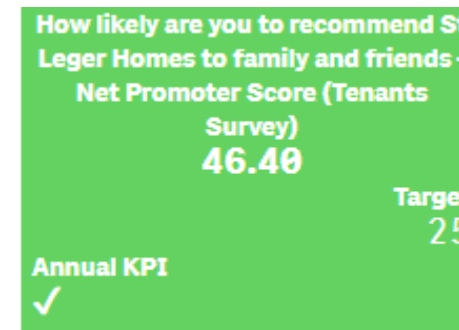
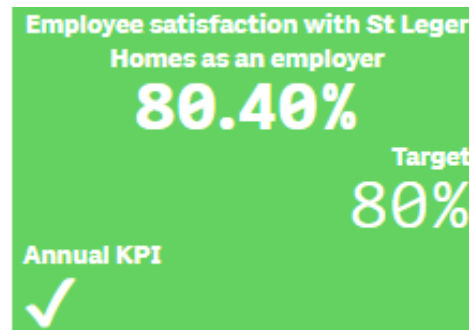
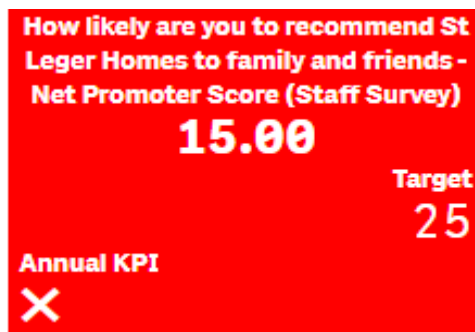
Annual KPIs

Colour = Cumulative performance (Tick/Green = On Target, Triangle/Orange = Near to Target, Cross/Red = Not on Target, Blue = No Target)
 Arrows = comparison against previous month's monthly performance (↑= Improved, ↓= Not Improved, ↔ = Remained the same)

Doncaster Council



SLHD additional KPIs



Benchmarking - Housemark monthly pulse survey results – March 2023

MARCH 23 Housemark pulse survey benchmarking							
	Measure	Q1	Median	Q3	SLHD	quartile	Polarity
Mar-23	Current tenant arrears at the end of the month (%)	3.00%	3.60%	5.70%	2.74%	Q1	Lower is Better
Mar-23	% of homes with a valid gas safety certificate	100.00%	100.00%	100.00%	100.00%	Q1	Higher is Better
Mar-23	No. of social housing lettings in the month as a % of units	0.40%	0.50%	0.60%	0.64%	Q1	Higher is Better
Mar-23	% of complaints resolved within timescale in month	73.0%	81.0%	89.0%	93.0%	Q1	Higher is Better
Mar-23	No. of dwellings vacant but available to let at m/end as % of units	0.52%	0.71%	1.07%	0.70%	Q2	Lower is Better
Mar-23	No. of new ASB cases reported per 1000 units	2.35	5.32	6.54	5.32	Q3	Lower is Better
Mar-23	% of working days lost to sickness absence in month	4.09%	4.69%	5.16%	4.54%	Q3	Lower is Better
Mar-23	No. of non-emergency repairs in month per 1,000 units	178.3	214.1	262.2	239.3	Q3	Lower is Better
Mar-23	No. of emergency repairs in month per 1,000 units	64.5	100.7	119.3	132.8	Q4	Lower is Better
Mar-23	No. of formal complaints received in month per 1,000 units	3.3	3.8	4.2	5.3	Q4	Lower is Better

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	One Repairs Service Performance Update
Action Required:	For information
Item:	11
Prepared by:	Chris Margrave, Director of Property Services
Date:	1 June 2023

1. Introduction

- 1.1 The purpose of the One Repairs Service Performance Update Report is to provide Board with an overview of interim performance information; February - April 2023 for Phase 2 activities within the Excellence programme.

2. One Repairs Service

- 2.1 In February 2023 the responsive repairs and scheduled repairs service were combined and some scheduled repairs were put on hold. We are now at mid-point in assessing the outputs of this process and early indications show a positive trend in performance. As a recap, this decision was made to address a number of key priorities;
- Allow the repairs service to focus on the highest priority repairs.
 - Reduce jobs going to callout from the daytime
 - Reduce number of rollover jobs
- 2.2 In doing so consideration has been given to vulnerability where it is clear that a vulnerability exists, and priority continues to be given to that tenant. Additionally where repairs are required to address the issues of damp, mould and condensation (DMC) these have also been prioritised.
- 2.3 Merging these two services together has aligned existing resources, streamlined processes and the work has begun to analyse performance data to further develop the One Repairs service. It has also provided the resource to prioritise higher risk responsive repairs and enabled the one person attending to and completing a repair approach; One Repair.

3. Programme Managers Update

- 3.1 **Merging of Responsive and Scheduled Repairs.**
Demand for repairs continues to be very high, specifically in relation to reactive emergency repairs. Further analysis of incoming call data needs to be done to examine and understand the categories of repairs being reported and how this is driving demand for the

emergency call out service.

- 3.2 Consultation around merging the services took place with all staff in property services at the beginning of the process, regular focus groups are ongoing and continue to provide valuable feedback. Overall there has been clear support for this action.
- 3.3 Further consultation with trade groups and trade unions took place in January 2023, this provided a forum for trades to raise any concerns they had with the merger and on-board both trade teams into the one repairs service. Trade forums are ongoing and feedback from these continue to shape the service.
- 3.4 We also consulted with our tenant groups in January 2023. A significant amount of the feedback in relation to scheduled repairs has already come through our tenant groups and our complaints process and provides valuable customer intelligence.
- 3.5 The plan to direct the resource from scheduled repairs to create The One Repairs Service took place as planned on Monday 6th February. Not all operatives were transferred immediately as a number of scheduled repairs were already planned with our tenants. We ensured that these were completed and subsequently they were transferred into the One Repairs Service.
- 3.6 One of the strategic objectives for Phase 2 is to realise a significant reduction in out of hour's repairs activity and offer a quantifiable financial saving to the organisation. This aligns to the organisations commitments to sustainable, efficient and value for money service. It is too early in the implementation process to provide any meaningful costings data, however, cost benefit analysis will be provided at the earliest opportunity.
- 3.7 We have utilised the resources made available to attend emergency repairs and attend today's within the normal working day. This has resulted in a significant and sustained reduction in roll over jobs going to the emergency call out services on an evening. Table 1 below outlines roll over jobs for this calendar year for the trades captured by this phase of the programme. The table articulates the reduction in roll over jobs and highlights where electrical trade vacancies have continued to provide a challenging environment for the success of the programme. We have temporarily diverted additional resource to support the reduction of electrical roll over jobs and resource for all trades is being monitored closely.

Date	Joinery	Plumbing	Electrical	Grand Total
02/01/2023 - 08/01/2023	31	43	77	151
09/01/2023 - 15/01/2023	31	37	53	121
16/01/2023 - 22/01/2023	36	20	60	116
23/01/2023 - 29/01/2023	38	34	68	140
30/01/2023 - 05/02/2023	35	25	45	105
06/02/2023 - 12/02/2023 [^]	16	8	67	91
13/02/2023 - 19/02/2023	9	11	35	55
20/02/2023 - 26/02/2023	11	25	58	94
27/02/2023 - 05/03/2023	7	7	16	30
06/03/2023 - 12/03/2023	7	2	19	28
13/03/2023 - 19/03/2023	3	9	36	48
20/03/2023 - 26/03/2023	12	26	25	63
27/03/2023 - 02/04/2023	20	36	24	80
03/04/2023 - 09/04/2023	3	6	3	12
10/04/2023 - 16/04/2023	1	3	14	18
17/04/2023 - 23/04/2023	10	17	13	40
24/04/2023 - 29/04/2023	15	14	29	58

01/05/2023 - 05/05/2023	8	28	34	70
08/05/2023 - 12/05/2023	13	5	10	28
15/05/2023 - 19/05/2022	4	17	12	33

- 3.8 Through consultation with call out staff it was clear that the volume of roll over jobs going to emergency call out created a significant and unsustainable workload, and therefore causing team members to experience periods of stress. Feedback from both Trade Unions and the staff forum post implementation is extremely positive and it is clear that the reduction in emergency call out jobs is having a positive impact on staff.
- 3.9 Not all scheduled repairs have been paused. We have continued to undertake some scheduled repairs for vulnerable tenants and a significant amount of DMC related repairs .
- 3.10 Ahead of plan, we have already begun to appoint some scheduled repairs into the One Repairs operative's diaries on a highest priority appointed first basis although this is limited due to demand for repairs as a result of Damp and Mould surveys. In addition, the analysis of demand for the repairs service is also monitored closely as this is important when considering appointing further scheduled repairs as capacity needs to be available for the highest priority repairs.
- 3.11 Additionally, tenants are being more engaged with throughout the process of completing their repair with more control over timeframes and appointments. Every repair concludes with a satisfaction survey, and early data indicates high levels of satisfaction. Overall satisfaction with repairs carried out in March 2023 was 85.48%. There has been an increase in the percentage of customers who have advised that the trade staff arrived at the agreed time, increasing to 96.32% in March 2023, from 93.35% in December 2022.
- 3.12 The One Repairs approach has enabled us to attend to the highest priority repairs first and begin the process to appoint our scheduled repairs, which were put on hold through the One Repairs Service. Further analysis is ongoing to categories the pauses scheduled work and get a clear understanding of the type of work and what will be appointed first when capacity becomes available.
- 3.13 The Programme Board will continue to monitor the risks, issues, measurable benefits and outcomes of the Excellence Programme, and further highlight reports detailing this information will continue to be provided to EMT as the programme progresses through the Phase 2 activity.
- 3.14 **Contact Officer:**
Chris Margrave
Director of Property Services

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan 2022/23
Action Required:	For information
Item:	12
Prepared by:	Mark Haughey - Head of ICT & Transformation
Date:	01 June 2023

1 Purpose

- 1.1 To provide an end-of-year summary of the key activities relating to the strategic priorities within the 2022/23 Annual Development Plan (ADP) as at the end of March 2023.

2 Background

- 2.1 It has been agreed that Board should receive progress updates against key actions relating to the four corporate plan objectives within the 2022/23 ADP. This briefing note summarises the progress and achievements as at year-end.
- 2.2 The 2022/23 ADP directly aligns to the St. Leger Homes 5-Year Corporate Plan 2019-24 and delivers against the strategic objectives of:
1. All our homes are modern, decent, safe and energy efficient
 2. Our tenants live successful and fulfilling lives
 3. We will be a nationally recognised provider of housing services
 4. Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together

3 Progress Summary

- 3.1 The responsibility to report on each of the actions has been allocated to a member of the leadership team, and the update against each action is provided at Appendix A.
- 3.2 A status indicator provides an 'at a glance' view of whether a milestone is on schedule, close to schedule, not on schedule or complete. It should be noted that some milestones are overdue and some can span multiple years and that any not complete will be carried forward to the 23/24 ADP plan as appropriate.
- 3.3 Summary of the end of year progress:

R/A/G Rating		End of year
	Complete	26 Plans
■	On schedule	2 Plans
◆	Close to schedule	6 Plans
●	Not on schedule	5 Plans

- 3.4 Selected ADP actions outcomes and achievements to note include:-
- All new starters, or promoted staff, as part of the homelessness Journey to Excellence project are now trained on out of hours and on homeless assessments and are now on the rota.
 - New Housing Solutions and Private Sector Landlord teams established to prevent tenancies from failing and to source alternative, affordable accommodation for homeless families or those at risk of homelessness.
 - Mental Health Navigators and Substance Misuse Officers in Tenancy Support team.
 - Successful outcomes from the Repairs Excellence programme include the scheduled repairs and responsive repairs teams being merged, and improved interaction with the tenant through use of text messaging.
 - Introduction of a compliance solution (called C365) to demonstrate commitment to building safety.
 - Diversity assessment undertaken using the Housing Diversity Network's on line self-assessment tool. This helped assess how we are positioned to attract and develop a diverse workforce; deliver appropriate and accessible services; support inclusive communities and ensure legal and regulatory compliance.
 - Apprenticeships, Student Placement, T Level and Work experience opportunities are all in place and continue to develop.
- 3.5 While good progress was made within the year, not all the actions planned were complete as anticipated. Leadership continually monitored all actions and agreed those that would need to be carried forward and those that have not been complete but are superseded by new actions in the 2023/24 ADP.
- 3.6 Of the 2022/23 ADP Actions 26 actions were deemed complete, 6 were superseded by existing actions in the new 2023/24 ADP and 13 actions carried forward. The ADP for 2023/24 has been approved at Board, however this has now been updated to reflect those actions that have been carried forward.
- 3.7 Appendix A shows the position of each action as at the end of the year and now denotes the actions that have been carried forward (C/F), with the reference number of the new action, and those that have been superseded, with the equivalent reference number in the 2023/24 ADP.

4 Appendix

- 4.1 Appendix A – 2022/23 Annual Development Plan.

Appendix A – 2022/23 Annual Development Plan.

ADP Actions								
Ref	Service area	2022/23	Plans	Date	Owner	Objective of Action	Q4 Status	Q4 Commentary
A1	Access to Homes	Implement revised Allocations Policy aligned to new IT System.	Ensure the allocations policy reflects the changing needs of tenants and residents	May-23	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough.	Amber (C/F C1)	Allocations Policy Approved however mobilisation delayed due to alignment with new Capita System delayed until May 2023.
A2	Access to Homes	Ensure age designated stock continues to meet the needs of the borough aligned to the review of the Allocation Policy.	Review age designation and local lettings policies	Mar-23	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough and contribute to successful balanced neighbourhoods.	Complete	Completed: Report signed off by EMT Pending approval by Cabinet in August 2023 and then implementation as part of operational delivery.
A3	Access to Homes	Develop and deliver an efficient and effective out of hours homelessness service.	Reduce and prevent homelessness	Mar-23	HoATH	Prevent and reduce homelessness in the borough.	Complete	Completed (Operational Model established).
A4	Access to Homes	Work with Doncaster Children's Services Trust to improve the accommodation options for care leavers through the development of a shared accommodation offer.	Living: Provide support to maximise tenancy sustainability.	Mar-23	HoATH	Provide better and more sustainable housing options for individuals leaving care to prevent homelessness.	Complete	Complete. A total of 8 units accommodating 16 young people have been handed over by the end of Q4. As part of Service Delivery we continue to look to identify further properties in suitable areas.
A5	Access to Homes	Develop our Private Rented Sector (PRS) offer and service to improve housing provision in the sector.	Provide support to help improve tenancy sustainability	Mar-23	HoATH	To encourage provision of accommodation in the Private Rented Sector for those who are homeless or at risk of homelessness by providing and publicising a package of support. To also engage with private landlords to improve sustainability, access and affordability in the sector.	Complete	Complete. New PRS Offer Approved by EMT and implemented April 2023.
A6	Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social housing furnished tenancy offer.	Help tenants to sustain their tenancies	Sep-23	HoHM	Targeted support to prevent tenancy failure.	Amber (C/F C2)	The Business case has been made to SLHD EMT. Following a briefing with the Mayor, meetings are ongoing with potential local providers before the final business case is put through the Council's decision-making process. Approval and implementation will be carried to 23/24 and completed by September 2023.
A7	Housing Management	Review opportunities to support those tenants with low level Mental Health (MH) and associated issues and wider wellbeing needs.	Increase the range of support for tenants especially those with the greatest needs	Jul-22	HoHM	Targeted support to prevent tenancy failure - MH Navigators and Substance Misuse Officers in Tenancy Support team.	Complete	
A8	Housing Management	Develop and implement the Tenancy Voice Strategy.	Increase the opportunities for volunteering and improving neighbourhoods	Jul-22	HoHM	More popular and sustainable neighbourhoods Objectives in white paper.	Complete	
A9	Housing Management	Develop and implement the Domestic Abuse Housing Alliance (DAHA) Action Plan to achieve DAHA accreditation.	DAHA Increase the range of support for tenants	Aug-22	HoHM	DA is recognised across the organisation and staff are knowledgeable and well trained, with survivors appropriately supported.	Complete	

A10	Housing Management	Review of Tenancy Agreement.	Help tenants to sustain their tenancies	Jun-23	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Amber (C/F C3)	Completion of the tenant and stakeholder consultation and the formal consultation including the statutory notice periods will take until June 2023. Action c/f to 23/24.
A11	Housing Management	Develop a programme of periodic visits for all tenants.	Help tenants to sustain their tenancies	Oct-22	HoHM	To agree ways for staff across SLHD to raise concerns about property or tenants for targeted tenancy verifications to be carried out.	Complete	The visits have been created in a new Housing Management version of Total Mobile. These have been trialled with staff and is in place along with a programme of priority visits.
A12	Customer Services	Carry out a series of end to end customer journey mapping exercises across all access channels and key service delivery points.	Continuously improve our business processes	Mar-23	HoCS	Better organisational insight into understanding how customers experience our services to improve service delivery and the overall customer experience.	Complete	This is complete. The summary report following the customer journey mapping exercise has been used to inform the review of the SLHD website and future customer access options available to our customers.
A13	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	Improve communication with tenants and residents Use technology to modernise and transform service delivery	2023/4	HoCS/ HoICT&BT	Improved, current, user friendly website easy for customers to access information about our services and which encourages and supports channel shift and self service and delivers improved customer service. Improved communication across the organisation and engagement with employees.	Green (C/F C4)	Continues to progress well. We are currently finalising the procurement of a preferred supplier. Implementation phase planned for June, with go live planned for October 2023.
A14	Housing Management	Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	Safer neighbourhoods through reduced anti-social behaviour and crime	Mar-23	HoHM	ASB outcomes demonstrating high quality service delivery.	Complete (Superseded 23/24 B7)	Complete. Changes to the current system to both capture performance appropriately and report accurately have been completed. Any further developments will be identified as the Housing Management review is implemented in 2023/24 and the new dedicated ASB team is in place.
A15	Housing Management	Review of housing management functions and structures	Help tenants to sustain their tenancies	Oct-22	HoHM	Housing management arrangements and structures are effective and fit for purpose.	Complete	Consultation with staff has concluded with the latest staff session held in March 2023 and the new structure finalised. The timetable including staff deployment and training plans indicate an implementation date of July 2023 .
A16	Repairs & Maintenance	Deliver repairs excellence project.	Deliver an efficient and effective repairs and maintenance service	Mar-23	HoRM	Modernise the repairs service.	Complete (Superseded 23/24 B7)	Scheduled repairs and responsive repairs teams merged together from 05/02/23 as part of the Phase 2 "one repairs" service and the initial phases are now complete as planned. Infosuite performance software has been procured in April 23 to support the Phase 2 continued rollout as we move into 23/24. We completed all planned activities during our 22/23 programme as reported throughout 22/23. Phase 2 continues into 23/24 and includes; our call out service, stores functions and supporting policies starting from Q1.
A17	Asset Management	Complete delivery of the first phase of the External Wall Insulation Remediation Scheme.	Ensure our homes are safe and free from hazards	Jan-24	HoAM &HoBS	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Red (C/F C5)	Not on target. The current estimated project completion date is now January 2024.

A18	Asset Management	Complete phase 2 review of communal halls.	Provide communal halls and spaces which the community value	Jun-23	HoAM	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Red (C/F C6)	The first phase of the review (desktop) has now commenced during Q4 2022/23. However, taking into account the need for appropriate engagement and consultation of stakeholders, the review will not be completed in June 2023 as originally envisaged, the revised completion date is December 2023.
A19	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	Deliver our environmental and asset management strategy	Mar-24	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Red (C/F C7)	This work was not completed by 31 March 2023 as planned due to being unable to fill the Environmental & Sustainability Manager position (who was due to lead this piece of work). An appointment has now been made, and the successful candidate will start in post during Q1 of 2023/24. Once in post an updated delivery programme will be developed and a new target date set for this action.
A20	Asset Management	Procure and implement an asset sustainability modelling tool.	Deliver our environmental and asset management strategy	Mar-23	HoAM	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.	Amber (C/F C8)	This work was not completed by 31 March 2023 as planned, however, it is close to being finalised and this is expected to be implemented in Q2 of 2023/24 now that the updated stock condition information has been received.
A21	Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	Ensure our business accommodation is fit for purpose	Mar-23	HoAM	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.	Red (C/F C9)	The review has not been completed by 31 March 2023 due to resources being prioritised on dealing with damp and mould related issues. Work is underway with a plan to present findings internally (initially) in May 2023.
A22	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	Ensure our homes are safe and free from hazards	Dec-23	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Amber (C/F C10)	All Domestic properties have been synced and are synced each night between OH & C365. The non domestic areas still need to be complete.
A23	Health and Safety	That a tenants building safety residents' engagement strategy is written which explain how residents of HRRBs raise concerns over building safety.	Ensure our homes are safe and free from hazards	Sep-22	HoBS	Compliance with the Building Safety Bill (Act) and social housing white paper.	Complete	Complete. The engagement strategy is written and the action now complete.
A24	Health and Safety	That all in scope buildings under the control of SLHD have a Building Safety Case and that the information is available to the Building Safety Regulator and enforcing agencies.	Continue to invest in homes and neighbourhoods	Mar-23	HoBS	Compliance with the Building Safety Bill (Act).	Complete	Complete. This work has been completed in confirming compliance with the Fire Safety Regulations.
A25	HR	Carry out a full diversity audit and self-assessment to gauge and challenge our current diversity status with a view to applying for and achieving diversity accreditation.	Work in ways which reflect our values	Aug-22	HoHR&OD	Identify actions to improve how we support our diverse customers and employees to ensure effective leadership and processes are in place that deliver positive outcomes for our customers and our employees.	Complete	Housing Diversity Network (HDN) met with a group of customers, colleagues, EMT and Chair of the Board during Feb / March and have undertaken their document review. We have received the final report and achieved accreditation with 8 distinction areas. The Assessment and ADP Action is complete.

A26	Corporate Services	Develop, implement and monitor actions and outcomes of a regulatory matrix addressing all the requirements of the regulatory framework and white paper.	Ensure effective governance arrangements are in place to deliver their aims, objectives and intended outcomes for tenants and potential tenants	Mar-23	HoFBA	Inspection ready Compliance with Regulatory Standards, Meeting White Paper outcomes.	Complete (Superseded 23/24 B20)	The Governance Service Manager continues to develop and work through the governance work plan. Action considered complete as work plan developed. A related, new action appears on ADP for 23/24.
A27	Finance	Measure efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT). Achieve top quartile benchmarking.	Deliver value for money services	Dec-22	HoFBA	Identify cashable and non cashable efficiencies gained from TOP and CAT implementation.	Complete	Complete. Project closure report to Board in December 2022.
A28	HR	Review our wellbeing offer ensuring that we focus as appropriate across all 4 wellbeing elements of Physical, Mental, Social and Financial.	Embed a positive health, safety and wellbeing culture	Mar-23	HoHR&OD	Maintain our successful wellbeing offering ensuring that it is appropriate for the changing environment.	Complete	Complete - A revised plan is in place with regular activities and campaigns as well as success monitoring planned throughout the year. The new plan commences on the 1st April 2024.
A29	HR and L&OD	Continue to develop our approach to agile working developing our managers to effectively lead and manage performance outcomes in an agile environment	Continue to develop our workforce	Dec-22	HoHR&OD	Increasing confidence and skill of managers to lead our people in an agile environment.	Complete	
A30	L & OD	Develop our approach to talent and succession planning.	Continue to develop our workforce	Mar-23	HoHR&OD	Ensuring that SLHD has an appropriate plan for key roles to avoid business disruption, is retaining high performing talent and developing potential.	Complete	Planned actions for this ADP are complete. This is an ongoing theme and activity will continue in line with our ongoing People Strategy.
A31	L & OD	Deliver against our refreshed early careers programme.	Continue to develop our workforce	Mar-23	HoHR&OD	Ensure an increased range of opportunities for residents of Doncaster to access the world of work as well as increasing SLHD talent pool and succession into a variety of roles.	Complete	Planned actions for this ADP are complete. Apprenticeship, Student Placement, T Level and Work experience opportunities are all in place and continue to develop. Activity will continue in line with our ongoing People Strategy
A32	L & OD	Review our organisational culture, current state and aspirations utilising external accreditation (such as iIP or Best Companies) to generate rich data and information.	Continue to develop our workforce	Mar-23	HoHR&OD	Identify our current organisational culture, where we want to be and the gaps to enable a plan of action to be generated.	Complete (Superseded 23/24 B17)	Agreement has now been reached to undertake Investors In People Assessment in the coming financial year, providing a measure of success against our existing People Strategy and a future focused action plan to drive the future strategy. This assessment will be undertaken with a completion date before March 2024. Activity begins in May 2023.
C1	Asset Management	Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	Continue to invest in homes and neighbourhoods	Mar-25	HoAM	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Red (C/F C11)	All 3 planning applications have been submitted but the decision is still pending. A decision is expected during Q1 in 2023/24 and work to procure a contractor will also continue during this period. Once a contractor has been appointed and planning approval achieved, a delivery timeline can be confirmed.

C2	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	Improve communication with tenants and residents	Mar-23	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Amber (C/F C12)	This is linked to the implementation of One Housing which is not likely to be implemented until late 2023. Demonstration of the system has recently taken place. Slippage from March 23 to March 2024. In view of the slippage on this action consideration will be given to other interim measures to increase the customer profile data we hold on our customers such as using Voicescape or promotional campaigns.
C3	Access to Homes	Review the operational arrangements for the accessible housing register.	Ensure tenants with disabilities are able to secure appropriate homes	Sep-23	HoAtH	To make best use of the housing stock to need housing need within an efficient allocations and lettings process to keep void turnaround to a minimum.	Green (C/F C13)	Clear plan in place and progress made at operational level to reduce backlog and joint working. Delay due to governance route for the proposed Policy changes, led by the Council, going to Cabinet in Aug 2023.
C4	HR and L&OD	Achievement of workplace wellbeing gold award.	Embed a positive health, safety and wellbeing culture	Sep-22	HoHR&OD	To demonstrate our commitment to the wellbeing of our workforce and support identification of areas of improvement.	Complete	Complete.
C5	HR and L&OD	Develop future leaders, and grow the workforce skill set to meet the changing operating environment.	Continue to develop our workforce	Mar-23	HoHR&OD	To retain and develop talent within the organisation reducing the burden of recruitment to vacant positions.	Complete (Superseded 23/24 B18)	Complete. The plan to deliver learning to our front line leaders is complete, the program is signed off and this completes this year's action. Future leaders program development will also take place in this coming year and appears as an action in the 23/24 ADP.
C6	Access to Homes	Review temporary accommodation model with Council & partners.	Reduce and prevent homelessness	Mar-23	HoAtH	To make best use of commissioned supported accommodation and SLHD to provide appropriate emergency and interim accommodation. To reduce temporary Accommodation below 60.	Complete	Complete. The strategy to increase TA and reduce Hotel Occupancy achieved a year end position of 16 households in Hotels (no Children) and 131 in TA. We continue to support Initiatives with Partners leasing SLHD stock to partners to provide alternatives to TA such as A4 in the plan and Housing First. We have supported the Commissioning of an Assessment Hub by the Council and the establishment of a Winter Sit Up Service as part of the Winter Plan. This will continue as part of service delivery.
C7	Access to Homes	Deliver the Housing Solutions project to improve access and sustainability in the private rented sector, provide early and targeted homeless advice to increase homeless prevention and reduce chronic homelessness	Reduce and prevent homelessness	Mar-23	HoATH	To prevent homelessness occurring and reduce demand on the service.	Complete	

ST LEGER HOMES OF DONCASTER Board Briefing Note

Title:-	People Strategy 2020 – 24 Progress Update – End of Year 3
Action Required :	<ul style="list-style-type: none"> • Note progress to date • Approve and provide feedback as required on the action plan for year 4, the final year of the strategy
Item:	13
Prepared by:	Sarah Moore, Head of HR and OD
Date:	01 June 2022

1. Background

- 1.1 This briefing note provides a progress update after year 3 of the 4 year People Strategy (2020 – 24).
- 1.2 Year 3 saw turnover within the People team as well as some long awaited business changes and realignments (Asset Management, Housing Management) commencing placing increased pressure on workloads which is in addition to the delivery of the People Strategy and day to day activity.
- 1.3 Absence activity across the organisation remains high as do recruitment levels and whilst at the time of writing we may be now seeing signs of an improving picture this increased work has undoubtedly required much focus from the team. Whilst in some cases this is not a direct detriment on the People Strategy the impact of this must be taken into account when delivering the plans.
- 1.4 Out of 11 measures of success set out within the strategy:
- 5 are currently achieving target and must be maintained
 - 4 sit under target and are explored further in 2.2 below - Sickness, Tenants and Residents into Training, Net Promotor Score (NPS) and Statutory / Mandatory Training Delivery
 - 2 are yet to be reported as work is still underway
- 1.5 The year started with 14 plans however this has reduced to 13 having sought agreement from EMT in October 2022 to remove the EDI plan as this overlapped with the EDI strategy which is also overseen by the Head of HR and OD. Out of the 13 Plans in the action plan for year 3:
- 8 are on track or complete
 - 5 are delayed and will be carried over to Year 4

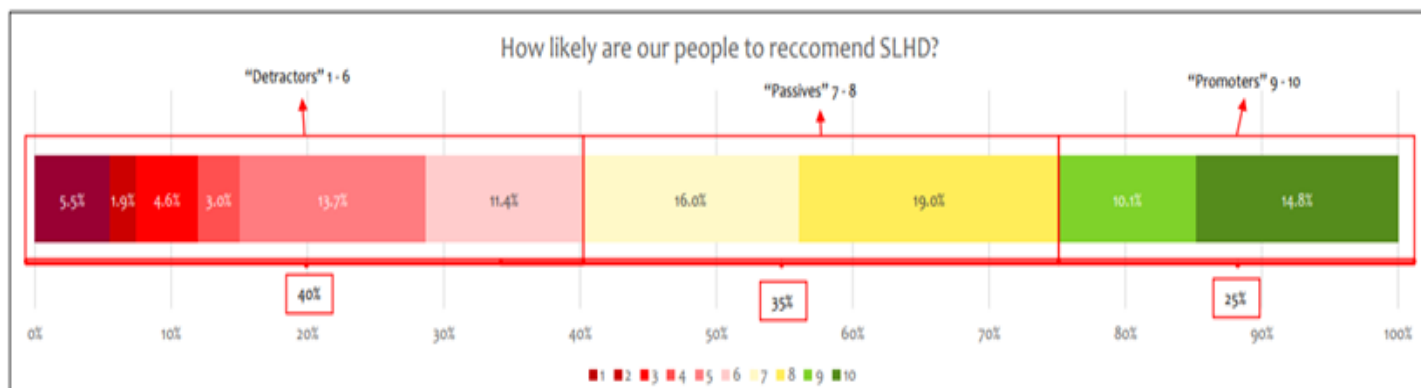
2. Key Success Measures – Appendix 1

- 2.1 The 2020-24 People strategy sets out the key measures to be achieved by March 2024. These measures will be tracked throughout the life of the strategy. The table in Appendix 1 shows the position after Year 3 against the position at the end of Year 1 and Year 2 for comparison - a generally improving picture.
- 2.2 At the end of year 3, 4 of the measures of success are reporting below target:
- **Sickness** – sickness from work continues to be monitored closely. Short term Absence from work continues to be the biggest driver of absence as

does Mental Ill Health. Assurance is provided of the management of the existing cases in the following ways:

- ✓ All cases which hit a trigger in the attendance management process are actively managed and supported by the HR team. Cases are reviewed fortnightly at the Business Partner and Adviser meeting chaired by Senior HR Business Partner with the Head of HR and OD in regular attendance. This will continue.
 - ✓ Attendance management training is provided to all managers as part of the first line manager program.
 - ✓ A review of the Attendance Management Policy has been undertaken and a new policy introduced with revised short term absence triggers from 1st April 2023.
- **Tenants and Residents Supported into Training** – This figure is lower than planned due to the low uptake of participants in first half of the year, this changes in the second half where we saw a significant upturn. As the employment and the economic market continues to shift, agreement has now been reached to merge the KPI of training with the KPI of employment to create a more balanced picture, as well as a review of the definition of each KPI setting out what can and what cannot be measured.
 - **Employee Survey Net Promoter Score** – This has seen a further significant drop from – 7 in October 2021 to -15 in October 2022 (from 21 in October 2020). Firstly it should be noted that the calculation of the NPS categorises the responses in the following way:
 - ✓ Promoters – those who scored the organisation 9 or 10
 - ✓ Passive – those who scored the organisation 7 or 8/10
 - ✓ Detractors – those who scored the organisation 6 or below

NPS is calculated deducting the %Detractors from the %Promoters. Figure 1 below provides the view of pulse survey responses to this question. This provides a mixed picture when considered against the high employee satisfaction rate of 80%. For this reason a decision has been made to stop reporting of NPS.



- **Compliance with Statutory / Mandatory Training** – This is the first year where we have had the system capability to truly confidently track compliance training completion against a robust training needs analysis (TNA) which is regularly reviewed. Whilst this figure is significantly below the 100% target we are now in a strong position to achieve the 100% compliance at the end of year 4 (12 months' time) and we now have (which is new to this reporting) identification of the refresher periods for all training and a fully agreed and signed off TNA of all roles. We are also now positively in a position where we have migrated all management of learning into the LMS (flo) removing reliance on spreadsheets for this work. A new focus and reporting on nonattendance at training will also enable further timely compliance, and positively nonattendance has reduced significantly since October.

3. People Strategy Action Plan 2022/23 (Year 3)

- 3.1 A detailed action plan sets out the 13 plans and associated activities to be delivered in year 3 of the strategy along with updates of progress to date (appendix 3).
- 3.2 **Complete or on track plans** – A total of 8 plans are now considered complete or on track for expected progress within this financial year.
- Refresh 1:1 process
 - Agile Working
 - Monitor hard to recruit vacancies
 - Customer service excellence learning
 - Implement colleague recognition
 - LMS (Flo) System Development
 - Systems Training
 - Culture and Accreditation
- 3.3 **Delayed or not started plans** – 5 plans are delayed but underway or have not started, further details are set out in the comments against each action in Appendix 3.
- Grow Workforce Skill Set – due to the delay to building a future leaders and detailed leadership learning offer, the focus has in the first instance been on the relaunch of the behaviors and the First Line Manager program (FLM) review which is now complete and provides a solid foundation to build upon.
 - Embed a Health and Safety Culture – due to the delay in assessment of Be Well at Work award, assessment now complete but we continue to await the outcome.
 - Review Pay and Grading – due to delay in the issue of Total Reward Statements
 - Career Start Activity – work not started and roll over to next year includes - Work with CI Team to ask our tenants/customers what WOW placement opportunities they would be interested in. AND Implement a process to facilitate previous WOW placements returning to fulfil temporary roles in the same area of activity assisting with workload and temporary resourcing challenges with External Property Maintenance trainees and Cleaners.
 - HR System Development – Delay in implementing sickness triggers and lack of control over the development of other system functionality which is retained by Rotherham and DMBC including Flexi time recording and case management.

4. Looking Forward – Year 4 Action Plan – 2023-24 (Appendix 4)

- 4.1 Appendix 3 sets out the action plan for the final year of the strategy which contains 13 plans with associated activities, many of which are continued from previous years but with additional activity to ensure successful completion or embedding prior to the end of March 2024.

This includes assessment from Investors in People which will commence in May 2023 with a self-assessment by Leadership and full assessment from September 2023. The outcomes from this assessment will be incorporated into the future People Strategy 2024 and beyond.

Board are asked to note progress to date and provide feedback or additional activity which is considered missing for consideration and inclusion.

5. Report Author, Position, Contact details

- 5.1 Sarah Moore, Head of HR and OD
Sarah.moore@stlegerhomes.co.uk

Appendix 1

KEY SUCCESS MEASURES

Key success measure	Year 1	Year 2	Year 3	Comments – Year 3
Sickness - KPI 11	6.6 days per FTE	11.88 days per FTE	11.66 days per FTE	Projected outturn against a target of 7.9 days, 0.22 days lower than last year but still 3.76 days over target. New Attendance Management policy introduced from 1 st April 2023 with the aim of addressing short term absence which is driving up the nonattendance.
Tenants and residents supported into training - KPI 14a	30	30	58	Against a target of 67. This measure should be read with the one below which shows a considerable positive picture of the current state of the labour market. In the final year of this strategy KPI14a and b will be reported as one overall figure.
Tenants and residents supported into work KPI 14b	28	52	39	Against target of 30, driven by WOW support & learn, student placements, and apprenticeships as well as those supported in finding employment elsewhere.
Employee Survey - Over 80% of employees are satisfied with St Leger Homes as an Employer	81.21%	83%	80%	Measured in October 2022, pulse survey response rate of 65%
Employee Survey - Positive Net Promotor Score	20	-7	-15	Measured in October 2022, decision taken to remove this measure going forward
Employee Survey - over 80% of employees agree that their manager is a	NA	92%	90%	Measured in October 2022, pulse survey response rate of 65%

great role model for our values/behaviours				
100% Statutory/ Mandatory Training Delivered		86%	61%	We have seen a considerable drop in training compliance driven by some specific areas e.g. Cat and Genny and PASMA, despite sessions being arranged only small numbers of delegates are being put forward by the management teams. For this reason further work is now underway to review the TNA with team leaders and ensure training is attended if it is required. Appendix 2 provides a detailed breakdown of this figure.
100% Personal Development Plan completion	NA	100%	100%	New measure in 2022 and achieved 100% completion for two consecutive years.
BeWell@Work Award Gold	Silver – 2020	Delayed to End of September 2022	Awaiting outcome	Aim to achieve Gold by March 2022 – delayed due to changes to the scheme by public health. Assessment took place and was complete in February 2023, we are now awaiting the outcome
2.3% New apprentice Starts, Public Sector Apprenticeship Target	1.76%	2.48%	2.37%	No longer a statutory requirement but we continue to measure to track our own performance.
Investors in People Framework met	NA	NA	NA	SLHD are not currently accredited. Assessment will take place in late 2023.

Compliance with Mandatory Safety Training Completion Detailed Breakdown

Compliance figures March 2023				
Training	Number identified	Number certified	% compliant	Notes
Working at Heights	153	125	82%	This training has a 'set' audience group. Names are identified by the Team Leaders.
Ladder Safety Training	28	25	89%	This training has a 'set' audience group. Names are identified by the Team Leaders.
Asbestos Cat A	399	358	90%	
Asbestos Cat B	6	6	100%	
SMSTS	21	19	90%	
CISRS	21	19	90%	
Abrasive Wheels	312	141	45%	Ongoing
Cat & Genny	80	11	14%	Currently reviewing with Team Leaders if all identified on the TNA require this training because when we arranged this training only a number of people were put forward by the Team Leaders.
Emergency First Aid at Work	25	14	56%	
PASMA Scaffold Tower for Users	178	71	40%	Currently reviewing with Team Leaders if all identified on the TNA require this training because when we arranged this training only a number of people were put forward by the Team Leaders.
PASMA tower on stairs	100	16	16%	Currently reviewing with Team Leaders if all identified on the TNA require this training because when we arranged this training only a number of people were put forward by the Team Leaders.
TOTAL	1323	805	61%	

ST LEGER HOMES OF DONCASTER Board Meeting Briefing Note

Title:	Tenant Voice Strategy – Annual Actions Update
Action Required:	That Board note progress to date with the actions to deliver the Tenant Voice Strategy
Item:	14
Prepared by:	Jackie Linacre, Head of Customer Services
Date:	01 June 2023

1. Background

- 1.1 The Tenant Voice Strategy 2022 – 2026 was approved by Board in April 2022. It sets out our strategic commitment to ensuring we properly engage and listen to tenants to take into account their views.
- 1.2 The Strategy sets out 5 key commitments:
- Widen the opportunities for more tenants to be able to be involved
 - Ensure tenants are at the centre of decision-making at every level; influencing services across the organisation
 - Support tenants to gain the knowledge, experience and confidence, so they feel their contribution has value and impact
 - Create a culture of mutual trust and transparency so that tenants can question and challenge effectively
 - Ensure the environment is right so that Involvement is everyone’s business
- 1.3 An action plan has been developed to support the delivery of the five commitments above. Performance against the action plan will be reviewed by the tenant One Voice Forum as part of their role in monitoring and challenging delivery.
- 1.4 This is the first update since the approval of the Strategy. Updates against the actions will be reported to Board on an annual basis so that Board can have a strategic overview of progress on delivering the Strategy to ensure we have a strong culture of involvement which drives business improvements for our tenants.

2. Progress

- 2.1 Good progress is being made on the actions contained in the plan and the achievement of milestones. A detailed action plan setting out the actions to deliver against each of the commitments shown above is attached at Appendix A.
- 2.2 Many of the actions are top loaded in 2023 as they are needed to support the achievement of one of the core actions, which is to successfully gain Tenant Participation Advisory Service (TPAS) exemplar accreditation.
- 2.3 The achievement of TPAS Exemplar Accreditation and the process we will need to go through to gain accreditation will underpin our overall commitment of listening to and working with our customers.

- 2.4 Some of the actions and milestones are cross cutting and will help achieve more than one of the five commitments headlined in the Tenant Voice Strategy. Where this is the case, the headline actions to deliver the commitments in the Strategy have been grouped together against the milestones to be achieved.

3. Progress to date

- 3.1 There are 75 milestone actions to be achieved during the lifespan of the Strategy and timely progress is being made. There are a number of measures and outcomes included in the plan to enable us to measure what difference the Strategy is making to our tenants. These will be monitored by the Customer Involvement team.
- 3.2 Some of the actions are on-going and will span all four years of the delivery plan. Headline progress is shown below and all actions are currently on track for delivery within the timescales shown. The detailed action plan is attached at Appendix A.

The summary of progress to date is:

- 19 actions have been completed, 5 of which are on-going actions;
- 32 actions have not yet started but are anticipated to finish within their target timescale. Some of these are not due to start until 2024/25;
- 24 actions have commenced, 3 of which are on-going actions.

4. Recommendations

- 4.1 That Board note progress to date

5. Background Papers: The Tenant Voice Strategy

6. **Author:** Jackie Linacre, Head of Customer Services

TENANT VOICE STRATEGY ACTION PLAN

Overarching commitments and outcomes:

C1 - Commitment: Widen the opportunities for more tenants to be able to be involved.

C2 - Commitment: Ensure tenants are at the centre of decision-making at every level; influencing services across the organisation.

C3 - Commitment: Support tenants gain the knowledge, experience and confidence, so they feel their contribution has value and impact.

C4 - Commitment: Create a culture of mutual trust and transparency so tenants can question and challenge effectively.

C5 - Commitment: Ensure the environment is right so that involvement is everyone's business.

Headline Actions to deliver our Commitments	Target	Lead	Milestone Actions	Status	Measures and Outcomes
Achieve TPAS Accreditation	Mar 2023	CISM	Successfully achieve TPAS accreditation.	Completed	TPAS accreditation achieved.
Achieve TPAS 'Exemplar' Accreditation status.	Sept 2025	HOCS/ E&CSM	Successfully achieve TPAS exemplar accreditation by 2025.	Not started	TPAS 'Exemplar' Accreditation achieved.
Produce jargon-free, clear communications and no-nonsense guides.	Jul 2023	HOCS/ E&CSM	Conduct an external communication survey and feed any learning into improved communications.	Commenced	Increase in the % of tenants satisfied that are communications are understandable and easy to read – measured through Transactional Surveys;
			Review the Editorial Panel's Terms of Reference to ensure they are fit for purpose, review tenant representation to ensure it includes a diverse range of tenants and promote across the organisation.	Not started	
			Review website content to ensure use of plain English across all pages.	Commenced	
			Review SLHD's letter writing guidance to ensure communications are tenant reader friendly.	Commenced	

Develop our communications through a dedicated Communications Plan and our community champions.	Jun 2023	E&CSM	Review the existing communication plan in partnership with tenants to identify and implement improvements and opportunities to build on connections with community champions.	Commenced	Increase in the feedback received from community champions. Measured through face-to-face discussions and surveys
Publicise how we can support tenants to be involved.	Jun 2023	E&CSM	Review of the Customer Involvement section of the SLHD website setting out all the benefits of being involved	Completed	Increase in the number of tenants involved on TRIP, OVF, GIG and the Tenant Appeal Panel. % increase in the tenant satisfied that we keep them informed about things that matter to them.
Publish the support we provide to ensure groups and individuals can play an active role			Develop a marketing plan setting out regular promotional content throughout the year – including HouseProud, web, social media, Voicescape, tenant talk (Blog)	Commenced	
Encourage and interact with tenants on social media, acting on what they say	Aug 2023	E&CSM	Review the basket of involvement options and publicise across all communication channels.	Not started	
			Develop a Consultation Toolkit to ensure good practice and standards are followed and feedback is provided on service improvements and difference made.	Not Started	
Provide a broader range of opportunities for tenants to be involved in ways that suit them avoid a `one size fits all.'	Aug 2023	E&CSM	Review the basket of involvement options that we have for tenants to be involved.	Not started	
	July 2023	E&CSM	Attend various diversity Group Forums to talk about the different ways in which diverse tenants can get involved.	Not started	
	July 2023	E&CSM	Conduct a communication survey to gather feedback on the involvement options.	Commenced	Increase in the number of diverse tenants involved in tenant representative groups.

<p>Develop more opportunities for self-service with quick, easy ways to rate services and give us feedback.</p> <p>Extend our reach by improving our website and other media channels to display useful, relevant and up to date information.</p> <p>Develop modern, digital ways for tenants to stay in touch.</p>	Sept 2023	HOCS/ HoIT	Undertake customer journey mapping, involving service areas and customer representatives to capture how customers access and feedback on our services.	Completed	<p>Increase in the number of tenants accessing our services digitally. % of Customers satisfied that the website provides easy access and opportunities to feedback on services. Increase in the number of ways customers can feedback on our services. Increase in number of tenants using Voicescape for consultation and feedback.</p>
			Review the SLHD website to ensure customers have easy access to feedback on services.	Commenced	
			In partnership with the Digital Tenants Academy producing a video outlining the complaints procedures.	Commenced	
			Investigate the use of chat bot technology and report to Digital Transformation Board with recommendations.	Commenced	
			Extend the use of VoiceScape to capture transactional feedback and additional opportunities for tenant feedback.	Commenced and on-going	
			Extend the use of Teams to encourage more tenants to attend tenant representative meetings.	Completed	
<p>Provide regular feedback to illustrate how tenants' views and contributions are acted on.</p> <p>Demonstrate how we can learn from complaints when we get it wrong and how tenants are involved in this.</p>	On-going	E&CSM	Regular You Said, We Did articles published in HouseProud, Web and social media, including feeding back on outcomes from consultation, TRIP reviews and learning from complaints.	Commenced and on-going	% of tenants satisfied that we listen to their views.
<p>Publish key performance, financial and budgetary information regularly and clearly to tenants</p>	Various	E&CSM	Produce the Annual Review document and video and publicise key performance, including TSM feedback, in HouseProud, through social media and on the SLHD website.	Commenced	Performance and budgetary information provided, updated and written in plain English.

Develop and facilitate special interest groups and consultation events on the issues that matter to tenants.	Sept 2023	E&CSM	Increase the amount of tenant profiling data we hold to identify the diversity and any vulnerability of tenants and tailor consultation with under-represented groups to increase involvement and tailor services to meet their needs.	Commenced	Increase in number of tenants involved from under-represented groups.
			Improve engagement with our under-represented groups.	Not started	
			Collect customer profile information for all the GIG members and collect routinely as part of all future consultation exercises.	Completed	
			Improve engagement with under-represented groups by ensuring SLHD representation at various group meetings, such as the Minorities Partnership Group.	Completed and on-going	
			Develop a marketing plan, considering the different ways in which we can encourage engagement, particularly with under-represented groups.	Commenced	
			Customer Involvement Officers to attend various equality and diversity meetings with the Equalities and Diversity Manager to forge connections with various under-represented groups.	Not started	
Ensure tenants are fully involved in the initial project planning, delivery and monitoring of regeneration or other changes affecting them. Involve tenants in the production of key policies and procedures. Develop a One Voice Forum so tenants can influence decision-making,	On-going	E&CSM	Implement a system of horizon scanning within the Customer Involvement Team to ensure timely communication and consultation with tenants on service delivery issues that matter to them.	Completed	Forward Plan developed and agreed by One Voice Forum for 2023/24
			Establish a One Voice Forum (OVF) with tenant representatives leading to support	Completed	

<p>monitor and oversee the Tenant Voice Strategy; keeping us connected to local issues.</p> <p>Consult on and develop a One Voice Forum involving representatives from TARAs and GIG/ C4 Ensure the Tenant Voice Strategy involves meaningful monitoring by tenants – through the One Voice Forum.</p>			<p>the Involve, Inform, Consult and Collaborate engagement model and the delivery of the Tenant Voice Strategy.</p>		<p>Number of key policies tenants involved in shaping.</p>
			<p>Establish a programme of scrutiny reviews to ensure the delivery efficient and effective services, which impact positively on our tenants.</p>	Commenced	<p>Programme of scrutiny reviews developed for 2023/34</p>
	Early 23/24	HOCS	<p>Gather customers' views to inform the Ombudsman's consultation on a single Complaints Code that will the approach to complaint handling across local government Social Care.</p>	Not started	<p>% of customer satisfied that we listen to their views.</p>
<p>Encourage staff and teams to report on how they have listened and responded to tenants' views.</p> <p>Embed a culture of listening to, responding to and learning from tenants.</p> <p>Tenants genuinely involved in shaping services, setting standards, as well as monitoring and scrutinising these.</p>	May 2023	E&CSM	<p>E&CSM to meet with all Heads of Service to embed a culture of customer involvement across the organisation.</p>	Completed	<p>% of customer satisfied that we listen to their views.</p>
	Oct 2023	E&CSM	<p>Assign business partners within the Customer Involvement and Communications Team to work more collaboratively with Services across the business.</p>	Not Started	
	Jul 2023	HOCS	<p>Involve tenants and tenant representative groups in the in the review of the Customer Charter and Service Standards.</p>	Commenced	
<p>Ensure tenants are at the heart of our Governance arrangements.</p>	Dec 2023	E&CSM	<p>Establish a Forward planning process to embed the One Voice Forum as a key tenant representative group.</p>	Commenced	<p>Yearly report from the Chair of the OVF</p>
	Jan 2023	E&CSM	<p>Establish clear Terms of Reference for the OVF and ensure all Teams are aware.</p>	Completed	<p>Customer Involvement Quarterly Report</p>
	Jan 2024	E&CSM	<p>Introduce yearly report from the Chair of the OVF.</p>	Not started	

	On-going	E&CSM	Regular You Said, We Did articles published in HouseProud and on the Web, feeding back from tenants on consultation, complaints and TRIP reviews.	Commenced and on-going	Improved feedback to customers on the difference their contributions and feedback has made.
	Sept 2023	HOCS	Produce and publicise the Annual Review document and Video.	Not started	
	On-going	E&CSM	Quarterly Tenant Voice Report to EMT.	Completed and on-going	
	2024	GSM/ HoFS	Develop and implement a process for the One Voice Forum and Board to oversee and monitor SLHDs against RSH Consumer Standards.	Not started	
Develop a Tenant Involvement Charter to set out what tenants and tenant groups can expect from us when they decide to be involved.	Aug 2023	E&CSM	Produce a Tenant Involvement Charter	Not started	% of customers involved in tenant representative groups. Measured by yearly tenant representative surveys.
Review the diversity of our tenants and make better connections to underrepresented tenants to understand their needs.	Aug 2023	E&CSM	Investigate the use of One Housing to increase the amount of customer profile information we hold about our tenants.	Not started	Increase in the customer profile data we hold about our tenants.
Make tenant involvement rewarding, sociable and enjoyable - celebrating our tenants and successes	July 2023	E&CSM	Review the incentive and rewards scheme we offer to our tenant representatives.	Not started	Increased number of applications for the awards. Increased attendance by tenant groups and partners. Positive feedback about the event.
	Feb 2023	E&CSM	Refresh the format of the Tenant Choice Awards to make them more inclusive and celebratory.	Completed	
	Dec 2023	E&CSM	Review the Tenant Voice Model Governance Structure	Not started	Governance structure reviewed and any

Ensure tenants play a key role in our Governance and scrutiny					changes approved by Board.
	May 2023	E&CSM	Ensure tenants groups are supported and aware of the opportunities to respond to the Government's consultation on the Directions government will issue in advance of the Regulator of Social Housing's consultation on consumer standards and the code of practice on consumer issues.	Not started	Improved opportunities for tenants to be involved in shaping statutory regulations.
Ensure tenants are equipped to be able to scrutinise aspects of service delivery and report back for improvements to be actioned	Dec 2023	E&CSM	Review TRIPs Terms of Reference (TORs) taking into account the role of the OVF and reporting arrangements.	Not started	Increase in the number of tenants overall satisfied with the services we provide – Measured through transactional surveys and Tenant Satisfaction Measures.
	Jul 2023	CESM	Review the Tenant Appeal Panel processes and identify any areas of training or support.	Not Started	
	Mar 2023	E&CSM	Explore how we can use technology to identify funding opportunities for community groups	Commenced	
	July Aug 2023	E&CSM	Develop a process to ensure action plans and service improvements plans from TRIP are fed back to tenants.	Not Started	% of tenants satisfied that we listen to their views.
Develop a suite of Key Performance Indicators and Service Standards to deliver on the Tenant Voice Plan of Action.	Jun 2023	E&CSM	Consult with the OVF on a suite of key performance indicators to measure the delivery and effectiveness of the actions to deliver the commitments in the Tenant Voice Strategy. Take into account Customer Charter standards and TSMs.	Commenced	Suite of performance indicators which can be tracked by the OVF
Develop and publish a programme of training for involved tenants, TARAs, etc;	Oct 2023	E&CSM /OD	Deliver a programme of training events to support tenants to be involved in the delivery of our services.	Not started	Number of training sessions taken place.

<p>Use the skills and experience of our involved tenants to optimum use and offer a programme of training, mentoring and networking opportunities to strengthen their contributions.</p> <p>Carry out a skills audit of GIG to explore opportunities for peer mentoring and training.</p>			<p>Consult with tenants on developing a skills audit to support opportunities for shared learning across tenant representatives.</p>	Not started	<p>Number of tenants who have taken part in the training sessions. % of positive feedback. Increase in tenant membership of various groups.</p>
			<p>Explore the use of TPAS national training programme to ensure that all interested tenants are supported to have the skills and training needed to become actively involve</p>	Not started	
			<p>Explore opportunities to work in partnership with local colleges to identify opportunities to promote learning across our tenant base.</p>	Not started	
<p>Develop the involvement arrangements to ensure tenants of High-Rise properties are monitoring the delivery of the Building Safety Engagement Strategy</p>	<p>April 2023</p>	<p>E&CSM</p>	<p>Review tenant involvement arrangements for tenants living High Rise properties to ensure they are involved in monitoring the delivery of the Building Safety Engagement Strategy.</p>	Commenced	<p>Increase in the number of tenants attending the high-rise forum meetings. Increase in the % of customer living in high-rise accommodation who are satisfied we listen to their views.</p>
			<p>Review current methods of communicating with tenants in high-rise block to increase participation in the High-Rise forum.</p>	Commenced	
			<p>Working with partner contractors implement a high-rise newsletter to keep tenants informed and involved in work to High Rise properties.</p>	Completed and on-going	
	<p>Jun 2023</p>	<p>E&CSM</p>	<p>Produce Building Safety Module video to encourage tenants to be engaged high-rise safety.</p>	Commenced	
<p>Using pre-tenancy and new tenancy opportunities to promote tenant involvement.</p>	<p>Oct 2023</p>	<p>E&CSM</p>	<p>Work with the communications team to develop a video and leaflet for sign up which</p>	Not started	<p>Increase in the number of tenants on various representative groups.</p>

			shows the different ways in which tenants can be involved.		
Develop the role of tenants in our procurement arrangements.	Nov 2023	E&CSM	Work with procurement to develop a process within the procurement procedures that ensure services procuring contractors or services involve tenants in the procurement process.	Not started	Tenants involved in various stages of the procurement process for goods and services.
Conduct an annual survey of our tenants to keep us focussed on the issues that matter. Consult with tenants at least every 3 years on how to govern and scrutinise the organisation	Aug 2023	E&CSM	Consult with tenants, using survey or focus group approach, on an annual basis about how they want to be involved in governance and scrutiny arrangements.	Not started	Number of responses received, and changes made because of feedback.
Hold regular meetings with tenant groups, supported by local area teams.	July 2023	E&CSM	Investigate arrangements for housing teams to be involved in meeting tenant groups with a view to increasing greater involvement at a local level, supported by the Customer Involvement Team.	Not started	Number of meetings held
Tenant-led service reviews commissioned by and reporting to the Performance and Improvement Committee and Board.	On-going	E&CSM	Continue to work with TRIP to challenge and scrutinise how services are delivered.	Completed and on-going	Number of scrutiny reviews undertaken, and improvements identified.
Review the annual awards and accreditation plan to support our aim of being a nationally recognised provider of housing services.	Feb 2023	HOCS	Awards reviewed by HOS service annually to identify any opportunities to show case our services	Completed	Number of award submissions made.
Meet the objectives of the Housing Bill, for example in safety and compliance and the Tenant Satisfaction Measures and Standards	Jun 2023	HoHR&OD	Ensure a plan for delivery for professional housing qualifications achieved by all relevant staff.	Not started	Tenant Satisfaction Measures reported to meet regulatory requirements.

Ensure all staff understand how they specifically can enhance the organisation`s ability to hear the tenants voice and act on it.	Oct 2022	HOCS	Publicise SLHD complaints procedures in HouseProud	Completed	One Voice Forum in place. Increase in compliments and a reduction in the number of upheld complaints. All relevant housing staff achieving the required professional qualification. Full compliance with the Housing Ombudsman`s complaint code.
	Mar 2023	HOCS	Implement a process for gathering and reporting on Tenant Satisfaction Measures – customer satisfaction and management measures.	Completed	
	Aug 2023	HOCS	Review SLHD`s complaints policy and procedures against the Housing Ombudsman`s Complaints Code.	Not started	
	May 2023	HOCS	Deliver Customer Excellence Training to all employees	Commenced	
	2022	HOBS	Establish a high-rise building safety forum, involving tenants in meetings.	Completed	
Conduct and review feedback from tenant satisfaction surveys across all services	On-going	CESM	Feedback from customer surveys, transactional and Tenant Satisfaction measures shared with SMT and Performance and Improvement Committee. Wider communication using email and Staff Focus to commence May 2023	Completed and on-going	% of customers satisfied with the services measured under transactional and tenant satisfaction measures.
Ensure staff use their Volunteering Days to support local groups and projects, taking part in community-led projects	July 2023	HoHR& OD	Raise awareness about volunteering days across the organisation that support community led projects.	Not started	Increase in the number of community groups supported throughout the City.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 01 June 2023

Item : 15

Subject : Safeguarding Children and Adults
Annual Report for 2022-23.

Presented by : Mark McEgan
Director of Housing and Customer
Services

Prepared by : Julie Jablonski, Safeguarding and
Partnership Manager

Purpose : The purpose for this report is for Board
to accept and approve the
Safeguarding Children and Adults
Report 2022-23.

Recommendation :

Board is requested to:-

- Accept and approve the Safeguarding Children and Adults Annual report for 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. 15
Date: 01 June 2023**

1. Report Title

- 1.1 Safeguarding Children, Young People and Adults Annual Report 2022-23

2. Executive Summary

- 2.1 The Safeguarding Children and Adults Annual Report 2022 – 23 requires acceptance by Board Members. The annual report provides information on safeguarding activity and demonstrates successful outcomes using a collaborative approach.

3. Purpose

- 3.1 The purpose of this report is for Board to accept the Safeguarding Children and Adults Report for 2022. The annual report is intended to provide information to Board members and assurance of St Leger Homes commitment to our safeguarding responsibilities, improving lives and supporting vulnerability.

4. Recommendation

- 4.1 Board is requested to accept the Safeguarding Children and Adults Annual Report for 2022-23.

5. Background

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

Board have requested some training and awareness on safeguarding, which is planned for the pre-board session ahead of this meeting.

- 5.2 St Leger Homes has adopted and adheres to the safeguarding policies used by the strategic partnerships as well as relevant legislation when delivering services:

- The Care Act 2014
- Working Together to Safeguard Children 2018 (statutory guidance to

promote the welfare of children)

- 5.3 The Safeguarding Children and Adults Report (*appendix1*) details our safeguarding commitment along with a breakdown of safeguarding activities both strategic and operational. Also included are relevant case studies required to complete the annual self-evaluation of safeguarding activities under a framework of performance indicators. These self-evaluations together with challenge meetings between Board members and agency leads, helps fulfil the DSAB's and DSCB's statutory duty to safeguard children and adults. In addition, the report demonstrates our commitment and improved intelligence around this complex area of involvement and engagement and how we are making a difference to lives and outcomes for adults, families and children.

6. Procurement

- 6.1 There are no procurement requirements arising from the approval of this report.

7. VFM Considerations

- 7.1 Reducing vulnerability and helping high risk tenants and families increases tenancy sustainability and is a worthwhile investment in service delivery.

8. Financial Implications

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

9. Legal Implications

- 9.1 The requirement for all agencies to safeguard and promote the wellbeing of children and adults at risk is reflected in the statutory guidance Working Together to Safeguard Children 2018 and the Care Act 2014.

10. Risks

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

11. IT Implications

- 11.1 There are no IT implications.

12. Health, Safety & Compliance Implication

- 12.1 There are no Health, Safety or Compliance impacts from any proposals detailed in this report.

13. Consultation

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

14. Diversity

14.1 This report contributes to achieving sustainable social, economic and environmental improvements for Doncaster and demonstrates, in action, St Leger Homes core values of Fairness, Excellence, Empowerment and Local. It also demonstrates equity in service delivery and becoming a better employer.

15. Equality Analysis (new/revised Policies)

15.1 Equality Analysis not required.

16. Communication Requirements

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

17 Environmental Impact

17.1 There is no environmental impact.

18. Report Author

18.1 Julie Jablonski, Housing Safeguarding Partnership Manager

19. Background Papers

19.1 Appendix 1 – Safeguarding Children and Adults Report 2022-23

SAFEGUARDING CHILDREN AND ADULTS 2022-2023



Welcome to the St Leger Homes
2022 / 2023 Safeguarding Annual Report.



FOREWARD

- The report demonstrates the effectiveness of safeguarding arrangements within St Leger Homes and across the local strategic partnership.
- In addition, the report demonstrates how well St Leger Homes delivers on the statutory arrangements in the respect of safeguarding children, young people and adults;
- The progress made against the priorities established for 2022/2023 and then provides an outline of priorities moving forward into 2023/2024.

Introduction

Children and Adult safeguarding remains a key priority for St Leger Homes and this presentation demonstrates our commitment and improved intelligence around this complex area of involvement and engagement.

We recognise that an increasing proportion of people with care and support needs live in our communities and that we have a key safeguarding role to play, alongside our colleagues in social care, health and the police, in keeping people safe.

All reports of safeguarding are treated as a high priority and visits are made to the individuals address within 24 hours of receiving the information. All cases are investigated by an Estates Officer and monitored centrally by the Safeguarding Manager to ensure that the enquiry is responded to within the required timeframe and that the case is being with correctly. The approach has proved successful through engagement with the individual(s) concerned, support services can be best identified, offered and arranged to meet their personal need at an early stage.

Safeguarding Services Breakdown

The following table presents safeguarding data 2022/2023, broken down into source and referrals to partner organisations for additional support services:-



Of cases referred into safeguarding service there has been a significant increase from the area based teams from last year (187 in 2022/23 as opposed to 150 in 2021/22).

Referrals into partner agencies have not seen a significant change (495 2021/22 to 480 2022/23). One explanation for this could be that the collaborative work is embedded, and is a benefit to our tenants of partners working together.

Other Partnership Work

MARAC (Multi-Agency-Risk-Assessment-Conferences)

There has been a significant increase in the number of cases referred into MARAC in 2022/23, 795 total number of cases, as opposed to 583 in 2021/22.

The total number of cases in 2022/23 is 795 referred into MARAC.

392 of these cases are linked to St Leger Homes tenancies which represent 49% of all cases (some were c/o addresses for victims and not where the violence/abuse occurred). The total number of cases detailed on the next slide, does not include repeat domestic abuse cases.

The table on the next slide highlights the number of cases and patterns of incidents across the year between SLHD and all MARAC cases.

MARAC Cases 2022-23

■ SLHD Tenancies ■ All MARAC Cases



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
■ SLHD Tenancies	19	24	25	34	55	30	31	43	33	24	20	54
■ All MARAC Cases	47	53	60	82	103	59	65	54	61	56	63	92

Priorities

During 2022-23 we maintained our commitment to improving early intervention and support, to prevent escalation or the problems and issues children, young people and adults face. We reviewed our safeguarding offer and specifically our domestic abuse offer to both customers and staff by introducing a stand-alone policy and procedure. We also delivered domestic abuse training to our dedicated domestic abuse champions which has since been rolled out to all staff.

Priorities

During 2022-23 we maintained our commitment to improving early intervention and support, to prevent escalation or the problems and issues children, young people and adults face. We reviewed our safeguarding offer and specifically our domestic abuse offer to both customers and staff by introducing a stand-alone policy and procedure. We also delivered domestic abuse training to our dedicated domestic abuse champions which has since been rolled out to all staff.

Evidence Base

There is an upward trend nationally, regionally and locally in the number of domestic abuse related crimes recorded (Source: Office of National Statistics). In addition, all children witnessing domestic abuse are being emotionally abused, and this is now recognised as 'significant harm' in recent legislation. Section 3 of the Domestic Abuse Act 2021 that came into force on 31 January 2022 specifically provides that a child (under 18 years old), who sees, hears, or experiences the effects of domestic abuse, and is related to the victim or the suspect, is also to be regarded as a victim.

Impact

The review of our safeguarding offer, specifically our domestic abuse offer has led to better communication, support and guidance for driving and delivering our proactive approach to safeguarding to ensure the health and wellbeing of children, young people and adults is promoted, and the best possible outcomes are achieved.

Lessons Learnt

The review of our domestic abuse offer was completed adopting an established set of standards and completing an accreditation process nationally recognised to improve the housing sector's response to domestic abuse. Through this process lessons were learnt and changes made to our domestic abuse response. St Leger Homes were awarded full accreditation from Domestic Abuse Housing Alliance (DAHA) in 2022.

Voice of Children and families

Our customers are at the heart of everything we do and wide ranging consultation has taken place with customers and partners to form our safeguarding offer.

These consultation activities have ranged from Social Media platforms, Keep Safe Events, targeted focus groups e.g. St Leger Homes Young Persons Engagement Board, the Young People's Voice wrote the Foreword for the Domestic Abuse and Sexual Abuse Toolkit which is being launched on the 6 June 2023. The toolkit enhances existing safeguarding policies and procedures to give teaching and support staff detailed information and resources to assist them in dealing with this complex and sensitive agenda.

Training

St Leger Homes has a rolling programme of Safeguarding is mandatory for all staff. In addition during 2021/22 Domestic Abuse Awareness training was delivered to all staff as part of the DAHA accreditation requirements.

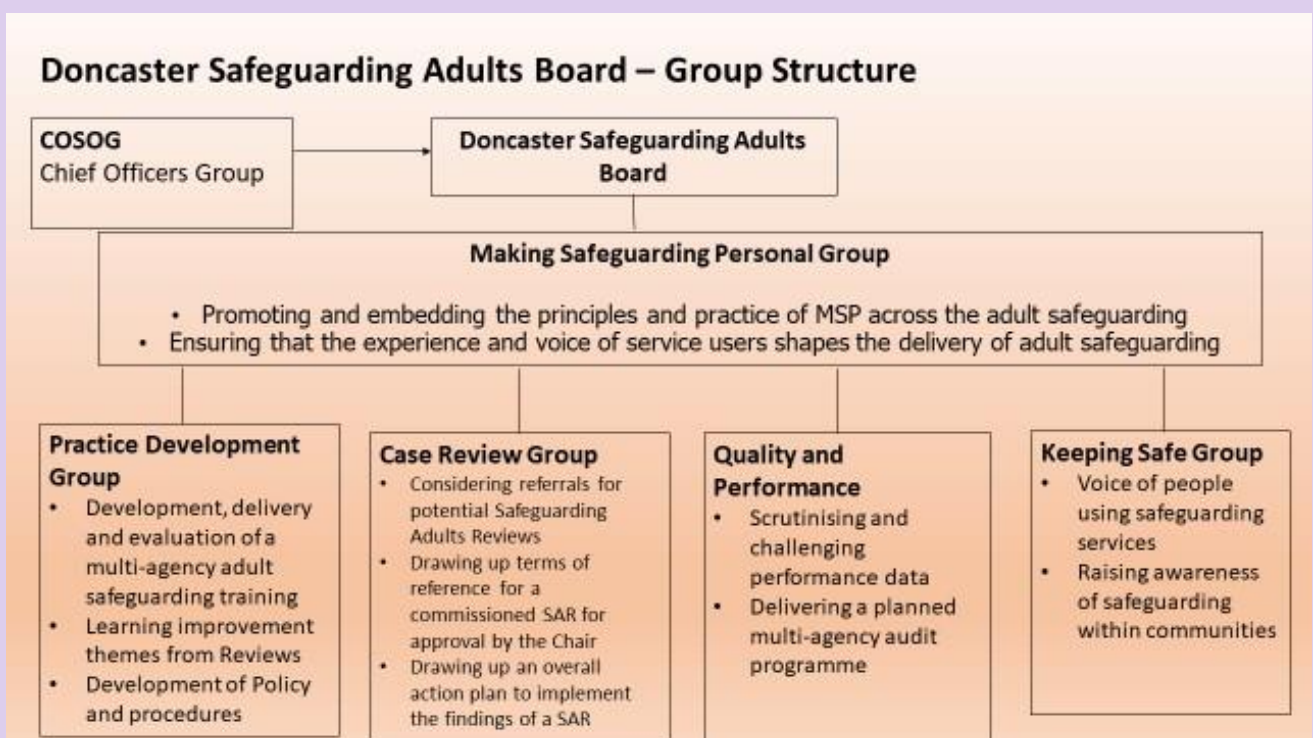


Partnership Work:

We have a comprehensive safeguarding approach embedded throughout our organisation and a single point of contact for all staff to report any concerns they may see whilst carrying out their day to day duties which enables us to arrange protection and support services to our most vulnerable and socially excluded individuals and families. As a key partner in delivering Doncaster's Vision, St Leger Homes contribute strategically and operationally to the review and ongoing development of Children Services 'One Front Door' - Early Help, Mash and R&R, and the Adults, early intervention work and safeguarding hub. St Leger Homes is represented at board level by the Chief Executive and Director of Housing is represented at board level by the Chief Executive and Director of Housing.

Internal arrangements and processes reflect Working Together to Safeguard Children 2018 guidance, Children Act 2004 (sec 11) and the South Yorkshire Safeguarding Procedures partnership arrangements.

In addition, we have a designated safeguarding lead officer whose role is to ensure we fulfil our responsibilities and promote positive practice within our organisation. The designated safeguarding lead officer is a member of a number of sub groups, task and finish groups of both the DSAB and DSCP and is also delegated to SCR and DHR Panels as and when required.



Real Life Examples

Case Study 1

Neighbours of St Leger tenants raised concerns that Mrs C had disclosed that she was struggling to care for her husband who 'lashed out' at her when he became angry. Mrs C needed help because she was frightened of Mr C. The neighbour confirmed that Mr C is known to be difficult to care for but lately they had heard through the adjoining wall, Mr & Mrs C arguing and Mrs C shouting "stop it, stop it".

SLHD visited Mr & Mrs C to enquire how they both were. Mr C was not at home. Mrs C informed the estates officer that she was struggling and disclosed that her husband was always losing his temper 'over nothing' and that recently he had started hitting her. Mrs C advised that Mr C was autistic and she was his registered carer and did not know what to do. The estates officer established that Mr C at one point did have a Community Psychiatric Nurse but withdrew their services as Mr C stopped engaging.

Outcome: Mrs C acknowledged that she was experiencing domestic violence and a personal safety plan was discussed. Mrs C was fearful her husband would be back soon so a further meeting was arranged away from the home.

SLHD contacted RDaSH who confirmed that Mr C was known to them and offered to revisit his case. They suggested a joint visit (SLHD/RDaSH) be arranged to assess Mr C's presentation. SLHD met with Mrs C where support was offered and accepted, including the joint visit. At the joint visit, Mr C agreed to undergo an assessment to review his medication and support. Mrs C is now accessing help and support from the Women's Centre (SafeLives) to enhance her wellbeing and coping mechanisms.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 01 June 2023

Item : 16

Subject : Draft Modern Slavery statement
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 a Modern Slavery
statement for 2022/23.

Recommendation:

For Board to approve a Modern Slavery statement for
2022/23 for publication.

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

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

**Agenda Item No. 16
Date: 01 June 2023**

1.1. Report Title

1.2. Draft Modern Slavery statement 2022/23

2. Purpose

2.1. To present Board with a Modern Slavery statement for 2022/23, as required by the 2015 Modern Slavery Act. This is SLHD's seventh Modern Slavery statement and is attached at **Appendix A**.

3. Executive Summary

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

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

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

3.4. Requirements and implications of the Bill are summarised below in section 4, emphasising the seriousness of the Act and failing to adhere to it.

3.5. The Bill still needs to make its way through both Houses of Parliament (Lords and Commons), but there has been no progress in the year.

3.6. There are only minor changes required in updating the SLHD statement for 2022/23. The statement must be approved by the Board or equivalent management body, signed by a director or equivalent and have a link to it on our website.

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

4. Background information

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

- 4.2. When the Act refers to 'ensure', this does not mean that the organisation must guarantee that the entire supply chain is slavery free. Instead, it means an organisation must set out the steps it has taken in relation to any part of the supply chain (that is, it should capture all the actions it has taken).
- 4.3. The Act became law in 2015 to address modern slavery and human trafficking.
- 4.4. The six reporting areas currently in the guidance that will become mandatory in legislation when the Bill is approved, which SLHD already complies with, are :
1. structure, its business and its supply chains;
 2. policies in relation to slavery and human trafficking;
 3. due diligence processes in relation to slavery and human trafficking in its business and supply chains;
 4. parts of the business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk;
 5. effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; and
 6. training about slavery and human trafficking available to its staff.
- 4.5. Organisations are now encouraged to publish their statements on a government 'register'. After some government website technical difficulties, SLHD have published the 2022 statement. Publication is expected to become mandatory.
- 4.6. Other key points to note in the Act, which SLHD already ensures compliance with, are :
- Companies must state why any of the six headings are not applicable;
 - reference to the modern slavery statement must now be made in a company's annual report in their financial statements;
 - tougher monitoring and compliance enforcement will result;
 - a named, designated Board Member is responsible and personally accountable;
 - failure to fulfil reporting requirements should be an offence under the Company Directors Disqualification Act 1986; and
 - Companies are required to consider the entirety of their supply chain.

5. Recommendation

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

6. Procurement

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

7. Value For Money

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

8. Financial Implications

8.1. There are two financial implication strands - procurement and potential penalties for non-compliance. SLHD controls direct expenditure of around £40m per annum, and has payroll costs of nearly £25m, and robust financial regulations and contract standing orders are in place. Penalties for non-compliance carry with them financial and reputational risk.

9. Legal Implications

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

10. Risks

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

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

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

11. IT implications

11.1. IT implications are referenced as appropriate.

12. Consultation

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

13. Diversity

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

14. Communication requirements

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

15. Equality Impact Assessments (New/Revised Policies)

15.1. Not applicable.

16. Environmental impact

16.1. Environmental impact is referenced as appropriate.

17. Report Author, position and contact details

Nigel Feirn
Head of Finance and Business Assurance

Appendix

A : Modern Slavery statement

St Leger Homes of Doncaster Limited : Modern Slavery statement 2022/23

Introduction

This statement sets out St Leger Homes of Doncaster Limited's (St Leger) activities to ensure there is no slavery or human trafficking in our operations. This statement relates to the financial year 1 April 2022 to 31 March 2023.

Company statement

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

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

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

Company structure, activities and supply chains

St Leger is an Arm's Length Management Organisation (ALMO) managing City of Doncaster Council's (DC) homes and other assets and the homelessness service. We provide affordable, rented accommodation efficiently and provide our customers with the highest standards of service.

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

Expenditure totals nearly £60m to deliver St Leger's day to day housing management and property repairs services, and, on behalf of DC in delivering their capital programme, home and estate improvements.

Risk areas

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

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

Company policies and procedures

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

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

- Whistleblowing;
- Employee Code of Conduct;
- Customer care;
- Vulnerable persons;
- Housing Management Strategy and Policy;
- Procurement Strategy;
- Financial Regulations;
- Contract Standing Orders;
- Recruitment and Selection;
- Anti-Fraud, Corruption and Bribery;
- People Strategy;
- Dignity at work;
- Equality, Diversity and Inclusion Strategy; and
- Homelessness code of guidance for local authorities

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

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

Due diligence

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

Tenants

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

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

- programmed tenancy audits of our properties;
- financial inclusion / welfare reform support delivered by a dedicated tenancy support team;
- neighbourhood management, local offices and patch workers resulting in our officers knowing a large number of tenants;
- strong working relationships with the Tenant and Resident Associations (TARAs);
- a St Leger fraud hotline;
- Community Caretaker Services reporting any illegal or unusual practices;
- tenancy sign up procedures covers the clauses in the updated Tenancy Agreement
- periodic estate inspections where we might notice anything indicating modern slavery, and residents can attend and often report issues;
- tenancy verification visits on some estates;
- Direct links between our in-house services team and estates teams to report any concerns.

Supply chain

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

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

All suppliers, as part of our tender procedures, must complete a self-assessment Standard Selection Questionnaire (SSQ). In Section 2 'Grounds for mandatory exclusion', 2.1(a) suppliers must declare the following:

Must declare if in the past five years if organisation or representative with authority has been convicted anywhere in the world in relation to

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

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

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

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

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

In 2023/24 St Leger will be implementing a Supplier Code of Conduct and this will refer to Modern Slavery and expectations of suppliers and their subsequent supply chains.

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

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

St Leger recognises our social responsibility. Contracts also include 'back to back' clauses whereby contractors use the same terms and conditions if any work is subcontracted down the supply chain.

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

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

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

Employees

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

St Leger has a contract in place for the provision of temporary agency workers. The provider has been procured in accordance with all supplier contract award requirements.

Key performance indicators (KPIs)

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

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

Training

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

Modern slavery was referenced in all appropriate training during the year. Training delivered that referenced modern slavery included:

- corporate induction and local induction processes, which include a buddying system where appropriate;
- all employees receiving an Employee Code of Conduct which they must sign to confirm receipt,
- all employees are required as a minimum to undertake a safeguarding e learning session with a refresher every three years; this include a reference to modern slavery guidance is published in our employee newsletter and posted on our intranet periodically;
- recruitment and selection training is provided to managers and includes right to work checks and the importance of pre-employment checks;
- Equality and diversity e-learning, is a minimum requirement for all employees with a requirement for a refresher period every two years;

- Fraud Awareness and Anti-Fraud and Corruption Awareness training is provided to the management population and relevant roles; and
- All colleagues are required to complete a GDPR e learning with requirement for a refresher every two years.

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

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

Signing

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and is St Leger's slavery and human trafficking statement for the financial year ending 31 March 2023.

Signed by:

Dave Richmond
Chief Executive
St Leger Homes of Doncaster Limited
May 2023

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Board Members Expenses and Attendance Register
Action Required:	Board are asked to note the information as an accurate record
Item:	17
Prepared by:	Julie Crook, Director of Corporate Services
Date:	1 June 2023

1. Summary

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

2. Background

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

3. VFM Considerations

- 3.1 From October 2011 both Tenant and Independent Board Members have an Agreement for Services. Board Members nominated from the Council receive no remuneration directly from the company as membership of SLHD Board is regarded as part of their Council duties.
- 3.2 In addition to Board and Committee meetings, attendance at training when appropriate ensures that Board Members have the level of skills and experience required to consider the information presented and make decisions. A copy of the attendance registers can be found at Appendix A.
- 3.3. Board strategic planning (half) days have taken place in July and November 2022.

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

- 6 July 2023 and
- 2 November 2023.

4. Financial Implications

- 4.1 For the financial year 2022/23 a budget of £33,090 was included within the overall budget. Details can be found in the table below:

	Budget 22/23 £	Outturn 22/23 £	Variance £
Room Hire	300	0	-300
Contract Hire	120	188	68
Car Allowances	800	76	-724
Clothing/uniforms	110	0	-110
Advertising	2,850	0	-2,850
Other Services	24,300	24,829	529
Subsistence/Conference expenses	4,410	309	-4,101
Volunteer expenses	200	0	-200
Total	33,090	25,402	-7,688

The outturn was £25,402. A saving of £7,688 due to underspends on a number of budgets. The total budget for 2023/24 is £33,100.

5. Legal Implications

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

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

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

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

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

6. Risk

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

7. Background Papers

7.1 Appendix A – Board and Committee Member Attendance Record

Main Board Attendance Record

BOARD MEMBER	26-May-22	07-Jul-22	04-Aug-22	06-Oct-22	01-Dec-22	02-Feb-23	06-Apr-23	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	A	1	1	1	A	5	7	71
Dave Richmond	1	1	1	1	1	1	1	7	7	100
Joe Blackham	A	1	1	1	1	1	1	6	7	86
Phil Cole	1	1	A	1	A	1	1	5	7	71
Richard Allan Jones	1	A	A	1	1	1	1	5	7	71
Sam Bartle	1	1	1	1	A	A	A	4	7	57
Steve Lyons	1	1	1	1	1	1	1	7	7	100
Stuart Booth	1	1	A	1	1	A	A	4	7	57
Susan Jones	1	A	1	1	1	1	A	5	7	71
Milcah Walusimbi				1	1	1	1	4	4	100
Trevor Mason	1	1	1	1	1	1	1	7	7	100

KEY

Apologies Received

Attendance

Not applicable

A
1

Audit & Risk Committee Attendance Record

	20-Jun-22	31-Oct-22	06-Mar-23	Total meetings attended	Total meetings held	%
Board Member						
Trevor Mason, Chair	1	1	1	3	3	100
Richard Allan Jones	A	1	A	1	3	33
Sam Bartle	1			1	1	100
Phil Cole	1			1	1	100
Milcah Walusimbi		1	1	2	2	100
Steve Lyons			1	1	1	100

KEY

Apologies Received

A

Attendance

1

Not applicable

Performance & Improvement Committee Attendance Record

	15-Sep-22	17-Nov-22	23-Feb-23	18-May-23	Total meetings attended	Total meetings held	%
BOARD MEMBER							
Sam Bartle	1	1	1	A	3	4	75
Stuart Booth	1	1	1	1	4	4	100
Phil Cole	1	A	1	1	3	4	75
Steve Lyons	1	1	1	1	4	4	100

KEY

- Apologies Received
- Attendance
- Not applicable

A
1

Employment & People Committee Attendance Record

BOARD MEMBER	17-May-22	13-Sep-22	No meeting held since Sept 22	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	N/A	2	2	100
Anthony French	1	1	N/A	2	2	100
Dave Richmond	1	1	N/A	2	2	100
Joe Blackham	1	A	N/A	1	2	50
Susan Jones	1	1	N/A	2	2	100

KEY

Apologies Received
 Attendance
 Not applicable

A
1

Building Safety and Compliance Committee Attendance Record

BOARD MEMBER	19-May-22	30-Sep-22	24-Nov-22	12-01-2023 (Special DMC)	25-Jan-23	20-02-23 - (Special DMC)	17-May-23	Total meetings attended	Total meetings held	%
Dave Wilkinson, Chair	1	1	1	A	1	1	1	6	7	86
Phil Cole	1	1	1	1	1	A	1	6	7	86
Steve Lyons	1	1	1	1	1	1	1	7	7	100
Trevor Mason	A	1	1	1	1	1	1	6	7	86

KEY

Apologies Received

A

Attendance

1

Not applicable

--

Board Training Records

	Risk Management	Health & safety (inc Regulation, compliance and fire Safety)
BOARD MEMBER	30.11.22	12.01.23
David Wilkinson, Chair	1	1
Dave Richmond	1	1
Joe Blackham	x	1
Phil Cole	x	1
Richard Allan Jones	x	1
Sam Bartle	1	1
Steve Lyons	1	1
Stuart Booth	x	1
Susan Jones	1	1
Trevor Mason	1	1
Milcah Walusimbi	1	1

Total meetings attended	Total meetings held	%
2	2	100
2	2	100
1	2	50
1	2	50
1	2	50
2	2	100
2	2	100
1	2	50
2	2	100
2	2	100
2	2	100

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

Board Forward Plan

Board Forward Plan

	6th July 23	3rd Aug 23	5th Oct 23	7th Dec 23	Feb-24	Apr-24	Jun-24
Pre-Board discussion item (BOARD ONLY)		Performance / KPI's / Benchmarking - Board training		E&D - Board Training			
Minutes of the previous meeting		✓	✓	✓	✓	✓	✓
Chairs / CEO Update		✓	✓	✓	✓	✓	✓
KPI Performance		✓	✓	✓	✓	✓	
Committee minutes		✓	✓	✓	✓	✓	✓
Capital/Revenue Monitoring		✓		✓ Q2 following A&R	✓		
Health & Safety Performance Update			✓		✓		✓
Strategic Risk Register		✓			✓		✓
6 MONTHLY ITEMS							
Annual Development Plan - Current Year			✓		✓		
Board Expenses & Attendance Register (Dec report includes new Declarations of Interest forms)				✓			✓
Board Forward Plan				✓			✓
ANNUAL ITEMS							
Financial Statements - <i>one item early July Board meeting</i>		✓					
People Strategy Update							✓
Budget Update (as part of CEO report)					✓		
Budget Approval						✓	
ICT Strategy Update			✓				
Year-end Performance							✓
Year-end Revenue and Capital Monitoring							✓
Annual Development Plan and draft KPI's – Year ahead						✓ (final sign off)	
Annual Development Plan - Year End Review							✓
Annual Fairness and Equality report				✓			
Modern Slavery Statement							✓
Value for Money Statement				✓			
Committee Annual Reports			✓				
Board TOR Review (inc in CEO Report)			✓				
Social Statement				✓			
Communications Strategy - Update against actions & Delivery plan							
Asset Management Strategy - update against plan		✓					
Environmental Strategy - update against plan		✓					
Health and Safety Strategy - Update against plan					✓		
Customer Voice Strategy - Annual update against action plan						✓	✓
Equality and Diversity Strategy - Annual update against action plan						✓	
Safeguarding Children and Adults Annual Report for 2022-23							✓
AD-HOC ITEMS							
Governance Standard and NHF code of Governance update							
Corporate Plan review				✓			
Lift Policy		✓					
Revised Health & Safety Policy							
Revised Health & Safety Strategy							
HDN Peer Review Outcomes		✓					
Housing Management Policy		✓					
Repairs Excellence Evaluation							
Dis-repair Policy		✓					
Service Standards Review			✓				
Repairs Policy			✓				
Fencing Policy (maybe included in repairs Policy)			✓				
Re-charge Policy			✓				