Company Number 05564649
A Company Limited by Guarantee
Registered in England

ST LEGER HOMES OF DONCASTER LIMITED
BOARD MEETING

To be held at 2pm on Thursday 6 February 2025
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)

AGENDA

12.30 – 13.30 – Pre-Board presentation – ***Mock Inspection feedback***
13:30 – 14:00 – Lunch

1	Apologies and Quorum		***Verbal***
2	Declarations of Interest by Board Members		***Verbal***
3a	Matters arising and action log from previous meetings	D Wilkinson	***Enclosed***
3b	Ratification of minutes of meeting held on 5 December 2024	D Wilkinson	***Enclosed***
4	Chair and Chief Executive's update	D Wilkinson	***To be circulated***

For Approval

5	2025/26 Annual Development Plan (ADP) and Key Performance Indicators	J Crook	***Enclosed***
6	Gender Pay Gap	J Crook	***Enclosed***
7	Fire Safety Policy	L Winterbottom	***Enclosed***
8	No Access Policy	L Winterbottom / J Davies	***Enclosed***
9	Vulnerable Persons Policy	J Davies	***Enclosed***

For Information

10	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance	J Crook	***Enclosed***
11	Safety and Compliance Dashboard – December 2024	L Winterbottom	***Enclosed***
12	Strategic Risk Register	J Crook	***Enclosed***
13	Annual Development Plan – Current Year	J Crook	***Enclosed***
14	Revenue Monitoring	J Crook	***Enclosed***
15	Capital Monitoring	J Crook	***Enclosed***
16	KPI Performance	J Crook	***Enclosed***

Committee Information for noting only

17	Committee Minutes		
	• Building Safety & Compliance Committee – 21 November 2024		***Enclosed***
	• Customer & Performance Committee – 14 November 2024		***Enclosed***
18	*Date of next meeting – 3 April 2025*		

NO	Month	Ref	Action	Progress	Completed Y/N	Owner
101	Aug-24	4.2.2	**P&I Cttee** Board agreed the proposal for the co-opting of 2 members from OVF, TSP or GIG to enable effective succession planning of the Committee.	Progressing with discussions held with One Voice Forum with a proposal for tenant development and progression options		JDav
103	Aug-24	9.2	**CAPITAL MONITORING Q1 - COUNCIL HOUSE NEW BUILD PROGRAMME** One member asked for further detail of the Council House New Build Programme at future meetings; the number of builds with a detailed progress update. The Director of Corporate Services agreed to provide this information on the assumption it wasnt commercially sensitive.	Board were updated at October meeting that cash flow information had been provided however we are awaiting the schedule for handover of the properties from CDC.	Y	JCR
111	Dec-24	4.2	**Regulatory Inspection Outcomes** - The Board were informed that Barnsely Council had secured a C1 rating. EMT have attended a seminar where they shared their experience, a recording of the seminar was available and it was agreed that this would be shared with Board Members.	Link emailed to Board Members	Y	AT
112	Dec-24	5.2	**Consumer Standards GAP analysis action plan** - As the date of receipt of the report could not be forecast, it was agreed that it would be useful to have a pre-Board meeting to discuss the outcome.		Y	JCr
113	Dec-24	9.3	**Customer Access Strategy -** The Vice Chair commented he could see a clear set of activity and it was a sound piece of work, however it would have been helpful to have a baseline, to see where we were and be able to better see where we've moved to as an organisation. The Director of Housing and Customer Services acknowledged that this had not been included as it was felt that this would be too much information, however when providing an update in April 2026, the baseline would be included.	Baseline would be included in update report provided to Board in April 2026.	Y	JD

114	Dec-24	11.5	**Compensation and Goodwill Policy -** A member pointed out that the bullet point formatting in the Policy was untidy and this should be reviewed before publishing.	Policy reviewed and amended before published.	Y	JD
115	Dec-24	18.1.1	**Building Safety & Compliance Committee Minutes -** The Chair advised that following discussions with Savills about information flowing through to the Board from the Committee, the Chief Executive proposed that sub-committee's information would have the compliance scorecard appended to reports.		Y	LW
116	Dec-24	18.3.1	**Audit & Risk Committee -** The Chair reported that following a review of the risk management framework the Committee felt that Board don't state what the risk appetite was, and Board should be more explicit around this. The suggestion was that Board should be appraised of operational risk as well as strategic risks. The Executive Management Team were therefore going to discuss and agree the best way to present to Board.		Y	JCr

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St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

2pm on Thursday 5 December 2024
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)

Present:
Dave Wilkinson (Chair), Trevor Mason, Milcah Walusimbi, Cllr Sarah Smith, Susan Jones, Barry Keable, Cllr Richard Alan Jones, Chris Margrave (Chief Executive Officer), Karen Leroy

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

City of Doncaster Council (CDC)
No attendees

Members of the Public/Observers:

Brenda Lennon - Tenant Scrutiny Panel, Sharon Ashurst – Governance and Compliance Officer, Sarah Vause (GS Insights)

		Action
	12.30 – 13.30 – Pre-Board presentation Procurement - Board member Awareness Raising **13:30 – 14:00** – Lunch with the playing of annual review videos	
1	**Apologies and Quorum**	
1.1	Apologies were received from Stuart Booth and Cllr Phil Cole. The Chair welcomed members of the public and observers to the meeting.	
2	**Declarations of Interest by Board Members**	
2.1	None were received.	
3a	**Matters arising and action log from previous meetings**	
3a.1	The Board noted updates from outstanding actions.	
3b	**Ratification of minutes from the meeting held on 3 October 2024**	
3b.1	The minutes were agreed as an accurate record.	

4.	**Chair and Chief Executive's Update**	
4.1	The Chief Executive highlighted the following items in the Chair and Chief Executive's Update: Director of Corporate Services Recruitment Update Interviews were scheduled week commencing 9 December 2024. There were 2 strong candidates and it would be a shorter day than originally planned.	
4.2	Regulatory Inspection Outcomes The Board were informed that Barnsley Council had secured a C1 rating. We have attended a seminar where they shared their experience, a recording of the seminar is available and it was agreed that this would be shared with Board Members. The Regulator continues to share their approach as organisations work through inspections which was also helpful.	**AT**
4.3	Summary of Ombudsman's Complaints (Housing Ombudsman and Local Government and Social Care Ombudsman) The Board were pleased to see no maladministration in the highlighted case.	
4.4	Repairs Backlog Members were reminded of the backlog that came out of Covid, then continued as a result of increasing demand. The Chief Executive was pleased to share that the team were now down to 15 outstanding jobs, which were mainly plastering. Work is continuing to improve the repairs service and officers were now looking at diary conditions and moving on to Voids Excellence.	
4.5	Acquisitions Acquisitions were on track for this year and the Board noted the cumulative position. Members had been made aware of the Government's announcement around Right to Buy (RTB). The Chair asked if other authorities were in the same position with a significant number of enquiries around RTB and this was confirmed. A member referred to successions for family members causing under-occupation issues and asked could a choice be given for a more suitable home with incentives. The Director of Housing and Customer Services confirmed that the organisation already did this if someone was under-occupying officers would look the offer a property of a more suitable size. She reminded Board that the tenancy was succeeded, not the property. She further advised that managers were looking at incentives overall, not just succession. .	
4.6	Star Awards Members were asked to contact the Executive Support Team if they wished to attend the scheduled awards on 11 December 2024.	

4.7	Review of Council's Tenancy Agreement The Chief Executive reported that the Director of Housing and Customer Services was working with Council colleagues to progress both the review of the Tenancy Strategy, which was linked to the review of the Tenancy Agreement; they would both go through the same process for consultation and approval.	
4.8	National Insurance Implications The Board queried the implications on the recent increase in National Insurance contributions announced by the Government. It was reported that they had not yet been confirmed if Local Government would be exempt from the increase. The financial impact was confirmed as £700k per annum.	
4.9	Stock Condition Survey Update The Chair asked if it would be possible to increase the pace of stock surveys to complete before the end of 2025. The Chief Executive reported that Savills had advised that there was a clear and plausible reason for not aiming for this as it would really impact on the repairs service and a potential increase in Cat 1s hazards. He reminded members that Barnsley didn't have 100% stock condition information when they were inspected.	
4.10	**Board approved the changes to the recruitment panel for the Director of Corporate Services and delegated the appointment decision to the recruitment panel.**	
5.	**Consumer Standards GAP analysis action plan**	
5.1	The Director of Corporate Services presented the Consumer Standards GAP analysis action plan, which was an update from the plan presented to Board in June 2024, combined with the recommendations from our critical friend assessment from Savills; it also contained recommendations from an assessment against the toolkit produced by Housing Quality Network (HQN). Members were reminded that it was the Council (as Landlord) who will be inspected.	
5.2	The report shows significant positive movement since the last report in June. Feedback is expected in the next couple of weeks from the Mock Inspection that had been completed by Savills. Actions will be added to the improvement plan as a result of the mock inspection. The Chair queried how Board would be notified as there was not a Board Meeting scheduled until February 2025. As the date of receipt of the report could not be forecast, it was agreed that it would be useful to have a pre-Board meeting to discuss the outcome.	**JCr**
5.3	The Vice Chair asked if there would be a Board Member guide for the inspection. The Director of Corporate Services stated that the	

	organisation/CDC did not know the date of inspection. As soon as notification was received from the Regulators, members would be in turn notified and provided with all the information that has been relevant over the previous Board Meetings. Members would also be given good examples of how we are delivering our policies/strategies and learning from complaints. These would be captured in a story board and crib sheets supplied to Board.	
5.4	**The Board noted the update and progress against actions.**	
6.	**Asset Management Strategy**	
6.1	The Director of Property Services presented the Asset Management Strategy and drew members attention to the focus of the Strategy on the delivery of seven key priorities. The Strategy covered a key period during which 100% stock condition survey information would become available as discussed earlier in the meeting. He advised that his team had consulted with the One Voice Forum, CDC and SLHD officers as well as the Housing Portfolio Holder in the production of the strategy.	
6.2	The Vice Chair acknowledged the importance of the focus on fabric first, and the target date of 2030 to get all properties to EPC C and asked, given the pressures for cost of energy, should the business be striving to bring forward all properties not yet at EPC C. He also asked if focus should be prioritised around the most vulnerable of tenants i.e. people with disabilities. The Director of Property Services explained that while this would be desirable, there are works that are higher priority, to maintain decency and weather tightness, such as maintaining roofs for example, as they approach renewal dates.	
6.3	Members asked for an explanation of what could lift a property into an EPC C, and it was reported even something as simple as moving to low energy lightbulbs could increase the EPC. The Director of Property Services agreed that focus could be shifted slightly to prioritise the properties that were a few points off getting a C rating and it should be noted that the Board is driving this.	
6.4	The Director of Corporate Services reminded Board that there could potentially be a massive amount of money involved in the proposals to increase some properties to EPC C and you can't have a target without the resources being available. A balance was needed, and organisations don't always go for an easy fix as there were possibly tenants in fuel properties that could be impacted. In response to a question if there was anything that would strike her as a potential risk that could derail the Strategy, she responded that from the financial side, the biggest risk was not having the money to afford all the investment that had been identified.	

6.5	The Chief Executive reported his concern, and the biggest risk for him, was that the sector isn't decisive enough to choose future technology, for example as a replacement for gas. The organisation's strategies were working but officers needed a steer/decision on technology, particularly if organisations were trying to align strategy for Government GB energy which is electric, then we could look at those technologies. If a decision was made too late, there could be a mad rush so to speak which was poor planning.	
6.6	The Board briefly discussed alternative power solutions and agreed that a number of different options were too expensive and would require a huge investment/cost. Cllr Jones asked about EPC ambitions for communal halls and shops/accommodation over shops. The Director of Property Services responded to say that current targets were based on achieving EPC 'C' then net zero for residential social housing and not commercial premises. However it was likely that this would come at some stage. Where we managed housing above shops then that would however fall in scope.	
6.7	**Board approved the Asset Management Strategy and agreed to annual updates against the action plan.**	
7.	**Environmental Strategy**	
7.1	The Director of Property Services presented the Environmental Strategy and apologised for the discrepancies in the covering report which listed 2025-2027, which should have been 2028. He explained that the Strategy will complement the new Asset Management Strategy which will ultimately lower running costs, through energy efficiency, for tenants. It was planned to update Board on the action plan on an annual basis.	
7.2	The Chair referred to the number, over 90, of shops and asked if officers had considered selling the shops. The Director of Corporate Services responded that the management of the shops were in the Management Agreement, and explained that when they were let they added to community and a number were let to local small businesses and charitable organisations. In response to a further query around the number of void shops this could not be confirmed. Update following the meeting, the number of vacant shops is 10.	
7.3	A member expressed concern about the high number of fast food outlets within the City, and that in her ward she did not have access to any affordable food shops. She asked if SLHD would consider a co-operative model of food shop, it may not always make a profit but tenants could benefit. This could potentially be viable for some communities to support people into business. It was explained that a number of shops were available for social enterprises but we couldn't insist on what type of businesses these were used for.	

7.4	The Vice Chair asked if there was a clear set of criteria for demolishing properties. The Director of Property Services advised that demolition decisions are made by the Council usually following recommendations from St Leger. There are variable criteria; a piece of software called SHAPE can be used to model a number of property and neighbourhood factors such as stock condition surveys, repairs, rent arrears and ASB, some organisations use this software to RAG rate properties/estates and to inform about future investment, regeneration and in some cases decision to demolish.	
7.5	**The Board considered and approved the newly developed Environmental Strategy.**	
8.	**Recharge Policy**	
8.1	The Director of Property Services presented the Review of the Recharge Policy and reported that the main element of change was to the costs that are charged for rechargeable repairs. They have been replaced with a statement to say that the costs used would mirror those from the National Housing Federation's Schedule of Rates.	
8.2	The One Voice Forum had been consulted and the Tenant Scrutiny Panel had also undertaken a deep dive into the aspects of the Policy.	
8.3	The Chair asked if the Review of the Recharge Policy be communicated to tenants to let them know that the organisation was going to be proactive in pursuing costs in relation to damage of properties. This was confirmed, however the Director of Property Services explained that a forwarding address was required and if someone abandons the property and we don't have or can't find a forwarding address then it was not possible to raise a recharge. Any recharge raised will be on the Council's sundry debtor's system and will go through the debt collection process for a set period and then passed to a debt collection agency. It was noted that if an ex-tenant could not be located, the debt would be recorded against the ex tenant and if they approached us for accommodation in the future the debt would have to be paid before any offer of accommodation was made.	
8.4	A member queried the issue of Mutual Exchanges and recharges arising from these. The Director of Housing and Customer Services advised there was a balance with Mutual Exchanges as we needed to enable tenants to move and/or downsize, however it was emphasised that they had to acknowledge that if any repairs were notified following the move that they would be then become appointed repairs. On some occasions it may be possible that pre-transfer visits had not identified an issue and this would be recharged and pursued.	

8.5	**The Board noted the process of review and update, and approved the refreshed policy and the steps taken to ascertain and recover costs are implemented.**	
9.	**Customer Access Strategy**	
9.1	The Director of Housing and Customer Services presented the Customer Access Strategy and advised that it set out the strategic direction and fits in with the regulatory requirements and puts customers at the heart of everything that the organisation does. Officers had purposely not gone down the 'digital by default' objective due to feedback from customers. Teams were using technology, but they acknowledged this must be at the pace that customers want.	
9.2	The Board asked how the Strategy would be monitored and it was explained that the action plan will be reported back to Board in April 2025, with initial updates provided to the tenant involvement framework.	
9.3	The Vice Chair commented he could see a clear set of activity and it was a sound piece of work, however it would have been helpful to have a baseline, to see where we were and be able to better see where we've moved to as an organisation. The Director of Housing and Customer Services acknowledged that this had not been included as it was felt that this would be too much information, however when providing an update in April 2026, the baseline would be included.	**JD**
9.4	A member referred to benefit support sessions that had been very well received at Edlington, which an officer had attended in the past. She advised that they likely ended due to tenants not attending however pointed out that there may be a better uptake if they were reinstated. The Director of Housing and Customer Services agreed the teams couldn't waste resources if they weren't being used effectively. She advised that appointments to discuss benefits could be made through the Customer Access Team; these could either be face to face, in the office or at home.	
9.5	Members commented it was a really good document and evidenced a lot of hard work. They asked for further information around the pilot video. It was explained that officers weren't pushing for virtual viewings, however it would be an efficient use of officer's time and this would only be used if the tenant indicated they were happy to do so. This was similar to emailing tenants with updates; their email address was only used if they indicated they were happy with this.	
9.6	The Tenant Board Members were asked for their views on the Customer Access Strategy. The agreed it was a good piece of work, and pointed out that a number of tenants would like a combination of all three types of contact, digital, paper and email. The benefits of	

	having a 'contact preferred' type of information was around accommodating people with disabilities , for example large font, or yellow paper.	
9.7	**The Board approved the Customer Access Strategy 2025-2029 and Year 1 Actions.**	
10.	**Value for Money Statement**	
10.1	The Director of Corporate Services presented the Value for Money (VFM) Statement and reported that she had not been able to provide earlier year's information (in the tables at 2.9 in the covering report and 9.9 in the strategy) as the comparatives have changed this year. She drew members attention to the overall positive benchmarking with SLHD peers which were up to 150 organisations.	
10.2	In response to a query around oversight, it was explained that the information was provided to Board then the Officer Liaison Board, then Quarter 3 Report to CDC Cabinet.	
10.3	**The Board approved the Value for Money statement for the financial year ended 31 March 2024.**	
11.	**Compensation and Goodwill Policy**	
11.1	The Director of Housing and Customer Services presented the Compensation and Goodwill Policy and explained that the Policy was in line with Housing Ombudsman guidance and looked at how we will provide a remedy for customers where we have had a service failure; she emphasised that the organisation was not replacing resolution with compensation as this could potentially mask service failure.	
11.2	The Chair asked if appeals were carried out by officers, Stage 1 and Stage 2 appeals were explained. He further asked how many were upheld and it was reported that it was between 30-40%, which was higher than management would want it to be. Teams were not seeing the bigger picture and it was acknowledged there was work to do around this. The Tenant Scrutiny Panel also carried out random spot checks and they had also come back with the same findings that we have not really answered a complaint fully.	
11.3	A member asked how fair the Policy was compared to other organisations and it was confirmed it was very similar to most other organisations.	
11.4	The Vice Chair asked if officers were lacking a bit of objectivity or possibly protecting their service and the Director of Housing and Customer Services agreed this could potentially impact on impartiality, however, this was not linked to every service failure and	

	managers were trying to address this. A member asked for clarity around looking to address and it was explained that teams would be looking at training and development and looking at patterns. For example, if it's the same people investigating, the pool of officers investigating could potentially require more training.	
11.5	A member pointed out that the bullet point formatting in the Policy was untidy and this should be reviewed before publishing.	**JD**
11.6	In response to a query around the number of Stage 1 complaints going on to an appeal Stage 2, the Director of Housing and Customer Services said that by accepting at Stage 1 that a mistake had been made should mean there would be less unhappy customers requesting a Stage 2 appeal.	
11.7	The Chair asked how often staff contacted the tenant. It was explained that the feedback from customers was regularly in relation to the lack of contact with complainants and when management looked at Stage 2 complaints that was quite often the reason for the complaint.	
11.8	Members asked how trends were identified and were management able to use systems to highlight any trends. It was confirmed that complaints were tracked and if there were attributed to a particular team it would be picked up by the Team Leader.	
11.9	**The Board approved the amendments to the Compensation and Goodwill Policy and the range of compensation payments, subject to slight amendments in formatting.**	
12.	**Board Expenses, Attendance Register and 2024 Declarations of Interest**	
12.1	The Director of Corporate Services presented the Board Members Expenses and Attendance Register.	
12.2	**The Board noted the information as an accurate record.**	
13.	**Grenfell comprehensive review of the findings**	
13.1	The Director of Property Services presented the briefing note on Grenfell and explained that the author could not attend Board therefore any questions would have to be taken and responded to outside the meeting, then reported to the next Board.	
13.2	He highlighted the 59 recommendations contained within the Phase 2 report, and the fact that the 72 deaths were avoidable deaths as the management company had lost sight of their duty. Parts 4 and 5 of the report criticised several aspects of the Tenant Management	

	Organisation (TMO) performance. Member's attention was drawn to the action table appended to the briefing note and the section on where specific recommendations were pertinent to CDC and/or SLHD. As evidenced by a recent issue at Sandbeck House, Balby Bridge, the safety systems had worked when a minor fire incident meant that the sprinkler was activated only in the relevant area affected.	
13.3	The Chair advised members that at the Building Safety meetings he felt real assurance was given to the Committee. He felt that for further assurance for Board, the SLHD fire strategy/plans should be tested as a multi-agency real life test event and the Head of Building Safety was picking this suggestion up with partners.	
13.4	The Vice Chair asked for clarification around a data protection issue for residents of Grenfell as the TMO didn't know how many people were living in the building and if any had vulnerabilities. The Director of Corporate Services explained that it wasn't a data protection issue. The properties were tenants' homes and it was up to the tenant who lived there. The amount of resources to keep such information up to date would be excessive. The Head of Building Safety has assured EMT that the information in high rise boxes were as up to date as can be possible.	
13.5	In response to suggestions of such things as a sign in service or ID card, it was explained that these types of things would be incredibly difficult to monitor. Not only would a 24-hour receptionist be required to monitor, residents may not wish to engage and could see this as an invasion of privacy.	
13.6	**The Board received and noted the Review of findings for the Grenfell Tower Inquiry Phase 2 Report.**	
14.	**Q2 Revenue Monitoring**	
14.1	The Director of Corporate Services presented the Quarter 2 Revenue Monitoring Report and asked Board to note the contents. She highlighted that the number of vacancies, which at 41 was the lowest for some time. There were now 850 staff in the organisation and this was starting to cause financial pressures.	
14.2	**The Board noted the Revenue Monitoring Report as at 30 September 2024 and the projected outturn for the financial year 2024/25.**	
15.	**Q2 Capital Monitoring**	
15.1	The Director of Corporate Services presented the Quarter 2 Capital Monitoring Report 2024/25 and the projected variance of £4.05m. A	

	significant element of the reported variance of £2.50m was not an overspend but good news of bringing forward EWI programmed works therefore the funding had been brought forward from 2025/26 to fund this.	
15.2	**Board acknowledged the Capital Monitoring Report and the projected outturn for the financial year 2024/25.**	
16.	**KPI Performance**	
16.1	The Director of Corporate Services presented the briefing note for Period 7 ending 31 October 2024 KPI Dashboard. She was pleased to ask members to note the employee satisfaction results and reported there was still quite a lot of work to do with the responses, and they would be taken to the Employment & People Committee for review.	
16.2	**The Board received and noted the report.**	
17.	**Board Forward Plan**	
17.1	The Board Forward Plan was noted.	
18.	**Committee Minutes**	
18.1	• Building Safety & Compliance Committee – 19 September 2024	
18.1.1	The above minutes were noted. The Chair advised that following discussions with Savills about information flowing through to the Board from the Committee, the Chief Executive proposed that sub-committee's information would have the compliance scorecard appended to reports.	**LW**
18.2	• Performance & Improvement Committee – 12 September 2024	
18.2.1	The above minutes were noted.	
18.3	• Audit & Risk Committee – 4 November 2024	
18.3.1	The above minutes were noted. The Chair reported that following a review of the risk management framework the Committee felt that Board don't state what the risk appetite was, and Board should be more explicit around this. The suggestion was that Board should be appraised of operational risk as well as strategic risks. The Executive Management Team were therefore going to discuss and agree the best way to present to Board.	**JCr**

19.	**Date of next meeting**	
	6 February 2025	

St. Leger Homes: Proposed Key Performance Indicators for 2025/26

	target met	within tolerance	target not met

24/25 KPI Ref	KPI note	TSM ref	KPIs	19/20 Outturn	20/21 Outturn	21/22 Outturn	22/23 Outturn	2023/24 Targets	23/24 Outturn	23/24 Targets	24/25 Q3 (Dec 24)	24/25 Targets	25/26 Proposed Targets	25/26 change? Increase / decrease / unchanged	change from 24/25 targets comments?	SLHD Peer quartile position 2023/24	Median 2023/24	Sample size	Benchmarking group
KPI 1			% of current rent arrears against annual debit	2.79%	2.75%	2.55%	2.74%	2.75%	2.72%	2.75%	3.08%	3.20% YTD 2.95% Year	2.95%	Unchanged	Challenging target but unchanged.	Quartile 2	3.16%	37	Housemark 23/24 Peer group
KPI 2			Void rent loss (VRL) % of rent loss through vacant dwellings	0.59%	1.00%	0.79%	0.67%	0.50%	0.68%	0.50%	0.90%	0.70%	0.80%	Increased	Volumes increasing and conditions worse than before, need extra repair work impacting on void period and rent loss. KPI also includes acquisitions which also have an impact.	Quartile 1	1.49%	36	Housemark 23/24 Peer group
KPI 3			Relet time for standard voids (days)	22.7	46.1	33.7	26.7	20.0	24.9	20.0	25.9	24.0	25.0	Increased	Volumes increasing and condition of voids worse than previously, requiring extra repair work impacting on void period and rent loss	Quartile 1	64.9	37	Housemark 23/24 Peer group
KPI 4	New 24/25		Number of Nights in Hotel Accommodation			not reported					29.4	21.0	21.0	Unchanged		not available			
KPI 5			Percentage of settled accommodation at prevention stage		not reported			60%	32.0%	60.0%	44.0%	30.0%	50%	Increased	Target increased reflecting strong perfromance in 24/25 YTD	not available			
KPI 6a	CH01(a)	Number of stage one complaints per 1,000 homes: 'All' complaints and 'Residents' complaints						61.1 All 50.7 Res.	47.0	51.4 All 43.9 Res.	23.5 YTD 47.0 Year	47.0	Unchanged	SLHD KPI measures all compliants. TSM require complaints from residents only.	Quartile 4	39.1	37	Housemark 23/24 Peer group
KPI 6b	CH01(b)	Number of stage two complaints received per 1,000 homes:						4.9 All 3.1 Res.	3.0	5.8 All 4.7 Res.	1.5 YTD 3.0 Year	3.0	Unchanged	SLHD KPI measures all compliants. TSM require complaints from residents only.	Quartile 3	4.5	35	Housemark 23/24 Peer group
KPI 6	CH01	Number of: stage one AND stage two complaints received per 1,000 homes:	53.5 All	52.4 All	59.2 All	65.2 All	50.0	66.0 All 53.8 Res	50.0	57.2 All 48.6 Res.	25.0 YTD 50.0 Year	50.0	Unchanged	SLHD KPI measures all compliants. TSM require complaints from residents only.	Quartile 4	43.6	35	Housemark 23/24 Peer group
KPI 7a	CH02(a)	% of stage 1 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.						91.9%		99.5%	92.3%	95.0%	Increased	Increased reflecting contnued improved performance in 24/25	Quartile 2	82.3%	38	Housemark 23/24 Peer group
KPI 7b	CH02(b)	% of stage 2 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.						86.9%		97.2%	92.3%	95.0%	Increased	Increased reflecting contnued improved performance in 24/25	Quartile 2	79.1%	36	Housemark 23/24 Peer group
KPI 7	CH02	% of stage one and stage two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.		not reported			92.3%	90.5%	92.3%	99.2%	92.3%	95.0%	Increased	Increased reflecting contnued improved performance in 24/25	Quartile 2		36	Housemark 23/24 Peer group
KPI 8			Tenancies sustained post support	93.8%	97.3%	98.3%	96.6%	97.3%	99.3%	97.3%	99.0%	97.3%		Possible deletion	Consistent strong performance. Replace with more appropriate KPI and one that can be benchmarked - see below	not available			
KPI 8	New for 25/26 ?		Tenancy turnover	7.4%	6.2%	5.9%	6.0%		5.6%		5.7% projected	n/a	5.5%	Possible new for 25/26	Standard measure and benchmarked KPI = Total number of tenancies terminated during the period divided by Number of units in management	Quartile 2	6.3%	35	Housemark 23/24 Peer group
KPI 9			Repairs completed at first visit	90.2%	90.9%	90.2%	94.8%	94.0%	95.1%	94.0%	95.0%	94.0%	94.0%	Unchanged	Target was increased in 23/24 to 94% from 92%	Quartile 1	88.9%	28	Housemark 23/24 Peer group
KPI 10a		RP02	% of non-emergency responsive repairs completed within the landlord's target timescale.			not reported			62.8%		72.4%	85.0%	85.0%	Unchanged		Quartile 4	82.1%	41	Housemark 23/24 Peer group
KPI 10b		RP02	% of emergency responsive repairs completed within the landlord's target timescale.			not reported			81.5%		80.1%	95.0%	95.0%	Unchanged		Quartile 4	94.9%	41	Housemark 23/24 Peer group
KPI 10	New 24/25	RP02	% of non-emergency and emergency responsive repairs completed within the landlord's target timescale.			not reported			69.1%		68.8%	88.0%	88.0%	Unchanged		Quartile 4		41	Housemark 23/24 Peer group
KPI 11		BS01	Gas - % of homes for which all required gas safety checks have been carried out	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	99.95%	43	Housemark 23/24 Peer group
KPI 12	New 24/25	BS02	Fire - % of homes for which all required fire risk assessments have been carried out.			not reported			100.0%	100.0%	99.8%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	41	Housemark 23/24 Peer group
KPI 13	New 24/25	BS03	Asbestos - % of homes for which all required asbestos management surveys or re-inspections have been carried out			not reported			100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	39	Housemark 23/24 Peer group
KPI 14	New 24/25	BS04	Legionella - % of homes for which all required legionella risk assessments have been carried out.			not reported			100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	40	Housemark 23/24 Peer group
KPI 15	New 24/25	BS05	Lifts - % of homes for which all required communal passenger lift safety checks have been carried out.			not reported			100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	42	Housemark 23/24 Peer group
KPI 16	New for 25/26 ?		Electrical - Domestic properties with a satisfactory EICR up to five years old %		not reported		74.8%		83.4%		94.6%	n/a	100.00%	Possible new 25/26	Electricals is the only building safety indicator not in the KPI suite. Added for 25/26	Quartile 4	94.08%	34	Housemark 23/24 Peer group
KPI 17			Days lost through sickness per FTE	8.3	6.6	11.9	11.7	8.5	11.2	8.5	12.2	10.0	10.0	Unchanged		Quartile 2	11.6	30	Housemark 23/24 Peer group

23/24 Benchmarking

St. Leger Homes: Proposed Key Performance Indicators for 2025/26

| | | | | | | target met | | within tolerance | target not met | | | | | | 23/24 Benchmarking | | | |

24/25 KPI Ref	KPI note	TSM ref	KPIs	19/20 Outturn	20/21 Outturn	21/22 Outturn	22/23 Outturn	2023/24 Targets	23/24 Outturn	23/24 Targets	24/25 Q3 (Dec 24)	24/25 Targets	25/26 Proposed Targets	25/26 change ? Incease / decrease / unchanged	change from 24/25 targets comments ?	SLHD Peer quartile position 2023/24	Median 2023/24	Sample size	Benchmarking group
KPI 18			% of local expenditure - Now REVENUE ONLY	n/a	n/a	73% Rev & Cap	68% Rev & Cap	70.0%	59% Rev	70.0%	60% Rev	70%	70.0%	Unchanged	KPI is now REVENUE ONLY	not available			
KPI 19			Number of: 1. anti-social behaviour cases, of which 2. anti-social behaviour cases that involve hate incidents per 1,000 homes.	84.1	84.8	76.8	72.0	60	62.2	60.0	40.9	33.8 YTD 60.0 Year	60	Unchanged		Quartile 3	48.8	42	Housemark 23/24 Peer group
KPI 19a			Number of 2. anti-social behaviour cases that involve hate incidents opened per 1,000 homes.						0.7	0.5	0.8	5.6 YTD 10.0 Year	10	Unchanged		Quartile 2	0.9	37	Housemark 23/24 Peer group
KPI20			Number of tenants and residents helped into training, education or employment	53	58	81	97	97	108	97	96	97	100	Increased		Quartile 1	41	10	Housemark 23/24 Peer group
KPI 21	Annual	TP01	Tenant satisfaction levels :% of respondents who report that they are satisfied with the overall service from their landlord.	87.0%		84.8%	81.3%	85.0%	75.6%	85.0%	81.0%	76.0%	81.0%	Increased	Mandatory Tenant Perception TSM. Target based on 24/25 TSM performance	Quartile 2	69.4%	221	National 118 HAs + 103 LAs
KPI 22	Annual		Percentage of **NOT** homes maintaining Decent Homes standard	0.0%	0.01%	0.01%	0.01%	0.0%	3.1%	0.0%	3.04%	0.0%	3.0%	Increased	High numbers of Cat 1 and 2 hazards. 0% not a realistic target. Agreed at 3%, 5% too high	not available			
KPI 23	Annual	TP02	Level of tenant satisfaction with property condition. % of respondents who have received a repair in the last 12 months who report that they are satisfied with the overall repairs service.	89.4%		86.5%	75.7%	83.0%	79.6%	80.0%	81.5%	80.0%	81.0%	Increased	Mandatory Tenant Perception TSM. Target based on 24/25 TSM performance	Quartile 1	70.4%	221	National 118 HAs+103 LAs
KPI 24	Annual		Energy efficiency of properties	99.96%	64.74%	70.32%	69.22%	73.5%	70.2%	73.5%	56.82%	78.0%	66.5%	Reduced	Latest data showing reduction in current position	not available			
KPI 25	Keeping properties in good repair	TP03	% of respondents who have received a repair in the last 12 months who report that they are satisfied with time taken to complete most recent repair						72.6%		76.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 2	66.4%	221	National 118 HAs + 103 LAs
KPI 26	Keeping properties in good repair	TP04	% of respondents who report that they are satisfied that their home is well maintained						75.9%		82.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 2	69.4%	221	National 118 HAs + 103 LAs
KPI 27	Maintaining building safety	TP05	% of respondents who report that they are satisfied that their home is safe						84.9%		86.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	76.1%	221	National 118 HAs + 103 LAs
KPI 28	Respectful and helpful engagement	TP06	% of respondents who report that they are satisfied that their landlord listens to tenant views and acts upon them						71.6%		73.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	58.9%	221	National 118 HAs + 103 LAs
KPI 29	Respectful and helpful engagement	TP07	% of respondents who report that they are satisfied that their landlord keeps them informed about things that matter to them						79.3%		80.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	69.5%	221	National 118 HAs + 103 LAs
KPI 30	Respectful and helpful engagement	TP08	% of respondents who report that they agree their landlord treats them fairly and with respect						89.8%		87.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	76.3%	221	National 118 HAs + 103 LAs
KPI 31	Effective handling of complaints	TP09	% respondents who report making a complaint in last 12 months are satisfied with landlord's approach to complaints handling						29.7%		37.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 3	33.8%	221	National 118 HAs + 103 LAs
KPI 32	Responsible neighbourhood management	TP10	% of respondents with communal areas who report are satisfied that landlord keeps communal areas clean and well maintained.						66.5%		72.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 2	65.5%	221	National 118 HAs + 103 LAs
KPI 33	Responsible neighbourhood management	TP11	% of respondents who report that they are satisfied that their landlord makes a positive contribution to the neighbourhood						76.7%		77.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	62.5%	221	National 118 HAs + 103 LAs
KPI 34	Responsible neighbourhood management	TP12	% of respondents who report that they are satisfied with their landlord's approach to handling anti-social behaviour						69.1%		66.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	57.0%	221	National 118 HAs + 103 LAs
Annual KPIs - St Leger			Employee satisfaction with St Leger Homes as an employer - **STAFF** survey question	n/a	n/a	83%	80%	80.0%	89%	80%	91.0%	80.0%	83.0%	Increased	Based on 24/25 staff survey	Quartile 1	85%	5	Housemark 23/24 Peer group
Annual KPIs - St Leger	New 24/25		Employee turnover - voluntary and involuntary			9.6%	8.0%		9.3%	no target	6.3%	15.0%	15.0%	Unchanged		Quartile 2	10.0%	32	Housemark 23/24 Peer group

ST LEGER HOMES OF DONCASTER
Board Briefing Note

Title:	Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2025/26
Action Required:	For information
Item:	05
Prepared by:	Mark Haughey - Head of ICT & Transformation Nigel Feirn - Head of Finance and Business Assurance
Date:	06 February 2025

1. Purpose

1.1. To provide Board members with the proposed 2025/26:
- Annual Development Plan (ADP) **Appendix A**; and
- Key Performance Indicators (KPIs) **Appendix B**.

1.2. These have been prepared following extensive review and discussion by Leadership, Senior Management Team (SMT), Board at their strategic away day in November 2024 and will be approved by the Mayor at the Mayoral meeting on the 20th February 2025.

1.3. The 2025/26 ADP proposes a number of key developmental activities or "actions" aligned to the strategic objectives set out in the SLHD Corporate Plan 2024 to 2029.

1.4. The ADP or KPIs do not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

2. Background

2.1. The ADP and KPIs have been developed from the new Corporate Plan 2024 to 2029, which aims to deliver our vision of "providing homes in neighbourhoods where people are proud to live" through four strategic objectives over the five-year period:

- We want to get it right for the people that live in our homes and that work for us;
- We take pride in what we do and want our tenants to be proud to live in a St Leger home;
- We want to achieve the best possible individual and organisational performance; and
- We expect progress, to get things done and change how we do things when there is a better way.

2.2. The Corporate Plan sets out actions or plans to be delivered over the five-year period. Each year the actions set out in the original Corporate Plan are reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes. The Annual Development Plan describes the development activity that SLHD plans to undertake in the forthcoming year to improve the services it offers.

2.3. Board members discussed the initial draft of the 2025/26 ADP and KPIs at the Strategic Planning Board meeting in November 2024. In the period since, the ADP actions have been amended to reflect the discussions and consultation.

2.4. In developing the KPIs, previous years' methodology has been applied for 2025/26, which includes developments within the sector. The Regulator's Tenant Satisfaction Measures (TSMs) were introduced from April 2023 so for 2025/26 all of the TSMs have again been incorporated into the suite of KPIs.

2.5. The KPIs are based on the measures of success for SLHD's four strategic objectives.

2.6. In summary, there will be 36 KPIs for 2025/26. It should be noted that four KPIs have more than one element to them, for example Stage 1, Stage 2 and Stages 1&2 Complaints responded to within timescale means the Complaints KPI has three measures for the one indicator. As a result, there are 43 separate measures for the 36 KPIs, comprising:
- 22 TSMs required by Regulator for Social Housing – 10 Management Information and 12 Tenant Perception Survey measures;
- 17 KPIs which aren't TSMs; and
- Two KPIs are for SLHD Board only and are workforce related KPIs – employee satisfaction and employee turnover.

3. 2025/26 ADP

3.1. The 2025/26 ADP at **Appendix A** contains 14 individual actions relating to the Corporate Plan actions/plans.

3.2. As with the current ADP oversight arrangements, progress will be reported to EMT quarterly, and to Board every six months.

3.3. Each action has a timescale and a responsible officer, and each action is referenced back to the appropriate Corporate Plan strategy.

3.4. It should be noted that the ADP 2024/25 continues to be monitored and following the annual review, any actions that may have slipped could be added to the ADP 2025/26 actions in **Appendix A**.

4. 2025/26 KPIs

4.1. The draft KPIs for 2025/26 include the majority of those currently in place for 2024/25, but there are also a small number of changes that reflect developments within the sector over the past couple of years.

4.2. Discussions have been held with CDC officers about KPI targets for 2025/26 and these are listed on **Appendix B**, which details :
- approved KPI targets for 2025/26;
- whether changed or unchanged from 24/25 targets and relevant comments;
- historical performance where possible including latest Q3 2024/24 position; and
- TSM reference as appropriate.

4.3. For 2025/26, two new KPIs have been added and one has been replaced :
- 'Tenancy Turnover' has been added and replaces 'Tenancies sustained post support'; and
- 'Electrical - Domestic properties with a satisfactory EICR up to five years old %' has been added. Please see **Appendix B**.

4.4. A number of the 2025/26 targets are the same or very similar to 2024/25. Therefore, they remain extremely challenging and would represent exceptional performance in the ongoing, difficult climate, and would also maintain our position of being in the upper quartiles when compared to our peers and other housing providers nationally.

4.5. The draft Internal Audit Programme for 2025/26 includes the third year of the three-year programme to undertake KPI validation work on a rolling programme, and will audit those KPIs not already validated to ensure all KPIs are being calculated accurately, timely and consistently with their definitions.

5. Recommendation

5.1. That Board is asked to note the ADP and suite of KPIs for 2025/26 in light of the five-year Corporate Plan.

6. Appendices

- Appendix A - 2025/26 ADP
- Appendix B – 2025/26 KPIs (incorporating TSMs)

Appendix A

Ref	CP Theme	CP Aim (inc. how Objective contributes to CP Aim)	Objective (SMART)	Measure KPI / TSM / SS	Owner	Date
A1	People	Understanding the needs and aspirations of our tenants and staff and delivering for them.	Develop a Tenant Insight Model that ensures tenant data is relevant and is a key consideration in our decision-making process for service delivery and development.	SS	HoHM	Sep 25
A2	People	Understanding the needs and aspirations of our tenants and staff and delivering for them.	Develop a 'Top 100 Customers' profile using tenant data and create a strategy to manage these more effectively. Data used will include factors such as no access issues for mandatory safety inspections, high repairs, high arrears, ASB and tenancy breaches etc.	KPI TSM	HoHM	Mar 26
A3	People	Understanding the needs and aspirations of our tenants and staff and delivering for them.	Conduct a comprehensive analysis of our 'customers of the future' to identify their service delivery needs. Develop a detailed action plan to address these needs and integrate the findings into our service delivery plans. The analysis and the action plan will be completed by December 2025. Existing customer data and stakeholder input will ensure the analysis is thorough using existing data and resources within the organisation. This objective aligns with the corporate plan aim of understanding the needs and aspirations of our tenants and will help position the organisation to respond effectively to future demands by ensuring our services remain relevant and effective.	TSM	HoCS	Dec 25
A4	People	Understanding the needs and aspirations of our tenants and staff and delivering for them.	Achieve the Tenants Participation Advisory Service (TPAS) exemplar accreditation, awarded to organisations demonstrating a long-term commitment to tenant engagement, ensuring all necessary criteria and standards set by TPAS are met by working collaboratively across teams and ensuring resources are available to focus on meeting the standards and gaining accreditation by November 2025.	TSM SS	HoCS	Nov 25
A5	People	Investing in our communication channels; increasing opportunities to access our services when and how it suits you.	Implement a digital access solution, by September 2025, that aligns to the Customer Access Strategy 2025 – 2029 and which provides a user-friendly online platform for accessing services that results in an increase in the number of customers accessing services digitally. Work with various departments to ensure risks are minimised and all necessary resources are available for a successful implementation.	TSM SS	HoCS	Sep 25
A6	People	Investing in our communication channels; increasing opportunities to access our services when and how it suits you.	Implement and integrate the upgrade from OpenHousing to the web-based One Housing system. Although upgrades are typically considered routine business as usual, this upgrade involves transitioning to a new web-based version of the Housing Management System and represents a significant change with potential for service delivery improvements. The upgrade will be deemed successful and complete when all functionalities of the new system are operational, and opportunities for enhanced service delivery have been evaluated.	TSM SS	HoICT& BT	Mar 26
A7	People	Listening, communicating and engaging effectively, ensuring we have a courteous, compassionate and skilled workforce.	Increase the mental wellbeing of the workforce through a range of innovative people interventions to support the successful achievement of the Sickness Absence KPI. Develop a plan of how this will be achieved by March 2026. The actions will be measures by KPI data, monthly sickness absence reporting and pulse survey questions. This objective aligns with the corporate plan of listening, communicating and engaging effectively, ensuring we have a courteous, compassionate and skilled workforce.	KPI TSM	HoP&C	Mar 26

A8	Homes	Reducing damp mould and condensation in our homes and making them more energy efficient.	Complete delivery of the first net zero pilot project to provide whole house retrofit to 21 properties as part of Gainshare. The pilot project will be considered successful when physical works have been completed to all 21 properties.	KPI TSM SS	HoAM	Dec 25
A9	Homes	Making sure our homes are safe and free from hazards.	Understand the impacts of the new Access Policy across the business (incl. contractors) and develop procedures to deliver and monitor outcomes to improve access to tenants' homes for essential compliance activities.	KPI TSM SS	HoRM	Mar 26
A10	Homes	Delivering an efficient and effective repairs and maintenance service.	We continue with the excellence project; phase 4 will continue with voids, planned and the call out/out of hours service area. This is with view to reducing call out costs and ensuring processes and systems for both Voids and Planned works are efficient with a view to improving productivity and best use of resources.	KPI TSM SS	HoRM	Mar 26
A11	Homes	Achieving the highest standards of building safety and compliance.	Explore and develop the Tenant portal to incorporate the Property Safety Dashboard. This will give customers direct access to key safety information about their home or communal areas providing them assurance that SLHD are meeting all legal standards required.	KPI TSM SS	HoBS	Mar 26
A12	Homes	Ensuring tenants are satisfied with the homes and services we provide.	Review SLHD Temporary Accommodation (TA) Model including options for furnished units. To improve the quality of SLHD TA offer. By April 2025 review the TA stock profile and identify the number of core properties that are likely to be used as TA stock for the long term. Evaluate the feasibility of extending the Furnished Tenancy Offer by May 2025.To allow occupants of TA to rent furniture packs to help them to set up a comfortable home which prepares them for a sustainable tenancy it will also include an assessment of financial implications for SLHD & CDC. N.B The scope is for SLHD stock only. The wider accommodation offers within the city will be part of the Homeless & Rough Sleeping Strategy.	KPI	HoATH	Sep 25
A13	Partnerships	Contributing to the Borough Strategy priorities - Making Doncaster a fairer and more inclusive place and tackling health inequalities.	Ensure St Leger Homes contribute to the development of the Council's THRIVE model and adapt our resources and services as the model evolves.	KPI TSM SS	HoHM	Mar 26
A14	Partnerships	Work with other social and private landlords to ensure those facing homelessness have a safe and secure home.	Review and develop a Private Rented Sector model taking account of up-to-date legislation and demand.	KPI	HoATH	Mar 26

Key:

KPI	Key Performance Indicator	HoATH	Head of Access to Homes
TSM	Tenant Satisfaction Measure	HoHM	Head of Housing Management
SS	Service Standard	HoBS	Head of Building Safety
		HoP&C	Head of People and Culture
		HoRM	Head of Repairs and Maintenance
		HoAM	Head of Asset Management
		HoICT&BT	Head of ICT and Business Transformation
		HoCS	Head of Customer Services

St. Leger Homes: Proposed Key Performance Indicators for 2025/26

Legend: target met (green) | within tolerance (yellow) | target not met (red)

24/25 KPI Ref	KPI note	TSM ref	KPIs	19/20 Outturn	20/21 Outturn	21/22 Outturn	22/23 Outturn	2023/24 Targets	23/24 Outturn	23/24 Targets	24/25 Q3 (Dec 24)	24/25 Targets	25/26 Proposed Targets	25/26 change? Increase / decrease / unchanged	change from 24/25 targets comments?	SLHD Peer quartile position 2023/24	Median 2023/24	Sample size	Benchmarking group
KPI 1			% of current rent arrears against annual debit	2.79%	2.75%	2.55%	2.74%	2.75%	2.72%	2.75%	3.08%	3.20% YTD 2.95% Year	2.95%	Unchanged	Challenging target but unchanged.	Quartile 2	3.16%	37	Housemark 23/24 Peer group
KPI 2			Void rent loss (VRL) % of rent loss through vacant dwellings	0.59%	1.00%	0.79%	0.67%	0.50%	0.68%	0.50%	0.90%	0.70%	0.80%	Increased	Volumes increasing and conditions worse than before, need extra repair work impacting on void period and rent loss. KPI also includes acquisitions which also have an impact.	Quartile 1	1.49%	36	Housemark 23/24 Peer group
KPI 3			Relet time for standard voids (days)	22.7	46.1	33.7	26.7	20.0	24.9	20.0	25.9	24.0	25.0	Increased	Volumes increasing and condition of voids worse than previously, requiring extra repair work impacting on void period and rent loss	Quartile 1	64.9	37	Housemark 23/24 Peer group
KPI 4	New 24/25		Number of Nights in Hotel Accommodation			not reported					29.4	21.0	21.0	Unchanged		not available			
KPI 5			Percentage of settled accommodation at prevention stage		not reported			60%	32.0%	60.0%	44.0%	30.0%	50%	Increased	Target increased reflecting strong perfromance in 24/25 YTD	not available			
KPI 6a	CH01(a)		Number of stage one complaints per 1,000 homes: 'All' complaints and 'Residents' complaints						61.1 All 50.7 Res.	47.0	51.4 All 43.9 Res.	23.5 YTD 47.0 Year	47.0	Unchanged	SLHD KPI measures all compliants. TSM require complaints from residents only.	Quartile 4	39.1	37	Housemark 23/24 Peer group
KPI 6b	CH01(b)		Number of stage two complaints received per 1,000 homes:						4.9 All 3.1 Res.	3.0	5.8 All 4.7 Res.	1.5 YTD 3.0 Year	3.0	Unchanged	SLHD KPI measures all compliants. TSM require complaints from residents only.	Quartile 3	4.5	35	Housemark 23/24 Peer group
KPI 6	CH01		Number of: stage one AND stage two complaints received per 1,000 homes:	53.5 All	52.4 All	59.2 All	65.2 All	50.0	66.0 All 53.8 Res	50.0	57.2 All 48.6 Res.	25.0 YTD 50.0 Year	50.0	Unchanged	SLHD KPI measures all compliants. TSM require complaints from residents only.	Quartile 4	43.6	35	Housemark 23/24 Peer group
KPI 7a	CH02(a)		% of stage 1 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.						91.9%		99.5%	92.3%	95.0%	Increased	Increased reflecting contnued improved performance in 24/25	Quartile 2	82.3%	38	Housemark 23/24 Peer group
KPI 7b	CH02(b)		% of stage 2 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.						86.9%		97.2%	92.3%	95.0%	Increased	Increased reflecting contnued improved performance in 24/25	Quartile 2	79.1%	36	Housemark 23/24 Peer group
KPI 7	CH02		% of stage one and stage two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.		not reported			92.3%	90.5%	92.3%	99.2%	92.3%	95.0%	Increased	Increased reflecting contnued improved performance in 24/25	Quartile 2		36	Housemark 23/24 Peer group
KPI 8			Tenancies sustained post support	93.8%	97.3%	98.3%	96.6%	97.3%	99.3%	97.3%	99.0%	97.3%		Possible deletion	Consistent strong performance. Replace with more appropriate KPI and one that can be benchmarked - see below	not available			
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KPI 10a		RP02	% of non-emergency responsive repairs completed within the landlord's target timescale.			not reported			62.8%		72.4%	85.0%	85.0%	Unchanged		Quartile 4	82.1%	41	Housemark 23/24 Peer group
KPI 10b		RP02	% of emergency responsive repairs completed within the landlord's target timescale.			not reported			81.5%		80.1%	95.0%	95.0%	Unchanged		Quartile 4	94.9%	41	Housemark 23/24 Peer group
KPI 10	New 24/25	RP02	% of non-emergency and emergency responsive repairs completed within the landlord's target timescale.			not reported			69.1%		68.8%	88.0%	88.0%	Unchanged		Quartile 4		41	Housemark 23/24 Peer group
KPI 11		BS01	Gas - % of homes for which all required gas safety checks have been carried out	100.00%	100.00%	100.00%	100.00%	100.00%	100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	99.95%	43	Housemark 23/24 Peer group
KPI 12	New 24/25	BS02	Fire - % of homes for which all required fire risk assessments have been carried out.			not reported			100.0%	100.0%	99.8%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	41	Housemark 23/24 Peer group
KPI 13	New 24/25	BS03	Asbestos - % of homes for which all required asbestos management surveys or re-inspections have been carried out			not reported			100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	39	Housemark 23/24 Peer group
KPI 14	New 24/25	BS04	Legionella - % of homes for which all required legionella risk assessments have been carried out.			not reported			100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	40	Housemark 23/24 Peer group
KPI 15	New 24/25	BS05	Lifts - % of homes for which all required communal passenger lift safety checks have been carried out.			not reported			100.0%	100.0%	100.0%	100.0%	100.00%	Unchanged	100% compliance is imperative	Quartile 1	100.00%	42	Housemark 23/24 Peer group
KPI 16	New for 25/26 ?		Electrical - Domestic properties with a satisfactory EICR up to five years old %		not reported		74.8%		83.4%		94.6%	n/a	100.00%	Possible new 25/26	Electricals is the only building safety indicator not in the KPI suite. Added for 25/26	Quartile 4	94.08%	34	Housemark 23/24 Peer group
KPI 17			Days lost through sickness per FTE	8.3	6.6	11.9	11.7	8.5	11.2	8.5	12.2	10.0	10.0	Unchanged		Quartile 2	11.6	30	Housemark 23/24 Peer group

St. Leger Homes: Proposed Key Performance Indicators for 2025/26

target met | within tolerance | target not met

24/25 KPI Ref	KPI note	TSM ref	KPIs	19/20 Outturn	20/21 Outturn	21/22 Outturn	22/23 Outturn	2023/24 Targets	23/24 Outturn	23/24 Targets	24/25 Q3 (Dec 24)	24/25 Targets	25/26 Proposed Targets	25/26 change ? Incease / decrease / unchanged	change from 24/25 targets comments ?	SLHD Peer quartile position 2023/24	Median 2023/24	Sample size	Benchmarking group
KPI 18			% of local expenditure - Now REVENUE ONLY	n/a	n/a	73% Rev & Cap	68% Rev & Cap	70.0%	59% Rev	70.0%	60% Rev	70%	70.0%	Unchanged	KPI is now REVENUE ONLY	not available			
KPI 19			Number of: 1. anti-social behaviour cases, of which 2. anti-social behaviour cases that involve hate incidents per 1,000 homes.	84.1	84.8	76.8	72.0	60	62.2	60.0	40.9	33.8 YTD 60.0 Year	60	Unchanged		Quartile 3	48.8	42	Housemark 23/24 Peer group
KPI 19a			Number of 2. anti-social behaviour cases that involve hate incidents opened per 1,000 homes.						0.7	0.5	0.8	5.6 YTD 10.0 Year	10	Unchanged		Quartile 2	0.9	37	Housemark 23/24 Peer group
KPI20			Number of tenants and residents helped into training, education or employment	53	58	81	97	97	108	97	96	97	100	Increased		Quartile 1	41	10	Housemark 23/24 Peer group
KPI 21	Annual	TP01	Tenant satisfaction levels :% of respondents who report that they are satisfied with the overall service from their landlord.	87.0%		84.8%	81.3%	85.0%	75.6%	85.0%	81.0%	76.0%	81.0%	Increased	Mandatory Tenant Perception TSM. Target based on 24/25 TSM performance	Quartile 2	69.4%	221	National 118 HAs + 103 LAs
KPI 22	Annual		Percentage of **NOT** homes maintaining Decent Homes standard	0.0%	0.01%	0.01%	0.01%	0.0%	3.1%	0.0%	3.04%	0.0%	3.0%	Increased	High numbers of Cat 1 and 2 hazards. 0% not a realistic target. Agreed at 3%, 5% too high	not available			
KPI 23	Annual	TP02	Level of tenant satisfaction with property condition. % of respondents who have received a repair in the last 12 months who report that they are satisfied with the overall repairs service.	89.4%		86.5%	75.7%	83.0%	79.6%	80.0%	81.5%	80.0%	81.0%	Increased	Mandatory Tenant Perception TSM. Target based on 24/25 TSM performance	Quartile 1	70.4%	221	National 118 HAs+103 LAs
KPI 24	Annual		Energy efficiency of properties	99.96%	64.74%	70.32%	69.22%	73.5%	70.2%	73.5%	56.82%	78.0%	66.5%	Reduced	Latest data showing reduction in current position	not available			
KPI 25	Keeping properties in good repair	TP03	% of respondents who have received a repair in the last 12 months who report that they are satisfied with time taken to complete most recent repair						72.6%		76.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 2	66.4%	221	National 118 HAs + 103 LAs
KPI 26	Keeping properties in good repair	TP04	% of respondents who report that they are satisfied that their home is well maintained						75.9%		82.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 2	69.4%	221	National 118 HAs + 103 LAs
KPI 27	Maintaining building safety	TP05	% of respondents who report that they are satisfied that their home is safe						84.9%		86.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	76.1%	221	National 118 HAs + 103 LAs
KPI 28	Respectful and helpful engagement	TP06	% of respondents who report that they are satisfied that their landlord listens to tenant views and acts upon them						71.6%		73.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	58.9%	221	National 118 HAs + 103 LAs
KPI 29	Respectful and helpful engagement	TP07	% of respondents who report that they are satisfied that their landlord keeps them informed about things that matter to them						79.3%		80.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	69.5%	221	National 118 HAs + 103 LAs
KPI 30	Respectful and helpful engagement	TP08	% of respondents who report that they agree their landlord treats them fairly and with respect						89.8%		87.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	76.3%	221	National 118 HAs + 103 LAs
KPI 31	Effective handling of complaints	TP09	% respondents who report making a complaint in last 12 months are satisfied with landlord's approach to complaints handling						29.7%		37.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 3	33.8%	221	National 118 HAs + 103 LAs
KPI 32	Responsible neighbourhood management	TP10	% of respondents with communal areas who report are satisfied that landlord keeps communal areas clean and well maintained.						66.5%		72.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 2	65.5%	221	National 118 HAs + 103 LAs
KPI 33	Responsible neighbourhood management	TP11	% of respondents who report that they are satisfied that their landlord makes a positive contribution to the neighbourhood						76.7%		77.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	62.5%	221	National 118 HAs + 103 LAs
KPI 34	Responsible neighbourhood management	TP12	% of respondents who report that they are satisfied with their landlord's approach to handling anti-social behaviour						69.1%		66.0%	no target	no target		Mandatory Tenant Perception TSM	Quartile 1	57.0%	221	National 118 HAs + 103 LAs
Annual KPIs - St Leger			Employee satisfaction with St Leger Homes as an employer - **STAFF** survey question	n/a	n/a	83%	80%	80.0%	89%	80%	91.0%	80.0%	83.0%	Increased	Based on 24/25 staff survey	Quartile 1	85%	5	Housemark 23/24 Peer group
Annual KPIs - St Leger	New 24/25		Employee turnover - voluntary and involuntary			9.6%	8.0%		9.3%	no target	6.3%	15.0%	15.0%	Unchanged		Quartile 2	10.0%	32	Housemark 23/24 Peer group

ST LEGER HOMES OF DONCASTER
Board Briefing Note

Title:	Gender Pay Gap Report 2024
Action Required:	Approve the attached report
Item:	06
Prepared by:	Sian Jackson, Head of People and Culture Dan Debenham, EDI Manager Claire Tattersall, People Operations Manager
Date:	06 February 2025

Executive Summary

The 2024 Gender Pay Gap Report has been prepared and is attached at Appendix 1. This is our eighth annual report. Board is asked to review and approve this report before publication. It is a legal requitement for employers with over 250 employees to calculate and report their gender pay gap, this report will be published on the St Leger website. The gender pay gap includes part time and full time employees.

Background

The 2024 Gender Pay Gap Report has been prepared following an analysis of the gender pay figures for 2024. The report includes the mean and median figures for the last six years and the 2024 quartile figures.

In addition to reporting on the gender pay figures, the 2024 statement includes:
- a summary of actions we have taken in the last year; and
- what we will continue to do to narrow the gender pay gap.

It is worth noting that our mean and median pay figures have reduced in 2024, with our median figure having a significant reduction of 3.27%.

Recommendations

Board is asked to confirm their approval of the attached report, or any recommended changes.

St Leger Homes of Doncaster

Gender
Pay Gap Report 2024

Introduction

As we employ more than 250 employees, we must comply with Government regulations and report annually on our Gender Pay Gap. The aim of the report is to identify the gender pay gap between male and female employees. Organisations use various measures when collating the information for the report:

1. Mean Pay – The difference in the mean pay of full-pay male and female employees expressed as a percentage. The mean is the average of the 'hourly pay' for all relevant employees

2. Median Pay – The difference in the median pay of full-pay male and female employees expressed as a percentage. The median is the figure which splits the top 50% of the hourly pay figures from the bottom 50%

3. The percentage of men and women in each of four quartile pay bands. This includes the lower, lower-middle, upper-middle and upper pay quartile pay bands

4. The difference in mean and median bonus pay of men and women and the proportion of men and women who received bonus pay – St Leger Homes do not operate any performance related pay or bonus scheme and therefore have no bonus figures to publish

Key for reading the comparison data

▲ Figures raised since last year	▼ Figures lower since last year	■ Starting point

Mean Pay 2024

Graphic one

April 2019		April 2020	April 2021		April 2022	April 2023	April 2024

+1.86%

+0.96%

April 2019
Mean
8.00%

April 2020
Mean
9.86%

April 2021
Mean
5.18%

April 2022
Mean
6.14%

April 2023
Mean
5.68%

April 2024
Mean
4.26%

-0.19%

-4.68%

-0.46%

-1.42%
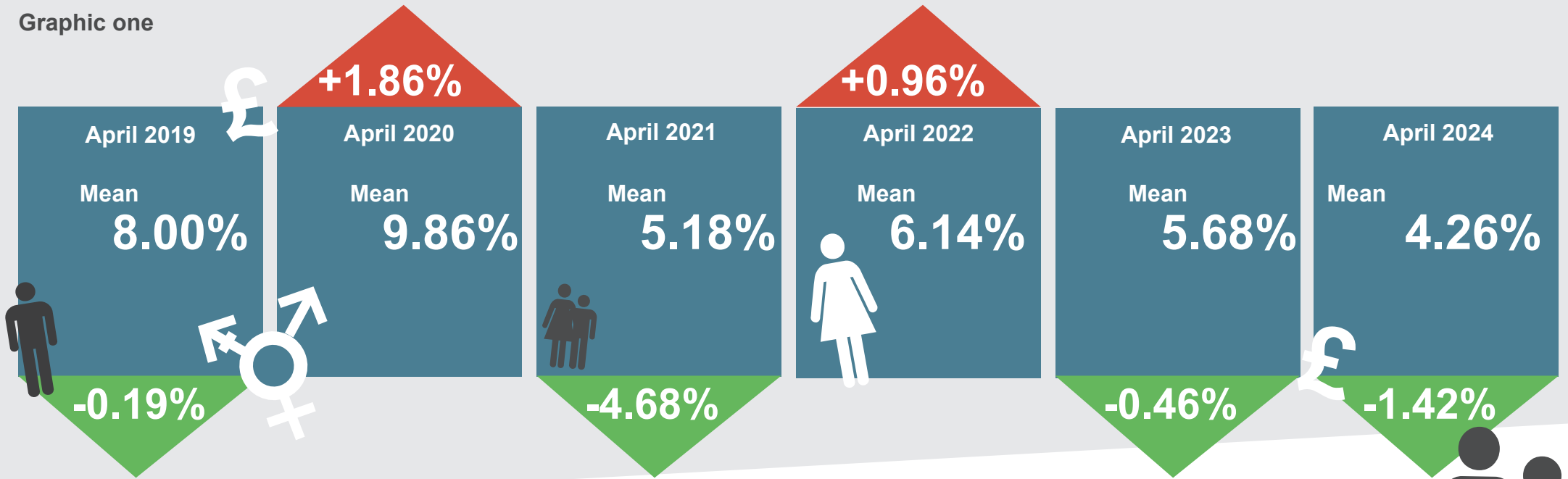
Summary of numbers

The UK national pay gap for 2024 is 7%, down from 7.7% in 2023, (National data provided by ONS, Gender Pay Gap in the UK, 2024). We are pleased to report that there has been a been a reduction of 1.42% in our mean gender pay gap from 2023 to 2024 to 4.26%. St Leger Homes also reports a lower figure in our median pay in 2024 of 6.31%. This is a significant decrease from the reported 2023 median gender pay difference.

The reduction of mean gender pay gap is attributed to an increase of females in the upper quartile and a percentage increase of males in both the lower and lower middle quartile from 2023 to 2024, due to the fact that 67% of vacant positions have been filled by male colleagues.

Mean Pay Gap Difference

4.26%

Male	£16.41 +£0.70
Female	£15.71

We have seen an increase in the mean hourly pay rates for males and females this year compared to 2023 figures, the difference between these figures has reduced by 21%, a significant reduction.

Median Pay 2024

+5.22%

April 2019	April 2020	April 2021	April 2022	April 2023	April 2024
Median **7.82%**	Median **7.09%**	Median **5.21%**	Median **4.36%**	Median **9.58%**	Median **6.31%**

-0.73%   -1.88%   -0.85%   -3.27%

Workforce

By Numbers

- Male: 483
- Female: 324

(Y-axis: 0, 100, 200, 300, 400, 500)

By Percentage

- Female: 40
- Male: 60

(Y-axis: 0 to 100)
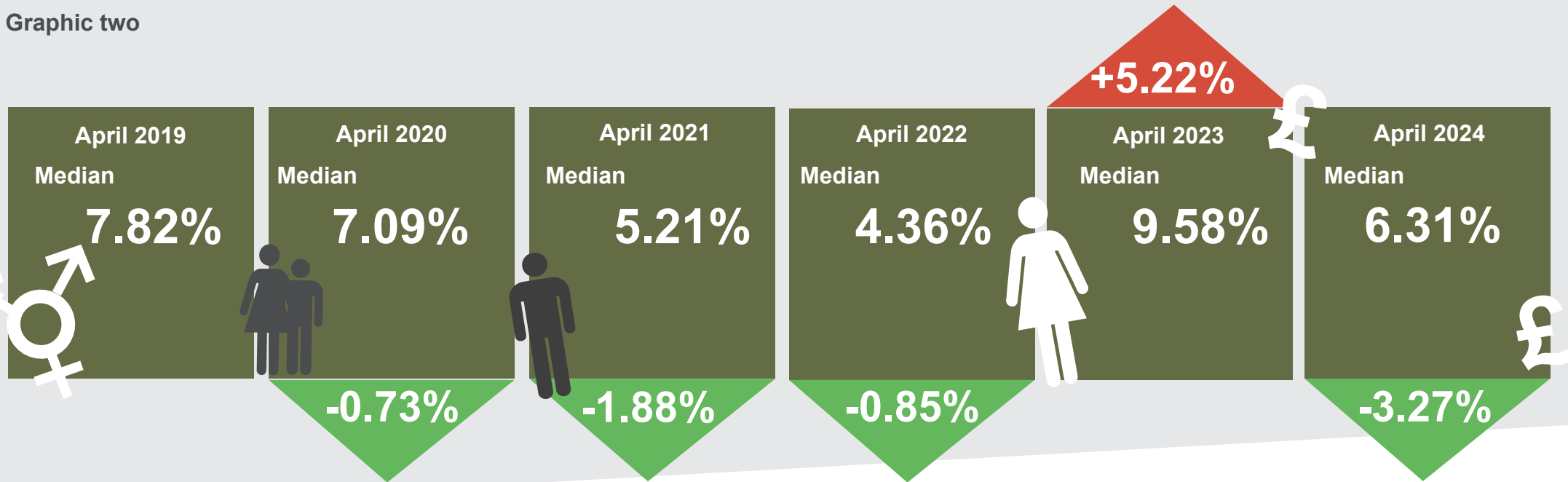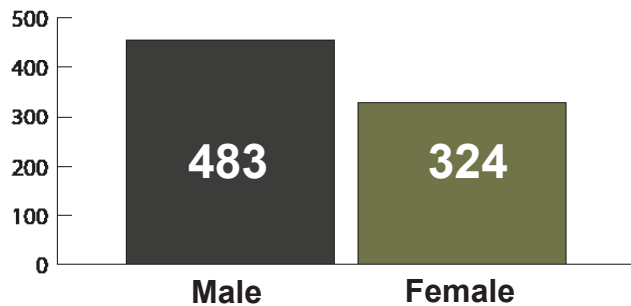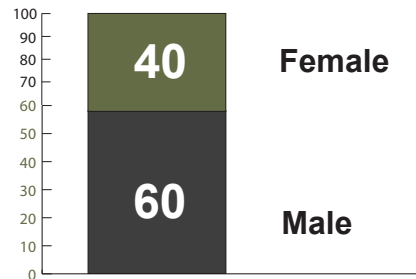
Median Pay Gap Difference

6.31%

| Male | £16.46 | +£1.04 |
| Female | £15.42 | |

Over the last 12 months, median hourly rates have increased for both genders. The difference has also narrowed, by 29%.

The gender percentage split has seen a change from 2023 to 2024, with a 3% increase in males in the workforce. St Leger Homes continue to operate a pay and regrading structure in line with the National Joint Council Agreed rates. Currently, this consists of 9 different pay grades and a total of 30 spinal column points. Employees progress and move through the spinal points within the grades annually. Separate to this, any apprentices have rates which are agreed nationally, and they work through these during the duration of their apprenticeship.

Quartile Breakdown

Upper Quartile – Comprises of the largest range of pay grades, 5 to 9 and spot salaries. Roles included in this quartile – Director, Heads of Service, Sevice Managers and Team Leaders.

Upper Middle Quartile – Comprises of pay grade 4 and 5. Roles included in this quartile – Plasterers, Bricklayers, Joiners, Plumbers.

Lower Middle Quartile – Mainly consists of pay grades 3 and 4. Roles included in this quartile – Income Management Officers, Tenancy Support Officers, Housing Officers.

Lower Quartile – Apprentices and pay grade 2 and 3 make up this quartile. Roles included are – Customer Access Officer, Customer Service Advisors, Community Caretakers and Administrative Support.

St Leger Homes continue to make every effort to ensure we are an inclusive and diverse place of work. The reduction in the gender pay gap can be contributed to an increase in female representation in the upper quartile and an increase of males being employed in the lower and lower middle quartile.

We acknowledge that there is a lack of female representation in the upper middle quartile, due to low female representation in trades roles which sit predominantly in this quartile. But due to our ongoing actions to address this, we have seen an 11% increase of females in the upper middle quartile, in the last five years.

.

Legend:
- Female
- Male

Chart:

Quartile	Male	Female
Upper	69%	31%
Upper Middle	81%	19%
Lower Middle	36%	64%
Lower	54%	46%

(x-axis: 0, 20, 40, 60, 80, 100)
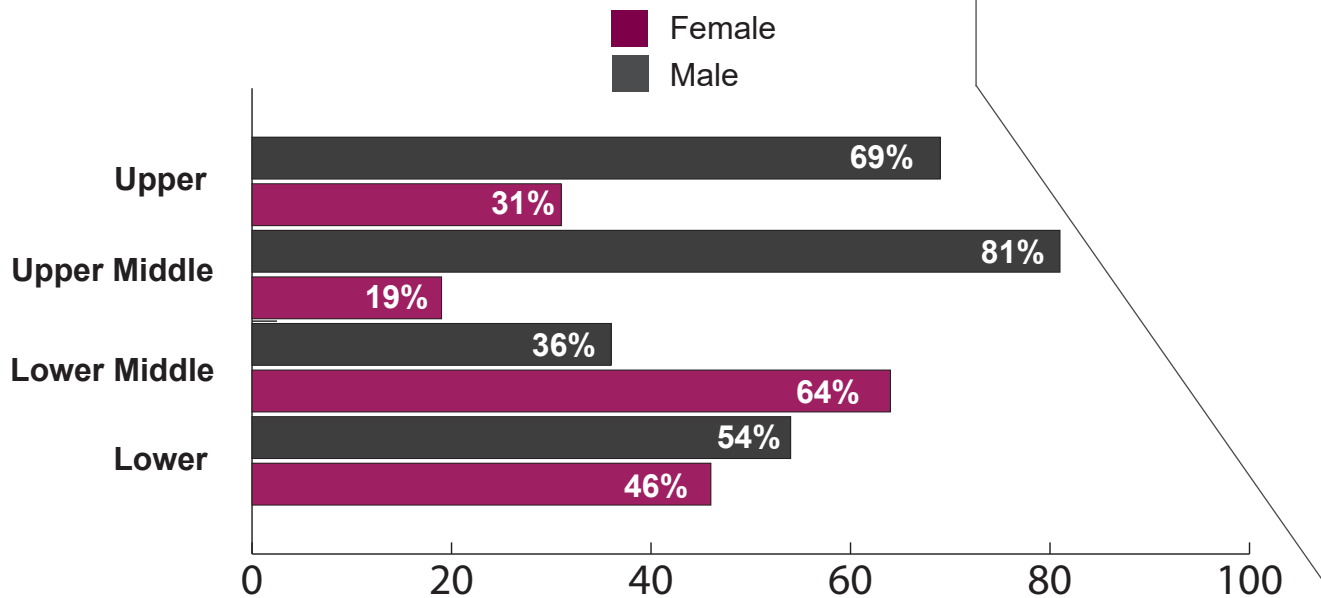
What do we do to facilitate a reduction in the gender pay gap

Addressing our Gender Pay Difference

We are pleased to see that our gender pay gap has narrowed significantly this year and the actions below that we are currently doing will support us in continuing to narrow this.

We believe at St Leger that work life balance is key and offering flexibility supports recruiting and retaining the best employees. At present, 16% of our employees work less than full time hours.

We offer flexible working, job sharing and continue to support an agile way of working for a large number of employees, including working from home or moving away from standard office hours.

We continue to encourage females into trades roles and we work closely with local schools and colleges in promoting this, in particular during National Apprenticeship week where we share our apprenticeship opportunities.

In 2024, 1 in 4 of our successful trades' apprenticeships were female, and we have seen the impact in our upper middle quartile figures since 2019 with previous female apprenticeships remaining with us once qualified and employed in trades role. This has a positive impact on the diversity of our workforce.

We continue to improve our recruitment processes to welcome applications from a more diverse range of applicants and to eliminate any unconscious bias, and we train all managers on this to avoid any unintentional gender bias.

We also work in partnership with other organisations to consider how we can improve our diversity by reaching wider communities and attracting a wider and more diverse pool of candidates. Our work with the Minority Partnership Board, the Culture Fusion Network and our membership of the Housing Diversity Network supports this.

We continue to increase our learning and development opportunities supporting career progression for our employees. We do this to support the removal of any barriers that might prevent employees from considering any promotional opportunities.

The development opportunities include our First Line Manager Programme, our newly introduced Future Leaders Programme, and completion of professional housing qualifications.

In 2024 we have seen five internal promotions within our Senior Management Team that are female employees, who have been supported with their career development.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

St Leger Homes of Doncaster Board Meeting

REPORT

Date   :   06 February 2025

Item   :   07

Subject   :   Fire Safety Policy Review

Presented by :   Lee Winterbottom
                        Director of Property Services

Prepared by   :   Daniel Boardman
                        Head of Major Projects

                        Laura Dougan
                        Head of Building Safety

Purpose   :   To seek approval from Board for the
                        reviewed Fire Safety Policy.

Recommendation:

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

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To the Chair and Members of the   **Agenda Item No. 07**
ST LEGER HOMES OF DONCASTER BOARD   **Date: 06 February 2025**

1.   **Report Title**

1.1   Review of the Fire Safety Policy

2.   **Executive Summary**

2.1   The Fire Safety Policy sets out St Leger Homes of Doncaster (SLHD) responsibilities in relation to fire safety and the key objectives it will adopt in order to meet these obligations.

2.2   The policy was originally approved by Board in January 2021. The policy has now had a significant review based on new legislative requirements and structure changes.

3.   **Purpose**

3.1   For Board to note and approve the review of the Fire Safety Policy.

4.   **Recommendation**

4.1   Board are asked to note the content of the reviewed policy and approve the documents.

5.   **Review of Fire Safety Policy**

5.1   A new Fire Safety Policy was approved by Board in 2021. Following legislative and structure changes a significant review of the policy has been carried out. The reviewed document is attached as appendix 1.

5.2   The new Fire Safety Policy covers changes required by the Fire Safety Act 2021 which includes duty holders explicitly being required to manage fire safety risks associated with external walls of building and flat entrance doors that open onto communal areas.

5.3   Changes to organisational structures, such as the Building Safety Team, have been reflected with expansion of detail around roles and responsibilities.

5.4   The Fire Management Plan was reviewed at the same time as the policy. The plan is operational, setting out the detail of how responsibilities are discharged and how fire safety is managed practically at SLHD. Minor amendments to align with the policy review including structure changes were approved by EMT.

6.   Procurement

6.1   There are no direct procurement implications arising from the review of the Fire Safety Policy.

7.   VFM Considerations

7.1   VFM is considered within the policy.

8.   Financial Implications

8.1   Whilst there are no financial implications attached directly to the policy, St Leger Homes has budget provisions included in the management fee to ensure to policy is adhered to and Fire related works/preventions can be completed to the required standards.

8.2   St Leger Homes has a dedicated Health, Building Safety and Compliance team that a budget provision funds qualified employees to ensure fire safety in our housing, communal and office buildings.

8.3   There is a budget of £143k for Fire Risk Assessments (FRA) in the management fee in 2024/25 and £1.333m budget in the 2024/25 Housing Capital Programme for fire safety works to be carried out following on from the FRAs.

8.4   There is also budget provision for employee training and fire warden training/payroll costs.

9.   Legal Implications

9.1   These are set out in full in the company's health, safety compliance legal register, however, the key pieces of applicable legislation are the Health and Safety at Work etc. Act 1974, the Regulatory Reform (Fire Safety) Order 2005 and the Fire Safety Act 2021.

11.   Risks

11.1   SLHD acknowledges and accepts its responsibilities in accordance with regulatory standards, legislation and best practise, and that failure to discharge these responsibilities properly could lead to a range of sanctions including prosecution. Without a robust and up to date policy 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   The implementation of C365, in conjunction with OpenHousing, supports the overall principles of the policy.

14.   Consultation

14.1   Consultation was carried out throughout the review of the policy with relevant stakeholders. This included the One Voice Forum in November 2024.

15.   Diversity

15.1   There are no diversity issues arising from this policy review.

16.   Communication Requirements

16.1   On approval the policy will be shared within SLHD using team briefs, Staff Focus and the intranet. It will also be shared on the internet and with the Housing Safety and Compliance Assurance Sub and Core Groups at the City of Doncaster Council.

17.   Equality Analysis

17.1   An Equality Analysis was completed in December 2024. No adverse impacts of the Fire Safety Policy were identified.

18.   Environmental Impact

18.1   There are no direct environmental impacts from the review.

21.   Report Author, Position, Contact Details

21.1   Daniel Boardman – Head of Major Projects
        Email: Daniel.boardman@stlegerhomes.co.uk

21.2   Laura Dougan – Head of Building Safety
        Email – laura.dougan@stlegerhomes.co.uk

22.   Background Papers

22.1   Appendix 1 - Fire Safety Policy 2025

POLICY DOCUMENT

Fire Safety Management Policy

POLICY TITLE:	Fire Safety Management Policy
LEAD OFFICER:	Head of Building Safety
DATE APPROVED:	
APPROVED BY:	Board of St Leger Homes of Doncaster
IMPLEMENTATION DATE:	February 2025
DATE FOR NEXT REVIEW:	January 2028
ADDITIONAL GUIDANCE:	
TEAMS AFFECTED:	SLHD City of Doncaster Council
THIS POLICY REPLACES:	Fire Safety Management Policy v2.0

Document Control

Revision History

Date of this revision:	January 2025
Date of next review:	January 2028
Responsible Officer:	Head of Building Safety

Version Number	Version Date	Author/Group commenting	Summary of Changes
1.0	June 2020	N/A	New policy drafted
1.1	October 2020	Director of Property Services	Minor amendments to section 1,2 and 9
2.0	January 2021	Board	Approved
2.1	January 2025	Head of Building Safety	Significant review of policy following legislative and structure changes. Consultation carried out with stakeholders.

Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Best practice researched (House mark, HQN, Audit Commission, general websites)	Head of Building Safety Fire Safety Compliance Officer Building Safety Manager	October 2024
Review current practices from similar organisations	Head of Building Safety Health, Safety and Compliance Service Manager, Fire Safety Compliance Officer	October 2024
Review customer satisfaction data from the area the policy relates to	Not applicable	
Review Customer complaints from the area the policy relates to	Not applicable	
Undertake customer consultation if applicable	Not applicable	
Staff consultation if applicable	Head of Building Safety	October 2024
Trade Union consultation if applicable	Not applicable	
Stakeholder consultation if applicable	Building Safety Group One Voice Forum	November 2024
Equality Analysis carried out	Head of Building Safety Health, Safety and Compliance Manager	January 2025

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

Contents

1. Introduction

1.1 St Leger Homes of Doncaster (SLHD) provide a managed housing service on behalf of the City of Doncaster Council (CDC). SLHD is an Arm's Length Management Organisation (ALMO). CDC remain accountable for tenant fire safety as the registered landlord and provider of social housing and are responsible for ensuring SLHD fulfil its responsibilities to manage tenant fire safety on its behalf to ensure:

   o Tenants feel safe in their homes.
   o The requirements of the Home Standard regulatory standard is discharged/met.
   o Relevant fire safety legislation is complied with.

This policy is applicable to all residential properties under the management of SLHD where CDC is the landlord. This policy is supported by a Fire Safety Management Plan.

This policy outlines the fire precautions and management arrangements SLHD has put in place to ensure the risk of fire is effectively managed and delivers compliance with the applicable fire safety, industry and sector best practice.

1.2 Fire is a significant hazard to the safety of both the buildings and their occupants. SLHD is committed ensuring fire safety is managed through the provision of suitable, sufficient and risk appropriate fire precautions and management systems to enable the evacuation of employees, tenants and other relevant persons and to minimise fire damage should a fire occur.

1.3 This Policy describes the fire precautions and management arrangements SLHD has put in place to ensure that the risk of fire is effectively managed and delivers compliance with all applicable fire safety legislation and industry best practice.

2. Key Legislation

2.1 **The Regulatory Reform (Fire Safety) Order 2005 (RRFSO 2005)** brought together different pieces of fire legislation. It applies to all non-domestic premises, including communal areas of residential buildings with multiple homes. RRFSO 2005 designates those in control of premises as the responsible person for fire safety and they have a duty to undertake assessments and manage risks. RRFSO 2005 is enforced by the Fire and Rescue Authorities.

2.2 **The Fire Safety Act 2021** sets out to amend the RRFSO 2005 and is designed to ensure that people "feel safe in their own homes and that a tragedy like the Grenfell Tower fire never happens again" in England. The Act

clarifies that for any building containing two or more sets of domestic premises the RRFSO 2005 applies to the building's structure and external walls and any common parts, including the front doors of residential areas.

It also clarifies that references to external walls in the RRFSO 2005 include "doors or windows in those walls" and "anything attached to the exterior of those walls (including balconies)." These amendments to the RRFSO 2005 aim to increase enforcement action in these areas, particularly where remediation of aluminium composite material cladding is not taking place.

In summary, the Duty Holder/building owner for multi-occupied, residential buildings must manage the risk of fire:

The structure and external walls of the building (e.g., cladding, balconies and windows)

Entrance doors to individual flats that open into communal areas.

2.3 **Regulator of Social Housing's Consumer Standards** Under the Regulator of Social Housing's consumer standards, all registered providers of social housing have an obligation for their tenants' safety, which includes fire safety. The objectives of the Regulator are set out in the Housing and Regeneration Act 2008.

As the registered provider, CDC remain accountable for overall tenant fire safety and are responsible for ensuring SLHD fulfil its responsibilities to manage tenant fire safety on its behalf to ensure tenants feel safe in their homes and the requirement of the Home Standard duty is discharged/met.

3. How the policy will be implemented

3.1 Strategic intention

SLHD takes its responsibility to manage the risk from fires within its managed housing stock very seriously and strive to reduce this risk through:

Defined roles and responsibilities for fire safety, including individual responsibilities.

Compliance with the Regulatory Reform (Fire Safety) Order 2005, Fire Safety Act 2021 and any other relevant legislation.

Ensuring fire safety is included when designing and constructing new and/or refurbishment projects.

Ensuring that appropriate funding is allocated where deficiencies in fire safety measures are identified and for significant issues SLHD Executive Management Team (EMT) and CDC are consulted.

A comprehensive programme of fire risk assessments are undertaken by competent person(s) both internal and external to the business.

Ensuring suitable and sufficient fire precautions and management systems are in place.

A programme of regular fire safety inspections based on building risk.

Providing regular fire safety awareness updates to residents, employees and others annually unless significant changes to fire safety have occurred sooner.

Making information on the specific fire safety arrangements in each residential building of two or more domestic properties readily available to:

- o Residents to ensure they are assured that the risk of injury or damage to their homes caused by fire is minimised.
- o Employees, contractors, visitors.

Fostering and maintaining good working relationships with partner services and relevant stakeholders, including South Yorkshire Fire & Rescue Service.

4. Performance Measures, Targets and Triggers

4.1 To ensure tenants feel safe in their homes and the risk from fires is effectively managed, SLHD have identified a number of objectives for all its managed housing stock of domestic properties with two or more flats:

Fire Risk Assessments have been undertaken by competent persons in accordance with the Regulatory Reform (Fire Safety) Order 2005 and current standards.

Fire Safety measures are included in all new construction projects, existing building renovations and improvement programs undertaken on its building portfolio.

Fire Safety risks posed by the structure and external walls (including cladding, balconies and windows and front doors) are assessed in line with current standards.

The ongoing suitability and effectiveness of current fire safety measures in buildings classed as 'High Risk' are reviewed at least annually or after a fire incident, as part of the overall fire risk assessment process.

The ongoing suitability and effectiveness of current fire safety measures in buildings classed as 'Low Risk' are reviewed in line with the SLHD Fire

Management Plan or after a fire incident, as part of the overall fire risk assessment process.

Fire safety priorities, improvement areas and areas of non-compliance are identified and actioned.

All relevant residential buildings under its control will, where appropriate, have adequate fire warning systems, signs, means of escape and fire-fighting equipment.

All fire safety precautions are inspected, maintained, serviced, and tested to ensure they are always fully operational, in accordance with statutory requirements and manufacturer's instructions.

Regular inspections are undertaken of communal areas to ensure good housekeeping practices are in place to minimise the risk and spread of fire.

Gas and electrical safety inspections are undertaken in each residential property where SLHD is the managing agent to ensure that these do not present a fire risk to the tenant or building.

All fire incidents are reported, logged and investigated on the accident reporting system (EVOTIX) Performance is reported on these incidents in the Safety and Compliance Performance report.

Relevant employees are provided with the necessary skills and training to undertake their duties as defined in this policy in relation to Fire Safety.

Suitable and sufficient records are kept and available to be audited at appropriate intervals.

SLHD Building Safety and Compliance Team members keep up to date with changing legislation and fire mitigation measures.

5. Roles, Responsibilities and Accountabilities

5.1 Board

5.1.1 The SLHD Board are responsible for ensuring that adequate resources are made available to the Chief Executive and Executive Management Team (EMT) to ensure there is adequate fire safety management implemented and embedded across the organisation.

The Board is responsible for monitoring compliance with this Policy. In order to achieve this, the Board (or its nominated sub-committee(s)) will review this Policy every three years and analyse quarterly performance reports to ensure that issues of significant risk are actioned appropriately.

5.2 Chief Executive Officer (Duty Holder)

The Chief Executive Officer (CEO) has the overall accountability and responsibility for health and safety, including fire safety.

In addition to performing the role of employer, SLHD act as a landlord and building manager in respect to its managed housing stock with communal areas and assisted living residential accommodation. To meet their responsibilities as an employer and landlord they will ensure that:

There is an effective Fire Safety Management Policy covering both workplace fire safety and fire safety within the managed housing service and that these are reviewed every three years, or sooner if significant changes occur.

Adequate funds and resources are available to meet fire safety requirements.

There are sufficient numbers of competent employees to meet its responsibility for fire safety.

Audit arrangements exist to oversee fire safety compliance.

Fire safety risks are effectively managed within the properties that SLHD manage to ensure tenant safety.

That members of the public, employees and contractors and not unnecessarily exposed to fire risk.

5.3 Executive Management Team

5.3.1 The Executive Management Team (EMT) comprised of the CEO and the Directors, are ultimately responsible for:

The implementation of the relevant areas of this Policy in their Service Areas.

Ensuring the provision of adequate resources to meet the requirements of the Regulatory Reform (Fire Safety) Order 2005, Fire Safety Act 2021 and other relevant legislation and guidance.

Ensuring sufficient consideration has been given to support vulnerable residents who are unable to evacuate the building unaided. This will be subject to review following publication of government guidance.

Day-to-day responsibility is delegated to the relevant Heads of Service, Facilities Manager, and specific building managers.

5.4   Director Property Services (Corporate Responsible Person)

5.4.1 The Director for Property Services is the corporate member of EMT with responsibility for Health and Safety and is the nominated corporate responsible person for fire safety, responsible for the strategic management of fire precautions within SLHD, reporting directly to the CEO as part of the Executive Management Team.

The Corporate Responsible Person will ensure that:

Fire risk assessments (FRAs) have been undertaken for the managed housing stock owned or managed by SLHD. FRAs identify risks associated with fire and ensure mitigating actions are in place to considerably reduce the risk of fire to keep people safe.

A scheduled program is in place for FRAs, including their review.

Fire risk assessments are kept up to date and reviewed, considering any changes to the premises that may affect the fire safety e.g.:

- o Where there are any significant changes to the structure or layout a building.
- o Substantial changes to the number of people using the premises or the hours in which the premises are occupied/operate.
- o In the event of any fire incident.
- o Any changes in legislation.

The organisational arrangements in place are adequate, sufficiently resourced and persons are competent to fulfil the requirements of this policy.

General fire precautions are in place for the safety of residents, employees, customers, service users and visitors.

Heads of Service, Health, Safety and Compliance Service Manager and Housing Management Team manage the day-to-day fire safety measures and the detailed arrangements necessary to manage the risk of fire within the residential properties under their control.

This Fire Safety Management Policy and associated arrangements are reviewed and amended to ensure they remain effective at managing fire risk and fulfil the objective of this policy.

The provisions within the Fire Safety Management Policy are being enforced to the standard required through an effective assurance process.

Sufficient information, instruction and training is carried out.

All fire precautions are maintained effectively.

All fire incidents are reported, logged and investigated.

They oversee and delegate, as required, the investigation of fires and introduce controls to reduce the risk of such incidents recurring.

The Director for Property Services delegates the work required to meet its fire safety responsibilities for its managed housing stock and day-to-day responsibility to the Head of Building Safety, the Health, Safety and Compliance Service Manager. Building Managers for day-to-day fire safety measures.

5.5 Head of Service for Building Safety

5.5.1 On behalf of the Corporate Responsible Person, the Head of Building Safety is responsible for the implementing the detailed arrangements necessary to manage the risk of fire within the housing stock managed by SLHD. The Head of Building Safety fulfils the role of Responsible Person for fire safety.

The Responsible Person will make sure that adequate fire safety measures are in place to ensure resident safety, including:

Overseeing compliance with this policy.

Ensuring there is competent fire risk assessment process in place utilising competent fire risk assessors.

Ensuring capital projects, refurbishments and repair work consider fire safety implications and comply with fire legislative requirements.

Ensuring there is an effective inspection programme for properties to check fire safety measures are in place.

Considering fire safety when any refurbishment work is undertaken or if any new items of plant or machinery are installed.

Ensuring that any visitors and contractors are provided with sufficient information and instruction to enable them to comply with the fire safety arrangements in place.

Making sure that the results of fire risk assessments, inspections, and spot checks feed into routine business planning processes so that appropriate resources are made available to implement any additional actions.

The Responsible Person has the duty to ensure that control measures are in place and any action plan findings are acted upon within the timeframe given and recorded within the fire risk assessment action plan. The fire risk

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assessment is made available electronically to all building occupants and any visiting authority, including the Fire and Rescue Service.

5.5.2 Health, Safety and Compliance Service Manager

The Health, Safety and Compliance Service Manager will make sure that adequate fire safety measures are in place to ensure resident safety, including:

Ensuring that fire risk assessments are undertaken and recorded by competent persons and added to the compliance software system and reviewed when any major change occurs within a building, such as structural changes or changes in processes or substantial increase in population.

Ensuring fire protection and detection equipment is maintained and regularly serviced.

Ensuring the necessary local checks of fire-fighting equipment, emergency lighting, fire alarm and detection systems are completed daily, weekly, or monthly, as required, and recorded.

Ensuring appropriate records are kept of the servicing and maintenance of fire safety systems, equipment and installations and internal systems, are updated with the relevant details.

All statutory records, registers, training records and other documents concerning the provision, installation, inspection, testing and maintenance of plant and equipment are kept in accordance with relevant legislation.

5.5.3 Building Safety Service Manager

The Building Safety Service Manager is responsible for day-to-day responsibility for fire safety in Residential buildings, comprising of two or more flats they will:

Ensure each high-rise property with two or more flats has a defined fire safety management plan which includes emergency evacuation arrangements in case of fire.

Ensure plans are in place for low-risk properties with two or more flats to have a defined fire safety management plan, which includes emergency evacuation arrangements in case of fire.

Ensuring the management and maintenance of the premises' fire logs.

Taking precautions against arson, such as making sure that fire safety hazards are removed away from the sides of buildings, including refuse bins, fly-tipping and other potential fire safety risks within agreed service standard timeframes.

Ensuring a Secure Information Box (SIB) is installed at each high-rise residential building that provides information to be used by the Fire and

Rescue Service during the response to an emergency incident. This includes building and floor plans and details of residents with mobility, cognitive or sensory impairment(s) where available, a copy of the fire current evacuation strategy. A Code of Practice on SIB's has been produced by the National Fire Chiefs.

Ensure SIB's are inspected post incident, monthly and annually. Checks include ensuring the contents are up to date and the box is in good working order.

5.5.4 Heads of Service / Managers

For the purposes of this policy, the term 'manager' relates to all employees and interim/ agency personnel who manage staff and/or services, or to any extent has control at work over people and projects. Heads of Service and managers are generally responsible for ensuring that:

They understand their role with regards to this policy and implement it into any service or property specific procedures.

Relevant staff attend any fire safety specific training as required by their role.

Deficiencies in fire safety measures are remedied or reported to the Responsible Person.

All staff, visitors and contractors are provided with sufficient information and instruction to enable them to comply with the fire safety arrangements in place at the building they are working in or visiting.

Appropriate arrangements are in place to publicise the names and contact details of the appointed Fire Wardens (where appointed) so that everyone is aware of who they are.

Each employee:

- o Undertakes appropriate fire safety training and refresher training in line with the job role and training needs analysis at a level relevant to each individual's role.
- o Participates in fire drills.
- o Is aware of and complies with safe working arrangements related to fire safety.
- o Observes basic fire precautions.

5.5.5 Employees

All employees have a duty to take care for their own and others' health and safety and must:

Familiarise themselves with the fire evacuation procedures that may be in place where they are working, including residential settings, even temporarily.

Undertake fire safety training as and when required.

Comply with fire safety procedures, safe systems of work information, instruction and training provided.

Not do anything that will put themselves or other people at risk from fire.

Report any problems relating to fire safety and ensure tenant safety is a number one priority.

Not interfere with or misuse any fire safety equipment e.g., wedging open fire doors, misuse of fire-fighting equipment or similar acts.

Co-operate in undertaking fire drills and evacuation.

Follow the instructions given by appointed Fire Wardens and leave the building in the event of a fire or other emergency.

Inform their immediate manager of any disability that may impact their ability to self-rescue from the premises in the event of a fire or emergency situation.

NOTE: Any person who refuses to comply with such instructions and remains in the building without proper authority, will do so at his/her own risk and may be subject to disciplinary action, without prejudice to any action that might be taken by other appropriate authorities, for example, the HSE or Fire Service.

5.5.6 Fire Wardens (Where appointed)

Fire Wardens are in place and will attend the Fire Warden training. This training should be repeated in line with the Fire Risk Assessment, as a minimum every 3 years. Although the specific duties can be agreed at local level having considered the findings of the relevant fire risk assessment, typically these duties will include:

Act as a focal point on fire safety issues for local staff.

Organise and assist in the fire safety routine within local areas.

Raise issues regarding local area fire safety with the relevant management.

Assist with coordination of the response to an incident within the immediate vicinity.

Participate in regular Fire Warden training and apply the information and duties to the workplace.

Following any evacuation situation, Fire Wardens will provide feedback to the Fire Safety Compliance Officer and or relevant Building Manager and include the Fire Safety Responsible Person on problems encountered, so that appropriate action can be taken.

As appointed by the Responsible Person, may be required to act as immediate liaison with the Fire Service during an incident.

5.5.7 Health, Safety and Compliance Support Team

SLHD Health, Safety and Compliance Support Team are responsible for providing health and safety support and guidance to SLHD to help ensure that the requirements of this Policy can be implemented.

A dedicated Fire Safety Compliance Officer will:

Provide advice and assistance as the competent person for Fire Safety matters.

Operationally deliver the fire risk assessment programme, associated remedial works and report on compliance of these.

Review any reported fire safety related incidents to ensure appropriate action is taken and that they are monitored and reviewed.

Advise on suitable fire safety training for employees.

Provide SLHD with any updates relating to fire safety legislation and any associated best practice.

Report to EMT with any concerns of non-compliance or policy failures and any recommendations for improvement.

Provide assurances to the Head of Building Safety and Health, Safety and Compliance Service Manager that accurate, up to date records are held and kept in compliance.

5.5.8 Asset Management Team

Ensure that component data is managed within SLHDs housing management system including updates to properties and individual components within them to ensure property information remains relevant.

Any repair work will need to consider fire safety measures and not compromise escape routes or fire detection and alarm systems, either when being undertaken in-house or by contractors.

Certain repair work will need to meet fire safety standards where fire integrity or fire compartmentation may be affected.

Any capital programmes and extensive renovation work undertaken will include fire safety measures in any design or proposed changes to an existing building. The fire risk assessment will need to be reviewed and revised.

Specific requirements have been introduced for high rise residential buildings that are yet to be built requiring fire statements as part of the planning process. Fire safety and high-rise residential buildings (from 1 August 2021) - GOV.UK (www.gov.uk)

5.5.9 Responsibilities to Tenants

To provide a level of assurance and confidence to tenants, fire safety information on the specific fire safety arrangements for a particular residential building will be provided in an easy-to-understand format both electronically and physically inside each relevant building. This will also include tenant responsibilities to help ensure everyone's safety.

All tenants will be briefed on fire safety measures specific to their new home at sign up. They are to be advised that South Yorkshire Fire Rescue Service (SYFRS) offer a home safety check and urged to accept the offer, which is free of charge.

5.5.10 Tenant Responsibilities

As part of their tenancy agreement, new and existing tenants must be made aware of their own obligations to reduce the risk of fire within their homes and not create a fire risk, both within their home and in any communal areas that may affect the safety of others.

A detailed list of specific responsibilities for residents of High Rise Buildings is contained within the high rise fire safety information leaflet. . This is issued to tenants as part of their tenancy agreement.

5.5.11 Building Safety and Compliance Committee

The Building Safety and Compliance Committee is a subcommittee of the Board of SLHD and is attended by senior management representatives of the business and chaired by the chair of the Board and supported by Non-Executive Directors and the Director of Property Services. The committee reviews all aspects of building safety for the managed housing service provided by SLHD, including fire safety.

Meetings review:

- o Updates in legislation and related guidance.
- o The fire safety plan and any outstanding actions.

- o Fire incidents and false alarms, including patterns and trends.
- o Contact with enforcing authorities.
- o Feedback from the fire risk assessments.
- o Feedback from fire investigations.
- o Results of fire safety related audits and inspections.
- o Fire safety related training delivered.
- o Fire related objectives.

Further advice from relevant bodies, for example fire risk assessors, insurers, architects and fire safety provision engineers, will be sought as and when necessary.

5.5.12 Fire Risk Assessors

Regardless of who carries out the fire risk assessment, SLHD retains the responsibility for ensuring the adequacy of that assessment and will take all reasonable steps to appoint a specialist who is competent to do the job properly. This will be done by ensuring:

- o Those providing the service have independent registration with, or certification from, a professional or certification body.
- o They meet the competency criteria established by the Fire Sector Federation.
- o They have experience of undertaking fire risk assessments for the type of residential property.

Accredited third party certification and professional body membership is deemed essential for fire risk assessors assessing level one buildings. Competence of fire risk assessors can be assured by either certification of the individual fire risk assessor or through a company providing fire risk assessments under a third-party certification scheme accredited by the UK Accreditation Service (UKAS), or by registration of the fire risk assessor by a Professional Engineering Institution (PEI) that is licensed by the Engineering Council (EngC).

In the event that major change occurs within the building, be it either structural, change of processes or substantial increase of population, the Responsible Person must ensure that any proposed work meets fire safety legislative requirements and that any fire risk assessment is reviewed by a competent person who meets the criteria detailed above.

5.5.13 Managing Contractors

If contractors (internal or external) are used to undertake any work (including fire safety) in residential properties, including communal areas, they must be:

Competent, suitably qualified and can demonstrate their ability to meet all statutory requirements.

All works relating to fire safety are adequately monitored, controlled and post inspected.

Fire safety works are completed in a timely manner and prioritised based on risk.

Records are kept with details of the fire safety works completed and any fire risk assessment and associated building documentation is updated with relevant details.

Capital programmes must include fire safety requirements and be designed with fire safety in mind.

Contractors are required to:

Co-operate with SLHD and follow any instructions relating to fire safety given.

Ensure that they and all staff falling under their control have received appropriate information, instruction, and training (including induction training) to enable them to comply with this policy and any emergency arrangements.

6 Organisational Arrangements

6.1 The following section explains the day-to-day arrangements that SLHD have in place to minimise the risk of fire. CDC have a duty, as the registered housing provider for Doncaster, under fire safety legislation to carry out fire risk assessments of all residential properties comprising of two or more domestic flats.

The day-to-day arrangements to managing the risks of fire is underpinned by:

A programme of comprehensive fire risk assessments, including

- o Assessing the risk from fire, including a building's structure, the external walls (including doors or windows in those walls, anything attached to the exterior of those walls such as balconies) and any common parts, plus all doors between the domestic premises and common parts.
- o Evaluating the adequacy of existing fire protection measures and identifying additional measures that minimise the risk of fires starting and spreading.
- o Assessing compliance with all relevant legislation and relevant standards.

The provision and maintenance of appropriate fire detection, alarm systems, emergency lighting,

fire-fighting equipment (where in place), evacuation signage, appropriate means of escape and protected escape routes in communal areas of residential properties.

The provision of essential training and fire safety information for all employees and more specifically residents.

Appropriate instruction for contractors and other visitors on the action to be taken in the event of a fire in any property they may be working in.

Reporting, reviewing and investigation of all fire related incidents and measures put in place to prevent a recurrence, where possible.

Zero-tolerance relating to the storing of items by residents in communal areas.

Strict enforcement of no-smoking in communal areas.

6.2 Fire Risk Assessments

The level and complexity of any fire risk assessment undertaken in residential buildings, comprising of more than two flats, managed by SLHD varies dependant on risk.

A schedule of fire risk assessments has been drawn up and these will be undertaken by competent persons or third parties depending on risk.

A fire risk assessment must:

Identify the fire hazards, including those posed by the structure of the walls, doors, and windows.

Identify people at risk.

Evaluate, remove, or reduce the risks.

Record findings, prepare an emergency plan and provide training.

Be reviewed and updated regularly, in particular when something changes that could affect fire safety or where there it is no longer valid e.g., a change in:

- o occupancy.
- o the building.
- o nature of contents or after a fire.

Fire risk assessments will include:

The structural ability of the building and individual flat to withstand fire, prevent fire spread and contain a fire in a single flat, where Stay Put fire evacuation policy is in place.

Emergency routes and exits.

Fire detection and warning systems.

Firefighting equipment.

The removal or safe storage of dangerous substances.

Details of the emergency fire evacuation strategy.

Details of any vulnerable residents, where known, with temporary or permanent disabilities, including mobility issues or sensory impairment(s).

Providing information to residents, employees, and other people on the premises.

Fire safety training for employees and Fire Wardens (where in place) for staffed residential properties.

Actions arising from any fire risk assessment will be acted upon in a timely manner.

All fire risk assessments will be reviewed at prescribed frequencies as detailed in the fire management plan by a competent person and updated to reflect any changes in the building or recommend whether a more comprehensive fire risk assessment is required due to more significant changes.

6.2.1 Fire Risk Assessment types

Type	Definition
1	Type 1 Fire Risk Assessment (FRA) is non-destructive, and the most common. It assesses all the common parts of a building, such as a lobby area in a shared block of flats – but not individual dwellings. In some cases, a Type 1 FRA will inspect construction points between individual dwellings (such as shared supportive walls). Type 1 FRAs have the purpose of ensuring that common parts of a building have the arrangements which allow people to escape if there was to be a fire – such as clear signage pointing to entry and exit points. The results of a Type 1 FRA may reveal the requirement for further FRAs. If this is the case, the Type 1 FRA will list reasons why this would be required
2	Type 2 Fire Risk Assessments are normally only recommended if a Type 1 FRA concluded that there may be serious structural flaws in a building which may increase the risk of fire spreading. Type 2 FRA includes destructive sampling. Applies to common areas only.

3	Type 3 Fire Risk Assessment is comprehensive. This type of assessment covers all common areas of a building – and individual dwellings. Type 3 FRA considers all means of escapes (including those within individual dwellings), structures, and compartmentation between flats and any means of fire detection. Type 3 FRA is non-destructive – and is usually only considered necessary if there are fire risks within individual dwellings.
4	Type 4* Fire Risk Assessments are similar to Type 2 FRAs, as they include a destructive sampling, but in both the common parts of a building and living areas –such as apartments. Type 4 FRAs are more comprehensive – and complicated to complete. This is because access to individual dwellings is required and destructive sampling can lead to a need for repairs.

* A type 4 Fire Risk Assessment will be required for any premises of multiple occupancy, in order to evidence the suitability of a stay put fire strategy.

6.2.2 Low risk residential properties

These are defined as low rise blocks below 18 meters comprising of two or more flats. Type 1 FRAs are undertaken by a team of competent in-house fire risk assessors for low-risk properties every 3 years. Individuals in the team have a recognised level of competence that includes a formal fire qualification.

6.2.3 High rise, high risk residential properties

These are currently defined in legislation as those over 18 meters in height with 7 storeys comprising of more than two flats.

Type 1 Fire Risk Assessments will be undertaken annually for common areas and means of escape in high-risk residential buildings with two or more flats. A Type 4 fire risk assessment will be undertaken if there is any reason to suggest the fabric and structure of the building has changed, and the fire compartmentation has been compromised.

High rise, high risk residential buildings have had a Type 4 Fire Risk Assessment undertaken for buildings built before 2000. These have been undertaken by an accredited, competent third-party organisation, taking into account the structure of walls, doors, and windows, cladding and balconies.

All FRAs for high-rise, high-risk buildings will be undertaken by a competent accredited fire risk assessor.

6.2.4 Fire Risk Assessment Outcomes

SLHD will endeavour to undertake any outcome from the fire risk assessment. Where destructive FRAs result in the need to complete building work to reduce identified fire risks, including additional ventilation, to allow smoke to escape or additional fire compartmentation additions. In cases where it is not practical to complete such works, a more comprehensive FRA may identify that SLHD may need to change 'stay-put' policies or fire evacuation procedures.

6.2.5 Asbestos Considerations

If destructive FRAs are to be undertaken, SLHD will provide information on the presence of any asbestos and commission a Refurbishment and Demolition (R&D) survey as required.

6.2.6 Shared Occupation/Lettings/Landlord Responsibilities

In the case of residential buildings where SLHD remain the managing agent on behalf of the landlord CDC but other service providers are contracted in to provide the services provided within the building such as, homeless and temporary accommodation, care and support services to elderly and vulnerable, clear fire safety arrangements should be in place as to who is responsible for managing the day to day fire safety arrangements.

SLHD, as the Agent and under an SLA with the landlord, is responsible for ensuring that a fire risk assessment is undertaken. This may require communication and cooperation between all parties to ensure coordination of fire safety provisions, fire-fighting measures, evacuation procedures etc.

In the event that part of a building may be let – the building manager has the responsibility to ensure that those hiring the site are aware of the fire risk assessment for the site, evacuation procedure, including contact names in the event of an emergency.

6.2.7 Reporting of Fire Incidents

Any incidents of fire, regardless of how minor, must be reported. Incidents must be investigated, and lessons learnt to prevent a recurrence. These will be reported on the accident reporting system EVOTIX.

SLHD will liaise with external emergency services, where required, to minimise the potential risks that could arise from activities where there is a reportable incident related to fire within properties that they manage.

6.2.8 Fire Strategy for High-Rise, High Rise Residential buildings

A fire strategy is a complex document specifically tailored to a building, reviewing all aspects of the building's fire safety features including construction, compartmentation strategy, means of escape and other fire safety features/measures - including management arrangements in place to ensure it is fit for use for the end user of the premises or intended purpose group.

Where a building is erected or extended, or has undergone a material change of use, Regulation 38 of the Building Regulations requires that a package of fire safety information must be assembled and given to the responsible person of the premises. A fire strategy is commonly used as a means for collating and providing that information.

SLHD will ensure that all high-rise, high risk residential buildings will have a documented Fire Strategy for each building, pulling together all the fire safety information relating to it.

6.2.9 Information provided to South Yorkshire Fire Rescue Service

SLHD has provided South Yorkshire Fire Rescue Service with specific information relating to their High-rise residential buildings, including:

Information about the design of its external walls together with details of the materials of which they are constructed and to inform them of any material changes made to them.

Up-to-date plans in both paper and electronic form of every floor of the building identifying the location of key fire safety systems.

Information is also contained in a secure information box for each high-rise residential building, including a copy of the up-to-date floor plans, information about the nature of any lift intended for use by the fire and rescue services and details of vulnerable residents.

6.2.10 Lifts

Where SLHD have any high-rise residential building with any lifts that are designed to be used by firefighters in an emergency, these are regularly inspected and tested, including the mechanism that allows firefighters to take control of the lifts. The results of the inspections are provided to the fire service each month.

6.2.11 Fire Evacuation

Each residential building with more than two sets of flats will have a clearly defined evacuation strategy, determined by its fire risk assessment and overall risk to the occupants. Tenants will be made aware of the fire safety

and evacuation arrangements in place in the building they live in. This is particularly important for high rise buildings. Any evacuation plan should include:

The action residents should take if they discover a fire.

How people will be warned if there is a fire and how this is linked to the fire service and landlord.

Key escape routes, how people can gain access to them and escape from them to places of safety.

Arrangements for the safe evacuation of people identified as being especially at risk, such as young children and babies and those with disabilities or cognitive impairment.

Where people should assemble after they have left the workplace and clear directions to the assembly point.

6.2.12 Stay Put Policy

Currently SLHD operate a 'Stay Put' policy in all of its high-rise residential buildings containing self-contained flats and communal areas. This requires occupants not directly affected by any fire to stay in their flat. This is regularly reviewed as part of the annual fire risk assessment review to ensure it is the safest strategy to employ. The 'Stay Put' policy may change during a major fire event and this decision will be managed by the Incident Commander from the fire service dealing with the emergency situation at the time.

Additionally, SLHD will have internal procedures in place for responding to a fire incident in any of its properties, including procedures for liaising with the fire service on arrival and notifying them of any special risks or vulnerable residents.

All SLHD high-rise residential buildings rely on a 'Stay Put' policy for the majority of residents in the case of a fire breaking out. It is understood that this policy is under national review and SLHD await the development of national guidelines by the government for carrying out a partial or total evacuation of high-rise residential buildings. In the meantime, SLHD will look at further measures it can take, including how it can:

Further protect fire exit routes.

o Develop procedures for evacuating persons who are unable to use the stairs in an emergency, or who may require assistance (such as disabled people, older people, and young children).
o Work in conjunction with the fire and rescue service to develop policies for partial and total evacuation of high-rise residential buildings.

o Draw up and keep under regular review evacuation plans, copies of which are to be provided in electronic and paper form to their local fire and rescue service and placed in an information box on the premises.

o Include up-to-date information about persons with reduced mobility and their associated PREPs in the secure information box.

Sprinkler systems are installed in all high-rise, high risk residential buildings which will further safeguard tenants in their own home in the event of a fire

6.2.13 Keeping records - Fire Logbook

SLHD will keep records of tests, maintenance and safety training relating to each residential building of two or more flats. An effective way of demonstrating compliance is to keep records in a well-maintained fire logbook.

SLHD will keep records up to date and readily available for inspection by any visiting authority when required. Records that will be kept include:

Fire alarm system - record of testing, maintenance, and false alarms.

Emergency lighting – record of testing and maintenance.

Fire drill - if held.

Staff fire training – basic fire awareness and fire warden training.

Portable fire-fighting equipment – a record of maintenance and checking (fire extinguishers, fire blankets etc.).

A record of any visits by the Fire Service or other enforcing authorities.

Dry/wet riser – a record of monthly riser inspections.

Dry riser - record of dry riser test and inspection.

Refuge point communication - record of refuge point communication test and Inspection.

All records of servicing by nominated contracted servicing companies will be retained and kept electronically within the compliance software used by SLHD and referenced in the logbook.

6.2.14 Secure Information Boxes (SIB)

A SIB is installed at each high-rise residential building comprising of two or more flats. The National Fire Chiefs Code of Practice is followed in regards to installation, contents, maintenance and review.

6.2.15 Smoking

Smoking is not permitted in communal areas, doorways, and refuse areas. Signage is displayed informing residents and visitors of this.

6.2.16 Training and Instruction

SLHD will provide fire safety awareness training to employees. This is currently via eLearning. Tenants and relevant persons will receive information on the fire safety arrangements in the building where they live or work and the action they need to take in the case of a fire.

Employees working in offices will be instructed by their line manager in the following:

- o What to do if there is a fire.
- o What to do if the fire alarm sounds.
- o The location of the nearest fire alarm.
- o The location of the nearest fire exit, as well as a secondary route.
- o The location and route to the designated assembly point(s).

All employees are required to complete regular refresh training every three years, or other high-risk activities must undertake fire awareness training on an annual basis.

Training table

Training	Who
Fire Awareness (E-Learning)	All new starters on induction Facilities/ Building Managers
Fire Warden Training	Fire Wardens
Fire Risk Assessors (internal)	CS Todds Accredited, competent fire risk assessor training provider
Fire Risk Assessment Validators	IFSM or Third Party accredited provider

7. Equality Impact Assessment (EIA)

This Policy was subject to a Equality Impact Assessment (EIA). No significant issues were identified. When implementing this policy, we will consider the needs of diverse employees and customers and take appropriate and necessary action to reduce barriers for older, disabled, and vulnerable people.

8. Policy Review

This Policy shall be reviewed and updated every three years or if there are any significant changes to current fire Legislation, HSE approved codes of practice or guidance, or as the result of the outcome of an incident review.

Policy reviews will be included on the Corporate Health and Safety and Building Safety website.

9. Further Advice and Guidance

The Health and Safety & Building Safety Team has an extensive intranet site where further advice and guidance is available on all aspects of health and safety and fire safety. Alternatively, please contact the Teams, telephone 01302 862683 or via email Healthandsafety@stlegerhomes.co.uk or buildingsafety@stlegerhomes.co.uk

10 Legislation and Guidance

10.1. Legislation

The Fire Safetyct 2021

The Regulatory Reform (Fire Safety) Order 2005

The Health and Safety at Work etc Act 1974

The Management of Health and Safety at Work Regulations 1999

The Furniture and Furnishings (Fire Safety) Regulations 1988

The Building Regulations Approved Document B –

10.2 Fire Safety Guidance Documents

Fire Sector Federation ACOP - A National Framework for Fire Risk Assessor Competency

Fire Sector Federation - A Guide to Choosing a Competent Fire Risk Assessor

PAS 79-2:2020 Housing – British Standards BSI

PAS 9980:2022, Fire risk appraisal of external wall construction and cladding of existing blocks of flats – Code of practice.

BS991 Fire safety in the design, management and use of residential buildings. Code of practice.

Appendix 1 Specific Fire Safety Arrangements for Tenanted Properties

1.1 Fire Safety Measures

Each residential building comprising of two or more flats will have a number of fire safety measures installed. These will have been assessed as the most suitable for that particular building as part of the fire risk assessment and can consist of a combination of the following:

1.1.1 Fire Detection and Alarm Systems

Where appropriate, buildings will be fitted with automatic fire detection and alarm systems in line with current regulations, standards and guidelines. Where these systems are in place they are periodically serviced and inspected by a competent service provider in line with the relevant British Standard. The period between visits to undertake inspection and service should be based upon a risk assessment and manufacturer's guidance but the maximum period between visits should not exceed six months. All visits should be recorded in the site's fire logbook.

The responsible person should ensure that regular weekly checks and testing of the alarm system are carried out on a local level in line with the manufacturer's instructions. All activations of the fire alarm should be recorded within the fire logbook and within the compliance software system – testing, maintenance and false alarms.

1.1.2 Emergency Escape Lighting

Emergency escape lighting is lighting that comes on when the power supply to the normal lighting provision fails. It provides illumination for the safety of people leaving a location or attempting to terminate a potentially dangerous process beforehand.

Emergency lighting must be periodically serviced and inspected by a competent service provider in line with the relevant British Standard. The period between visits to undertake inspection and service should be based upon a risk assessment and manufacturer's guidance but the maximum period between visits should not exceed twelve months. All visits should be recorded in site's fire logbook and within the compliance software system.

The responsible person should ensure that regular monthly checks and testing of the emergency lighting are carried out on a local level in line with manufacturer's instructions. Tests should be recorded in the fire logbook and within the compliance software system.

1.1.3 Fire Fighting Equipment

The Fire Risk Assessment will determine what is suitable and sufficient fire-fighting equipment for all buildings managed by SLHD. In most cases this will

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File Path			

include fire extinguishers and fire blankets (recommended for all kitchen areas).

The Responsible Person must ensure that any fire-fighting equipment is inspected annually by a competent person to ensure it remains in an operational condition and is kept in an easily accessible position. A record of these services must be recorded in the fire log and within the compliance software system.

In addition to an annual service, the Responsible Person must ensure that fire extinguishers are always kept in good order and available for use. This can be achieved by regular inspections by a nominated person and should include checking:

o That the tamper indicator is not broken - this is usually a plastic tag or disc to show the pin has not been removed or tampered with.
o That the pressure gauge needle is in the green area - if there is no pressure gauge, the extinguisher is discharged using an internal gas cartridge, therefore no check is required.
o The unit has no signs of corrosion, dents, damaged, discharge or deterioration.

Any issues found must be reported to the contracted service provider and entered into the fire logbook.

It must be emphasised that employees are not expected to put themselves at risk by fighting fire. However, if they have been given training in the use of extinguishers, or are familiar with the operation of and appropriate use of extinguishers, small fires, no bigger than the size of a wastepaper basket, may be tackled. This must only be done after raising the alarm. It is imperative that, if employees feel themselves to be at risk, they leave the fire and make their escape.

1.1.4 Fire and Flat Entrance Doors

Fire doors within communal areas, such as staircase and cross-corridor doors, and flat entrance doors opening onto communal areas of a residential building containing two or more flats are checked and regularly maintained in working order.

The inspection frequency for these doors will be determined by risk as part of the fire risk assessment. However communal doors must be inspected at a frequency not in excess of every three months and flat entrance fire doors every twelve months. Best endeavours should be used to demonstrate that every effort has been made to undertaken flat entrance fire door checks, regular checking ensures that fire doors are correctly installed, of the right

specification and maintained in working order, including an effective, working self-closing device.

Building Safety Surveyors carry out a formal programme of visual fire safety inspections which include visual checks on communal area fire doors and report on any areas of concern relating to fire safety.

Further guidance on formal fire door inspection frequencies is awaited. The following guidance will be followed in the meantime Annex_A_-Assurance_and_Assessment_of_Fire_Doors_-_January_2020.pdf (publishing.service.gov.uk)

1.1.5 Passive Fire Protection

Passive fire protection (PFP) consists of products installed in a building to improve its fire safety rating. PFP keeps people safe and limits damage to a building's structure and its contents by restricting the spread of fire and smoke, and shielding escape routes long enough for occupants to exit the building calmly and safely. PFP products include but are not restricted to:

o Fire protection to the structural frame of the building.
o Fire-resisting doors and fire door furniture.
o Fire shutters.
o Compartment walls and floors.
o Fire-resisting walls and partitions.
o Suspended ceilings.
o Fire-resisting glazing.
o Fire doors and hardware.
o Industrial fire shutters and curtains.
o Fire-fighting shafts and stairwells.
o Fire-resisting ductwork.
o Fire-resisting service ducts and shafts.

PFP can sometimes be damaged or even removed during building and maintenance works or the installation of cabling and ductwork. When commissioning contractors or when any in-house works are undertaken the Responsible Person for the residential building must ensure that PFP is maintained in tact or suitably replaced or repaired with like for like materials to ensure the fire integrity is preserved.

1.1.6 Sprinklers and Smoke Control Systems

Sprinkler systems are installed in all high-rise residential buildings. These are tested and inspected annually by a competent person. Pumps are fitted with a weekly self-check system and flow switches are fitted with an auto check system that runs every quarter. All results of any inspections are entered in the relevant building fire logbook.

Where smoke control systems are in place, these are tested weekly as part of the weekly fire alarm check to ensure that they are operating effectively, with a full system inspection and test carried out by a suitably qualified person at least annually.

1.1.7 Signage

Every new tenant within a residential building comprising of two or more flats receives information regarding fire safety arrangements for that building. Regular newsletters and safety information is available on the SLHD internet pages. Social Media channels are also utilised for general fire safety advice.

Where required, communal areas of residential buildings have clearly displayed Fire Action notices providing instructions in both pictures and words to tenants of what to do in case of a fire in their flat or a fire elsewhere in the building.

Wayfinding signage denoting the floor identification numbers and flat indicator signs accessed on each floor are prominently displayed on each floor. The signs are on a contrasting background, easily legible and readable in low level lighting conditions or when illuminated with a torch.

1.1.8 Tenant Fire Safety

As part of their tenancy agreement, new and existing tenants must be made aware of their own obligations to reduce the risk of fire within their homes and not create a fire risk, both within their home and in any communal areas that may affect the safety of others.

A detailed list of specific responsibilities is attached as an Appendix to this policy. This can then be issued to tenants as part of their tenancy agreement.

Tenants are responsible for ensuring that they do not create fire hazards in their own homes, for example:

o Storing flammable items on their balcony, in common areas or
o by blocking fire escape routes, including not storing, parking or charging (however temporary) petrol and/or battery driven items such as motorbikes and mobility scooters, E scooters etc.
o Not leaving candles lit and unattended.
o Avoiding smoking in bed and dispose of cigarettes safely if smoking inside the home.
o Leaving chip pans and items cooking unattended
o Not smoking in communal areas, this is prohibited.
o Ensuring electronic devices are charged responsibly using a British Standard charger.
o Not allowing stored items to build up within their home.
o Not leaving domestic rubbish on communal landings.

- o Not placing large items or forcing large items into Refuse chutes that may cause blockages and result in a fire hazard.
- o Not leaving large bulky items or rubbish in communal areas or outside, against the building. This is a breach of the tenancy agreement.

Are aware of fire safety measures, including the evacuation plan for their building.

Do not make any structural alterations to their flats.

All tenants will be briefed on fire safety measures specific to their new home at sign up. They are to be advised that they may be contacted by South Yorkshire Fire Rescue Service (SYFRS) who will offer a home safety check and urged to accept the offer, which is free of charge.

1.1.9 Managed Use of Communal Fire Escape Routes

SLHD have adopted a policy of zero tolerance relating to the placing and storing of objects in fire escape routes and stairwells. This is to reduce the risk of fire breaking out in these areas and the potential for any fire to compromise fire escape routes as well as creating obstructions and restricting access to the fire and rescue services.

In communal stairwells and corridors, residents are not permitted to keep and/or store:

- o Bicycles, prams and mobility scooters
- o Combustible materials e.g., Paper, books Plastic or fabric plants and flowers
- o Electric Scooters / items containing lithium ion batteries.
- o Rubbish awaiting disposal.
- o Furniture
- o BBQS
- o Motorcycles, mowers and other gardening equipment containing petrol or other fuels.
- o Plastic or timber sheds or lockers
- o Hazardous chemicals, gas containers, or flammable liquids in the communal area or storage cabinets, dedicated storerooms or cupboards
- o DIY materials or tools
- o Electrical appliances, such as tumble dryers and washing machines.
- o Toys and play furniture.
- o Recycling materials
- o Bedding, clothing and shoes
- o Curtains, including nets.
- o Food or other organic matter
- o Items that present a hazard, such as panes of glass, fairy lights and decorations

o   Any other bulky items

In addition, residents are not allowed to charge mobility scooters, batteries, or other electrical equipment in escape routes. There is a separate policy relating to Mobility Scooters.

Where items are found in escape routes and stairwells, SCH will give notice to residents to remove said items. If ownership of items is unknown, a notice will be attached to the item. However, goods that present a significant fire risk will be removed immediately without notice.

Failure to remove items will result in SLHD removing them. They will be placed in storage for a period one month [in accordance with the provisions of the Local Government Act 1982]. Any goods that are not reclaimed will be disposed of without compensation. The costs associated with removal, storage and disposal may be re-charged to the resident concerned. Appropriate legal action may be taken against any person who persistently breaches rules relating to the use of communal escape routes and stairwells.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England.
Company Number 05564649

BOARD Meeting

REPORT

Date	:	06 February 2025
Item	:	08
Subject	:	No Access Policy
Presented by	:	Jane Davies, Director of Housing and Customer Services / Lee Winterbottom, Director of Property Services
Prepared by	:	Jennie Daly, Acting Head of Housing Management
Purpose	:	A new policy to ensure we can carry out safety and compliance works or necessary inspections for service delivery when access is being denied.

Recommendation: That Board approve the new policy to be implemented in April 2025.

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To the Chair and member of   **Agenda Item No. 08**
ST LEGER HOMES OF DONCASTER BOARD   **Date: 06 February 2025**

1.   Report Title

1.1   No Access Policy.

2.   Executive Summary

2.1   The report proposes a new No Access policy to ensure that we are consistent in our approach when accessing properties to discharge our safety and compliance responsibilities, as well as other necessary service delivery.   The policy also clarifies our legal enforcement options when access to properties is being denied.

2.2   The policy applies to all properties managed by St Leger Homes of Doncaster (SLHD) and covers all types of safety and compliance works and associated inspections carried out by SLHD and its' representatives or contractors.

         These include gas safety checks, electrical safety inspections, fire safety works, asbestos and condition surveys and other compliance-related activities, including maintenance and repairs and relevant housing management visits and inspections.

3.   Purpose

3.1   To set out the new policy to obtain Board approval so the Policy can be implemented and procedures to support the policy can be developed.

4.   Recommendation

4.1   That Board approve the new No Access policy for implementation from April 2025 following the development of a new No Access team.

5.   Background

5.1   Social landlords are required to demonstrate compliance with mandatory and statutory safety obligations by conducting periodic safety inspections to ensure tenant safety and carrying out associated follow up works.

5.2   Landlords have legal enforcement steps they can take if access is denied and while most St Leger Homes tenants cooperate willingly to allow access for these works or inspections, there are some who do not. This is becoming a more common feature and has increased for St Leger Homes significantly over the last few years and so a new approach is required.

The cost and resources associated with repeat and abortive visits by our teams and contractors is high and wasteful.

5.3 A snapshot at the end of October shows the scale of the issue:
- No access cases for responsive repairs - 5003 (Jan-Oct 24)
- No access cases for gas servicing - 4098 (Jan-Oct 24)
- No access enforcement cases - 180 (Apr-Oct 24) costs

5.4 We have sought extensive legal advice as to our options well as researching the operational practices of others in the sector. Details of the legal enforcement options we will take are set out in section 10.

5.5 With the safety of our tenants paramount, it is vitally important that we are clear and consistent as to the enforcement steps we will take when all reasonable efforts to carry out these duties fail. Clarity for tenants on this may help to reduce the number of cases where access is denied.

5.6 The purpose of this policy is to establish clear guidelines, supported by detailed procedures for gaining access to properties for safety and compliance work and associated inspections, ensuring the safety and wellbeing of tenants, and maintaining the integrity of housing structures.

6. Access Attempts and Legal Options

6.1 *Tools and Powers*
In terms of the appropriate legal enforcement actions, these will be dictated by the purpose of the inspection and authority will be granted via a legal court process. These are fully set out in Section 10 of this report.

6.2 The powers under which such actions provided are:
- Gas Servicing – enforceable under the Environmental Protection Act to use forced entry measures.
- Electrical Installation Condition Report (EICR), Fire Safety inspections and other compliance work – we will use injunctions using the terms of the tenancy agreement.
- Other access requirements – we will use options such as demotion and possession of tenancy using the terms of the tenancy agreement.

6.3 We have also considered measures such as withholding non-emergency repairs until access is permitted. Whilst the Policy does not specifically state repairs will be withheld in such cases, it does commit to only carrying out repairs as part of a comprehensive 'MOT visit' where repairs and any outstanding compliance inspections or associated works will all be carried out in the same visit.

6.4 The Policy sets out that a minimum of 3 attempts to visit the property will have been made before legal enforcement is considered to gain entry. These visits will have been notified to the tenant in advance. In addition,

other methods to contact the tenant using email and telephone numbers provided by the tenant will also be used,

Procedures to support this policy will set out the details of these steps and how we will gather evidence to be used in the case of legal proceedings, as well as how we publicise the importance of the inspections and works.

6.5   Our actions and the legal proceedings we will take will be proportionate to balance the safety of our tenants with their right to privacy and the peaceful enjoyment of their home. We will make all reasonable enquiries to establish any extenuating circumstances or vulnerabilities when considering legal options.

6.6   Aside from emergency situations and in accordance with our Tenancy Agreement, St Leger Homes will always seek a court order or injunction to authorise any forced entry in instances where we are being prevented from carrying out our statutory responsibilities.

In such circumstances, it may be appropriate to charge the tenant for the cost of the forced entry where access has been after reasonable notification.

7.   Procurement

7.1   There are no additional or new procurement implications contained within this new policy.

8.   VFM Considerations

8.1   A new No Access team to focus on reducing the numbers of properties where access is denied as well as organising and planning the opportunities for MOT visits, where a number of inspections and works can be done at the same time.

This team will help reduce wasteful work across all teams and reduce the numbers of cases where legal redress is necessary and associated legal costs. This will provide a number of value for money opportunities.

9.   Financial Implications

9.1   There are financial implications in the implementation of this policy. These will primarily be in relation to the new No Access team. The development of the new team and the procedures to support this policy will provide opportunities to reduce the waste involved in repeat and abortive visits as well as the legal action taking cases to court for access.

10.   **Legal Implications**

10.1   Some landlords adopt a 'guaranteed access policy' for safety and compliance inspections, which means that where a tenant fails to give access, they will force entry into the property without any court order authorising this.

       This is not an approach we propose to use for two main reasons:

       1.   The tenancy agreement states we will take legal action in the event a tenant doesn't provide access (there is a provision for entry without legal action in emergency situations only). Forcing entry without a court order, runs the risk of a damages claim for breach of contract or breach of the implied term of quiet enjoyment.

       2.   The Council has two roles, as both landlord and as a regulator enforcing against private landlords, including bringing prosecution proceedings. As such, the Council is held to a high standard as a landlord and should follow best practice or could undermine its role as a regulator.

10.2   Instead, the Council's Legal team will assist and support St Leger to make applications to the court to gain access to properties using injunctions or court orders as set out under this policy.

       These legal actions are defined as follows;

10.2.1   **Gas – Legal option: Warrant**

       We are legally required by the Gas Safety (Installation and Use) Regulations 1998 to ensure that any gas appliances, fittings and flues provided for tenants are safe and as such, we must have carried out an annual gas safety check within 12 months and annually thereafter.

       If the tenant fails to provide access to the carry out the necessary checks, this is treated as statutory nuisance under the Environmental Protection Act 1990 which makes provision for us to apply to the Magistrates' Court for a warrant to authorise forced entry to carry out the necessary safety check.

       Any application to the courts must be demonstrably proportionate and evidence provided to prove the attempts made to gain access with the tenant.

10.2.2   **Electrics – Legal option: Injunction**

       These safety inspections should be carried out at least every 5 years.

       Where a tenant fails to allow access to carry out a safety inspection, we can apply to the County Court for an injunction to gain access and carry out the inspection on the basis that the tenants are in breach of sections (2.9(j)

and 2.9(m) of their tenancy agreement by not allowing access for the inspection.

The injunction contains a provision under Civil Procedure Rule 25.1(C)(ii) and (D) to allow access to the Council via a lock change if the tenant doesn't allow access within 28 days of being served with the injunction.

10.2.3 **Other access requirements – Legal option: Injunction**

These instances would follow the same route as outlined in 10.2.2 – again, evidence of a breach of the terms of the Tenancy Agreement must be proven before the injunction would be granted.

11. Risks

11.1 There are associated risks of not being able to access properties and carry out our mandatory responsibilities. If these are not carried out in a timely manner, there are safety risks to the tenants involved as well as neighbouring tenants and their homes.

12. Health, Safety & Compliance Implication

12.1 This new policy is designed to ensure we effectively and diligently deliver our health, safety and compliance responsibilities. There are reputational damage and legal implications if we did not carry out our mandatory and statutory responsibilities.

13. IT Implications

13.1 There are no additional IT implications associated with this policy, our housing management system has the parameters to hold vulnerability and customer insight data.

14. Consultation

14.1 Heads of Service, Service Managers and the One Voice Forum have been consulted on the development of this policy, as well as comprehensive advice from the Council's Legal team.

14.2 In addition, online surveys were sent to the get Involved Group (GIG), from which, 20 detailed responses were received. Feedback showed that:

- 100% of respondents felt that 3 visit attempts to carry out the safety inspections/works was an appropriate amount.
- 85% felt that a court order or injunction was an appropriate action.
- When asked if they felt most tenant knew it was a condition of their Tenancy Agreement to permit access for such works, 35% said they didn't think most tenants knew this, with most saying this needs to be reminded to people as they don't read the tenancy agreement.

14.3   The detail provided by respondents will be used in the development of the operational procedures.

15.   Diversity

15.1   The Policy ensures that all customers will be treated fairly, and reasonable adjustments made to tailor our services as required for vulnerable tenants.

16.   Communication Requirements

16.1   Once approved the policy will be available on our website and intranet for customers and staff to review. Procedures once developed will be made available on our intranet.

17.   Equality Analysis (new/revised Policies)

17.1   Equality analysis has been carried out with no adverse implications.

18.   Environmental Impact

18.1   There are no environmental impacts related to this policy

19.   Report Author, Position, Contact Details

19.1   Jennie Daly, Acting Head of Housing Management, 01302 862174

20.   Background Papers

20.1   None

NO ACCESS POLICY

POLICY TITLE:	No Access Policy
LEAD OFFICER:	Head of Housing Management
DATE APPROVED:	February 2025
APPROVED BY:	SLHD Board
IMPLEMENTATION DATE:	April 2025
DATE FOR NEXT REVIEW:	April 2028
ADDITIONAL GUIDANCE:	*Electric Safety Roundtable (ESR): Code of Practice for the Management of Electrotechnical Care in Social Housing* *Association of Safety compliance Professionals (ASCP) in Housing & Communities publication of 'Gaining Access for Safety Checks in Social Housing: The Legal Position on Guaranteed Access'* *Tenancy Agreement (Secure, Flexible, Intro)*
ASSOCIATED CUSTOMER PUBLICATIONS:	
TEAMS AFFECTED:	Housing Management, Building Safety, Major Projects, Repairs and Maintenance, Customer Services, Asset Management
THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	**New Policy** Replaces references in the following Policies: Repairs & Maintenance, Housing Management, Customer Own Improvements**.**

DOCUMENT CONTROL

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

Revision History

Date of this revision:	N/A – New Policy
Date of next review:	April 2028
Responsible Officer:	Head of Housing Management

Version Number	Version Date	Author/Group commenting	Summary of Changes
01	Feb 2025	Head of Housing Management	New Policy

Policy Creation and Review Checklist

ACTION	RESPONSIBLE OFFICER	DATE COMPLETED
Best practice researched (HouseMark, HQN, NFA, RSH, general websites) Gaining Access for Safety Checks in Social Housing the Legal Position on Guaranteed Access	Head of Housing Management	January 2025
Review current practices from similar organisations (NFA)	Head of Housing Management	January 2025
Review customer satisfaction / complaints data from the area the policy relates to	Head of Housing Management	January 2025
Undertake customer consultation if applicable	Head of Housing Management	January 2025
Staff consultation through Trade Unions if applicable	Head of Housing Management	N/A
Trade Union consultation if applicable	Head of Housing Management	N/A
Other stakeholder consultation if applicable	Head of Housing Management	N/A
Equality analysis carried out through the intranet for all new policies or fundamental changes	Head of Housing Management/EDI Manager	January 2025

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

NO ACCESS POLICY

1. Introduction / Background

1.1 Social landlords are required to demonstrate compliance with mandatory and statutory safety obligations by conducting periodic safety inspections to ensure tenant safety. While most tenants will allow access for these inspections and associated works, landlords have steps they can take if access is denied.

1.2 The Regulator of Social Housing mandates compliance with statutory requirements such as Social Housing (Regulation) Act 2023, the Landlord and Tenant Act 1983, the Housing Health and Safety Rating System from the Housing Act 2004, and the Homes (Fitness for Human Habitation) Act 2018.

2. Purpose

2.1 The purpose of this policy is to establish clear guidelines, supported by detailed procedures for gaining access to properties for safety and compliance work and associated inspections, ensuring the safety and wellbeing of tenants, and maintaining the integrity of housing structures.

3. Scope

3.1 This policy applies to all properties managed by St Leger Homes of Doncaster and covers all types of safety and compliance inspections, and associated works carried out by SLHD staff and its' representatives or contractors, including gas safety checks, electrical safety inspections, fire safety works, asbestos and condition surveys and other compliance-related activities including emergency maintenance and repairs.

3.2 Whilst compliance matters in 3.1 are likely to be the main reasons, other housing management-related inspections may also require access to be authorised through legal enforcement routes.

4. Legal Framework

4.1 Understanding the legal framework and tenant rights is crucial when gaining access to social housing for safety checks. Landlords are legally required to

ensure that their properties are safe for habitation, this includes regular safety and condition inspections and prompt resolution of identified issues.

4.2   We will ensure our actions are proportionate to balance the safety of our tenants with their right to privacy and the peaceful enjoyment of their home. We will make all reasonable enquiries to establish any extenuating circumstances or vulnerabilities.

4.3   Aside from emergency situations and in accordance with the tenancy agreement, St Leger Homes will always seek a court order or injunction to authorise a forced entry in instances where we are being prevented from carrying out our statutory responsibilities.

In certain circumstances, it may be appropriate to charge the tenant for the cost of the forced entry where access has been after reasonable notification.

4.4   Legal guidance was sought from a number of sources and appropriate adherence considerations regarding the justification for access including:

- Housing Act 1985
- Gas Safety (Installation and Use) Regulations 1998
- Electricity at Work Regulations 1989
- Electrical Safety Regulations 2018
- Regulatory Reform (Fire Safety) Order 2005
- Landlord and Tenant Act 1985
- Defective Premises Act 1972
- Environmental Protection Act 1990

5.   Ownership and Responsibilities

5.1   The ownership and responsibility of managing the implementation and relevance of this policy will remain with the Head of Housing Management. However, the application of the policy and associated procedures will apply to all Service areas and teams as set out in 5.4.

5.2   The Roles and Responsibilities for the safety of our tenants has a clear hierarchy from operational teams and ultimately to the Chief Executive and Board of St Leger Homes.

5.2   Procedures developed to support this Policy will ensure that teams understand their responsibilities; ensuring our communication with tenants is clear and consistent as to the implications for not allowing access and the actions we will take to gain entry.

5.4   An overview of the responsibilities of the teams involved for the delivery of this policy includes:

- **Property Services**: Responsible for gas safety checks and other compliance work and essential condition inspections such as HHSRS hazards.

- **Housing Management**: Responsible for tenant engagement and enforcement where required.

- **No Access Team (new team to be developed)**: Responsible for managing no access cases, conducting data analysis, and pursuing legal enforcement when necessary.

6. Policy

6.1 St Leger Homes of Doncaster is committed to ensuring the safety and well-being of its tenants by conducting regular safety and compliance checks and condition inspections. This policy outlines the procedures for gaining access to properties, the roles and responsibilities of staff, and the legal routes available for enforcement.

7. Procedures

7.1 Procedures developed to support this Policy will include the following:

Communication with Tenants

- Apart from emergency situations, proper and appropriate notice will be given before any inspections are carried out – the frequency of these will be defined by the type of inspection or works.

- Inspections conducted at reasonable times to minimise disruption and consider any vulnerabilities.

Access Attempts

- Multiple and varied attempts must be made by Property Services or their contractors to gain access to properties before considering legal enforcement, with all attempts or failed appointments recorded for evidence purposes – contact will be made using a variety of methods i.e. visits, letters, telephone, email, text etc as appropriate.

- Tenancy Agreements and Leases will contain appropriate clauses regarding access. In addition, clear communication will be provided to tenants regarding the implications of not allowing access and the consequences including potential legal action to force entry.

Legal Enforcement

- Following at least 3 attempts by Property Services or their contractors to gain access, details will be shared with Housing Management teams so legal routes can be pursued, including obtaining court orders or injunctions as necessary.

8. Monitoring, Compliance and Effectiveness

8.1 A dedicated No Access team will be established to handle all no access cases, ensuring consistency and efficiency in the process. The team will ensure regular data analysis to identify high-risk addresses and tenants with previous no access issues.

Data will be used to plan work programs and target high-risk tenants.

8.2 Tools and Powers

In terms of the appropriate legal enforcement, these will be dictated by the purpose of the inspection and authority will be granted via a legal court process in the following ways:

- Gas Servicing – we will enforce no access under the Environmental Protection Act and use forced entry measures.
- Electrical Installation Condition Report (EICR), Fire Safety inspections and other compliance work – we will use injunctions using the terms of the tenancy agreement.
- Other access requirements – we will use options such as demotion and possession of tenancy using the terms of the tenancy agreement.

8.2.1 **Gas – Legal option: Warrant**

We are legally required by the Gas Safety (Installation and Use) Regulations 1998 to ensure that any gas appliances, fittings and flues provided for tenants are safe and as such, we must have carried out an annual gas safety check within 12 months and annually thereafter.

If the tenant fails to provide access to the carry out the necessary checks, this is treated as statutory nuisance under the Environmental Protection Act 1990 which makes provision for us to apply to the Magistrates' Court for a warrant to authorise forced entry to carry out the necessary safety check.

Any application to the courts must be demonstrably proportionate and evidence provided to prove the attempts made to gain access with the tenant.

8.2.2 **Electrical Inspections – Legal option: Injunction**

These safety inspections should be carried out at least every 5 years.

Where a tenant fails to allow access to carry out a safety inspection, we can apply to the County Court for an injunction to gain access and carry out the inspection on the basis that the tenants are in breach of sections (2.9(j) and 2.9(m) of their tenancy agreement by not allowing access for the inspection.

The injunction contains a provision under Civil Procedure Rule 25.1(C)(ii) and (D) to allow access to the Council via a lock change if the tenant doesn't allow access within 28 days of being served with the injunction.

8.2.3 Other access requirements – Legal option: Injunction

These instances would follow the same route as outlined above for Electrical inspections – again, evidence of a breach of the terms of the Tenancy Agreement must be proven before the injunction would be granted.

8.4 *Data and Programme delivery*

We will use our tenant insight data and vulnerability data along with previous no access data to deliver programmes of work. Where necessary we will deliver MOT visits to tenants which will deliver all required compliance work in one visit.

9. Performance Standards

9.1 Performance standards for compliance in social housing are designed to ensure that housing providers deliver high-quality, safe, and secure living environments for tenants.

These standards typically cover a range of criteria, including the maintenance of housing quality, adherence to health and safety regulations, and the provision of essential services.

Compliance involves regular inspections, transparent reporting, and prompt resolution of any issues raised by tenants. By meeting these standards, social housing providers can ensure that their properties are well-managed, and that residents' needs are consistently met, fostering a sense of community and trust.

9.2 We will report regularly and publish results in relation to compliance on

- Annual Landlord Gas Safety Record (LGSR)
- Electrical Installation Condition Report (EICR) - every five years
- Annual Smoke and Heat Detection Inspections/replacements
- No. of Injunctions and court orders applied for and granted to gain entry to a property for safety and compliance works.

10. Review of Policy

10.1 This policy will be reviewed regularly to ensure its effectiveness and compliance with legal requirements. Regular reports will be provided to the Executive Management Team (EMT) on no access cases and enforcement actions taken.

11. Background Document/Research:

- *Electric Safety Roundtable (ESR): Code of Practice for the Management of Electrotechnical Care in Social Housing*
- *Association of Safety compliance Professionals (ASCP) in Housing & Communities publication of 'Gaining Access for Safety Checks in Social Housing: The Legal Position on Guaranteed Access'*
- *St Leger Homes' Tenancy Agreement*

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England.
Company Number 05564649

BOARD Meeting

REPORT

Date	:	06 February 2025
Item	:	09
Subject	:	Vulnerable Person Policy
Presented by	:	Jane Davies, Director of Housing and Customer Services
Prepared by	:	Jennie Daly, Acting Head of Housing Management
Purpose	:	To set out the new Policy and gain Board approval so the Policy can be implemented with immediate effect.

Recommendation: That Board approve the new policy.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

To the Chair and members of Agenda Item No. 09
ST LEGER HOMES OF DONCASTER BOARD **Date: 06 February 2025**

1. Report Title

1.1 Vulnerable Persons Policy.

2. Executive Summary

2.1 This report proposes a new Vulnerable Persons policy to ensure that our services can be delivered flexibly as required, ensuring vulnerable tenants and customers can access and receive these without hindrance.

3. Purpose

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

4. Recommendation

4.1 That Board approve the new Vulnerable Persons Policy.

5. Background

5.1 We recognise that customers can become vulnerable at various points in their life and at such times, we may need to consider reasonable adjustments to tailor how we usually deliver our services, ensuring equitable and appropriate access.

5.2 The Vulnerable Persons Policy sets out how we will identify and assess vulnerable tenants and customers and use this insight data to shape how services are delivered, in those times when people may need additional help and support.

6. Defining vulnerability and our legal responsibilities

6.1 We are committed to meeting our obligations and duties under the Equality Act 2010 and the Public Sector Equality Duty and to promoting equal opportunities in the provision of our services, as well as protecting people with 'protected characteristics' from unlawful discrimination, harassment and victimisation

6.2 The protected characteristics are listed below. In line with the City of Doncaster Council, we have also adopted care leavers and carers as a defined group with protected characteristics.

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Care leavers
- Carers

6.3 A protected characteristic does not automatically assume a person is vulnerable, but we would give due regard to these, for example when developing strategies, polices, procedures or services, to ensure we are reflective of our customer base and to avoid inadvertent discrimination.

6.4 For the purposes of this Policy, *vulnerability* is defined as customers who possess protected characteristics which may make them vulnerable or those who are experiencing exceptional life events, making it difficult to manage their day-to-day affairs without additional help. This can be permanent or short-term.

7. Procurement

7.1 There are no procurement implications contained within this new policy.

8. VFM Considerations

8.1 There are no Value for Money implications within this new Policy.

9. Financial Implications

9.1 Whilst there are no financial implications contained in the Vulnerable Persons Policy, there may be resource implications in providing additional support where required (see Section 4 of the Policy).

10. Legal Implications

10.1 Legal implications of this policy are to adhere to legislation contained in the Equality Act 2010 as well as housing legislation including the most recent Social Housing Regulation Act 2024.

11. Risks

11.1   There are no specific risks associated with this policy.

12. Health, Safety & Compliance Implication

12.1   There are no health, safety and compliance implications associated with this policy.

12.2   Training will be provided to staff with regards Equality and Diversity, safeguarding (Level 1) and GDPR, with more extensive safeguarding and vulnerability training provided to those staff where this is a more fundamental feature of the role.

13. IT Implications

13.1   Whilst not directly associated with this policy, there are likely to be additional IT implications associated with this the broader issue of the current tenant data project to ensure our customer data is accurate and regularly updated within the parameters of our housing management system.

14. Consultation

14.1   Heads of Service, Service Managers and the One Voice Forum have been consulted on the development of this policy.

14.2   In addition, online surveys were sent to the get Involved Group (GIG) as well as over 200 tenants who had recently used the Tenancy Support Service.

14.3   Feedback from these groups showed that the term 'Vulnerable' was the preferred term as it was universally understood with 84% of respondents agreeing with the term. Other suggestions included the use of the words 'help' 'need' or 'support', which we have included in the Policy strapline *'Help when you need it'.*

14.4   Further feedback also provided useful information on the types of exceptional life events that might make people less able to manage day to day tasks and these have informed the list contained in the policy definition (section 3.8 of the Policy).

14.5   Once approved, the final policy will be presented to the One Voice Forum at its meeting in March to provide feedback on the views expressed in the consultation and to demonstrate how this feedback has been used to shape the policy.

We will also discuss how any feedback not relevant for the Policy, but equally useful, will be used in other ways. These include ideas on the types of support and measures offered as well as the points at which we should identify and assess vulnerability in our customers.

15. Diversity

15.1 The Policy ensures that all customers will be treated fairly, and reasonable adjustments made to tailor our services as required for vulnerable customers.

16. Communication Requirements

16.1 Once approved the policy will be available on our website and intranet for customers and staff to review. Procedures once developed will be made available on our intranet.

17. Equality Analysis (new/revised Policies)

17.1 Equality analysis has been carried out with no adverse implications.

18. Environmental Impact

18.1 There are no environmental impacts related to this policy

19. Report Author, Position, Contact Details

19.1 Jennie Daly, Acting Head of Housing Management, 01302 862174

20. Background Papers

20.1 Housing Ombudsman spotlight report "On the record: Spotlight on Knowledge and Information management
The Housing Ombudsman spotlight report 'Attitudes, rights and respect'
Equality Act 2010: guidance - GOV.UK (www.gov.uk)
Tenant Involvement and Empowerment Standard - GOV.UK (www.gov.uk).

VULNERABLE PERSONS POLICY:
Help when you need it.

POLICY TITLE:	**Vulnerable Persons Policy:** *Help when you need it*
LEAD OFFICER:	**Head of Housing Management**
DATE APPROVED:	**February 2025**
APPROVED BY:	SLHD Board
IMPLEMENTATION DATE:	February 2025
DATE FOR NEXT REVIEW:	February 2028
ADDITIONAL GUIDANCE:	
ASSOCIATED CUSTOMER PUBLICATIONS:	Equality, Diversity and Inclusion Policy Secure Tenancy Agreement Corporate Plan 2024-2028 Equality and Diversity Strategy CDC Allocations Policy Customer Access Strategy Secure Tenancy Strategy Housing Management Policy (including ASB and Safeguarding) Compliments, Comments and Complaints Policy Repairs and Maintenance Policy Rechargeable Works Policy Ad-Hoc Fencing Policy Damp and Mould Policy Communications Strategy Customer Access Strategy Fire Management Policy Data Smart Strategy ICT Strategy Domestic Abuse Policy
TEAMS AFFECTED:	All Employees, Contractors, Board Members and St Leger Homes Customers

THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	N/A

DOCUMENT CONTROL

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

Revision History

Date of this revision:	New Policy – entirely replaces the previous Policy
Date of next review:	February 2028
Responsible Officer:	Head of Housing Management

Version Number	Version Date	Author/Group commenting	Summary of Changes
01	Feb 2025	Head of Housing Management	New Policy

Policy Creation and Review Checklist

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

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

VULNERABLE PERSONS POLICY:
Help when you Need it.

1. Introduction

1.1 This policy outlines our commitment to support vulnerable customers to access our services and supports the priorities contained in St Leger Homes' Corporate Plan 2024-2029.

1.2 We recognise that customers can become vulnerable at various points in their life and at such times, we may need to consider reasonable adjustments to how we usually deliver our services, ensuring equitable and appropriate access.

1.3 This might also include providing direct support to customers or referring them to specialist agencies to ensure the best help is received when they need it. We will ensure consistency to our customers by equipping staff with training and information, so they effectively identify and respond to customers' needs.

1.4 This policy focuses on customers who may be vulnerable but have the mental capacity to make their own decisions. Where this is not the case, we will collaborate with their appointed representative or statutory agencies.

2 Purpose and Scope

2.1 This policy applies to all Employees, Contractors, Board Members and St Leger Homes Customers.

2.2 For the purposes of this Policy, the term Customer is used in the broader sense and refers to tenants, housing applicants and those using our services through homeless provision or properties managed by St Leger Lettings.

3. Defining Vulnerability and the Legal Framework

3.1 We are committed to meeting our obligations and duties under the Equality Act 2010 and the Public Sector Equality Duty and to promoting equal opportunities in the provision of our services, as well as protecting people with 'protected characteristics' from unlawful discrimination, harassment and victimisation.

We ensure that these duties are understood throughout the organisation and that we take account of individual needs and make reasonable adjustments where appropriate in the services we provide.

Our approach to carrying out these responsibilities are fully set out in St Leger Homes' Equality Diversity and Inclusion Policy.

3.2   Protected characteristics across our customer base are:

- Age
- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Care leavers*
- Carers*

As an arm's length management organisation of City of Doncaster Council, we support the additional protected characteristics of care leavers and carers and we have adopted these leavers as a defined group with protected characteristics.

3.4   It is important to note that we do not define customers as vulnerable solely by virtue of their protected characteristics. However, we will give due regard to these characteristics for example, when developing strategies, polices, procedures or services, to avoid inadvertent discrimination.

3.5   This definition is separate from the assessment of priority need within the Homelessness Assessment, which is defined in homeless legislation.

3.6   We also recognise that some customers may be vulnerable for reasons outside the scope of these. This policy defines vulnerability and outlines our response in such circumstances.

3.7   The Social Housing Regulator's Tenant Involvement & Empowerment standard mandates us to treat all tenants with fairness and respect, demonstrating an understanding of tenants' diverse needs, including those with additional support requirements.

3.8   **Defining Vulnerable Customers**

In this Policy, we define 'vulnerable' as customers who possess protected characteristics which may make them vulnerable or those who are experiencing exceptional life events, making it difficult to manage their day-to-day affairs without additional help. This can be a permanent or temporary state.

As mentioned previously, a protected characteristic, does not automatically assume a person is vulnerable.

Exceptional life events or other circumstances that may render people vulnerable, whether for a short period or longer-term, includes:

- those experiencing and survivors of domestic abuse.
- people who have substance misuse issues.
- People experiencing poor physical or mental health.

- those who are or have recently been homeless or living in temporary accommodation.
- people experiencing severe financial hardship or financial abuse.
- people neglecting their health and wellbeing.
- care leavers.
- ex-service personnel.
- being a victim of crime.
- recent hospital discharge following long-term stay.
- refugees or asylum seekers,

4. The Policy

4.1 Our primary objective is to ensure that vulnerable customers can access and receive our services without hindrance. To achieve this, we will:

- Record customer contact information regarding identified vulnerabilities and use interactions with customers to check and verify these where necessary.
- Use customer and tenant insight data including vulnerabilities in our strategic and operational decision-making.
- Assist vulnerable customers in accessing our services and direct them to additional support when needed.
- Ensure our staff are trained and knowledgeable in how to identify and take account of vulnerabilities when delivering all our services.
- Refer cases requiring short-term support or assessment to our Tenancy Sustainability teams for Tenancy or Mental Health support.
- Refer to statutory services or other specialist support as required.
- Make safeguarding referrals or raise concerns as appropriate.

4.2 We will give consideration to known vulnerabilities in terms of how we deliver services to individuals for all of our services, but particularly in relation to the following:

4.2.1 Repairs, maintenance and home improvements

We will take account of any known vulnerabilities and will consider reasonable adjustments when arranging repairs with regards access, appointments and repair priorities. We will also use customer and tenant insight data with regards known vulnerabilities to inform improvement programmes.

4.2.2 Income management and rent payments.

We will use insight data to improve financial resilience for vulnerable customers and will adhere to a pre-action protocol in managing non-payment of rent, so that legal enforcement is used only as a last resort when other efforts have failed.

We will carry out a proportionality assessment when considering legal enforcement options for rent arrears, giving due regard to an individual's protected characteristics and any known vulnerabilities to consider if the tenants behaviour is related to their disability or vulnerability and if alternative

sanctions or solution can be used. Tenants will be offered tenancy support prior to any legal enforcement being considered.

4.2.3 Tenancy management and enforcement

We will carry out a proportionality assessment when considering when considering legal enforcement options, giving due regard to an individual's protected characteristics and any known vulnerabilities.

4.3 We commit to using customer data and customer interactions across the organisation, as an opportunity to:

4.3.1 **Identify Vulnerability –** by ensuring our staff across our teams are trained to recognise signs of potential vulnerability, such as anti-social behaviour due to mental health issues (both victim or perpetrator), repeated failure to respond to correspondence, hoarding, multiple repairs/damage, property and self-neglect, failure to meet tenancy conditions such as rent payments.

4.3.2 **Record Vulnerability –** As well as the customer's equality and diversity information, we will document any known vulnerabilities, communication needs/preferences and access requirements, along with the contact details of any authorised representatives, on our housing management system.

Safeguarding concerns will be addressed in line with our Safeguarding procedures, ensuring relevant statutory agencies are notified.

4.3.3 **Reasonable Adjustments**

We will consider reasonable adjustments to our services to meet the needs and circumstances of vulnerable individuals to ensure the best experience of our services and help them to sustain their tenancy.

Examples of Service-specific adjustments may include as appropriate:

- ✓ Tenancy support team to offer short-term intensive support – with tenancy-related or low-level mental health issues, alongside robust safeguarding referral processes.

- ✓ Allowing more time for a customer to answer the door when visiting.

- ✓ Arranging joint visits with support workers or representatives.

- ✓ Taking into account how a request for a repair will impact on a vulnerable person when prioritising repairs.

- ✓ Escalating remedial processes for damp and mould reports involving vulnerable tenants.

- ✓ Providing in-person or telephone explanations of letters

- ✓ Offering support to perpetrators of anti-social behaviour before enforcement.

✓ Where appropriate, seeking civil remedies or injunctions rather than eviction, for vulnerable individuals.

✓ Providing welfare benefits and money advice for vulnerable tenants in rent arrears.

✓ Making provisions for vulnerable tenants for issues they cannot manage, for example moving furniture pre-post repair or day rooms for disturbance works, removals for transfer or downsizing use etc. The assistance could be practical or financial such as accessing grants and funds to assist.

5. Tenants Lacking Capacity

5.1 In accordance with the Mental Capacity Act 2005, we will liaise with legally authorised representatives, including those holding lasting power of attorney, deputyship orders, appointees from the Department of Work and Pensions, as well as statutory and independent mental capacity advocates.

6. Ownership and Responsibilities

6.1 The ownership and responsibility of managing the implementation and relevance of this policy will remain with the Head of Housing Management. However, the application of the policy will apply to all Service areas as feature of our service offer.

7. Procedures

7.1 This policy has used guidance from a range of sources including the Housing Ombudsman Knowledge and Information Management spotlight report *'On the record: Spotlight on Knowledge and Information management'* and The Housing Ombudsman spotlight report '*Attitudes, rights and respect'.*

7.2 Procedures developed to support this Policy will consider recommendations contained in two Ombudsman's Spotlight Reports '*On the record: Spotlight on Knowledge and Information management' and* '*Attitudes, rights and respect'* to:

- Ensure the customer insight data we hold is accurate, appropriate, regularly reviewed and used in operational service delivery and strategic decision-making.
- Ensure relevant staff are appropriately trained to recognise and respond positively to the needs of vulnerable customers.
- Ensure each policy review captures how it can accommodate vulnerability needs.
- Explore the potential for using insight data. For example, in extreme weather conditions or as part of our business continuity planning process.

8. Monitoring, Compliance and Effective Implementation of the Policy

8.1 We will review this Policy regularly to ensure that it is fair, consistent, and effective and will use feedback from customer consultation, compliments and complaints to help inform any revisions.

We will publish this Policy on our website as part of the implementation and make it available to anyone who requests it.

We will comply with the General Data Protection Regulations (Data Protection Act 2018) with regards how we collect and store personal data.

8.2 Training will be provided to staff with regards Equality and Diversity, safeguarding (Level 1) and GDPR, with more extensive safeguarding and vulnerability training provided to those staff where this is a more fundamental feature of the role.

9. Performance

9.1 We will monitor this policy in the following ways.

- Annual EDI report to Board
- Annual vulnerability report to Board
- Annual Safeguarding report to Board
- Analysis of complaints
- Analysis of Tenant Satisfaction Measures
- Analysis of Tenant Satisfaction Transactional Surveys
- Analysis of other customer feedback

10. Background Document/Research:

Housing Ombudsman spotlight report *"On the record: Spotlight on Knowledge and Information management*

The Housing Ombudsman spotlight report '*Attitudes, rights and respect'*

Equality Act 2010: guidance - GOV.UK (www.gov.uk)

Tenant Involvement and Empowerment Standard - GOV.UK (www.gov.uk)

This policy should be read in conjunction with

- Equality, Diversity and Inclusion Policy
- Secure Tenancy Agreement
- Corporate Plan 2024-2028
- Equality and Diversity Strategy
- CDC Allocations Policy
- Customer Access Strategy
- Secure Tenancy Strategy
- Housing Management Policy (including ASB and Safeguarding)
- Compliments, Comments and Complaints Policy
- Repairs and Maintenance Policy
- Rechargeable Works Policy

- Ad-Hoc Fencing Policy
- Damp and Mould Policy
- Communications Strategy
- Customer Access Strategy
- Fire Management Policy
- Data Smart Strategy
- ICT Strategy
- Domestic Abuse Policy

ST LEGER HOMES OF DONCASTER
Board Meeting Briefing Note

Title:	St Leger Homes Compliance with National Housing Federation (NFH) Code of Governance
Action Required:	Board Members note the contents of the report and accompanying Appendix and consider the updates and recommendations included.
Item:	10
Prepared by:	Louise Robson Governance Service Manager
Date:	06 February 2025

1. Background

1.1 Organisations and their Boards across all sectors should aim to achieve a set of standards in order to be well governed. In February 2023, Board formally adopted The National Housing Federation (NHF) Code of Governance.

1.2 A gap analysis and self-assessment against the NHF Code of Governance was completed and presented to Board members in February 2023, with clear evidence sought to ensure St Leger Homes complies with all sections of the code, alongside an action plan to address any gaps. This was reviewed, updated and presented to Board again in February 2024.

1.3 In February 2024, out of 133 sections in the code, the self-assessment showed we were:
- Compliant in 107
- Partially Compliant in 5
- Not compliant in 5 (two of which we can justify why we are happy they remain as No)
(16 sections of the code are not applicable to us).

1.4 It was agreed that the self-assessment and action plan would be updated regularly and it should be formally reviewed by Board on an annual basis.

2. Current Position

2.1 A review of the code has again been undertaken by EMT, alongside the Governance Service Manager and suggestions / challenges have been made to evidence and update each section for the actions in the action plan that were still outstanding from the review in 2024.

2.2 Please see **Appendix A** and **Appendix B** which has had very little change but shows positive progress:
- Appendix A is an updated evidence worksheet showing what evidence we have gathered to show compliance with each section of the code and
- Appendix B is an updated action plan worksheet for all sections of the code where we are partially or non-compliant showing the action required, clear owners and

timescales to track progress on the journey to ensure full compliance.

2.3 Following the review in January 2025, please see below a table showing compliance from 2023 to compliance in 2025 for the 133 sections in the code.

Category	2023	2024	2025
Compliant	94	107	108
Partially Compliant	13	5	4
Not Compliant	10	5	5
Not applicable	16	16	16

2.4 For the 9 sections that we are not compliant or are partially complaint in:
- Two of the non-compliance sections are not unfavourable, they just mean the situations haven't ever arisen and therefore we cannot currently evidence to say we comply (e.g. *Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters*).
- Two of the non-compliance sections, Board were happy they remained and non-compliant and need reviewing again for 2025 (section 3.7)
- Four sections need short to medium term actions to ensure compliance and three of these still need further consideration in terms of an external governance review.

2.5 The section that has been changed to compliant is section 2.4 (5).

3.   Recommendations

3.1 There has been very little change on Appendix A and Board are asked to confirm that:

a) For those sections where we are not complaint or partially compliant, Board is asked to agree with the determination and make any further suggestions for actions or evidence that could be collected to gain compliance.
b) Reconsider the areas that we have justified as non-compliant but Board were previously happy they were non-compliant due to the justifications given (i.e. Board maximum tenure at section 3.7)

4.   Next Steps

4.1 The action plan will be updated based on any further recommendations, approvals and suggestions from Board. The updated evidence worksheet and action plan will then be added to the Board forward plan and reviewed on an annual basis and actions will be progressed.

4.2 Board members are asked to suggest any evidence at any time and not wait for the annual review to submit evidence to demonstrate compliance.

5.   Report Author

5.1 Louise Robson
Governance Service Manager
(862866)

Principle	Section of the code	Compliance	Evidence / updates	January 2024 Update	January 2025 Update	Evidence collected
	Code of Governance 2020: compliance checklist					
	1.1 Mission: the board leads the organisation in pursuit of achieving its social purpose. The board sets the organisation's mission and values, and regularly reviews and reaffirms their relevance.					
	1.2 Resident focus: the needs and safety of the organisation's current and future residents and other customers are placed at the heart of the board's decision-making.					
social purpose, mission and values and through these embeds within the organisation resident focus, inclusion, integrity, openness and accountability.	(1) There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision-making.	Yes	We have Tenant Board Members We have a Tenant Voice Strategy and new Tenant Voice Model included in the strategy (on the website for visibility) TSP recommendation reports that go to P&I and TSP members attend Board as observers Service standard reviews Consultation is a header on all Board and committee reports to ensure policies and strategies or changes to services have been influenced by customer feedback (see minutes - strategies Inc. comms strategy for evidence of this to name just one) Tenant voice quarterly reports to P&I	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board has access to insight into the views and needs of the organisation's residents and other customers (including insight into their concerns and complaints) and uses this to inform decisions where	Yes	Regular updates such as Customer Involvement quarterly report to P&I, Customer complaints, Appeals panel updates, TSP reports, TSM Survey, Transactional Surveys - all through to Board/Committee's. Board Minutes and strategic planning away days. Balanced score cards - all tenant feedback in one place - strategy and policy reviews as above -challenges about tenant voice at all committees when reviewing strategies (BSC 18.6.21 as an example)	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) There are policies in place which reflect that the safety of residents and other customers (as well as that of the workforce and the wider public) is an overriding priority, and the board receives reports annually on their operation.	Yes	Building Safety Committee (BSC) created, new policies and are signed off by board - full list of policies and strategies and updates that Board receives and approved after update report sept 22 , Anthony is an independent advisor to upskill the board. Behaviours framework, receive regular H&S reports, Board review and approve the H&S Policy. Meet 31/3/2021 - Impact of Building Safety Bill and Other Legislation as an example of evidence.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) The organisation regularly reports to its residents on how its commitments to resident focus have been delivered.	Yes	HouseProud has regular articles from TSP and outcomes from large scale consultations and launches of strategies, Tenant voice strategy launch, website pages on performance, service standards, social statement, complaints reports, social media posts, annual review, P&I reports on customer involvement.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	1.3 The board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition. It has policies and statements which meaningfully demonstrate this commitment, and sets priorities and objectives for the organisation to achieve.					
	(1) The board seeks regular assurance about how these commitments and objectives are being delivered in practice, and tracks progress against the priorities it has set.	Yes	Board have received EDI training We have changed the recruitment process for new members Request for new EDI dashboard discussed at Board on 3.2.2022 E&P review documents and action plan - annual EDI strategy updates and review	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The organisation annually publishes information about its work to deliver these commitments and objectives, and the progress it has made.	Yes	Board approve the annual gender pay report, the annual EDI report and our fairness statement Board review and minute E&D strategy action plan progress.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.					
	(1) The board leads by example and promotes the culture of the organisation.	Yes	Blank copy of 2022 self assessment for appraisals that all Board members complete to score against their values and behaviours Culture report on Board meeting 3.2, Agenda Item 7 - minutes of discussion on 7.4 meeting Board away day presentation and minutes in CEO report Can evidence via observation of Board Meeting as well	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Partial	Board receive and review Complaints information, alongside this there has been an away day session and culture update documents . E&P Minutes can be used as evidence where culture is discussed on a regular basis. Board members give out some of the annual staff awards (staff Focus articles) - attend other staff events such as Q&A sessions or staff conference and Tenants choice awards. Chair of Board doing work shadowing in November/ December 2022 for CAT in Shaw Lane and visit to staff members working in CIVIC as well. New Evidence - IIP survey feedback presented to Board GAP - Do Board Members review compliments - see action plan	Remains partial. Compliments included in P&I Quarterly report however Consideration of more reporting to Board on complaints and compliments. Remains on action plan.	Remains Partial - I think a new report on customer feedback is being created and discussed.	See Action plan
	1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.					
	1) The board adopts a formal code of conduct to which all its members adhere.	Yes	GAP - Board need a code of conduct.	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	Completed - evidence in folder / attached
	(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest.	Yes	There isn't a policy and procedure. All board members sign an acceptance of duties and responsibilities form. At meetings there is a standard 'declarations of interest' agenda item and the minutes and evidence of this is all on the website. GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	Completed - evidence in folder / attached
	(3) There is a publicly available register for board and committee member declarations of interest which is reported on annually to the board	Yes	There isn't a register but it is documented at each Board Meeting and these are available on the website	No change to evidence	No change to evidence	Completed- evidence in folder/attached

	Code	Status	Evidence			
Principle 1: Mission and values The board sets and actively drives the organisation's so	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	We cant find any evidence of this happening? - **this is not a bad no at the moment.** GAP - see action plan for regular reviewing of this code and for new code of conduct.	Happy this remains as a No. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered.	Happy this remains as a No as per January 2024. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered and code of conduct has been produced and reviewed. recommendation to remove from action plan	See Action plan
	(5) In case of a fundamental or ongoing material conflict, the board determines whether the person concerned should cease to be a board member.	Yes	JNightingale became a tenant so was replaced on the board - Removal from companies house emails and email from DR to JN to say thank you - the email eludes to the fact she is now a tenant	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	1.6 Accountability: the board operates openly and transparently, and demonstrates accountability to key stakeholders including residents, other customers, and partner statutory bodies.					
	(1) The board publishes information annually about the organisation's activities, performance and plans for future improvements which is accessible to its key stakeholders, and covers the matters referred to in this code.	Yes	ADP - developed with Board and is submitted to Board regularly and is documented in minutes on web see agenda item 10 on 3/2/22, agenda item 8 on 7/4/22 and agenda item 10 on 26/5/22. The Chair launches the annual review and does an introductory piece to the HP annual review edition	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The organisation systematically identifies and regularly communicates with its key stakeholders and receives feedback about their views. In doing so it has regard to the communication needs of the diverse groups and communities it serves.	Yes	This is about us as an organisation, not necessarily as a Board. STAR, transactional Surveys, Staff Pulse surveys - all of which are reported to Board Also send tenant newsletter in different formats and communicate with tenants in various formats at their request. Letter to everyone for board member vacancy - comms strategy and EDI review / approval and action plan updates? Customer involvement reports and TV strategy as evidenced in first section. Complaints reporting to Board and on web	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) Opportunities and information are provided for residents and other customers independently to scrutinise the work of the organisation and to hold it to account, and the board reviews these arrangements regularly to ensure that they remain fit for purpose.	Yes	TSP report into P&I committee TSP attend board as observers tenant Exec board, cabinet, scrutiny, OLB, Building safety group and sub group, High rise forum, wider consultations for strategies and allocations policy - use diagram from TV strategy	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(4) The organisation publishes clear and up-to-date information about its board members, committees, and	Yes	Website is clearly set out and up to date	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(5) The organisation responds in a considered, open and transparent way to requests for information about its work, activities, and decisions made by the board, where it cannot provide certain information it gives clear reasons as to why this is the case.	Yes	We follow FOI and DPA requests within the set timescales. Included in annual customer focus reports to Board and now separate quarterly reporting on DP/FOI to A&R committee (was previously reported quarterly to P&I)	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(6) The role of shareholders in the governance of the organisation is documented and understood.	Yes	Scheme of delegation to clearly sets out accountability of everyone.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(7) Organisations with open shareholding publish their policy for admission of shareholders.	N/A				
	1.7 Reputation and trust: the board takes into account in its actions and decisions the importance of maintaining trust in the organisation and upholding its reputation	Yes	Regularly review the risk register - in board papers and minutes. (presented 7/4, minutes 26/5 agenda item 10) Consider the organisation when looking at commercialisation options - notes from Board strategic planning day in 2020 for reputational risks alongside commercialisation report	No change to evidence	No change to evidence	Completed- evidence in folder/attached
ght of their delivery.	**2.1 Strategy, resources and plans: the board sets the organisation's overall direction and strategy in line with its charitable, community benefit or other constitutional purposes**					
	(1) The board sets financially sustainable plans to ensure that the organisation has the resources it needs to deliver its strategy	Yes	New VFM strategy presented Nov 2022 combined with action plan VFM statement presented Dec 22 We provide services and added value to the Council to ensure we remain as an ALMO Corporate plan that we consult on and Board are involved in development and approve it Board sets a 3 year budget and there are links into the ADP	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(2) The board gives specific consideration in setting such plans to value for money, financial sustainability; carbon neutrality and environmental sustainability; and social sustainability.	Yes	The 30 year plan is the Council's plan and not approved by SLHD Board. SLHD Board gives consideration to these though - they are ongoing and we also contribute and feed into council strategies. Development of environmental strategy to support need for carbon neutral. Board received Asset Management linking to Council's 30 year plan - 5/8/21 strategies presented. 7/10/21 minutes of discussions	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	2.2 Structures: organisational and governance structures support the delivery of the organisation's social purpose and strategic objectives.					
	(1) Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose.	Yes	Current structure with committees was reviewed in last 4 years. - Governance arrangements are reviewed regularly to ensure it is fit for purpose. TOR are reviews and updated - see reports in folder as per below evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached

(2) The board considers regularly whether the organisation's purpose could be better achieved through changes to its group, governance or staffing structures.	Yes	Current Mem and Arts and Management Agreement doesn't allow us to consider the organisations purpose however have been involved insetting the vision, mission and corporate plan. If changes are more than 10% of staff this is a shareholder decision, not a decision for Board. E&P recommended any changes to EMT structure to DMBC. Creation of new BSC Committee. Reviewed to set up separate committees, reviews compositions and functions of committees - delegated and scheme of delegation and they receive information about new structures (i.e. H&S)	No change to evidence	No change to evidence	Completed- evidence in folder/attached
2.3 Working with others: within the organisation's overall corporate strategy (or associated strategies and plans) there is consideration given to whether and how active cooperation, collaboration, joint working or partnership with other organisations could enable it to deliver its social purpose and strategies more effectively and economically					
2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.					
(1) The responsibilities of, and delegations to, the chief executive are clearly set out.	Yes	Evidenced in the Full scheme of delegation	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required.	Yes	Any changes to the CEO salary requires approval by the Council A contract of employment is in place. - The remuneration package is reviewed and approved by Employment and People Committee for the org, not CEO?	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) The chief executive's remuneration package is set at a level which is proportionate to the organisation's size, complexity, level of risk, and resources; it is also aligned with the organisation's social purpose and wider	Yes	No evidence found to say this is a yes? Was this included in any benchmarking?	No change to evidence	No change to evidence	Julie to produce evidence if requested
(4) If the chief executive's contract is to be determined, any extra contractual severance payments or benefits are approved by the board with the reasons, costs and reputational risks clearly minuted.	No	Council would need to approve this - **This is not a bad NO**, this would need to be completed by the council. Demonstrate by scheme of delegation which is saved in the folder	Remains No Board approved Removal from action plan in 2024	Remains No Board approved Removal from action plan in 2025	Completed- evidence in folder/attached
(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Yes	DR due to discuss this with the Chair and to consider methodology. Proposal that CEO appraisal will be led by Chair and includes E&P Cttee. Proposal that Vice Chair will lead on Chair appraisal. Consideration being given to involve Cllr Glyn Jones as Housing Portfolio Holder. GAP - We need a report to make this a formal arrangement - see action plan	Remains partial. Methodology still needs documenting, appraisal needs to happen and outcome needs to be cited in CEO/Chairs report to Board.	Changed to Compliant - Process in place and can evidence for Chief exec for last year annd is all booked in for new Chief Exec in 2025.	See Action plan
2.5 Workforce: the board ensures that its workforce policies and practices support the success of the organisation and reflect its values and its commitments to equality, diversity and inclusion.					
(1) The board has access to insight into the views of staff, such that their opinions and needs are understood, and influence the board's decisions as appropriate.	Yes	Pulse survey feedback - goes to E&P. Outcomes of staff survey annually, Board are invited to staff conference Minutes of meeting showing Pulse results on 7/4 following it being presented on 3/2. People strategy updates presented 26/5. Chair 's update - meets with director and CEX. Board members attended staff Q&A sessions	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The board determines a strategy for remuneration of the workforce which is aligned to the organisation's size and complexity, and to its purpose and values.	Yes	Very limited as we follow LA green book structure and the pay award is the NJC pay award. Anything that affects more than 10% of staff requires Council decision, anything under 10% of staff this is reasonable level for Board consideration. Job Evaluation - Board approved the project. Board approve the Pay Policy which includes the market supplement policy. Pay and Benefits Discussed at E&P 17.5.22 Minutes saved in folder (agenda item 8)	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) The board has policies on the safety and wellbeing of its workforce and reviews their effectiveness.	Yes	The Health, Safety and wellbeing strategy was separated in 2020 and the wellbeing priority was incorporated into the people strategy. Board approve the H&S policy and fire management policies. Board approved and received updates on the Health, Safety and Wellbeing strategy - new strategy being written for approval in 2023. Board review Pulse surveys and employee feedback - evidenced in a number of minutes saved in the folder - see minutes from BSC lots of questions asked about staff awareness and effectiveness	No change to evidence	No change to evidence	Completed- evidence in folder/attached
2.6 Performance: the board has demonstrable oversight of the organisation's performance.					
(1) The board exercises active and regular oversight of delivery of strategies and plans. This includes scrutinising key operational and finance performance information, and information concerning resident insights and	Yes	Board receive regular updates on the ADP, monthly updates on performance, finance and H&S updates. P&I receive on TV strategy. P&I also receives Customer focus (complaints) also update on transactional and STAR tenant surveys / TSMs - each new strategy has an action pan that is reviewed by Board or relevant committee.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The board has assurance that the reports it receives provide an accurate picture of performance.	Yes	We are audited and have internal audit programme. performance is are presented to every Board and quarterly to P&I for service standards Housemark complete verification on our performance and services. There is internal challenge around key issues by Head of service, EMT, Council challenge through OLB. Also external verification such as gas safe, British safety council, CSE, SHIFT, ISO 45001 - see challenge at BSC 21.7.22 "can we be assured about the numbers of properties on each programme? - gave examples of where service numbers were different from the previous committee meetings report."	No change to evidence	No change to evidence	Completed- evidence in folder/attached
2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission.	N/A				

Principle 2: Strategy and delivery - The board sets ambitions, plans and strategies which enable th...

Criterion	Status	Notes			Evidence
(1) Where the group parent is not a registered provider, formal arrangements are in place to ensure that any registered provider subsidiaries remain compliant with their own charitable or community benefit purposes, and with regulatory requirements.	N/A				
(2) Where a subsidiary is to be or has been established, the benefits, risks and relationship are reviewed by the board of the parent beforehand and thereafter regularly.	N/A				
(3) The board of a parent organisation in a group structure has the responsibility and the reserve powers to direct, and if necessary, intervene in the governance of its subsidiaries.	N/A				
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A				
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A				
(5) The board of the parent approved the group's plans and budgets, and holds the board of each subsidiary accountable for the delivery of its objectives.	N/A				
(6) The board of the parent considers and determines whether and how this code should apply to each of its subsidiaries	N/A				
(7) Where, within a group, there are people who serve on more than one board, there is guidance and documentation to set out how board members must deal with their overlapping responsibilities and any resulting conflicts of interest.	N/A				
(8) Where there is, within a group, a single or common board which governs more than one organisation, the organisation has documented how its meetings will be conducted, serviced and minuted.	N/A				
2.8 Joint ventures and partnerships: organisations that set up joint ventures or partnership vehicles with external counterparties ensure that these are in support of their mission and objectives.	N/A				
(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A				
(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A				
3.1 Roles and responsibilities: the statutory and governance roles and responsibilities of the board, of its individual members, office holders and of others who work to the board are clearly set out.					
(1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness.	Yes	Board cant appoint - Mem and Arts that it's a Mayoral appointment - Mem and Arts and Scheme of Delegation saved	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The chair of the board does not chair and is not a member of the committee responsible for audit, nor does the chair of the board chair the committee responsible for remuneration.	Yes	Board Chair also chairs E&P however E&P are not responsible for remuneration. All staff on agreed national pay structure - staff pay is delegated to Doncaster Council and EMT to do HOS, council were asked for salary approval for CEO but not Board. Delegated to EMT and anything from EMT is a council decision	No change to evidence	No change to evidence	Completed- evidence in folder/attached

(3) Where there are executive board members, the board formally records and publishes policies about the role they play on the board and committees, and makes clear those matters for which they must leave the meeting, or	Yes	Within scheme of delegation the Executive Board Member does not have voting rights and the Company Secretary ensures this.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) The roles of chair of the board and standing committees (and those of vice chair or senior independent director as applicable) are not held by an executive.	Yes	Board structure on our website - CEO as an attendee not present as a board member for some meets - evidenced in minutes saved.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) Executives are not members of the committees responsible for nominations, remuneration or audit.	Yes	The Chief Executive attends Employment and People Committee as an officer, not a Board Member. E&P Minutes 17.5.22 as an example shows DR as an attendee not present as a Board Member	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(6) There is a clear, documented framework setting out delegations to staff, committees and subsidiaries.	Yes	Mem and Arts, scheme of delegation and TOR's	No change to evidence	No change to evidence	Completed- evidence in folder/attached
3.2 Functions of the board: there is a record of the essential functions and other matters which are reserved for board decision and cannot be delegated. In addition to matters set out in law, statute, regulations and in the organisation's constitution these include as a minimum:					
(1) Setting and ensuring compliance with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success;	Yes	Corporate plan link attached. Starting consultation now for 2024 corporate plan and have evidence in the folder.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) Establishing a culture that is positive, focused on the needs of current and future residents, other customers and other key stakeholders, and embeds equality, diversity and inclusion in the organisation;	Yes	E&D training for our board, E&D section in board reports, EDI annual and quarterly reporting	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) Ensuring the organisation operates effectively, efficiently and economically;	Yes	Minutes of all meetings include performance and budgets. VFM annual statement presented Dec 22, annual review presented, social statement presented	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) Providing oversight, support, direction and constructive challenge to the organisation's chief executive and other executives;	Yes	Challenge can be evidenced through meeting minutes - sample list of queries and challenges pulled together in one document. See committee minutes with sections highlighted for challenge and questions.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) Appointing and, if necessary, dismissing the chief executive;	Yes	Board are involved in the appointment, interview notes for Dave or panel of people involved for Dave and roles and titles? Interview notes from Chair as evidence - also showing other board member taking lead in asking	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(6) Satisfying itself as to the integrity of financial information, and setting and approving each year's budget, business plan and annual accounts prior to publication;	Yes	Board receive and approve financial information, 3 yr. budgets, corporate plan, KPI's and ADP - Meeting on 26/5 all the information was presented 7/7 shown minutes they were discussed.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff;	Yes	Scheme of delegation is reviewed as and when required	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(8) Establishing and overseeing control and risk management frameworks in order to safeguard the assets, compliance and reputation of the organisation;	Yes	Board receive risk register on regular cycle - Strategic risk register on agenda 3/2/2022 minutes show it was discussed in meeting on 7/4/21	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(9) Holding to account the organisation's subsidiary boards, committees and senior staff for the exercise of any powers delegated to them.	Yes	Audit committee review and approve annual audit plan Adopting a new reporting template to sit in front of Committee minutes when submitted to Board Changes to policies are reported to Board - action plans to all strategies are regularly presented Performance reports and CEO reports and ADP progress Key decision made highlighted on each board minutes not just annually	No change to evidence	No change to evidence	Completed- evidence in folder/attached
3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.					
(1) The organisation determines, documents and regularly reviews the board composition best suited to its needs; in the case of a group subsidiary, this may be a matter for the group parent.	Yes	The Council review our Governance and they recommend a change in the board composition. In 2013, the Council made changes to the Board to change from a 5,5,5 to a 3,3,3 and agreeing the CEO becomes a board member - both decisions made separately. This was also set out in chief exec report Regular governance training every two years (July 22) Considered composition twice in last year when vacancies arose.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The board has between five and 12 members, including and co-optees and executive members.	Yes	Current structure - Evidence displayed on our website	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting.	Yes	Chief exec is a board member and doesn't have a vote	No change to evidence	No change to evidence	Completed- evidence in folder/attached

Left vertical text: **eviews and capably manages its own performance and effectiveness, and ensures that it complies with this code.**

Criterion	Status	Evidence			
(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	We have a vice chair but is this documented in their JD - No. GAP - We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed and it is documented and evidenced they take part in the appraisal process of the chair? - See action plan	Remains partial - list of duties still needs documenting and agreeing	Remains partial - list of duties still needs documenting and agreeing	See Action plan
3.4 Board election, selection and appointment: the board has a diverse membership with the collective skills and attributes needed to govern effectively.					
(1) The board understands, states and regularly reviews the collective skills and attributes it requires to be effective.	Yes	Board appraisal process in place and evidence of skills and attributes. Training plan and forward plan also saved.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) Prospective board and committee members undergo an open and merit- based assessment process to establish their suitability. Where the organisation's constitution provides for one or more board members to be nominated by an external body, or directly elected, the organisation ensures that those coming forward have the necessary attributes and qualities, and that they are aware of the responsibilities of the role, including those of exercising independent judgement.	Yes	Application and interview process for tenant and independent Members - applications, shortlisting interview notes and scoring for recent round	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion.	Yes	At the AGM, we have an opportunity to consider whether we let Members stand down and recruit keeping diversity in mind when re-recruiting. Council Board Members are nominated by the Council.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) People with direct lived experience of (or particular insight into) the communities served by the organisation are meaningfully engaged in governance structures.	Yes	We have 3 tenant board members with lived in experience- all Board members receive insight into community feedback as demonstrated earlier.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) Shareholders who are not board members are supported and informed to play their proper constitutional role in the organisation's governance and in particular in the election of board members.	Yes	This relates to Council officers - when we make any appointments to Board members, the mem and arts require approval by the Council (Housing portfolio Holder) in OLB minutes 14.9.22	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(6) The organisation annually publishes information about the appointment of new board members, and about the diversity, skills and attributes of all the board members.	Yes	HP articles and press releases when new member are appointed Our Website contains a full biography for all Board Members so the need for an annual report is not needed. This includes skills and attributes and is updated as and when new board members are appointed.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
3.5 Committees: committees are established where the board determines that they will enable it to exercise more effective scrutiny, control or oversight of particular areas of the organisation's activity.					
(1) Each committee has formally recorded terms of reference approved by the board, and reports regularly to the board on its work and the exercise of any delegated authority.	Yes	All have TOR and reviewed every year. Annual report for each committee is reported to Board annually	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The membership of committees is determined on the basis of the skills, attributes and diverse characteristics which the board determines are appropriate.	Yes	Limited number of board members - Training programme in place- review composition and need for committees and diversity and attributes required - check minutes. Dave wrote a report and check CEO reports -OLB minutes 14.9.22 Board working with Housing Diversity Network to look at diversity	No change to evidence	No change to evidence	Completed- evidence in folder/attached
3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is:					
(1) Permitted by law and by the organisation's own constitution;	Yes	Yes, and reviewed by our solicitors - in Mem and arts	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) Agreed by the board as being in the best interests of the organisation;	Yes	Not agreed by Board, but approved by Shareholder In our Scheme Of Delegation / Mem and Arts	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) Aligned with the organisation's social purpose and wider reputation;	Yes	It is and recently agreed that increases are in line with pay award of staff to ensure it is in proportion and is agreed by the shareholder.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) Proportionate to the organisation's size, complexity, level of risk and resources;	Yes	We are a management company and therefore no assets. Benchmarked against other organisations and Chair.	No change to evidence	No change to evidence	Completed- evidence in folder/attached

Requirement	Status	Notes			Completion
(5) Linked to the role's responsibilities, against which performance is reviewed;	Yes	Need to review as part of reviewing E&P Committee membership? Need to consider whether all Board Members are a member of a committee meeting. rate of pay for chair and vice chair and other board members paid the same and performance discussed at annual appraisal - GAP - Review committee structures during 2023 - see action plan.	Changed to compliant - This was discussed and agreed and documented in CEO/ chairs report at Board on 7.12 meeting	No change to evidence	Completed- evidence in folder/attached
(6) Regularly reviewed, drawing on external advice as necessary;	Yes	Need to ensure this is reviewed regularly - It was reviewed in 2022/ 23 and covered in the financial statements and CEO report in next year (2023/24)	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(7) Disclosed in the organisation's annual financial statements.	Yes	Reviewed in 2022/23. GAP - will be included in next year (2022/23) financial statements and in CEO reports, see action plan	Changed to compliant - this was included in our financial statements	No change to evidence	Completed- evidence in folder/attached
3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.					
(1) The board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required.	Yes	We do not have a strategy, but there is a process for each category standing down, however this is not linked to skills and attributes required. Regular reports from CEO medium term plans renew when opportunity arises. Ongoing set out in Mem and arts board itself only has control over 7/11 appointments. Advert for recent member was led by the need for the person standing down i.e. financial or general - No strategy but review the skills of the board annually. Culture report from CEO on Board make up	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) Where a member is at the end of a term of office and is eligible for reappointment, this is subject to considering the member's performance and skills, and the needs of the board.	Yes	Culture report from CEO on Board make up Board members standing down can re apply and compete with other board members - Steve Lyons applied again after stepping down. When a new vacancy arises the skills and gaps needed will be advertised for (i.e. next time we will be asking or someone with housing experience)	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	SLHD is 9. GAP - If we want to remain at 9 and not move to 6 we need to document why.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	See action plan
(4) A member who has left the board is not re-appointed for at least three years.	Yes	Detailed within mem and arts - saved as evidence	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Need conversation about Council board members and difference set of rules with other 'No' section above. GAP - If we want to remain at 9 need conversation about Council board members and document why.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	See action plan
3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.					
(1) The board has appointed (and is responsible for the removal of) a company secretary who is accessible to all board and committee members and accountable to the board for advising on governance matters.	Yes	Director of corporate services is responsible for this post and listed on companies house. All duties of company secretary are laid out in the code of governance framework.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) Board and committee meetings are quorate.	Yes	Inc. in all minutes	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) Scheduled board and committee meetings are based on agendas and documents circulated well in advance. Decisions and the main reasons for them are recorded in	Yes	Papers are circulated 7 days in advance. There is a forward plan considered on a regular basis. All decisions are recorded.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements.	Yes	TOR for Board is included in there - no special Board meetings have taken place In past couple of years.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate.	Yes	Board regularly use Microsoft teams, civic is DDA complaint. TM visually impaired so given a laptop with a touch screen to enlarge font - email to test Teams function so meets could continue during Covid	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute.	Yes	We know we do this but is hard to evident - found some emails to make sure everyone was comfortable using teams during Covid - Convene training as well.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	Yes	Attendance criteria? Duties acceptance Document? GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	Completed- evidence in folder/attached

		3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.			
(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	**Partial**	Partial for this time - Requires strengthening through recruitment and appraisal process. will be ongoing and will need to consider what evidence we can produce to demonstrate compliance of the full Board and not individuals - have included the Appraisal effectiveness form - critical friend to evaluate some Board Meetings GAP - arrange a full board appraisal on how board works collectively - see action plan	Remains Partial - Still need an external governance review	Remains Partial - Still need an external governance review	See Action plan
(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	**Partial**	Partial for this time - Requires strengthening through recruitment and appraisal process. Will be ongoing and will need to consider what evidence we can produce to demonstrate compliance - maybe board member appraisals but not an appraisal against the whole board - critical friend to evaluate some Board Meetings. New Evidence added - The HDN DNA assessmrnt Chair and CEO speaking at HDN and TPAS conferneces on culture issues. GAP - what more evidence can Board suggest to comply with this? - see action plan	Remains Partial - Still need an external governance review	Remains Partial - Still need an external governance review	See Action plan
(c) Governing instruments, delegations, regulations, standing orders, structures, systems and other formal documentation as referred to in this code;	**Yes**	Evidence could include minutes, Standing orders, governance framework	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(d) Timing and frequency of meetings;	**Yes**	The Board have changed the time of the board meetings. Was virtual during Covid and hybrid moving forwards, always documented at top of each minutes - see minutes 26/5 "It was noted that should Board members wish to attend future Board meetings 'in person', meetings will take place at Civic building - Away Day around Governance also covered this - July 2022	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(e) Format of agendas, quality and scope of papers, minutes and communications;	**Yes**	The Board have changed the format of the reports and pushing narrative into appendices to create a more succinct report. Away Day around Governance covered this - July 2022	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions;	**Yes**	Away Day around Governance covered this. STAR Survey, tenant surveys - need to ensure Board receive this information. Tenant Voice Strategy must take into account customer views - reported to Board will cover this GAP - new template for decisions/ actions / challenges to be produced for clarity - see action plan	Changed to compliant - all minutes now include a section to clearly show decisions made and why	No change to evidence	Completed- evidence in folder/attached
(g) Compliance with this code and legal duties.	**Yes**	What evidence can we produce for this? GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	No change to evidence	Completed- evidence in folder/attached
(2) These matters are regularly and formally reviewed.	**No**	What evidence can we produce for this? GAP - Board appraisal of Board performance to be arranged - critical friend could facilitate - see action plan	Remains No - Still need an external governance review	Remains No - Still need an external governance review	See action plan
(3) All new board and committee members receive a full induction.	**Yes**	Legal Induction checklist that Board support officer completes and training forward plan but no formal training or induction to the organisation / structure / functions. New members have settling in months before appraisal in Jan when appointed in Oct GAP - create new induction checklist similar to employees	Changed to compliant - new handbook and induction check list completed.	No change to evidence	Completed- evidence in folder/attached
(4) All members have an agreed programme of ongoing learning and development opportunities, including to address needs identified through the appraisal process.	**Yes**	Board training plan and is documented as part of appraisal process - have included the Appraisal effectiveness form	No change to evidence	No change to evidence	Completed- evidence in folder/attached
		3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two years.			
(1) The appraisal of the board's chair is led by a senior board member, informed by the views of all board members.	**Yes**	Will be picked up as part of a new process for the Chair.	No change to evidence	No change to evidence	Further evidence being sought
(2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes.	**Yes**	Model code of conduct, acceptance of duties form but where is a documented process of what we would do if any of these weren't followed in the acceptance of duties it says you must report this to the chair or vice chair. GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	No change to evidence	Completed- evidence in folder/attached
		3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.			
(1) Where the formal constitution of an organisation conflicts with the code, the constitution takes precedence.	**Yes**	This is in the mem and arts	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) Where a statement of non-compliance is needed it sets out: (a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and	**Yes**	GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	No change to evidence	Completed- evidence in folder/attached
(b) Summary plans for the achievement of compliance, if applicable.	**Yes**	GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	No change to evidence	Completed- evidence in folder/attached
(3) Where an organisation has subsidiaries which have not adopted this code, the reasons for this are given.	**N/A**				
4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed.	**Yes**	All are originally reviewed by Board and an annual review of all key documents is conducted and presented to EMT	No change to evidence	No change to evidence	Completed- evidence in folder/attached

4.1 Audit: the board has formal and transparent arrangements ensuring that the organisation is financially viable and maintains both a sound system of internal audit and controls and an appropriate relationship with its external auditors.					
(1) The board can have confidence in the information it receives and there are robust internal controls and systems for business and control assurance in place which are reviewed annually.	Yes	Use Councils Internal Audit, and Independent external audit. This is also part of audit of financial statements included in evidence file which Board approve.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) There is a committee primarily responsible for audit, and there are arrangements for effective internal control assurance and audit functions.	Yes	Audit and Risk committee in place and evidence on our website.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) The organisation's external auditors are independent and effective, and their appointment is reviewed at least every six years.	Yes	Reviewed more regularly than 6 years but We have a service level agreement SLA following a full procurement process. Contact is for 2 yrs. +1+1.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
4.2 Audit committee: a committee exercises independent scrutiny and challenge to provide the board with assurance.					
(1) The committee responsible for audit meets regularly and its minutes are available to the board.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The committee exercises oversight of the internal and external audit functions.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder. Q2 2022 IA A&R report in the folder as well. Audit committee forward plan.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) The committee annually meets with the external auditors with only non- executives present.	Yes	Twice Yearly - Execs **ARE NOT** present and it is minuted. Slightly different arrangements for meetings on teams. Chair of Audit, IA and EA can verify this and it is in the minutes. Chair of A&R emails all committee members to see if they want to raise anything and this is minuted.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) The chair of the committee is a member of the board and regularly reports to it.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) The membership of the committee includes at least one person with recent and relevant financial experience, proportionate to the size and complexity of the	Yes	Chair of A&R was a former group director of a local charity organisation (renew Leeds limited) and therefore has the proportionate skills and experience needed.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place.					
(1) The board may delegate the detailed scrutiny and evaluation of risk to a committee.	Yes	Scheme of Delegation	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(2) The board has a suitable risk management framework in place; it understands the organisation's risk profile and the effectiveness of key controls.	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(3) The board establishes and documents its appetite for the risks the organisation faces in pursuit of its strategy.	Yes	Risk section in financial statements/annual report section.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(4) The board ensures that the organisation is resilient to the risks it may face, with appropriate mitigations and a suitably comprehensive, tested and up-to-date business continuity plan.	Yes	Reviewed. Audit and Risk are responsible for reviewing annually in March - Minutes of A&R.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(5) The board includes members with skills and experience appropriate to the level and type of risks	Yes	We can stipulate the skills we required (accountant, tenants, HR etc..) adverts reflect the skills we need when recruiting	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(6) The board regularly reviews the risks the organisation faces and how they are being managed; this includes the risks associated with activities carried out by subsidiaries	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
(7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place.	N/A				
(8) The organisation's annual report includes a statement about the risk management work of the board, including its understanding of principal and emerging risks and how these are being managed or mitigated.	Yes	In the financial statements each year - includes a risk statement	No change to evidence	No change to evidence	completed- evidence in folder/attached
4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements.					
(1) The board has a robust internal control framework and has regular assurance about the effectiveness of key	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates and financial statements.	No change to evidence	No change to evidence	Completed- evidence in folder/attached

	(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates - cannot find any reports on safeguarding? GAP - Do Board Members review safeguarding - see action plan	Changed to compliant - this is has now been included in the CEO/Chair's report	No change to evidence	Completed- evidence in folder/attached
	(3) The board publishes an annual statement setting out its approach to compliance and internal control.	Yes	In the financial statement - Approved by the Board, signed by the Chair and the External Auditors. This is published on our website.	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	4.5 Whistleblowing and confidential concerns: there are clear and well- publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns with a designated non-executive member of the board (other than the chair), where these are serious concerns and cannot appropriately be raised through the usual channels, and for these to be dealt with through proportionate and independent investigation as necessary.					
	(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Yes	The organisational one is out of date, last approved 2019 was due for approval April 2022 - new date approved at EMT for review by Q4 2022. GAP - update and approve the policy - see action plan	Changed to compliant - This policy has been updated and approved in April 2023	No change to evidence	Completed- evidence in folder/attached
	(2) The board (or an appropriate committee) regularly receives an account of matters raised under these policies, and actions taken in response.	Yes	A&R receive the fraud report and whistleblowing is included in this report	No change to evidence	No change to evidence	Completed- evidence in folder/attached
	(3) If a board member has concerns about the board or the organisation that cannot be resolved, these concerns are shared with the board and formally recorded.	Yes	No evidence this has ever happened and will be addressed in new Board code of conduct.	No change to evidence	No change to evidence	Completed- evidence in folder/attached

Principle 4: Control and assurance - The bo...

Code of Governance: Action plan

Principle	Section of the code	Compliance	Owner	Action	Jan 2024 Update	Jan 2025 Update	Date to be completed (Financial year)
Principle 1: Mission and values The board sets and actively drives the organisation's social purpose, mission and values and through these embeds within the organisation resident focus, inclusion, integrity, openness and accountability.	**1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.**						
	(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Partial	Director of Housing and Customer Services	Compliments to be included in the quarterly customer focus presentation to P&I and annual presentation for Board.	Remains partial. Compliments included in P&I Quarterly report however Consideration of more reporting to Board on complaints and compliments	Remains Partial - I think a new report on customer feedback is being created and discussed?	Completed
	1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.						
	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	Board	We cant find any evidence of this happening? This needs to be regularly reviewed and updated by Board If and when evidence arises	Happy this remains as a No. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered.	Happy this remains as a No as per January 2024. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered and code of conduct has been produced and reviewed. recommendation to remove from action plan.	N/A
Principle 2: Strategy and delivery - The board sets ambitions, plans and strategies which enable the organisation to fulfil its social purpose and remain viable and sustainable, and exercises demonstrable and effective oversight of their delivery.	**2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.**						
	(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Yes	Chief Executive	We need a report to make this a formal arrangement. DR due to discuss this with the Chair and to consider methodology.	Remains partial. Methodology still needs documenting, appraisal needs to happen and outcome needs to be cited in CEO/Chairs report to Board.	Changed to Compliant - Process in place and can evidence for Chief exec for last year annd is all booked in for new Chief Exec in 2025.	Q4 2023/24
Principle 3 :Board Effectiveness - The organisation is led by a skilled and diverse board which regularly reviews and capably manages its own performance and effectiveness, and ensures that it complies with this code.	**3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.**						
	(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	Director of Corporate Services and Chair of the Board	We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed.	Remains partial - list of duties still needs documenting and agreeing	Remains partial - list of duties still needs documenting and agreeing	Q4 2023/24
	3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.						
	(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	Board and CDC	If we want to remain at 9 and not move to 6 we need to document why and ensure there is a good succession plan in place to address this. There is also no maximum term for Council board members.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	Q4 2023/24
	(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Board and CDC	Need conversation about Council board members and difference set of rules with other 'No' section above	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	The minutes from the meeting on 01.02.2024 are evidence of this discussion and agreement at Board. Board are asked to review and confirm this is still the case.	Q4 2023/24
	3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.						
	(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	Diretor of Corporate Services	Arrange a full board appraisal on how board works collectively and invite a critical friend to evaluate some Board Meetings	Remains Partial - Still need an external governance review	Remains Partial - Still need an external governance review	Q1 2024/25
	(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Partial	Board	Invite a critical friend to evaluate some Board Meetings. What further can Board member suggest for evidence to strengthen this section?	Remains Partial - Still need an external governance review	Remains Partial - Still need an external governance review	Q1 2024/25
	(2) These matters are regularly and formally reviewed.	No	Diretor of Corporate Services	Board appraisal of Board performance to be arranged - critical friend could facilitate	Remains No - Still need an external governance review	Remains No - Still need an external governance review	Q1 2024/25

ST LEGER HOMES OF DONCASTER
Board Meeting Briefing Note

Title:	Safety and Compliance Dashboard – December 2024
Action Required:	Members of Board are asked to consider the content of this report
Item:	11
Prepared by:	Laura Dougan Health, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
Date:	06 February 2024

1. Report Title

1.1 Safety and Compliance Exception Report – as at 31st December 2024

2. Compliance Status Summary

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

2.2 Where there are exceptions to full compliance or areas of specific interest, such as damp and mould, progress against Housing Health and Safety Rating System (HHSRS) actions, further details are provided within the report. The information collected is validated and then stored in our compliance software C365.

2.3 <u>Top Level Compliance</u>

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (November)	OUT COMPLIANCE (December)
Asbestos	Asbestos Reinspections - Common Areas	100%	551	551	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	100%	402	40299.80	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	94.57%	19,873	18,795	1,075	1,078
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	100%	0	0	0	0
Fire Safety	Fire Risk Assessment (FRA)	99.80%	504	503	0	1
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100%	26	26	0	0
Water Hygiene	Legionella Risk Assessment	100%	73	73	4	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	100%	18,832	18,832	3	0

2.4 *Exceptions to Top Level Compliance*

2.5 EICR Programme – Domestics 5 year
Currently at 94.57%. 1,078 properties have an EICR over 5 years old; this is a slight increase due to delays in receiving completed signed off EICRs. 1,386 were outstanding from the 2023-24 programme. These are now included in the 2024-25 programme. All 1,386 are with contractors and need a consumer unit replacement as capital works.

2.6 There are 4,847 domestic properties requiring an EICR in 2024-25. This includes 3,461 with a date due between 1st April 2024 and 31st March 2025, and the 1,386 outstanding from previous years.

2.7 Two External Service Providers (ESP) are in place to deliver this programme along with ISP. To date this financial year 4,110 electrical tests have been completed.

2.8 Fire Risk Assessment (FRA)
Currently at 99.80% with 1 out of compliance, Heartswood Road Flats. This is due to the ongoing fire safety improvement works and the FRA will be completed when the works are complete. The building is in control of the external contractor.

3. Other Areas of Compliance

3.1 For any area not showing full compliance detailed information is provided in the comments contained in sections 3.2 to 3.14.

	COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (Nov)	OUT COMPLIANCE (Dec)
Asbestos Survey - Dwellings	60.83%	20270	12329	8066	7938
Annual Automatic door maintenance	0.00%	5	0	5	5
Automatic Gates	100.00%	1	1	0	0
Caravan Site – Day Area & Site Card	41.38%	58	24	41	34
Caravan Site – Sockets	64.29%	140	90	55	50
Emergency Lights Annual	100.00%	116	116	0	0
Emergency Lights Monthly	0.00%	116	0	116	116
Lightning Conductors	60.00%	10	6	4	4
Automatic Opening Vents - Servicing	100.00%	4	4	0	0
Bin Chutes	100.00%	17	17	0	0
Communal Fire Door Inspection	100.00%	976	976	0	0
Domestic Fire Door Inspection	100.00%	684	684	2	0
Dry Riser	100.00%	9	9	0	0
Fire Detection & Fire Alarm Systems-Servicing	100.00%	50	50	0	0
Fire Fighting Extinguishers	100.00%	62	62	2	0
Safety Checks - High Rise	100.00%	9	9	0	0
Safety Checks - Specialist Housing	100.00%	3	3	0	0
Sprinkler Systems - Planned Maintenance	10.00%	10	1	0	9
Air Conditioning	100.00%	2	2	0	0
Air Source Heat Pumps	100.00%	15	15	0	0
Biomass	100.00%	169	169	0	0
Commercial Boilers	100.00%	4	4	0	0

District Heating	100.00%	845	845	0	0
LPG	100.00%	16	16	0	0
Oil	100.00%	3	3	0	0
Solid Fuel - Annual Check	100.00%	71	71	2	0
Unvented Systems	100.00%	47	47	0	0
Passenger Lifts PPM	100.00%	26	26	0	0
Residential LOLER Thorough Inspection	58.97%	624	368	276	256
Residential PPM	29.33%	624	183	469	441
UPS	100.00%	3	3	0	0
Fixed Edge Protection	77.78%	9	7	2	2
Ventilation	100.00%	10	10	0	0
Cold Water Storage Tank Inspection	100.00%	14	14	0	0
Low Use Outlet Flush	0.00%	31	0	0	31
Shower Clean and Disinfections	100.00%	18	18	0	0
Water Temperature Monitoring	0.00%	1	0	1	1

Exceptions to Other Areas of Compliance

3.2   Asbestos Surveys – Domestic

Currently at 60.83%. This information is required for work activities in domestic properties that may disturb the fabric of the building and to assist SLHD to keep our homes safe for tenants living in them and staff working in them. A forensic review of asbestos data was carried out in 2021 when we started to implement C365. This resulted in a proportion of data not being taken to C365. This asbestos information is being gathered at every opportunity through new surveys, particularly on planned schemes to increase this number. This information is valid, robust data and inputting direct into C365 by the surveying contractors with quality checks being carried out by the asbestos officers prior to surveys going live in C365.

3.3   Automatic Door Maintenance

Currently at 0%. This is maintenance of the automatic aids that hold doors open. A data cleanse of the information has been carried confirming that only 5 doors have the automatic aids that require maintenance. Work is now ongoing to look at contract required for these including using any contractors already available through CDC. This will be completed by end of January 2025.

3.4   Emergency Lights Monthly

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

3.5   Gypsy & Traveller Day Area & Site Card

Currently at 41.30% - 34 out of compliance. Inspections of these are ongoing. Access to these is an issue; ISP have been reminded of using support of Housing Management Team.

3.6 Gypsy & Traveller Sockets
Currently at 64.29% - 50 out of compliance. Inspections of these are ongoing. ISP have been reminded of using support of Housing Management Team.

3.7 Lightning Protection
Currently at 60% - There are 4 high rises, Methley, Hatfield, Sandbeck and Firbeck under the control of ESP as part of EWI remediation. These show as out of compliance on C365, however they have temporary lightning protection connections and we have certification confirming this.

3.8 Sprinkler Systems Planned Maintenance
Currently at 10% - the 9 showing out of compliance are the highrises. These were completed in December by ESP and we are awaiting the certificates.

3.9 Residential LOLER Thorough Examination
Currently at 58.97%. The frequency of these was changed in the 2023 Lift Policy. We are working to ensure all properties have a compliant thorough examination. Where access is difficult support is being requested from Housing Teams. Taking onboard feedback from Savills we will be looking at equipment held within this section splitting those strictly covered by LOLER e.g. hoists from those that still require examination and maintenance under general H&S legislation and out Policy e.g. stairlifts.

3.10 Residential Lift Equipment PPM
Currently at 29.33%. The frequency of these was changed in the 2023 Lift Policy. We are working to ensure all properties have PPM. We are finding access to these properties is difficult and are trying to engage with the Housing Officers to aid in gaining access. Reports are sent through to the Compliance Officer from St Legers Lift Consultant TUV:SUD monthly and uploaded to C65 when received. We are currently going through a tender process for a Maintenance contractor with a new specification stating Live Reporting is required to have a more positive approach on bringing all out Domestic properties compliant on C365.

3.11 Fixed Edge protection
Currently at 77.78%. 2 are out of compliance. These are Methley and Hatfield House highrise blocks. They are both currently scaffolded with the edge protection not in use. New edge protection is to be installed to the newly revised standards as part of the project and commissioning certificates will be provided.

3.12 Low Use Outlet Flush
While this area shows as 0% on C365, we have records to show they comply. The documentation is due to become electronic as part of our digital transition. It will then be reported via C365.

3.13 Water Temperature Monitoring
While this area shows as 0% on C365, we have records to show they comply. The documentation is due to become electronic as part of our digital transition. It will then be reported via C365.

3.14 Access for Compliance related activities
Access is an ongoing issue for a number of compliance activities. Engagement with residents and tenants takes place in different ways through leafleting properties directly, using the internet and HouseProud. Housing Management teams provide support and where required assist with taking legal action. As an organisation we need to address and standardise the process for access. The outline proposal of an Access Policy has been presented to EMT and a new policy is planned for Board in 2025.

4. Fire Risk Assessment (FRA) Action Delivery

4.1 A 10-year programme has been developed and agreed with CDC for delivery of FRA actions. All actions have been assigned a work plan year Work plan year 1 was completed. Work plan year 2 started in April 2024.

4.2 <u>Work Plan Year 2 – 2024/25</u>
There were 153 actions identified in work plan year 2. The workplan program has been reviewed with changes as detailed in 4.3. This had led to an increase of 31 actions in year 2; this will be the new number reported on. Progress on these is monitored using the table below

Work Plan Year 2 FRA Actions			
Total in Work plan 2	Number at end of October 2024	Number at end of November 2024	Number at end of December 2024
156	141	141	135

4.3 Due to delays in external wall works on high-rise buildings, a review of the work plans has been conducted. Consequently, communal upgrade works in high-rises have been rescheduled. Specifically, the upgrades for Sandbeck and Firbeck high-rises have been deferred to year 3 of the work plan. To balance the program, three low-rise blocks have been advanced from year 5 to year 2, thereby increasing the overall number of actions.

4.4 Workplan year 2 includes the Heartswood project which is ongoing due to finish early 2025. The rest of workplan year 2 has been affected by delays at procurement stage. More work is required around costings, this is ongoing, but the delay will impact overall budget spend and delivery of actions in 4.2. The workplan is being reprofiled and it is likely some actions will go to work plan year 3. A number have been identified to carry out by inhouse resource along with some fire doors that will be ordered direct by SLHD. A forensic review of the work plan is going to EMT and Building Safety Compliance Committee and the groups within the council in early 2025 so that everyone understands and agrees what actions are in which years and the rationale for these decisions. This can be formally agreed and endorsed by the relevant committees and groups to assist and provide evidence for any future inspections by the RSH.

4.5 From 1st April 2024 to 31st December 2024 1,243 have been closed. These include those from year 2 and also from future years. These include management actions and those completed by the dedicated in house resource.

4.6 3,976 actions have been completed since the ISP resource has been in place dealing with actions directly.

5. EICR Actions

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

EICR Actions			
Identified Codes	Number at end of October 2024	Number at end of November 2024	Number at end of December 2024
C1 (Immediate Remedial Action)	0	0	0
C2 (Urgent Remedial Action)	308	314	314
C3 (Improvement Recommended)	29,989	30,729	31,218
FI (Further Investigation)	26	26	27

ISP are working through C2s; in most instances we are awaiting the minor works certificates. The C2s are a rolling number with new added as EICRs are completed. C3 are recommended improvements; there is no obligation to take action these. They can be used to inform planned improvement programmes. Examples include consumer units made of a combustible material. An FI is used when a more in-depth investigation is needed to determine the safety of the electrical installation, these are being treated in the same way as our C2s.

6. Asbestos Reinspection's Actions

6.1 Actions identified in the reinspection's are recorded in C365. Reinspection's are now being carried out inhouse and these actions have been data cleansed to clarify what requires removal/actions or including within the reinspection programme. There are currently no actions from inspections outstanding.

Actions from Reinspection's			
	Number at end of October 2024	Number at end of November 2024	Number at end of December 2024
Actions Total	0	0	0

7. Legionella Risk Assessments Remedials

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

LRA Remedials			
Total Number	Number at end of October 2024	Number at end of November 2024	Number at end of December 2024
High	16	14	10
Medium	19	0	19
Low	9	0	0

7.2 LRAs carried out in late 2024 have created actions which explains the increase. Of the 14 reported in November 12 have been completed. The remaining 2 require work action by ISP. These are removal of deadlegs and descaling of calorifiers.

7.3 The remaining 27 actions are from recent LRAs and are all within due date. They are due –
- 8 due by end of January (all high)
- 10 due by end of April (all medium)
- 9 due by end October (all medium)

8. LOLER Thorough Examinations Defects

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

Observations are mainly recommendations and notes for future inspections. Advice is aways taken from TUV-SUD SLHDs Lift Consultants before any decisions are made. The rise in October is due to the cyclical thorough examinations being completed during October.

8.2

LOLER			
Defect Codes	Number at end of October 2024	Number at end of November 2024	Number at end of December 2024
R30 – to be completed within 30 days	0	0	0
R60 – to be completed within 60 days	3	11	10
R180 – to completed within 180 days	0	0	0
Observation	14	0	0

9. Actions from Annual Gas Safety Checks

9.1 When an at risk or immediately dangerous is identified a safety notice is created against the property.

LGSR Actions			
Code	Number at end of October 2024	Number at end of November 2024	Number at end of December 2024
At Risk	1	0	0
Immediately Dangerous	1	0	0

9.2 No at risk or immediately dangerous actions were recorded during December from annual gas safety checks.

10. Occupational Health and Safety Update

10.1 There were no RIDDOR reportable incidents in December 2024.

10.2 During December there was a medical emergency involving resident initially thought to be related to carbon monoxide. This was based on information provided at first contact from. It was confirmed to be related to the residents pre-existing medical condition. The LGSR confirmed no issues at time completed in September 2024. A fumes test was carried out by competent ISP engineers, after taking advice form HSE, this confirmed no presence of carbon monoxide. This did not require RIDDOR reporting or a serious untoward incident report completing.

11. Damp, Mould and Condensation

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

11.2
- 4916 customer requests for a damp inspection have been received between 2 January 2023 and 06 January 2025, relating to 3758 properties.
- From 06 January onwards: 240 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 06 January is currently 23 January 2025 in all areas.
- Demand for a D&M related inspections has been up and down. During Jan/Feb last year weekly requests were around the 60-70 mark. November and December requests were also around 60-70, which is lower than averages of 90-100 the year before.

12. HHSRS Hazards: Position Statement as of the end of December 2024

12.1 At the end of December there are 389 category 1 hazards outstanding out of 1,479 and 3,720 category 2 hazards outstanding out of 7,568, bringing the total number of outstanding hazards to 4,109.

12.2 Of the 4,109 outstanding hazards, 2,784 have been actioned. This means that the hazard has been assessed and some form of action taken. This can include, for example, raising a repair, arranging for a detailed inspection or putting into a planned programme. There are 1,325 hazards that still require review and for the appropriate action to be taken – these are all category 2 hazards. This will now be the priority over the next month to ensure that all hazards have been assessed and that some form of action has been instigated. The in-house planned team will also continue to progress with completing jobs already raised. It is anticipated that the combination of these actions will start to see more actions closed off in the next few months.

12.3 As reported last month, there are still a significant number of outstanding hazards relating to damp and mould which we need to follow up, and a significant number of properties that will need an inspection - these mainly relate to structural issues (plaster cracks) and falls on a level (uneven paving). Criteria to inspect paths against still needs to be developed and it is the aim to commence this work during January/February. Advice leaflets need to be sent to properties categorised as 'slight' for damp and mould where no repairs have previously been raised. This has been difficult to progress currently due to sustained damp and mould service demand. Again, the intention is to progress with this starting in late January/ early February.

12. 6 HHSRS Category 1 Hazards 'Tracker' – Position as of 01 January 2025

12.7 As of 01 January 2025, there were **1,474** category 1 hazards that had been identified through stock condition surveys Phase 1 to 4. Phase 4 of the stock condition surveying programme is now complete, and no further hazards are expected to be identified through this process. A further **5** category 1 hazards have been identified since August through day-to-day repairs and planned improvement activities. This brings the total of identified category 1 hazards to **1,479**

12.8 Of the **1,479** category 1 hazards identified, **389** were still outstanding as of 01 January compared with **394** the previous month, meaning a further **5** had been resolved/completed during the last month. The status of the outstanding category 1 hazards as of 01 January is as follows:

12.9

Status	Phase 1	Phase 2	Phase 3	Phase 4	General	Total
1. No Access	2	1	6	53	-	**62**
2. Future Appointment	1	-	2	8	2	**13**
3. Repair Ongoing	1	1	16	25	-	**43**
4. Housing Management	1	-	-	1	-	**2**
5. Legal	1	-	-	-	-	**1**
6. Gas Capped	-	7	1	3	-	**11**
7.Gas Service	-	-	1	1	-	**2**
8. Planned Programme	-	-	50	158	-	**208**
9. Quality Assurance Check	-	-	9	9	-	**18**
10. Void Property	-	-	1	-	-	**1**
11. To Action	-	5	7	16	-	**28**
TOTAL	**6**	**14**	**93**	**274**	**2**	**389**

12.10 **No Contact / Access / Decline.** These are where a repair appointment has been made to rectify the hazard, but our operative has not been able to gain access following our call ahead process. These jobs will all need re-raising. Assets team have written to all customers where there has been no access to date. A second no access letter still needs to be sent for those properties where access remains an issue.

12.11 **Future Appointment Date.** These are hazards where jobs have been raised and an appointment date has been made, but this date is in the future.

12.12 **Repair Ongoing**. These relate to jobs that are more complex and might require multiple trades or stages of work and where this has commenced, but further works are still required to fully address and remove the hazard.

12.13 **Housing Management**. These relate to issues that have been referred to housing management to address. These usually relate to internal condition of the property.

12.14 **Legal**. These are cases that are currently being dealt with through a legal process and could include either an ongoing disrepair case, or the process of seeking possession of the property.

12.15 **Gas Capped**. This relates to an excess cold hazard where the tenant has had their gas capped, thus limiting the ability to heat their home.

12.16 **Gas Service**. This is where a gas service is planned in the near future and once completed will resolve the hazard.

12.17 **Planned Programme**. This mainly relates to where there is working smoke detection in place, but it has passed its expiry date. EMT previously agreed that these hazards would be tolerated until the end of Phase 4 stock condition surveying programme, and then placed into a replacement scheme later in 2024. These hazards have now been placed into the 2025/26 planned programme.

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

12.19 **Void**. These relate to properties which are now void and where the expectation is that the hazard will be removed during the voids process.

12.20 **To action.** These hazards require further action or investigation to ascertain whether the hazard remains.

13.   Report Author, Position, Contact Details

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

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date   :   06 February 2025

Item   :   12

Subject   :   Quarter 4 2024/25 Strategic Risk
                        review

Presented by   :   Julie Crook
                        Director of Corporate Services

Prepared by   :   Nigel Feirn
                        Head of Finance and Business
                        Assurance

Purpose   :   Present Board with the updated
                        Strategic Risk Register.

Recommendation: Board note the updated Strategic Risk
Register.

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To the Executive Management Team of   **Agenda Item No. 12**
ST LEGER HOMES OF DONCASTER   **Date: 06 February 2025**

1.   Report Title

1.1. Quarter 4 2024/25 review of the Strategic Risk Register (SRR).

2.   Purpose

2.1. Present Board with an updated SRR (**Appendix A)**

3.   Recommendation

3.1. Board approve the updated SRR.

4.   Executive Summary

4.1. The last update on the company's SRR was in November 2024 and was presented to Audit and Risk Committee, after a full review had been undertaken by Leadership. At that time, there were some changes to risk causes, effects controls and assurances, but no risks were added or removed and all ratings were unchanged.

4.2. Leadership have undertaken a detailed review at their January meeting for this update. No risks have been added or removed. The SRR still has six risks (**Appendix A**). Updates to risk causes, effects, controls, assurances and actions are shown in red for reference. Ratings are based on existing and planned controls in place and are unchanged.

4.3. The table below summarises the SRR and shows Inherent, Current and Forecast Residual ratings for each strategic risk:
   1. **Inherent** Risk – the risk score on the assumption of <u>no controls</u> in place.
   2. **Current Residual** Risk - the risk score taking into account the <u>current</u> controls in place to mitigate the risks.
   3. **Forecast Residual** Risk (post actions) - the risk score <u>after</u> taking into account the <u>planned</u> controls are in place and actions are completed.

4.4. Each risk is rated on a 5 x 5 scoring matrix, comprising **likelihood** and **impact.**

		January 2025			October 2024		
	Risk – **Failure to :**	**Inherent rating**	<u>**Current**</u> **Residual Rating**	<u>**Forecast**</u> **Residual Rating**	Inherent rating	<u>Current</u> Residual Rating	<u>Forecast</u> Residual Rating
1	manage Homelessness issues and the subsequent demand for housing within Doncaster	**20**	**20**	**12**	20	20	12
2	to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)	**16**	**12**	**8**	16	12	8
3	recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.	**16**	**12**	**9**	16	12	9
4	manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	**25**	**10**	**5**	25	10	5
5	manage corporate health, safety and compliance risks	**25**	**10**	**5**	25	10	5

6	effectively govern and manage in an increasingly regulated climate	**16**	**8**	**4**	12	8	4

4.5. Scoring matrices are summarised below and detailed at **Appendix B.**

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

5. Specific Risk Register considerations

5.1. In addition to the normal review work, Leadership also considered three specific risk related items raised by Board in previous meetings; (1) Risk appetite statement; (2) whether ICT systems is a Strategic Risk: and Operational Risk Registers.

1. <u>Risk appetite</u> : This is the level of risk that an organisation is prepared to accept in pursuit of its objectives, before action is deemed necessary to reduce the risk. Leadership considered whether a statement would be applicable given that SLHD is a management company and that risk appetite is used for strategic decision making, e.g funding arrangements, property development, diversification. Generally, this doesn't apply to SLHD due to its management agreement with Doncaster Council (CDC) and where the strategic decision-making lies, so a general appetite statement is not considered appropriate. However, if Board were to make any strategic decisions, a risk appetite statement specific to each of the decisions would be considered, prepared and included in the relevant Board report.

2. <u>ICT systems</u> : Historically, ICT has appeared on the SRR. For several years up to 2022/23, 'Failure to develop and maintain robust ICT systems' was a strategic risk. However, this risk was deemed unnecessary to stay in the register due to the comprehensive ICT management provided by CDC. CDC oversees our ICT infrastructure and is responsible for mitigating operational ICT risks, including outages and cyber attacks. The CDC's dedicated cyber security team plays a vital role in safeguarding our ICT environment and ensure that SLHD is protected from external cyber threats and oversees all security aspects related to network access.

   While the strategic risk register no longer directly references ICT, there are key aspects related to ICT within SLHD's control that are addressed through staff vigilance and training. To enhance the security of our ICT systems, staff are trained to be vigilant in their use of hardware and software. This proactive approach ensures that potential risks are mitigated through awareness and proper use of technology.

   In the event of a significant ICT incident, such as a security breach or major technical issue, Emergency Plans (CDC) or Business Continuity Plans (SLHD) would be activated. These plans are designed to manage and recover from major incidents effectively, in coordination with CDC's support. The removal of the ICT risk from the strategic risk register does not imply a lack of vigilance or importance. Instead, it reflects the robust ICT risk management framework provided by CDC and the strategic focus on training staff and preparing for major incidents.

3. <u>Operational Risk Register (ORR)</u> : SLHD has an ORR in place and contains individual registers for each service area, which are owned by the respective Head of Service. Its objective is to record specific, day to day risks that could impact on that area's ability to deliver its core services. For example, Finance team unable to collect rent income due to isolated staff sickness, lone working arrangements for Housing Officers, Repairs teams unable to source the correct materials, etc.

Operational Risks are recorded in the same manner as strategic risks, with a cause, effect, assurances and ratings. If any risk ratings are 'Red', i.e. a score of 20 or above, then consideration is given to this becoming a strategic risk and added to the SRR as appropriate.

6. Background information

6.1. Leadership considered recent activity within SLHD and developments within the sector and also horizon scanned as to the major areas to consider over the coming months.

6.2. The main activity relates to inspections under the new Regulatory regime, which commenced in April 2024. Inspection reports are reviewed as they are published to identify good practice and possible gaps in SLHD's and CDC's risk management.

6.3. In preparation for inspection, SLHD and CDC have been working closely with Savills, as our 'critical friend', and a mock inspection was undertaken in November and December 2024. Overall, results are positive and a number of actions developed to address any areas for development.

6.4. A very challenging operating environment continues in terms of services delivery and financial pressures. All areas were considered as part of this review, including regulation, economic climate, homelessness and recruitment challenges.

7. Procurement

7.1. Procurement services to SLHD are provided by CDC under a Service Level Agreement.

7.2. Robust Contract Standing Orders and Financial Regulations are inherent within a number of strategic and operational risks and are a fundamental part of SLHD's assurance framework.

8. VFM Considerations

8.1. 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.

8.2. 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.

9. Financial Implications

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

10. Legal Implications

10.1. 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.

11. Risks

11.1. 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.

12. IT Implications

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

13. Consultation

13.1. The approach to risk management has been developed with consultation and input by CDC's internal audit service.

14. Diversity

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

15. Communication Requirements

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

16. Equality Impact Assessment (new/revised Policies)

16.1. Not applicable to this report.

17. Environmental Impact

17.1. Not applicable to this report.

18. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

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

Strategic Risk Register - Dashboard   **As at February 2025**

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

RISK OWNER	Head of Access to Homes
	As at February 2025
FAILURE TO	1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster

What might cause the risk to occur? 'CAUSE'	* Impact of changes to the welfare benefit system * Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities. * Rough Sleeping Initiative (RSI) funding for homelessness under review by new Government - allocation after transition year unknown. * Unaffordable Private Rented Sector, rising market rents, freeze on local housing allowance rates and U35 single people housing cost restrictions * Extreme Weather Events or other emergency situations * Increases in number of rough sleepers with complex needs * Non Statutory Ending Rough Sleeping 14 Day emergency accommodation offer to those non -priority cases assessed as at risk of Rough Sleeping. * Access to ebeds at Hostels at Wharf House restricted to outreach service. * Reduction in supported accommodation proposed closure of Open House 2025 * Workforce - skills, culture, recruitment and retention * Increase in domestic abuse * Increase in ASB and violence causing people to flee * Cost of Living crisis and sustainability of customers accommodation * Renters Rights Bill ending no fault evictions, potential withdrawal of landlords from the market, increase in the reporting of poor standards by tenants and increae in Homelessness referrals. * Lack of partnership working / insufficient partner engagement to address other parts of the homeless system * Increase in presentations from the ending of NASS accommodation * Former Single People NASS Leavers Families receiving priorty for Visas to enable 'Family' reunions. (pariculary large 4 bedromm plus housing need) * Increased tenancy failure in Council tenancies * 16/17 year old protocol placement requirements * New Government potential amendments to Homeless Reduction Act 17 to remove/amend local connection criteria.
What are the possible consequences if the risk occurs? 'EFFECT'	* Increase in demand on service beyond accepted levels * Judicial Review of Homelessness cases * Unable to effectively prevent Homelessness * Reduction in Housing Pathways * Increased demand for Temp Accom / hotel during transition to new supported housing model. * Supply not meeting demand from those in greatest need * Reputational damage * Economic impact on City Centre and reputational damage * Insufficient supply of housing options to meet needs. * Unable to deliver statutory service leading to a reduction in prevention and an increase in homelessness * Turnover of accommodation is reduced restricting move on options. * Access to and affordability in the Private Rented Sector increases risk of homelessness and restricts options available to customers.

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4
Impact score x likelihood score	20

What existing processes / controls are in place to manage the risk?	* Increased Management Fee to increase capacity. * Journey to Excellence Project completed * Allocation Policy reviewed and updated * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of CDC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (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 * MHCLG 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 25/26. * RSI Funding secured until 2025/26 under new transition fund. * AEFO funding secured until 2025/26 under new transition fund * 2 x DA Posts until 2026 and 2x Homes Option officer funded through Resettlement Grant until 2026 * 2 x FTE NASS Home Options officer until 2025 to support partnership work with the council's resettlement team. * Tenancy Support to sustain tenancies and limit tenancy failure - Tenancy Support team, Income Management, Mental Health Navigators * Housing And Poverty Working Group
What are the current assurance activities around the risk?	* 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 * Out of Hours service in place * New processes being implemented * Staff training and development in place with performance monitoring arrangements * Revised Allocations Policy approved implemented from July 2023 * Tenancy Support Model with performance management to monitor and measure tenancy failure, income maximisation and successes * Repurpose DA Safe Accommodation Funding to support victims in TA (2 x FTE)

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4
Impact score x likelihood score	20

	What further action is planned to treat the risk?	Action owner ?	Timescale
Action 1	Agree Annual comms planner ensuring effective internal & external comms	Head of Customer Services	Mar-25
Action 2	Contribute to Homelessness Review and new H & RS Stategy 2025 (lead on Prevention and Ethicacy Strands)	Head of Access to Homes	Jun-25
Action 3	Review single persons access and pathway to reduce the number in Hotel Accommodation and increase opportunities for single people.	Head of Access to Homes	Mar-25
Action 4	Establish lease arrangements for 10 dwellings with the Council as the Safe Accommodation Partner (Phased approach agreed)	Head of Access to Homes	Sep-25
Action 5	Develop Thrive Model for Homelessness Households	Head of Access to Homes	Mar-26
Action 6			
Action 7			
Action 8			

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4
Impact score x likelihood score	12

RISK OWNER	Chief Executive
	As at February 2025
FAILURE TO	**2. to ensure customers and partners are aware of demands on services and what is achievable in a challenging climate (financial, operational, political, regulatory, legislative)**

What might cause the risk to occur? 'CAUSE'	* Insufficient awareness of challenges and demands on services and alignment to realisitic expectations * Insufficient awareness of current trends within the housing sector * Unrealistic expectations * Lack of understanding of role and remit * Continued increases in demand for all service areas over past few years * Comparisons with better resourced Housing Associations and ALMOs - target budget savings for SLHD * Failure to react to changing demand * Inability to make changes required * Change in national and local political leadership * Conflicting priorities * Poor / inadequate operational performance and budgetary control * Failure to deliver value for money * Insufficient resource to meet expectations * Impact of new Regulatory standards and Ombudsman from 2024 * Published performance tables highlighting areas of strong and weak performance * Insufficient engagement and involvement in the Locality Framework
What are the possible consequences if the risk occurs? 'EFFECT'	* Review of management agreement * Increase in complaints * Reduced customer (TSMs) and partner satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage poor perception of SLHD * Excessive / increasing demands on time impacting on capacity for core service delivery * Loss of trust of Board and Council, reduction in services * Upheld complaints and increased fines which impact on budget and service delivery * Poor, lower quartile benchmarking performance * 'Worst first' and increased risk of early inspection * Unproductive relationships with partners * Poor customer service and inability to deliver excellence * High levels of employee turnover impacting on service delivery

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?	* Regular Mayoral and portfolio member briefings and attendance at relevant member and officer briefings * Councillor complaints and monitoring system in place * Customer and transactional satisfaction surveys including TSMs * Member Consultation processes in place * Proactive extensive inclusive engagement with our customers; * Ward member updates by comms and area teams, and meeting attendance; * Estate walk invites; * Meetings held in accordance with assurance framework * National and service specific benchmarking arrangements in place and related communications...; * VFM Strategy updated periodically and Annual VFM self assessment and statement * Business Intelligence (BI) tool implemented producing real time performance information * identified roles within SLHD structure that enge with the Locailty Framework, and people in roles understand their responsibilities * Partnership meetings approrpiately attended * CAT improvement plan in place * Complaints imrpovement plan complete * Customer Access Strategy review * Spotlight reports on complaints handling Housing Ombudsman * Member Responsible for Complaints (Housing Portfolio Holder)
What are the current assurance activities around the risk?	* New 5 year M'ment Agreement approved from April 2024 * New SLHD corporate plan for 24/25 onwards alignd with new management agreement * Communications Strategy * Additional transactional custormer surveys each year, with upper quartile customer satisfaction * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group for the past six years * Extensive benchmarking, primarily Housemark (monthly and annual), with review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statements to date * Updated Customer Involvement/Tenant Voice strategy, model and structure * bi-annual Councillor forums * 360 degree appraisals of the Chief Executive * e5 CP development for SLHD, HRA and Capital Programme budget monitoring * Re-designed and delivered 1:1 and performance management training to all people managers * Tenant Satisfaction Measures (TSM) implemented from April 2023. Positive/upper quartile perception results received September 2023 * Customer Excellence training framework in place. Rolling programme delivered to all employees. New starters now being trained. * Increased employee performance management arrangements in place, eg Infosuite * Performance Management Framework in place with redesigned check-ins linking goal setting, performance and compliance * CAT training on customer call management * Increased communications to customers

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4
Impact score x likelihood score	**12**

	What further action is planned to treat the risk?	Action owner ?	Timescale
Action 1	Meet / exceed challenging KPIs, TSMs and ADP for 2024/25	Heads of Service	Mar-25
Action 2	Preparation for inspection - working jointly with CDC	EMT	Mar-25
Action 3	Involvement in the review of THRIVE Framework	Head of Housing Management	Mar-25
Action 4	Customer Access strategy review/drafting - clarity on expectations and service delivery	Head of Customer Services	Mar-25
Action 5	Training for Customer Access Team how to effectively manage customers.	Head of Customer Services	Dec-25
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	4		
Impact score x likelihood score	**8**		

RISK OWNER	Head of HR & OD
	As at February 2025
FAILURE TO	3. recruit, retain and develop a workforce that is skilled, resilient, diligent, efficient and effective.

What might cause the risk to occur? 'CAUSE'	* Skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment approach (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information or management * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Reduced budgets resulting in limitations on reward packages * Inability to influence / pay annual pay award due to lack of union agreement with national Pay Offer * Inadequate systems - eg Rotherham system and restricted advertising of vacancies AND system failures * Lack of career progression/ development opportunities * Increasing workloads and insufficient capacity * High or low employee turnover leading to service dleivery issues due to vacancies, difficulties in recruiting, succession planning.
What are the possible consequences if the risk occurs? 'EFFECT'	* Lack of internal succession identified as the ageing workforce reaches retirement * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness absence in particular stress related absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture * High temporary agency spend and / or consultancy fees * Impact on colleagues' wellbeing from unfilled posts

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4
Impact score x likelihood score	**16**

What existing processes / controls are in place to manage the risk?	* People Strategy in place * Skills and Behaviours framework in place * Financial and Performance Management framework in place * FLM programme completed and ongoing for all ne wcohorts * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available * Attractive Benefits package and communication of total reward statements and packages * Attractive advertising of vacancies selling the total package * Agency Framework for temporary recruitment through Service Care Solutions (preferential rates for permanent placements) * Succession planning in place * Creative advertising of vacancies utilising a variety of platforms including social media, with appropriate designs and as appropriate video content.
What are the current assurance activities around the risk?	* Workforce planning process in place, Leadership Development completed across the business and First Line Manager program delivery complete * Wider range of apprenticeships across the business and career start activity * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular check in (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place - actions completed * Be well at work Gold award achieved in early 2023 * Embedded agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. * Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones * Implemented new industry standard Schedule of Rates (SORs) and Infosuite; * Personal Development Plans for all staff in place from 2022 onwards, with central monitoring; * Journey to Excellence Board in operation * Attendance at targeted careers events, bespoke campaigns and vacancy monitoring * Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions * Professional development (sponsored study support) and Career graded roles * Professional membership requirements and senior colleagues part of networking and future focused industry standard groups. * IIP accreditation achieved November 2023 and action plan to implement * New website and intranet implemented late 2023 * St Leger Stars in place with plans in place to widen recognition activity * Gap analysis undertaken in preperation for the future profesionalisatin requirements anticipated in Housing * Changes to pay grades 3 and 4 * IIP mid term action plan

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4
Impact score x likelihood score	**12**

	What further action is planned to treat the risk?	Action owner ?	Timescale
Action 1	Targeted recruitment initiatives for hard to fill roles	Head of HR&OD	Ongoing
Action 2	Continue to benchmark as required peer group performance benchmarking specifically for trades team DLO including HouseMark peer group	Head of Repairs and Maintenance	Ongoing
Action 3	Deliver Repairs Performance Board actions across phases 1-4	Head of Repairs and Maintenance	Phase 1 completed, phase 2 mobilised from February 24 untill March 25
Action 4	Deliver ADP action - full review of recuitment	Head of HR&OD	Mar-25
Action 5	Deliver SMT developemnt sessions incorporating Lumina	Head of HR&OD	Mar-25
Action 6	Develop metrics for recruitment	Head of HR&OD	Mar-25
Action 7			
Action 8			
Action 9			
Action 10			
Action 11			
Action 12			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	**9**		

RISK OWNER	Head of Building Safety
	As at February 2025
FAILURE TO	4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)

What might cause the risk to occur? 'CAUSE'	* 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'	* 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?	* Health, Safety & Compliance framework in place, including specific policies, plans and procedures for High Rise Residential Buildings. * High Rise Forum established * Processes to ensure employees are competent (skills, knowledge, training, training, tool box talks) * Health, safety and compliance performance report in place. Key stakeholder scheduled reporting * Annual budget allocation * Independent surveys and audits (i.e. gas and electricity) Morgan & Lambert * Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert * Working Group established to monitor progress of FRA recommendations * Compliance team in place * Head of Building Safety appointed. * Keeping in Touch visits prioritised for tenants in high rise buildings
What are the current assurance activities around the risk?	* 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 accomodation * Decision made to increase capacity in team * Structure and staffing resources in relation to Building Safety reviewed * External health check on 'fire' undertaken by independent external consultancy. * Training requirements identified across the business and programme developed to support and manage building safety and compliance * Resident engagement strategies for each high rise building * Budget provision for all FRAs * Housing management enforcement carrried out for tenants who deny access * BS9980 assessments carried out on identified highrise (Silverwood)
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 Head of Asset M'ment	Sep-25
Action 3	Deliver Use data from Evidence Housing Management Keep In Touch (KIT) visits and ensure actions are promptly addressedare carried out to high rise building tenants	Head of Building Safety	Mar-25
Action 4	Commision and undertake a BS PAS 9980 evaluation of the EWI system installed on Silverwood House Intake Highrises, and prepare a report and take account of actions required.	Head of Building Safety	Dec-25
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 February 2025
FAILURE TO	5. manage corporate health, safety and compliance risks

What might cause the risk to occur? 'CAUSE'	* 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'	* 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?	* 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?	* Internal/external audit programmes * Quarterly Audits through SLA by Doncaster Council * Assurance reports by Business Assurance Team specifically around fire safety * Inspection programme in place at all levels in the organisation * Be Well at Work Charter external verification every 2 years - Gold achieved in early 2023 * Presence of accident and incident reporting procedure * British Safety Council 5* award and actions implemented from this * 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 * Implemention of Health and Safety audit action plan

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5
Impact score x likelihood score	**10**

What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Implementation of health surveillance programme following completion of gap analysis	Head of Building Safety / Head of HR&OD	Mar-25
Action 2	Implement Health and Safety audit action plan	Head of Building Safety	Mar-25
Action 3			
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
Action 11			

1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5
Impact score x likelihood score	**5**

RISK OWNER	Chief Executive		
	As at February 2025		
FAILURE TO	**6. effectively govern and manage in an increasingly regulated climate**		
What might cause the risk to occur? 'CAUSE'	* Failure to adhere to Regulator's new Standards and receive resulting adverse inspection * Failure to adhere to Financial Regulations and operate robust budget management * Failure to adhere to corporate policies * Failure to meet Housing Ombudsman guidance * Failure to adhere Building Safety Regulator requirements * Failure to operate a robust compliance framework * Local government social care code * Increase in complaints from the Ombudsman's Offices and lack of resources to deal with these effectively		
What are the possible consequences if the risk occurs? 'EFFECT'	* Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection * Unable to deliver servcies to required standard * Budget overspend, reduction in services. * Loss of trust of Board and Council * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints and failure to address them and meet complaints handling code, with resulting adverse impact on budgets and service delivery * Poor, lower quartile benchmarking performance * Adverse publicity and reputational risk/damage * Management agreement review by CDC * Financial penalties from compliance failures * Increase in compensatory payments (remedies) resulting from complaints and Ombudsman's investigations		
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?	* Self assessment against all standards and compliance and action plans * Critical friend work undertaken and detailed action plans * Close watching brief on local and national issues affecting the borough and sector * Attendance of numerous goverance working groups, webinars, conferences * Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings * Review of governance arrangements and work undertaken to improve accountability * 'Inspection ready' panel * Team Doncaster member with close working relationships with key stakeholders. * Timely Financial and Operational performance indicators and information. * Focus on VFM to drive efficiency savings and increase capacity * Process for collection of TSMs periodically * TSP and OVF groups in place - consultation on strategies and policies and TSP challenge on implementation; *Annual Complaint and Service Improvement Report; *Member Responsible for Complaints in place (Housing Portfolio Holder)		
What are the current assurance activities around the risk?	* Robust Governance framework in place * Performance Management Framework in place * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and CDC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs and TSMs - meeting targets and positive benchmarking (not all TSM and KPIs meeting targets) * Increased tenant engagement resulting in enhanced oversight from tenants * Tenant voice strategy action plan * TPAS accreditation Changes to complaints handling processes improving performance * Board training plans in place * New Business Assurance and Governance management arrangements * Housing Management and Housing Options realignments complete in 23/24 * NHF Code of Governance adopted by Board * Critical friend appointed to review governance arrangements and undertake mock inspection * Governance peer group developing and NFA Governance group in operation to share plans and best practice in lead up to inspection * Annual self assessment against HO compalints code involving the TSP * Internal Complaints Charter Video * The consolidated action plan is a live document progress is reported to Building Safety and Compliance Committee. Actions are reviewed monthly and timescales in date * Mock inspection undertaken in October and November 24 with positive findings and action plan produced		
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	Deliver Self assessment against standards action plan	DCS	Mar-25
Action 3	~~Deliver consolidated Compliance action plan~~	~~Head of Building Safety~~	~~Mar-25~~
Action 4	Deliver 'property/building safety/asset group' action plan	Head of Building Safety	Mar-25
Action 5	~~Undertake satisfactory mock inspection~~	~~EMT~~	~~Dec-24~~
Action 6	TPAS exemplar accreditation (cannot apply for exemplar status until current accreditation expires)	Head of Customer Services	Nov-25
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 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 <u>current</u> controls in place to mitigate the risks, thereby potentially reducing the likelihood or impact
- *FORECAST Residual Risk -* The risk score <u>after</u> taking into account the <u>planned</u> 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 <u>**likelihood**</u> and <u>**impact**</u>.

		IMPACT				
		1 = Insignificant	2 = Low	3 = Medium	4 = High	5 = Very High
LIKELIHOOD	5 = Very Likely	(green)	(yellow)	(yellow)	(red)	(red)
	4 = Likely	(green)	(yellow)	(yellow)	(yellow)	(red)
	3 = Possible	(green)	(green)	(yellow)	(yellow)	(yellow)
	2 = Unlikely	(green)	(green)	(green)	(yellow)	(yellow)
	1 = Very Unlikely	(green)	(green)	(green)	(green)	(green)

Score	<u>LIKELIHOOD</u> 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 <u>IMPACT</u>				
		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
Board Briefing Note

Title:	Annual Development Plan (ADP) 2024/25 Update
Action Required:	For information
Item:	13
Prepared by:	Mark Haughey - Head of ICT & Transformation
Date:	06 February 2025

1. Purpose

1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2024/25. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the November 2023 Board's strategic away day.

1.2. The 2024/25 ADP proposes several key developmental activities or "actions" aligned to the vision set out in the SLHD Corporate Plan 2024 to 2029.

1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

2. Background

2.1. The ADP has been developed from the Corporate Plan 2024 to 2029.

2.2. The Corporate Plan 2024 to 2029 aims to deliver our vision of "providing homes in neighbourhoods where people are proud to live in" through our four priority themes of People, Homes, Communities and Partnership.

2.3. The Corporate Plan sets out the aims to be delivered over the five-year period. Each year the aims for each theme will be reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes.

2.4. The ADP is agreed each year, following extensive consultation, to ensure it is in line and delivers the aims of the Corporate Plan 2024 to 2029. Each ADP action has a timescale and a responsible officer.

3. 2024/25 ADP

3.1. The 2024/25 ADP at **Appendix A** contains individual actions relating to the Corporate Plan aims and includes those actions brought forward from the previous year.

3.2. A snapshot on the progress of the actions are as follows:

Corporate Plan Theme	Number of 2024/25 ADP Actions
Homes	6 actions of which:- 5 are on track 1 is complete
People	13 actions of which:- 4 are on track 7 are on amber 2 are complete
Partnerships	2 actions of which:- 1 is on track 1 is complete

3.3. A member of the leadership team is assigned responsibility for each ADP action. As with the current ADP oversight arrangements, progress will be reported to EMT and to Board every six months.

3.4. At the time of writing, good progress had been made on a number of the ADP actions with the following highlights:-

- The Housing Journey to Excellence programme has made great strides in case management and improving the service.
- All planned stock condition surveys for 2024/25 (Phase 4) were completed during Q2. 68% of the stock has now received a physical stock condition survey in the last 5 years.
- The new Environmental Strategy was considered and approved by Board in December 2024 ready for launch in January 2025.
- DataSMART project board established with the Strategy and 1st year action plan agreed at Board in October 2024.
- Accessible Housing Register (AHR) mobilised to empower more customers to directly bid for properties with low level adaptations appropriate for their needs.
- Project Board established to review the recruitment process and an initial action to review the desired 'to be' recruitment process to be completed soon.
- People Strategy 2024-29 approved in June 2024 and currently on track to deliver the action plan.

3.5. There are five actions that are not on track.
- A3 – Repairs Excellence VOIDs review - Due to an increased demand for repairs, the VOIDs review phase of the Repairs Excellence project has slipped and will be performed post Q1 2025 (was due Q3 2024).
- A9 - Upgrade OpenHousing to OneHousing – Delays to the initial project as Capita enforcing a move to a new underlying database, which is not one CDC

have supported. However, we are currently collaborating with Capita and CDC to facilitate a knowledge transfer.

- A11 – Review of recruitment process – While the Project Board has been established there has been a delay due to resource availability in team the though a revised project plan has now been agreed.
- A12 - Review the Customer Access Strategy - The review of the existing online Tenant portal, accessible to tenants through the SLHD website, has commenced but slipped as Capita have advised they are in the process of developing a new portal that we will want to consider.
- A14 – First year of the 2024-2029 Strategy Action plan - Some of the Year 1 People Strategy actions for the Recruit and Retain theme have been impacted by resource issues in the HR team. Recruitment has taken place and is ongoing to address this and it is envisaged that two actions will move into the Year 2 action plan.

4.   What Next

4.1. We will continue to progress and monitor all actions and report again to Board in June 2025.

5.   Recommendation

5.1. That Board is asked to note the ADP update.

6.   Appendices

- Appendix A - 2024/25 ADP

Appendix A

Ref	Service area	ADP Actions 2024/25	Corporate Plan Theme	Homes Owner	Objective of Action	Date	Q3 Status	Q3 Commentary
A1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 5 work streams.	**People**	HoATH	Prevent and reduce homelessness in the City and make best use of available housing stock within social, supported, and private rented stock. · To Empower Customers to self-serve and reduce avoidable contacts through (Digital) Online Triage Portals for Home Options (J2E) and HomeChoice. Empower customers before proceeding with Full application. · To Prevent Homelessness due to relationship breakdown through access to a Mediation Service. · To contribute to the Development & subsequent Delivery aspects of the NEW Homelessness & RS Strategy/Action Plan. · To deliver greater VFM and sustainability for the Prevention Fund Budget - Credit Union (Bonds RIA).	Mar-25	Complete	Project reviewed by new Director of Housing and Customer Services. The project has been evaluated fully and reported to EMT and Customer and Performance Committee with outcomes and the decision to formally close the project. The evaluation of the project and the objectives is favourable, and vast improvements have been made to the service resulting in great outcomes for customers. Any outstanding actions have been fed through into Service Delivery Plans for 2025/26. CDC are also developing a new Homelessness and Rough Sleeping Strategy whereby St Leger Homes are lead for 2 of the 4 strands. Homeless Prevention and Improving the efficacy of the Home Options service. We will be concentrating on developing plans around these to deliver the requirements.
A2	Housing Management	Review Locality Model with Team Doncaster to deliver outcomes for residents	**Partnerships**	HoHM	Work in partnership with CDC and SSDP to review the outcomes and structure of the current localities model including assessment of resources.	Mar-25	Green	On Target. The Thrive model is currently being rolled out to all areas following the Shape and Learn pilot in the North area. St Leger Homes staff continue to work closely with the Council as a key delivery partner.
A3	Repairs	Repairs Excellence project continues to deliver improvements and we look at other gains and expand on the previous programme. Out of hours review and voids will be in Phase 3.	**People**	HoRM	Continue the review of the service to include out of hours provision, voids service and overall performance.	Mar-25	Amber	Behind with the Voids phase of the programme originally planned for Q3, as we develop Repairs further to define plans for HHSRS works delivery following stock condition surveys and increased repairs demand. Out of hours will now feature post April 25 following budget pressures on this service area. The governance arrangements with the excellence board continue to monitor progress against the overall programme. Any slippage on Voids will also move into the 2025/26 phases as we also look at Project Planner software.
A4	Compliance	Undertake a review of the remaining High-Rise Buildings.	**Homes**	HoBS	Determine long-term viability and agree any work required.	Jul-25	Green	On Track - Costings have been provided to undertake the works associated with the gathering of information to enable CDC to make an informed decision. We are back on track to achieve this for the summer for 2025.
A5	Compliance	Building safety improvements to multi-occupancy buildings outside of the HR residential buildings from year 3 of the ten-year plan.	**Homes**	HoBS	Ensure compliance set against any emerging standards for all buildings of multiple occupancy where there are more than two dwellings regardless of height.	Jul-25	Green	On Track - Change in advice from the procurement team at CDC has caused a short delay but this can be caught up in the early part of 2025.

A6	Assets	Develop and launch new Asset management strategy and collate, analyse and understand asset condition data and applying this to investment decisions	**Homes**	HoAM	To set out our 4 year vision and deliverable objectives for effectively managing CDC's Housing Revenue Account Assets.	Jan-25	Complete	Complete - All planned stock condition surveys for 2024/25 (Phase 4) were completed during Q2. 68% of the stock has now received a physical stock condition survey in the last 5 years. A report summarising the findings from these latest surveys was considered by Board in October 2024. The new Asset Management Strategy was considered and approved by Board in December 2024 ready for launch in January 2025.
A7	Assets	Develop and launch new environmental strategy, this needs to include our approach to tech.	**Partnerships**	HoAM	To set out our 4 year vision and deliverable objectives for improving the energy efficiency and moving towards decarbonisation of the housing stock, alongside more sustainable working practices.	Jan-25	Complete	Complete - the New Environmental Strategy was considered and approved by Board in December 2024 ready for launch in January 2025.
A8	Compliance	Develop and make available compliance documents on the customer compliance portal. Providing evidence which customers can access which demonstrates to our customers' homes are safe.	**People**	HoBS	The Portal will provide access to statutory documents for a resident's home so they can have some assurance that their property is safe. Helping SLH meet the requirements of the TSM and new Regulatory standards.	Mar-25	Green	On Track - We are working with C365 to see how this can be achieved. Initial meetings have taken place and we are on track to meet the deadline.
A9	ICT	Implement and embed upgrade from OpenHousing to web based One Housing	**People**	HoICT&BT	To modernise technology and take advantage of the benefits of the web-based version of OpenHousing.	Dec-25	Amber	Delays to the project as Capita enforcing a move to a new underlying database, which is not one CDC have supported. Test version on the new database version now available and working with Capita/CDC for a knowledge transfer. Testing to start on ONEHousing early in 2025 but due to timescales and approaching yearend, the go live will be summer 2025.
A10	Organisational Development	Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications	**People**	HoHR&OD	Ensure that our workforce provides a high quality and professional service to all customers, further embedding our customer excellence culture and in turn meets the regulatory requirement within the sector.	Mar-25	Green	On Track - We continue to await the final response from government which will set out the final transition arrangements and learning requirements, as well as the code of practise that we will be required to ensure that colleagues abide by. As at this date we believe that 39% of our in-scope employees are trained to the correct qualification level.
A11	Organisational Development	Review the end to end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce.	**People**	HoHR&OD	Ensure that we have in place modern and effective ways of recruiting, enabling us to continue to attract high quality talent who represent the communities in which we work into the workforce and address the succession of our aging workforce over the coming years.	Revised Mar-25 (was Jan-25)	Amber	Project Board established and terms of reference for the project agreed. Monthly meetings taking place and four workstream groups identified. Delay due to resources in the team, but project plan and key milestones agreed until March 2025 have now been communicated to project board.

A12	Customer Services	Review the Customer Access Strategy and investigate and implement actions to support channel shift and self-service by reviewing the use of the existing Tenant Portal and the use of artificial intelligence.	**People**	HoCS	Ensure we have a strategy in place that provides a choice of access to services for our customers that meets the needs of our existing and future customer base.	Revised Mar-25 (was Oct-24)	Amber	The Customer Access Strategy was approved by Board in December 2024 and advocates a digital by choice approach. This part of the action is complete. Work is continuing with the investigating and implementation of either a new digital access solution for customers or improvements to our existing Portal or working with Capita to implement a new Portal. A Request for Information exercise concluded in December which invited suppliers to propose digital solutions to help meet the digital access actions in the Strategy. We will be using the outcome of this to help determine how we will deliver digital access in the future. This outcome of these investigations are not likely to be known until the end of March 2025.
A13	Governance	Data Intelligence – Ensure we understand, improve, monitor and use our data/knowledge, ensuring it is accurate, up to date and secure and is driving decision making and future planning.	**People and Homes**	HoFBA / HoICT&BT /HoHM / HoAM / HoCS	Joint initiative across all HoS to create a data driven organisation that uses data and business intelligence to inform the way it delivers its service for the betterment of the customer, assets under SLHD management, local economy and the environment.	Mar-25	Green	On track - DataSMART project board established with the Strategy and 1st year action plan agreed at EMT and Board. The DataSMART project is looking at tenant data first and reviewing what data we collect, store, use and update, and why we collect it.
A14	Organisational Development	Deliver the first year of the 2024-2029 People Strategy Action plan which will include the actions identified as a result of the Investors In People Accreditation.	**People**	HoHR&OD	Demonstrate we are continually developing our employee offer, leading, motivating and developing our people, and demonstrating high levels of colleague satisfaction and our position as an employer of choice.	Mar-25	Amber	Some of the Year 1 People Strategy actions for the Recruit and Retain theme have been impacted by resource issues in the HR team. Recruitment has taken place and is ongoing to address this and it is envisaged that two actions will move into Year 2 actions.
A15	Governance	Deliver plan arising from the assessment against the Consumer Standards.	**People**	HoFBA	Achieve a positive Regulatory inspection from whenever the CDC (as landlord) is inspected, which could be from April 2024 onwards. An assessment against the draft Consumer Standards was reported to Board in March 2024. The gap analysis action plan will be delivered during the 24/25 financial year.	Per the individual actions plan	Green	On track - Close watching brief and reporting of developments with inspections undertaken to date on other organisations, identifying good practice and areas for development. Consumer Standards Action Plan update reported to Board on 5 December. Savills undertook mock inspections in November and December 24 and will be reporting findings to Board in February 25.
C1	Access to Homes	Review Housing Register Customer Journey and Service Standard.	**People**	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Mar-25	Complete	Complete - Project fully mobilised during October 2024 and Completed.
C2	Housing Management	Review and implement the Tenancy Agreement	**People and Homes**	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Dec-24	Amber	The review of the tenancy agreement has been completed, however, not yet implemented due to the review of the Council's Tenancy Strategy and the impact on the tenancy agreement changes. CDC have advised that the Tenancy Strategy is now going to Cabinet in June 25. The Tenancy Agreement will be approved at the same time. Further consultation and notices to tenants will be required regarding the changes arising from the Tenancy Strategy.

C3	Health Safety & Property Compliance	Ensure all the evidence is available and to hand to provide assurance in the event of a In depth Assessment (IDA)	**Homes**	HoBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Apr-25	Green	On Track - Some more work is required to ensure that the information extracted from OH mirrors that required for the TSMs. The teams are working together on this.
C4	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	**Homes**	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.	Jul-25	Green	On Track - The Customer Access Strategy was approved by Board in December 2024 and advocates a digital by choice approach. This part of the action is complete. Work is continuing on the investigating and implementation of a new digital access solution for consumer units.
C5	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.	**Homes**	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Mar-25	Green	On track - All six areas of compliance have been migrated onto C365. Evidence has been extracted from Enterprise and added to C365. All new documentation is uploaded directly to C365. There is some missing documentation for EICRs but the other areas of compliance are now within C365. All compliance documents are capable of being loaded directly to C365 by the SMEs.
C6	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	**People**	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Jan-25	Amber	Progressing well - There are several options in place to increase the customer insight data we collect. Enabling the capturing of data through KIT visits (via an e-form) is completed and on-going. Work is continuing with Voicescape to look at automating processes with a solution due to go in test in January 2025. A marketing campaign aimed at encouraging customers to provide data through the portal went live in December and January's edition of HouseProud include an article advising on the benefits of providing and keeping personal data up to date. A working group specifically focusing on tenant data and how we capture it has concluded a process mapping exercise which will support the potential for data to be captured and updated across the business.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 06 February 2025

Item : 14

Subject : Q3 Revenue Monitoring Report 2024/25

Presented by : Julie Crook
Director of Corporate Services

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

Purpose : To inform St Leger Homes of Doncaster (SLHD) Board of the projected revenue income and expenditure for 2024/25 and the actual and committed income and expenditure to date as at 31 December 2024.

Recommendation :

For Board to note the Revenue Monitoring report as at 31 December 2024 and the projected outturn for the financial year 2024/25.

Company Number 05564649
A Company Limited by Guarantee Registered in England

To the Chair and members of	**Agenda Item No. 08**
ST LEGER HOMES OF DONCASTER BOARD	**Date: 06 February 2024**

1.   Report title

1.1.   Q3 Revenue Monitoring Report 2024/25.

2.   Purpose

2.1.   To report income and expenditure to 31 December 2024, projected for 2024/25, variances to the approved budget and related commentary.

3.   Executive Summary

3.1.   At Quarter 3, an **overall Deficit** is projected for the year of **£136k,** comprising a **Surplus** position on HRA activities of **£235k** and a **Deficit** of **£371k** on General Fund activities.

3.2.   However, the projections include the positive impact of a lower than budgeted pay award calculated at £251k. This will be repaid to CDC, so the projected **overall Deficit would be £387k**, as summarised below with comparatives from Quarters 1 (Q1) and 2 (Q2).

	Dec - Period 9 (Q3)			Sept - Period 6 (Q2)			Jun - Period 3 (Q1)		
	HRA	**GF**	**SLHD**	HRA	GF	SLHD	HRA	GF	SLHD
	£k	**£k**	**£k**	£k	£k	£k	£k	£k	£k
Initial projected Surplus (-) / Deficit	**-235**	**371**	**136**	-235	359	124	-235	539	304
Pay award impact to be repaid to CDC	**235**	**16**	**251**	235	16	251	235	16	251
Projected DEFICIT after repayment	**0**	**387**	**387**	0	375	375	0	555	555

3.3.   The 24/25 pay award was £1,290 for employees up to Grade 9, equivalent to a 4.24% increase, and a 2.5% award for employees above Grade 9. This was paid in December 2024. The budget assumed a 5% increase for all employees.

3.4.   This lower offer equates to a £251k saving against budget, split £235k HRA and £16k GF as shown above, and is repayable to the City of Doncaster Council (CDC).

3.5.   For the HRA, additional Management Fee of £260k has also been approved and projected and this is specifically for EICR testing works to be undertaken by an external contractor, which sees an equivalent overspend to budget (see below).

3.6.   Both the HRA and GF have experienced significant budget pressures in the year and the report below comments on the main variances and highlights **the very tight projected outturn position and required robust financial control required in Q4**.

3.7.   Although overall positions for the HRA and GF are similar to Q2, there has again been some material movements in Q3, as shown below :

Projection movements by cost category during Quarter 3	HRA £k	GF £k	
Salaries – additional call out	50		Increased due to anticipated demand
Salaries – additional overtime	63		Increased due to anticipated demand
Salaries – appointments, vacancies, etc	-23	7	Recruitment impact
Agency Staff	61	15	Additional vacant post cover
Supplies & Services - Finance RTB	40		Assumed reduction to year end
Contractors	-163		EICR testing, Fire Risk Assessment, Cladding fees
Materials - Building Services	-175		Planned electrical, externals, cost pressure on gas
Capital income	50		Reduced electrical completions
Supplies & Services – Hotel costs		-310	Lower hotel usage and related homelessness costs
Premises		4	G&T site works, TA repairs, lower utilities
Other income		362	Lower Housing Benefit income
Net others	97	-51	
Projections movement Q2 to Q3	**0**	**12**	

4. **Budget pressures / projected variances**

HRA OPERATIONS

4.1. The table below summarises the main variances projected at Q3, with Q2 and Q1 comparatives, and why these are expected to occur. Details appear in the report below.

HRA Variances	**Q3 projected variance**	Q2 projected variance	Q1 projected variance	Comments
	£k	£k	£k	
Salaries-excl Call Out	***-285***	*-332*	*-493*	*Vacant posts, temp appointments, new WOW cohort*
Salaries-Call Out	***413***	*370*	*340*	*Budget £662k, Projection £1,075k*
Salaries-Pay award	***-235***	*-235*	*-235*	*Pay award - over budgeted (see 3.3 above)*
Salaries total	**-107**	-197	-388	Total impact of the above
Temporary staff	**167**	106	14	Repairs Admin, Asset Surveyor, Finance, HR
Utilities	**-51**	0	0	Lower communal areas costs
Fuel	**-83**	-57	-26	Price reduction and lower usage
Supplies & Services	**491**	341	217	Disrepair, AHR consultancy on Contractor disputes, land clearance, RTB
Building Materials	**-192**	-17	48	Primarily capital income and inflation -see below
SLAs	**90**	-42	0	ICT savings, additional Legal costs on disrepair cases
External Contractors	**94**	257	437	EICR testing, repairs backlog (Q1).
Management Fee	**-260**	-260	-260	Additional fee for EICR contracts works - see below
Capital Income	**-410**	-460	-261	Changes to budget, slippage and virements – below
Net Others	**26**	94	-16	
Surplus (-) / Deficit	**-235**	-235	-235	
Pay award repayment	***235***	*235*	*235*	
Overall Deficit	***0***	*0*	*0*	

HRA - Key assumptions applied and additional commentary on main variances

4.2. Salary costs – £285k under budget. Posts have been reviewed and vacancy impacts estimated in the projections, including a number of additional temporary appointments.

4.3. <u>Salary costs : Call out</u> - costs are now projecting to total £1,075k, £413k (64%) over budget. Call out analysis and processes are being looked at.

4.4. <u>Additional Management Fee and External Contractors</u> – For the HRA, additional Management Fee of £260k is specifically for EICR testing works undertaken by an external contractor, which sees an equivalent overspend to budget.

4.5. <u>Capital income</u> – The projected variance has increased to £460k more than budget. This variance comprises a number of changes to budget which are best summarised as shown in the table below.

Scheme	Budget £k	Projection £k	Variance £k	Comments
Management Fee	1,500	1,500	0	In line with budget
M&E heating	2,610	2,520	-90	£90k transferred to voids, boilers on planned replacement scheme replaced in void properties.
M&E electrical	0	70	70	£50k additional electrical works at communal blocks, £20k slippage of CO detector 23/24 scheme due to no access issues.
Voids	3,240	3,680	440	Higher volume of works especially electrical where £240k budget virement is approved from planned scheme and £90k virement from M&E heating. Increased kitchen replacements are noted in 24/25
Planned Re-inclusions	1,020	740	-280	Impact of resources from planned schemes assisting responsive repairs backlog
Planned Elec upgrades	480	500	20	£91k slippage in capital programme 23/24 plus additional £29k projected in Pd5 due to demand.
Planned - External	3,192	3,192	0	In line with budget
Planned - ad hoc, scheduled roofs	510	710	200	£100k for additional works at Milton Court roof, plus extra £100k based on trends for ad-hoc roof replacements.
Fire Risk works	250	250	0	In line with budget
TOTAL	**12,802**	**13,212**	**410**	

GENERAL FUND OPERATIONS

4.6. The table below summarises the main variances projected at Q3 with Q2 and Q1 comparatives, and why these are expected to occur. Further comments appear below.

GF Variances	Q3 projected variance £k	Q2 projected variance £k	Q1 projected variance £k	Comments
Salaries	*-99*	*-90*	*-87*	*Vacant posts, SLL transfer (£19k)*
Salaries - Pay award	*-16*	*-16*	*-16*	*Pay award 5% vs £1,290 impact*
Salaries total	-115	-106	-103	Total impact of the above
Temporary staff	45	30	10	Vacant posts, agency staff for TA work 3 months
Premises – TA	234	263	142	Increased Temporary Accommodation -see below
Premises - repairs	65	0	0	TA and G&T site related repair costs
Supplies and Services	1,368	1,772	2,017	Hotels and security, 16/17 year old support
Other Income	-1,247	-1,610	-1,526	HB - higher hotel costs and TA usage, low recovery
Net Others	21	10	-1	
Deficit	**371**	359	539	

Pay award repayment	*16*	*16*	*16*
Overall Deficit	*387*	*375*	*555*

4.7. <u>Salary costs</u> – due to vacant posts. These include additional short term (3 months) agency staff working on TA properties and a GEM graduate placement.

4.8. <u>Homelessness</u> - Temporary Accommodation (TA) budgets assume 165 properties. Increases in the year to date have seen numbers reach nearly 200. Projections assume 185 occupied and a further ten void TA properties for the rest of the year.

4.9. Hotel numbers and costs, plus security, are also much higher than budgeted. Placements were budgeted at less than 50 per night on average but averaged nearly double this level in the first four months of the year. Numbers have reduced gradually to average around 85 per night since July, and 80 placements per night have now been assumed throughout Q4. Security has also been reduced in Q4 as a result of lower placements.

4.10. Housing Benefit (HB) recovery rates are below the budgeted 90% for hotels and 95% for TA the year to date but are improving. This is projected to continue to year end but for the full year these target rates won't quite be met.

4.11. <u>16/17 year old support costs.</u> Projections of £60k are unchanged for support costs, which are based on year to date levels. Placements to date have averaged four weeks and typically cost £2k per week.

4.12. All other budget lines have been projected to be in line or broadly in line with their respective budgets.

Employees

4.13. The table below summarises the budgeted number of posts for the year together with the number of vacant posts for each Directorate. The budget assumes a Vacancy Factor of 4% which equates to approximately 34 Whole Time Equivalents (WTEs). **The position at Q3 is the lowest number of vacant posts for at least five years**.

Budgeted 24/25 WTEs	Directorate	Vacant posts 24/25			Vacant posts 23/24			
		Q3 24/25 WTE	Q2 24/25 WTE	Q1 24/25 WTE	Q4 23/24 WTE	Q3 23/24 WTE	Q2 23/24 WTE	Q1 23/24 WTE
212.7	Housing/Customer	**2.0**	4.4	3.9	5.6	7.6	9.0	19.0
65.0	Corporate	**3.5**	3.1	2.6	2.5	4.5	5.5	5.7
89.2	Asset M'ment / Safety	**3.0**	2.0	10.6	8.0	7.6	9.0	11.0
436.4	Property	**21.0**	30.0	41.0	38.1	42.5	42.0	45.5
50.0	Home Options GF	**5.0**	2.0	4.5	2.5	10.0	11.0	4.0
853.3	Totals	**34.5**	41.5	62.6	56.7	72.2	76.5	85.2

Operations – HOS commentary on key operational points and Risks/Key issues/Actions

5.   <u>Housing Services:</u>

5.1. The majority of projected expenditure areas are broadly in line with budget, but there are a few areas where budget pressures have been or are expected.

Housing Management

5.2. Staffing projections include additional costs to cover long term sickness and also short term appointments for specific service areas, including two temporary (6 month) Caretakers approved to reduce the backlog of work that built up due to sickness absence and high volumes of work around void gardens.

5.3. There is also long-term sickness (housing officers) and increased demand (ASB) and an additional £13k has been projected to cover this.

5.4. Projections include two recently approved temporary Tenancy Support Officers to provide benefit support to end of March 25, primarily in relation to Pension Credit.

5.5. There are general increases in security screening on properties in general and also budget pressures at St George's Court post-acquisition, mainly in extensive cleaning and clearance costs and these are being quantified.

5.6. The largest pressure is the Service Level Agreement for Legal costs. The budgeted £320k is now expected to outturn at £470k due to the level of disrepair cases requiring legal input.

5.7. Areas of HRA land identified that have never been on the SLA and need significant work to bring them up to a standard for ongoing maintenance. Costs expected around £31k.

5.8. St George's Court cleaning and repair costs were higher than anticipated, and St Leger Lettings income £27k is projected to be lower due to St George's Court sale/acquisition.

Customer Services:

5.9. There are no major budget pressures in this service area.

6. **Corporate Services: HR&OD, Finance and ICT**

6.1. The main budget and operational pressures to emerge in the past few months are a result of legislation change for discounts for RTB sales and vacant posts within HR&OD.

6.2. For RTB, discounts for applications received after the deadline of 20 November are limited to £24k so the service area received an unprecedented number in a very short period. The team are working through these and this will incur much higher valuation and other related property costs to progress these applications. An extra £40k has been assumed.

6.3. There have been a number of leavers in Q3 in the HR&OD team, with some acting up, permanent and temporary appointments and ongoing recruitment.

6.4. Q3 saw the start of the new cohort of six WOW recruits at a projected cost of £48k.

6.5. Projections also include additional staffing costs to cover long term sickness and maternity cover

6.6. There are some minor savings on other budgets and no major issues or budget pressures at Q3.

7.   Property Services:

Property Services: Asset Management Services

7.1.   At the end of Q3, the service area is forecasting a small surplus.

7.2.   Underspend on employee costs has previously helped offset pressures on other budget lines, leading to an overall underspend. Positive progress in recruiting to vacant positions, to the stage where most posts are now filled, means that this is no longer the case.

7.3.   There are a number of risks and pressures on the budget that remain and have contributed to the current projected position, including:
- Skip usage and refuse collection costs at Shaw Lane continues to be high and forecast spend will well exceed the budget. Legislation changes and increased usage of the skips by the garden service and voids are driving this;
- Active disrepair case numbers are holding steady, but there is an increase in the number of cases that need to be settled or need litigation. Defending cases is more problematic due to delays in previously reported repairs being completed, leading to more settlements being made. Costs to date are around £217k compared to the annual £90k budget.
- HRA play area repairs and maintenance costs are expected to double the usual costs this year (from £5k per year to £11k), due to health and safety issues and damage that needs to be repaired. This is likely to continue whilst ever there are no future investment plans for these sites. In 2025, condition surveys will be undertaken to estimate longer-term required investment.

7.4.   Other issues / risks to note are:
- Additional temporary resource will deal with sickness absence within the permissions service and also to support demand in the damp and mould team;
- An updated dilapidation schedule for St Leger Court has now been received from CDC which has reduced from £435k to £265k. This is still significantly higher than expected and negotiations are ongoing in relation to this with a counter-offer of £134k made. The full cost of this has not been projected at this stage. No dilapidation costs are expected for St Leger House given its planned sale at auction.
- The lease for Shaw Lane is due to expire early in March 2025. Negotiations have now started to renew the lease
- Contractor spend has been forecast at £200k for the year (budget £283k). Recent spend has increased and should this continue, the projection may be higher but within original budget, although this will impact on the overall outturn for the service.

Property Services: Building Safety

7.5.   No major issues at this stage.   Staffing team fully resourced. Other budgets currently on track to spend within budget for this year, no issues with the Fire risk assessment budget and will continue to spend within budget.

Property Services: Building Services

7.6.   The table at 3.6 above summarises the main projections changes made in Quarter .

7.7.   Employee expenses; Salary costs are now projecting to be almost in line with budget, as a result of appointments to vacant posts and additional call out and overtime costs projected (see below).

7.8.   Call out : Call out projection has increased by £50k in the month due to continued pressure on roll over jobs 'ROJs' (4pm-6pm) rather than actual call out jobs. The process and charging are currently being reviewed to try and reduce Call out/ROJ costs.

7.9.   Overtime : Overtime has increased by a further £63k, due to demand on services, although the successful recruitment on Void services will supress overtime works, reducing costs in the future.

7.10.   Materials; £192k savings have been projected, mainly due to savings on Planned capital schemes, but there is a £30k cost pressure on Gas revenue material spend based on current demands in the service area. Planned electrical upgrade materials savings are due to the scheme forecasting a reduction on capital income (Smoke alarm/Heat/CO Detectors). This results from the continued support from the Planned capital team carrying out revenue type repairs following on from Savills stock condition surveys.

7.11.   Supplies & Services : £34k increase in Q3 mainly due to skip costs increasing by £23k from void properties experiencing larger scale of works and bigger clearances.

7.12.   External Contractors : A £140k projected reduction in Q3 from the EICR tests that were earmarked for contractor support. The bulk of EICR tests have been coupled with a Consumer Unit replacement and capitalised, so less need for revenue resource.

7.13.   Risks : Continued risks on demand on one repairs (diaries fully booked) and the HHSRS works coming out of the stock condition surveys that could impact delivery on capital works thus a risk on loss of income to the company.

7.14.   Activity : Repairs and voids volumes to date with comparatives are as follows :

Year to date repairs **orders** – 9 months	**Dec-24**	Dec-23	Dec-22	Dec-21	Dec-20	Dec-19
	no.	no.	no.	no.	no.	no.
Emergency Orders	**17,272**	17,811	18,777	10,308	6,746	6,786
Urgent Orders	**17,717**	17,673	18,723	22,759	23,495	26,568
Routine Orders	**22,201**	20,902	11,059	12,033	10,646	14,177
Scheduled Orders	**669**	284	6,544	6,495	6,847	8,802
Total	**57,859**	56,670	55,103	51,595	47,754	56,333
Voids						
Terminations – Year to date	**848**	843	860	847	936	1,113
Lettings – Year to date	**740**	868	907	838	n/k	n/k
Lettable voids at month end *	**188**	108	118	140	199	104
Non lettable at month end	**8**	5	8	2	20	1
Earmarked for demolition	**0**	0	0	5	0	0
Gross voids at month end **	**196**	113	126	147	219	105

* 35 of the lettable voids are acquisitions.
** 10 of the 196 voids at end of December are at St George's Court

8.   General Fund : Housing Options

8.1.   The service is currently projecting a Deficit of £371k, a £12k increase on Q2's £359k, but this includes some large movements.

8.2.   There continues to be high demand on hotel usage and related security costs, higher than budgeted TA properties and lower than budgeted recovery of Housing Benefit, but the new projections for Q4 through to year end assume reduced hotel usage, hotel security and more prudent Housing Benefit recovery.

8.3.   The table below summarises budget and projected costs, related income and net positions of hotel and TA for the year. Hotel costs for the rest of the year are based on 80 placements per night, down from the previously assumed 100, and TA numbers are assumed to remain at 195.

8.4.   The impact of these direct costs is a net overspend to budget of £299k.

8.5.   There have been issues in maximising Housing Benefit recovery and these are being addressed. As a result of the ongoing work, the year to date HB recovery rate is currently running in the low 80s% and is assumed to achieve high 80s% for the full year. Some of the lower recovery is also due to the block booking of hotel rooms that may not be needed during periods of potential high demand like adverse weather (SWEP). The outturn rate is below the budgeted levels of 90% and 95% for hotels and TA placements respectively.

	Budget 24/25	Q1	Q2	Q3	Projected Variance
Costs	**£k**	£k	£k	**£k**	£k
Hotels	**1,147**	3,014	2,670	**2,360**	1,213
Security	**145**	294	294	**215**	70
TA	**665**	807	929	**929**	264
Riverside	**23**	23	23	**23**	0
Costs total	**1,980**	4,138	3,916	**3,527**	1,547
Income	**£k**	£k	£k	**£k**	£k
Hotels	**-1,032**	-2,503	-2,404	**-2,150**	-1,118
Security	**0**	0	0	**0**	0
TA	**-655**	-710	-785	**-785**	-130
Riverside	**-23**	-23	-23	**-23**	0
Income total	**-1,710**	-3,236	-3,212	**-2,958**	-1,248
Net cost	**£k**	£k	£k	**£k**	£k
Hotels	**115**	511	266	**210**	95
Security	**145**	294	294	**215**	70
TA	**10**	97	144	**144**	134
Riverside	**0**	0	0	**0**	0
Net total	**270**	902	704	**569**	**299**
Assumptions :	**no.**	no.	no.	**no.**	no.
Avg per night	**45**	110	100	**80**	35
Avg TA units	**165**	170	180	**195**	30
HB recovery					
Hotels	**-90%**	-83%	-90%	**-80%**	
TA	**-98%**	-88%	-90%	**-90%**	
Change in period		732	-198	**-135**	

9. Recommendation

9.1. For Board to note the Revenue Monitoring report for Quarter 3 2024/25.

10. Recommendation

10.1. For Board to note the Revenue Monitoring report as at 31 December 2024 and the projected outturn for the financial year 2024/25.

11. Procurement

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

12. Value For Money

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

13. Financial Implications

13.1. Financial implications are considered within the body of the report.

14. Legal implications

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

15. Risks

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

16. IT Implications

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

17. Consultation

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

18. Equality and Diversity, Communication, Environmental

18.1. There are no diversity issues, communication requirements and no environmental impact arising from this report.

Report author
Nigel Feirn
Budget Monitoring Working Papers 2024/25 Budget
Appendices – Revenue summaries for SLHD, HRA and General Fund

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

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2024 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	33,434	25,080	24,871	-209	**33,464**	**30**	**0%**
Premises Expenses	2,282	1,710	1,052	-658	**2,522**	**241**	**11%**
Transport	2,547	1,910	1,914	4	**2,507**	**-40**	**-2%**
Supplies & Services	5,197	3,900	4,792	892	**6,967**	**1,770**	**34%**
Materials-Buildings Services	8,409	6,310	6,057	-253	**8,217**	**-192**	**-2%**
Service Level Agreements	4,866	3,650	3,011	-639	**4,992**	**126**	**3%**
Total Management Expenditure	56,734	42,560	41,698	-862	**58,669**	**1,935**	**3%**
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,747	1,310	1,391	81	**1,841**	**94**	**5%**
External Maintenance Contractors (Capital)	0	0	0	0	**0**	**0**	**-**
Total Maintenance Expenditure	1,747	1,310	1,391	81	**1,841**	**94**	**5%**
Gross Expenditure	**58,481**	**43,870**	**43,089**	**-781**	**60,510**	**2,029**	**3%**
Income							
Management Fee - HRA	-40,229	-30,170	-30,172	-2	**-40,489**	**-260**	**1%**
Management Fee - General Fund	-2,750	-2,060	-2,063	-3	**-2,750**	**0**	**0%**
Recharges to Capital Schemes (In House)	-12,802	-9,600	-10,639	-1,039	**-13,212**	**-410**	**3%**
Other Income	-2,700	-2,030	-443	1,587	**-3,923**	**-1,223**	**45%**
Direct Charge to HRA	0	0	0	0	**0**	**0**	**-**
Total Income	**-58,481**	**-43,860**	**-43,317**	**543**	**-60,374**	**-1,893**	**3%**
Surplus(-) / Deficit	**0**	**10**	**-228**	**-238**	**136**	**136**	**-**

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

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2024 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	1,956	1,470	1,452	-18	**1,912**	**-44**	**-2%**
Premises Expenses	1,091	820	233	-587	**1,351**	**260**	**24%**
Transport	0	0	0	0	**0**	**0**	**-**
Supplies & Services	1,892	1,420	2,239	819	**3,259**	**1,367**	**72%**
Materials-Buildings Services	0	0	0	0	**0**	**0**	**-**
Service Level Agreements	45	30	0	-30	**82**	**36**	**80%**
Total Management Expenditure	4,985	3,740	3,924	184	**6,604**	**1,618**	**32%**
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	0	0	0	0	**0**	**0**	**-**
Total Maintenance Expenditure	0	0	0	0	**0**	**0**	**-**
Gross Expenditure	**4,985**	**3,740**	**3,924**	**184**	**6,604**	**1,618**	**32%**
Income							
Management Fee - HRA	0	0	0	0	**0**	**0**	**-**
Management Fee - General Fund	-2,750	-2,060	-2,063	-3	**-2,750**	**0**	**0%**
Recharges to Capital Schemes (In House)	0	0	0	0	**0**	**0**	**-**
Other Income	-2,235	-1,680	43	1,723	**-3,483**	**-1,247**	**56%**
Direct Charge to HRA	0	0	0	0	**0**	**0**	**-**
Total Income	**-4,985**	**-3,740**	**-2,020**	**1,720**	**-6,233**	**-1,247**	**25%**
Surplus(-) / Deficit	**0**	**0**	**1,904**	**1,904**	**371**	**371**	**-**

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

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2024 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	31,477	23,610	23,419	-191	**31,552**	74	0%
Premises Expenses	1,191	890	819	-71	**1,171**	-19	-2%
Transport	2,547	1,910	1,914	4	**2,507**	-40	-2%
Supplies & Services	3,305	2,480	2,553	73	**3,708**	403	12%
Materials-Buildings Services	8,409	6,310	6,057	-253	**8,217**	-192	-2%
Service Level Agreements	4,820	3,620	3,011	-609	**4,910**	90	2%
Total Management Expenditure	51,749	38,820	37,774	-1,046	**52,065**	316	1%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,747	1,310	1,391	81	**1,841**	94	5%
External Maintenance Contractors (Capital)	0	0	0	0	**0**	0	-
Total Maintenance Expenditure	1,747	1,310	1,391	81	**1,841**	94	5%
Gross Expenditure	53,496	40,130	39,165	-965	**53,907**	411	1%
Income							
Management Fee - HRA	-40,229	-30,170	-30,172	-2	**-40,489**	-260	1%
Management Fee - General Fund	0	0	0	0	**0**	0	-
Recharges to Capital Schemes (In House)	-12,802	-9,600	-10,639	-1,039	**-13,212**	-410	3%
Other Income	-465	-350	-486	-136	**-441**	24	-5%
Direct Charge to HRA	0	0	0	0	**0**	0	-
Total Income	-53,496	-40,120	-41,297	-1,177	**-54,142**	-646	1%
Surplus(-) / Deficit	0	10	-2,132	-2,142	**-235**	-235	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date   :   06 February 2025

Item   :   15

Subject   :   Q3 Capital Monitoring Report
                    2024/25

Presented by : Julie Crook
                    Director of Corporate Services

Prepared by : David Henderson
                    Management Accountant

Purpose   :   To inform Board of the projected capital expenditure for 2024/25, the funding available and the actual and committed expenditure to date as at 30th November 2024.

Recommendation :

For Board to acknowledge the Capital Monitoring Report and the projected outturn for the financial year 2024/25.

Company Number 05564649
A Company Limited by Guarantee
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To the Executive Management Team of   **Agenda Item No. 15**
ST LEGER HOMES OF DONCASTER   **Date: 06 February 2025**

1.   **Report Title**

1.1   Q3 Capital Monitoring Report 2024/25 as at 30th November 2024.

2.   **Executive Summary**

2.1   The reported projections at Q3 show the planned, in-year expenditure on the Housing Capital Programme would be £66.26m, a variance of £0.47m against the £65.79m revised budget approved at Q2.

3.   **Purpose**

3.1   To inform Board of the projected capital expenditure for 2024/25, the funding available and the actual and committed expenditure to date as at 30th November 2024.

4.   **Recommendation**

4.1   Board is asked to acknowledge the Capital Monitoring Report and the forecast outturn for the financial year 2024/25.
These forecasts have been used for the City of Doncaster Council's Quarter 3, Finance and Performance report.

5.   **Background**

5.1   The Housing Capital Programme for 2024/25, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £66.26m is an over-spend of £0.47m from the budgeted spend of £65.79m.

5.2   Further analysis of the Housing Capital Programme can be found at **Appendices B&C**:-
        1. **Appendix B**. Public Sector Housing Capital Programme.
        2. **Appendix C**. Private Sector Housing Capital Programme.

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

5.4 The Council approved a four-year Housing Capital Programme on 26th February 2024, totalling £236m across the four years.
The main priorities of the programme in 2024/25 are:

- Council House Build Programme.
- Council House Acquisitions.
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements.
- Electrical Works.
- External Planned Maintenance Including Thermal and Energy Efficiency Works.
- Residential Site Improvements.
- Net Zero Carbon

6. Expenditure Variances

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

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD is forecast to outturn at £46.91m against the revised budget of £48.11m, an under-spend of £1.20m.

6.3 (£0.70m), 60% under budget, Caravan Sites
The G&T Site Investment project is still at the pre-construction stage although a formal presence began on site from the beginning of July for site set up. The full planning condition discharge has now been achieved which allows the designs and cost plans to be finalised. The delay in achieving full planning condition discharge & the subsequent delay in starting works has resulted in the revision to the in-year spend.

6.4 (£0.30m), 100% under budget, Appropriated Properties
The single-story extension and refurbishment / adaptation of the former caretaker's bungalow at Valley drive Branton is still waiting for detailed plans to be completed and a contractor appointed. It is unlikely there will be any costs this year. The forecast has been revised to reflect this.

7. CDC Managed Schemes

7.1 The element of the capital programme managed by CDC is forecast to outturn at £19.35m against a revised budget of £17.68m, an over-spend of £1.67m.

7.2 £0.32m, 10% over budget, Adaptations for the Disabled
The significant overspend identified at Quarter 2 has further increased as work continues to clear the backlog of adaptations. New working practices have improved efficiency and enabled more adaptations to be processed.

7.3 £1.35m, 10% over budget, Council House New Build
The Council has opportunities to acquire new homes from private housebuilders through S106 Planning Agreements to help meet specific local affordable housing need, especially where the Council has no or limited land to develop itself. Two such schemes at Hatfield Lane (East and West), Armthorpe have been agreed which will result in a total of 22 new build properties being delivered (11 on each site).

8. Future Plans / Work in Progress

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

8.2 Acquisitions.
The programme includes funding of £34.02m for acquisitions to deliver 241 properties across the four-year period (2024/25 - 2027/28), funded from rent increases and retained right to buy receipts.

The current position is detailed below;

2024/25 Cumulative Position	As at 29/11/24
Number of properties completed to date	90
Purchase price of properties completed	£7.60m
Number of properties in legal process (offer submitted and accepted)	29
Purchase price of properties in legal process	£3.6m
Number of properties with offers submitted awaiting feedback/decision	1
Number of properties awaiting valuation	5
Number of properties with viewings booked	2

9. Procurement

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

9.2 Delivery of the projected programme for 2024/25 will be subject to the availability of St leger homes employees, building materials and contractors as the whole sector is experiencing issues post Covid.

10. VFM Considerations

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

11. Financial Implications

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

12. Legal Implications

12.1 There are no legal implications arising from this report.

13. Risks /Future Plans

13.1 Risk implications are implicit in the report. CDC's Capital Programme budget for Housing was £52.09m to deliver several priorities, primarily building new affordable homes and improving and maintaining existing housing stock.

13.2 G&T Sites.
The design and costs plan for the site investments works are yet to be finalised however, there is a risk that the approved budget provision for these works will be significantly exceeded. Any additional funding will be subject to the Council's approval process.

13.3 CCTV Works.
Confirmation is being sought regarding any outstanding costs associated with CCTV upgrade / replacement works at both the Balby Bridge and Intake High Rise locations. There was no provision made for CCTV works in the approved budget.

13.4 Demolition.
The demolition of the former Stainforth Area office is being progressed, the estimated cost is £0.06m (Including £0.04m writing down of the building value on the balance sheet). The site is under consideration as a potential Council House new build location and survey / investigation works will commence once the site is cleared in the New Year.

13.5 Other noteworthy risks which will potentially have a financial impact are;
- Inflation
- Changes to regulations and standards.
- Ongoing works on high rise blocks and
- Ongoing investigations of the render on high rise blocks.

14. Health, Safety & Compliance Implications

14.1 Not applicable.

15. IT Implications

15.1 Not applicable.

16. Consultation

16.1 All Budget holders and EMT.

17. Diversity

17.1 There are no diversity issues arising from this report.

18. Communication Requirements

18.1 There are no communication requirements arising from this report.

19. Equality Analysis (new/revised Policies)

19.1 Not Applicable

20. Environmental Impact

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

21. Report Author, Position, Contact Details

21.1 David Henderson
Management Accountant 01302 737987

22. Background Papers

22.1 Capital Programme (2024/25-2027/28) budget report 26 February 2024

Appendix A

Summary of Housing Capital Programme 2024/25 as at 31 Dec 2024

SLHD Managed Schemes	Original Estimate - Approved Programme £000	Revised Budget Qtr2 £000	Revised Budget Qtr3 (Period 8) £000	Forecast (Period 9)	Variance Period 8 to Period 9 £000
Capital Management Delivery Fee	1,500	1,500	1,500	1,500	0
Void Improvements	3,290	3,980	3,980	3,980	0
Mechanical and Electrical Improvements	5,444	6,198	6,203	6,203	0
Fire Safety Works	1,583	1,333	1,133	1,208	75
Internal Works	3,010	2,300	2,300	2,450	150
External Works	13,026	16,022	16,122	15,992	(130)
Environmental Works	1,375	1,475	1,385	1,355	(30)
IT Improvements	40	47	27	27	0
Acquisitions	10,944	12,399	12,399	12,399	0
Acquisition Refurbishments	1,376	1,376	1,376	1,150	(226)
Caravan Site Improvements	2,800	1,170	470	470	0
Assistance Loans	-	11	11	11	0
Appropriated Properties	300	300	-	-	0
Sub-Total	44,688	48,111	46,906	46,745	(161)
CDC Managed Schemes					
Adaptations for the Disabled	2,230	3,249	3,573	3,573	0
Council House New Build	5,000	14,237	15,586	15,586	0
Empty Homes Scheme	170	197	197	197	0
Sub-Total	7,400	17,683	19,356	19,356	0
Overall Housing Programme Total	52,088	65,794	66,262	66,101	(161)
Funding					
Major Repairs Reserve / Depreciation	22,180	26,659	26,454	26,519	65
Revenue Contribution - HRA	11,658	10,748	10,748	10,748	0
Usable Capital Receipts	9,188	7,596	8,238	8,238	0
Section 106		858	2,207	2,207	0
Prudential Borrowing	9,062	17,875	17,875	17,649	(226)
Grants	-	740	740	740	0
Unfunded	-	1,318	-		0
Under(-) / Over Commitments	52,088	65,794	66,262	66,101	(161)
Percentage Funded	100%	100%	100%	100%	

ST LEGER HOMES OF DONCASTER LTD
Board Briefing Note

Title:	Quarter 3 / Period 9 ended 31 December 2024 KPI dashboard
Action Required:	For information
Item:	16
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	06 February 2025

1.   Purpose

1.1. To provide Board members with the KPI dashboard as at the end of Quarter 3 (Q3) / period 9: 31 December 2024, and brief commentary for those KPI targets not being met.

1.2. Appendices are attached as follows:
- A : KPI dashboard 31 December 2024;
- B : 24/25 Tenant Perception Survey TSMs; and
- C : Latest Housemark monthly pulse surveys - November.

2.   Executive summary

2.1. 40 KPIs were agreed with City of Doncaster Council (CDC) at the start of 24/25, comprising Tenant Satisfaction Measures (TSM) that are required by the Regulator for Social Housing, plus other SLHD operational KPIs. **Appendix A** details each measure.

2.2. During Q3, it was agreed to add an extra KPI to report Electrical Certificate Compliance to complement the other Building Safety KPIs.

2.3. Of the now 41 KPIs, thirteen are measured annually:
- one energy efficiency KPI;
- two customer satisfaction TSMs with targets – Overall service and Repairs service; and
- ten of the twelve customer satisfaction TSMs and do not have targets.

2.4. At the end of December, 17 of the 28 KPIs being measured at quarter end were met (14) or were within agreed tolerances of target (3). See table below:

KPIs	**Q3 24/25**	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Green (meeting target)	**14**	14	13	9	9	8	4	6	7	5	6
Amber (within tolerance)	**3**	4	3	7	3	3	1	4	1	2	1
Red (not meeting target)	**11**	10	12	6	8	9	9	6	7	8	6
Annual KPIs	**3**	3	3	-	2	2	4	1*	2	2	4
Annual TSMs no targets	**10**	10	10	-	-	-	-	-	-	-	-
No target (homelessness)	**-**	-	-	-	-	-	-	2	2	2	2
Total	**41**	41	41	22	22	22	18	19	19	19	19

* data unavailable

2.5. Two further SLHD Board annual KPIs have been set to measure :
- employee satisfaction with SLHD as an employer – target 80%, and
- employee turnover – target 15%.

2.6. As reported in October 2024, the Employee satisfaction has now been measured for 24/25 through staff surveys and **SLHD achieved 91%**, exceeding the 80% target.

2.7. The twelve Tenant Perception Survey TSMs for 24/25 (**Appendix B**) were completed over a five month period to end of September and eleven of the twelve showed improvements on 23/24 survey results. Only one survey result was lower than last year.

2.8. In November 2024, the Regulator published all of the 2023/24 TSMs of housing providers, enabling extensive benchmarking. **Appendix B** therefore shows SLHD's results for 2024/25 and 2023/24, together with quartile indicators from the Regulator's report for all housing providers, Local Authorities and our peer group. The appendix shows SLHD in a very positive position for the Tenant Perception surveys with only two measures below Median across all three benchmarking groups.

2.9. We expect to receive some Housemark 'mid-year' benchmarking data for the 24/25 results in the next few months, as we did for the 23/24 TSMs, and final 24/25 benchmarking reports around July 2025.

2.10. We also continue to benchmark our in-month performance through Housemark, who request specific monthly performance indicators some of which are different to SLHD KPIs. This provides timely information on how we are performing against other organisations (**Appendix C**).

3. KPI commentary

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

Target	**0.70%**	
Q3 24/25 YTD performance	**0.90%**	**WORSE THAN TARGET – RED**

The KPI of 0.70% equates to approximately 140 lettable void properties.

	Q3 24/25	Q2 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Void rent loss YTD %	**0.90%**	0.85%	0.82%	0.68%	0.68%	0.70%	0.73%	0.67%	0.67%	0.72%	0.76%
Target %	**0.70%**	0.70%	0.70%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Lettable* void numbers	**188**	169	157	102	108	79	122	127	118	92	133
Total void numbers	**196**	176	162	125	113	98	132	133	126	110	151

* includes acquisitions

The number of voids held at the end of December shows a further increase at 196 when comparing to previous quarters. The total figure of 196 consists of the following:
- 153 lettable voids;
- 35 acquisitions; and
- 8 non-lettable voids.

Ten of the 196 voids at end of Q3 are properties at St George's Court.

As a result of the increase in numbers, void rent loss (VRL) cumulative KPI performance shows a decline at 0.90% from earlier quarters this year and also previous years.

There are a number of reasons for the KPI not meeting target. Acquisition properties are impacting negatively on this KPI. An increase in the work required in voids also contributes to the increase in voids held.

The number of terminations for the year to date is almost identical to the same period last year, but lettings are 100 lower than terminations this year to date and over 120 lower than the same period last year.

Stringent monitoring remains to review all voids from 'keys in' to the re-let stage.

3.2. KPI4 : Average number of nights in hotel accommodation

Target	**21.0 days**	
Q3 24/25 YTD performance	**29.4 days**	**WORSE THAN TARGET – RED**

This is a new KPI for 24/25 replacing the number of placements in hotels at month end.

The average number of nights in hotels increased marginally in December to 23.6 from 21.7, pushing the KPI up slightly to 29.4 for the year to date.

Average nights for households with children continue to reduce at 14 nights average stay during December, a reduction from 21 in November.

There were no children accommodated in hotels for the whole of the Christmas period, including Christmas Day.

The number of households in hotels has in general fallen since the start of the year, when it was as high as 130 and dropped to 54 by end of December. This is lower than at the end of December last year and is also the lowest month end figure since September 2023.

Overall, the excellent work through the TA improvement plan is resulting in quick turnaround of cases. The marginal increase in December is skewed by a small number of long-term single people successfully moving on into settled accommodation during December.

An increase is being seen to around 80 in January, in line with seasonal trends associated with heightened winter pressures. In addition, demand from non-statutory placements and people leaving National Asylum Support Service (NASS) accommodation and potential for family reunions continue to challenge the service.

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

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

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

	KPI target Q3 24/25	**TSM Q3 24/25**	'Residents' only	SLHD KPI Q3 24/25	All complaints
Stage 1 complaints	34.8	**43.9**	**WORSE THAN TARGET**	51.4	WORSE THAN TARGET
Stage 2 complaints	2.2	**4.7**	**WORSE THAN TARGET**	5.8	WORSE THAN TARGET
Stage 1&2 complaints	37.0	**48.6**	**WORSE THAN TARGET**	57.2	WORSE THAN TARGET

For the KPI target to have been met at the end of December, less than 740 complaints should have been received.

For the residents only TSM, a total of 968 complaints were received from residents - 875 Stage 1 and 93 Stage 2.

All complaints totalled 1,138, comprising 1,024 Stage 1 and 114 Stage 2, and all were received fairly evenly throughout the quarter.

For the nine months to date, SLHD has received on average 29 complaints per week, whereas the target needs to be lower than 19 per week.

As in previous years, the number of complaints received in December reduced compared to earlier months.   Possible reasons why complaints are high include:
- we have increased awareness on how to escalate to the next stage if the complainant is not satisfied; and
- we have had an increase in pre-determination enquiries from the Housing Ombudsman requesting that we investigate a referred complaint to their office under our Stage 2 procedures.

A number of actions continue to be taken:
- trends in complaints are identified and reported back to Heads of Service;
- customer feedback from complaints surveys is reviewed and shared with Heads of Service;
- we continue to focus on the quality of the Stage 1 response to reduce those taken to Stage 2.
- embed the Internal Complaints Charter and feedback findings from the TSP Sub-Group to inform learning from complaints.
- continue to raise awareness of the different stages of our complaints procedures;
- service areas across the business continue to review the reasons for complaints to identify trends and put in place actions to improve;
- we are embedding the Internal Complaints Charter and feedback findings from the TSP Sub-Group to inform learning from complaints; and
- we continue to raise awareness of the different stages of our complaints procedures.

3.4. KPI 10 : Percentage of Emergency and Non Emergency Repairs completed within target timescales

Completed within timescale:	Target	Q3 24/25 YTD		Q2 24/25 YTD	Q1 24/25 YTD
10a Emergency repairs	95%	80.1%	WORSE THAN TARGET	76.9%	77.9%
10b Non-emergency repairs	85%	68.8%	WORSE THAN TARGET	67.2%	63.4%
10 Emergency & Non-emergency	88%	72.4%	WORSE THAN TARGET	70.2%	68.2%

Depending on the nature of the repair, SLHD has two targets for:
- Emergency Repairs – 2 hours and 24 hours: and
- Non-Emergency Repairs – 5 working days and 20 working days.

KPI10 overall has improved steadily for the past six months and is now at 72.4%, but is due to a mixed performance across the two categories. Emergency repairs have improved steadily and are now 80.1%, but non-emergency repairs levelled off in Q2 to 68% and have been around this level in the period since. All remain below target.

There are a number of reasons and actions taken or planned. Volumes remain high on top of addressing the long-standing backlog (now complete). Emergency repairs volumes in Q3 were around 15% higher than Q2 and Q1, but are at similar levels to 23/24. Non-emergency repairs however have been at consistent levels all year but are nearly 10% higher than last year.

Due to demand on the repairs service and the volume of work already in calendars there is very little immediate availability to re-arrange follow on works or appoint works when first contacted. This leads to work often being planned beyond the required completion dates with no possibility of completing within timescale.

ICT system developments are ongoing but not yet implemented and recruitment to vacant positions is progressing.

3.5. <u>KPI16 : Number of Days Lost to Sickness per Full Time Equivalent (FTE)</u>

Target   **10.0**
Q3 24/25 YTD performance   **12.2**   <mark>**WORSE THAN TARGET – RED**</mark>

December saw 1.26 days absence per FTE, a slight increase from November (1.24 days absence per FTE). This brings the YTD sickness per FTE to 9.39 days per FTE, over target of 7.48. The KPI is therefore 12.2 for the full year and over the 10 days target.

The number of short term cases for December has not moved from November, this remains at 0.7 days per FTE. Long term absence for December was 0.56 days per FTE compared to 0.54 November, 0.59 October and 0.43 in September.

Stress, depression and anxiety remains the highest of all absence at 36.5%. There are four types of absence within this category and 'Non-work related/personal stress' is the largest type of stress, depression and anxiety, with just over half at 18.5%.

MusculoSkeletal (MSK) is the next highest reason for sickness, contributing to 16.4%, followed by infection and virus at 12.8%. Infection and virus has moved back into the top three reasons for absence in December replacing Back/Shoulder.

The volume of absence review meetings and early interventions continues to remain high which is a positive step in ensuring that colleagues are supported to return to work and to remain in work. Cases continue to be managed robustly providing the opportunity for continued conversations and appropriate action.

The deep dive sessions in directorates continue across Property and Housing Services.

Actions are agreed at these meetings and further interventions are identified. One of these actions is to provide refresher training for managers in handling absence due to stress, depression, and anxiety.

We have also reviewed our Mental Health First Aiders provision and identified a need to train new people to provide this support to employees in all areas of the business. We have identified suitable training providers for both, and we expect to deliver this training from March 2025 onwards.

3.6. KPI17 : % of Local Revenue Expenditure

Target	**70%**	
Q3 24/25 YTD performance	**60%**	**WORSE THAN TARGET – RED**

A slightly shorter month in terms of working days but still more than 120 suppliers received payment and £1.6m paid, above the average for the YTD. Local suppliers accounted for 60% of this, in line with YTD average, so the KPI remains unchanged at 60% at the end of the nine months of 24/25. December Y&H spend similar to the YTD averages, with 90% being in the region, so the indicator here is also unchanged.

120 suppliers received payment in the month on Revenue operations, ranging from £340k (plumbing supplies) to just £3. In terms of value, the top twelve suppliers equated to 75% of all payments in the month, and seven (50% of all spend) were local. SIGD Group (roofing materials), Fullwoods (building contractor), Bradford Council (door and window supplier) and TKL Skip Hire were the four main suppliers that are not local to Doncaster and are therefore adversely impacting on the KPI in the month

For the nine months to date, nearly 300 suppliers have received payments totalling £12.7m, but 75% / £9.5m of this is with just 22 suppliers, evidencing the importance and impact of larger local suppliers on the KPI.

The main actions for this KPI are to source, wherever possible, Doncaster based suppliers, and if not, then Yorkshire based. This isn't always possible and for 24/25 YTD and also in 23/24, the Revenue KPI not meeting target is mainly due to a small number of key suppliers not being local to Doncaster - SIGD Group, Fullwoods, Bradford Council, TKL Skip Hire, CDW, Savills, and Voicescape - although some are within Yorkshire & Humberside

3.7. KPI34 : Electrical - % Domestic properties with a satisfactory EICR up to five years old

Target	**100.00%**	
Q3 24/25 YTD performance	**94.58%**	**WORSE THAN TARGET – RED**

This is a new KPI introduced during Quarter 3 of 24/25 to add to the other building safety KPIs.

At the end of Q3, there are 1,078 properties without a satisfactory EICR up to five years old. A compliance programme is in place to ensure all properties have a satisfactory EICR, and the position has improved steadily throughout the year to date, reducing from 2,178 in April to 1,078 by end of December.

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Appendix A   KPI Dashboard Quarter 3 / Period 9 ending 31 December 2024
Appendix B   TSM Tenant Perception survey results 24/25
Appendix C   Latest Housemark monthly pulse survey – November 2024

Key	Meeting target	Close to / within tolerance of target	Not meeting target

KPI	Indicator	Outturn 23/24 Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Target Dec-24	Target Year end
KPI 1	% of current rent arrears against annual rent debit	2.72%	2.86%	2.85%	2.74%	2.83%	2.89%	3.01%	2.83%	2.85%	3.08%	3.30%	2.95%
KPI 2	Void rent loss % of rent lost through homes being void (empty)	0.68%	0.65%	0.77%	0.83%	0.82%	0.86%	0.88%	0.88%	0.91%	0.90%	0.70%	0.70%
KPI 3	Relet time for STANDARD voids (calendar days). i.e. properties that do not require MAJOR / LARGE SCALE repairs	24.9	27.5	24.9	24.2	24.9	24.9	25.4	25.4	25.9	25.9	24.0	24.0
KPI 4	Average number of Nights in Hotel Accommodation	n/a	34.8	38.8	39.1	36.4	35.7	33.3	31.6	30.1	29.4	21.0	21.0
KPI 5	Percentage of settled accommodation at prevention stage	32.0%	39.0%	44.2%	45.4%	45.2%	45.1%	46.2%	44.7%	44.7%	44.0%	30.0%	30.0%
KPI 6a	Number of stage one complaints per 1,000 homes:	53.8	6.2	12.4	18.4	25.2	31.0	35.8	41.9	47.5	51.4	34.8	47.0
KPI 6b	Number of stage two complaints received per 1,000 homes:	3.7	0.3	1.3	1.8	2.7	3.5	4.0	4.9	5.4	5.8	2.2	3.0
KPI 6	Number of: stage one and stage two complaints received per 1,000 homes:	50.1	6.5	13.7	20.2	27.9	34.6	39.8	46.8	52.9	57.2	37.0	50.0
KPI 7a	% of Stage 1 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	91.9%		100.0%	99.6%	98.9%	99.2%	99.4%	99.4%	99.5%	99.5%	92.3%	92.3%
KPI 7b	% of Stage 2 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	86.9%		100.0%	96.0%	97.2%	98.2%	98.6%	98.8%	96.9%	97.2%	92.3%	92.3%
KPI 7	% of Stages one and two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	89.3%		100.0%	99.3%	98.8%	99.1%	99.3%	99.4%	99.3%	99.2%	92.3%	92.3%
KPI 8	% of tenancies sustained post support	99.3%	100.0%	99.2%	98.9%	99.2%	99.1%	99.0%	99.2%	99.3%	99.0%	97.25%	97.25%
KPI 9	% of repairs completed at first visit	95.1%	93.9%	93.9%	94.3%	94.3%	94.6%	94.7%	94.9%	95.0%	95.0%	94.0%	94.0%
KPI 10a	% of emergency responsive repairs completed within the landlord's target timescale.	81.5%	78.9%	78.1%	63.3%	68.4%	69.5%	76.9%	76.5%	78.3%	80.1%	95.0%	95.0%
KPI 10b	% of non-emergency responsive repairs completed within the landlord's target timescale.	62.8%	59.7%	62.5%	77.5%	77.5%	77.3%	67.2%	68.2%	68.3%	68.8%	85.0%	85.0%
KPI 10	% of non-emergency and emergency responsive repairs completed within the landlord's target timescale.	69.5%	66.9%	67.9%	68.0%	64.2%	65.9%	70.2%	70.7%	71.4%	72.4%	88.0%	88.0%
KPI 11	Gas – % of homes for which all required gas safety checks have been carried out	100.0%	99.97%	99.79%	99.78%	99.71%	99.79%	99.87%	99.94%	99.98%	100.0%	100.0%	100.0%
KPI 12	Fire – % of homes for which all required fire risk assessments have been carried out.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.80%	100.0%	100.0%
KPI 13	Asbestos – % of homes for which all required asbestos management surveys or re-inspections have been carried out	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
KPI 14	Legionella – % of homes for which all required legionella risk assessments have been carried out.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
KPI 15	Lifts – % of homes for which all required communal passenger lift safety checks have been carried out.	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
KPI 34 new	Electrical – % Domestic properties with a satisfactory EICR up to five years old	83.1%	89.04%	89.93%	91.87%	93.06%	93.82%	94.21%	94.84%	94.68%	94.58%	100.0%	100.0%
KPI 16	Days lost through sickness per Full Time Equivalent employee (FTE)	11.2	11.1	11.1	10.8	10.8	10.8	10.9	11.4	11.9	12.2	10.0	10.0
KPI 17	% of local expenditure, ie % amount of expenditure within Doncaster area	59%	61%	61%	61%	61%	59%	61%	60%	60%	60%	70.0%	70.0%
KPI 18	Number of Anti-Social Behaviour (ASB) cases per 1,000 properties	62.2	4.8	11.1	16.3	22.4	27.8	32.5	35.2	38.6	40.9	45.7	60.0
KPI 18a	Number of Anti-Social Behaviour (ASB) cases that involve hate incidents opened per 1,000 homes.	0.7	0.0	0.1	0.2	0.2	0.3	0.5	0.6	0.7	0.8	7.6	10.0
KPI 19	Number of tenants and residents helped into training, education or employment		quarterly KPI	quarterly KPI	29	quarterly KPI	quarterly KPI	62	quarterly KPI	quarterly KPI	96	83.0	97.0
KPI 21	Percentage % of NOT homes maintaining Decent Homes standard		quarterly KPI	quarterly KPI	5.03%	quarterly KPI	quarterly KPI	3.25%	quarterly KPI	quarterly KPI	3.04%	0%	0%

	TSM Perception Survey Questions - "Percentage of tenants satisfied…..."	24/25 survey results	23/24 survey results	Difference 24/25 to 23/24	ALL PROVIDERS 23/24 Quartile position REGULATOR FULL REPORT	LOCAL AUTHORITIES 23/24 Quartile position REGULATOR FULL REPORT	PEER GROUP 23/24 Quartile position REGULATOR FULL REPORT
TP01	Overall Satisfaction	81.0%	75.6%	+5%	Quartile 2	Quartile 2	Quartile 1
TP02	Satisfaction with repairs last 12 months	81.5%	79.6%	+2%	Quartile 1	Quartile 1	Quartile 1
TP03	Time taken to complete most recent repair in last 12 months	75.6%	72.6%	+3%	Quartile 2	Quartile 2	Quartile 1
TP04	Home is well maintained	82.0%	75.9%	+6%	Quartile 2	Quartile 1	Quartile 1
TP05	Home is safe	86.3%	84.9%	+1%	Quartile 1	Quartile 1	Quartile 1
TP06	Listens to tenants views and acts on them	75.3%	71.6%	+4%	Quartile 1	Quartile 1	Quartile 1
TP07	Keeps tenants informed about things that matter to them	81.1%	79.3%	+2%	Quartile 1	Quartile 1	Quartile 1
TP08	Treats fairly and with respect	87.7%	89.8%	-2%	Quartile 1	Quartile 1	Quartile 1
TP09	Approach to handling complaints in last 12 months	37.2%	29.7%	+8%	Quartile 3	Quartile 2	Quartile 3
TP10	Keeps communal areas clean and well maintained	72.1%	66.5%	+6%	Quartile 2	Quartile 2	Quartile 2
TP11	Positive contribution to neighbourhoods	80.9%	76.7%	+4%	Quartile 1	Quartile 1	Quartile 1
TP12	Approach to handling ASB	73.0%	69.1%	+4%	Quartile 1	Quartile 1	Quartile 1

Month	Housemark pulse survey benchmarking - IN MONTH performance	Q1	Median	Q3	SLHD	quartile	Accepted polarity
Nov-24	Average re-let time in days (standard re-lets)	32.0	46.1	67.3	**28.5**	**Q1**	Lower is better
Nov-24	Voluntary staff turnover (%)	0.43%	0.79%	1.14%	**0.23%**	**Q1**	Lower is better
Nov-24	Responsive repairs completed per 1,000 properties	343.0	294.5	224.8	**354.0**	**Q1**	Higher is better
Nov-24	'True' current tenant arrears (%)	2.30%	3.01%	4.25%	**2.85%**	**Q2**	Lower is better
Nov-24	Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.82%	**99.98%**	**Q2**	Higher is better
Nov-24	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.0%	90.0%	74.3%	**98.6%**	**Q2**	Higher is better
Nov-24	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.79	5.32	7.23	**6.17**	**Q3**	Lower is better
Nov-24	New ASB cases reported per 1,000 properties	1.36	2.66	4.38	**3.21**	**Q3**	Lower is better
Nov-24	Dwellings vacant but available to let (%)	0.27%	0.51%	0.91%	**0.93%**	**Q4**	Lower is better
Nov-24	Responsive repairs completed within target timescale (%)	94.0%	87.2%	81.4%	**75.4%**	**Q4**	Higher is better
Nov-24	Working days lost to sickness absence (%)	3.1%	3.9%	5.0%	**6.5%**	**Q4**	Lower is better
Nov-24	Domestic properties with EICR certificates up to five years old (%)	99.89%	99.17%	97.04%	**94.68%**	**Q4**	Higher is better
Nov-24	Customer contact received via digital channels (%)	45.3%	33.5%	21.0%	**no data**		Higher is better
Nov-24	Satisfaction with the overall service their landlord provides - perception (%)	82.8%	75.0%	68.6%	**no data**		Higher is better
Nov-24	Satisfaction with repairs - transactional (%)	93.0%	88.0%	82.0%	**no data**		Higher is better
Oct-24	Average re-let time in days (standard re-lets)	31.8	48.2	70.1	**25.4**	**Q1**	Lower is better
Oct-24	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.0%	92.7%	74.8%	**100.0%**	**Q1**	Higher is better
Oct-24	Responsive repairs completed per 1,000 properties	352.1	292.5	239.2	**351.0**	**Q2**	Higher is better
Oct-24	'True' current tenant arrears (%)	2.19%	2.92%	4.07%	**2.83%**	**Q2**	Lower is better
Oct-24	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.71	5.71	8.46	**5.27**	**Q2**	Lower is better
Oct-24	New ASB cases reported per 1,000 properties	1.52	2.93	4.81	**2.90**	**Q2**	Lower is better
Oct-24	Homes with a valid gas safety certificate (%)	100.00%	99.90%	99.80%	**99.94%**	**Q2**	Higher is better
Oct-24	Voluntary staff turnover (%)	0.42%	0.82%	1.23%	**1.22%**	**Q3**	Lower is better
Oct-24	Dwellings vacant but available to let (%)	0.25%	0.53%	0.91%	**0.89%**	**Q3**	Lower is better
Oct-24	Responsive repairs completed within target timescale (%)	93.9%	87.1%	78.8%	**72.9%**	**Q4**	Higher is better
Oct-24	Working days lost to sickness absence (%)	2.8%	3.9%	5.0%	**6.9%**	**Q4**	Lower is better
Oct-24	Domestic properties with EICR certificates up to five years old (%)	99.91%	99.18%	96.81%	**94.84%**	**Q4**	Higher is better
Oct-24	Customer contact received via digital channels (%)	42.3%	31.9%	19.4%	**no data**		Higher is better
Oct-24	Satisfaction with the overall service their landlord provides - perception (%)	82.8%	76.7%	68.9%	**no data**		Higher is better
Oct-24	Satisfaction with repairs - transactional (%)	93.4%	87.5%	83.5%	**no data**		Higher is better

Governance Summary Communications Template

Report from:	Building Safety & Compliance Committee
Date of meeting:	19 September 2024
Report author:	Dave Wilkinson

Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):
1. Electrical Inspection Condition (EICR) update Members received the report which provided an update on the organisations EICR programme as it moved to a full 5-year cycle from 2024/25 from the previous 10-year programme to adopt best practice within the sector.	Committee noted the report and recommended its submission to Board.
2. Health Safety & Compliance Legal Register Members received the report noting there had been no significant new or amendments to relevant legislation since the last report in September 2023.	Noted.
3. Assets Performance report Members received the second dedicated Asset Management activity report summarising the position on key areas and issues affecting the service. Members noted of particular importance was the progress made in respect of the decent homes standard alongside tracking of progress of any hazards identified through stock condition surveys.	• Members requested that in the Executive Summary - category 1 and 2 outstanding hazards were split in the table. • Members also asked to review if there was anything else that could be done in addition to what the organisation is already doing, to help support tenants during the autumn/winter months in relation to damp, mould and condensation.

Additional notes for communication to governance:
None.

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Registered in England

St. Leger Homes of Doncaster Limited
BUILDING SAFETY & COMPLIANCE COMMITTEE MEETING

Thursday 21st November 2024 9am-10.15am

Present
Dave Wilkinson (DW), Trevor Mason (TM), Karen Leroy (KR), Cllr Phil Cole (PC).

In Attendance
Lee Winterbottom (LW) - Director of Property Services, Danny Boardman (DB) - Head of Building Safety, Max Johnson (MJ) - Executive Support Officer.

		ACTION
1.	**Apologies and Quorum**	
1.1	Apologies were received from Christine Tolson and the meeting was quorate.	
2.	**Declarations of Interest by Board Members**	
2.1	There were no declarations made.	
3.	**Minutes of the meeting held on 19 September 2024 and matters arising**	
3.1	The minutes of the meeting held on 19 September 2024 were approved.	
4.	**Grenfell Findings**	
4.1	DB presented the report which highlighted recommendations of significance to the management of High Rise Buildings (HRBs), following the release of the Phase 2 Grenfell Tower Inquiry on 4 September 2024.	
	<u>Social Housing Providers</u>	
	A discussion took place regarding the Tenant Management Organisation (TMO) specifically in relation to Royal Borough of Kensington loosing sight of which tenants were living in the high rise building.	
	Action: DB to speak to L Robson to clarify data protection regulation in respect of permitted tenant data collection in HRBs.	**DB**

4.2	<u>Emergency Planning</u>	
	The requirement for local authorities to prioritise resilience and emergency preparedness as crucial was discussed. DW asked do we have an emergency plan agreed with City of Doncaster Council (CDC) for the HRBs? DW advised that he wasn't aware of one.	
	Action: DB to contact the Emergency Planning Officer at CDC to discuss an emergency plan for HRBs and emergency exercises with partnering agencies**.**	**DB**
	The use of a 'stay put' policy in all 9 SLHD HRBs was noted which South Yorkshire Fire & Rescue (SYFR) endorsed.	
4.3	DW asked how closely is the organisation working with SYFR on the recommendations?	
	DB advised that he was meeting with Sheffield City Council, Berneslai Homes and SYFR next week to discuss the HRBs and mitigation measures already in place.	
4.4	<u>Fire Safety Strategy</u>	
	DB highlighted the recommendation for a Fire Safety Strategy to be available for all High Rise Buildings to support the building control application stage and being reviewed again at completion, currently we do not have fire strategies formally documented by a registered fire engineer for all nine buildings this is something we will progress as we gather more data for each building.	
4.5	<u>Fire Engineer Role</u>	
	Members recognised the limited resource pool for this role.	
4.6	TM referred to the Fire Risk Assessment (FRA) programme which had been smoothed out over a 10 year period, he questioned whether the smoothing out of the programme was still appropriate.	
	It was agreed for members to receive an update on the FRA 10 year plan at a future meeting.	**DB/MJ**
4.7	Referring to the table at appendix A of the report DB advised following the meeting the report would be circulated again to include timescales.	**MJ**
4.8	**Committee noted the report and action required to achieve the recommendations from the Phase 2 Grenfell Tower Inquiry.**	
	Members also agreed for updates on the Grenfell action plan to be reported quarterly to Committee, in the Safety & Compliance activity report.	**DB**
5.	**Serious Untoward Incident Report – 56 Repton Rd, Skellow**	

5.1	DB presented the report which gave detail of a RIDDOR reportable incident which took place on 2 September at 56 Repton Road Skellow involving uneven paving slabs regarding a tenant.	
5.2	Members noted that paths within the curtilage of the property these are inspected as part of the five yearly Stock Condition Surveys (SCS). However there was no dedicated 'paths' inspection programme for paths outside of the curtilage of the property. This property unfortunately had not yet had a SCS and so the condition of the path had not been identified.	
5.3	DB drew members attention to 5.2 of the report which gave the following recommendations: For the organisation to consider performing inspections on unadopted highways every 5 years to check for cracks slip hazards, potholes, etc., and record the findings in a register. Areas with damage less than an inch will not be considered as a significant hazard, those exceeding one inch will be deemed moderate risks, and anything visibly larger will be classified as high risk.	
5.4	During the meeting it was noted that all jobs previously referred to the Asset Teams generic email should be retrospectively risk assessed and deemed either appropriate for inclusion in a future programme or prioritised to mitigate any further incidents from occurring.	**CT**
5.5	TM asked do we anticipate any further action from the tenant for redress or from HSE? DB advised not at this time there is no reason to suggest they will.	
5.6	TM enquired do we know how many properties we have of this type? DB advised there could be a large number of bungalows with access paths which are paved.	
5.7	TM enquired have any been previously surveyed and any resultant remedial action? DB replied yes (in the case of 56 Repton Rd) a temporary repair was conducted until further investment was available unfortunately the repair broke down resulting in the trip.	
5.8	TM raised the report recommends establishing a capital programme - what is the process for this and likely scale? DB advised before this can be done SLHD needs to agree this with CDC, look at funding and have processes in place for the inspection of adopted and unadopted paths and highways with an accepted tolerance before requiring any work. Consideration should be being given to using this service through the council and the services they offer.	
5.9	**Members agreed to the recommendation at 5.2 of the report -**	**CT**

	performing inspections on unadopted paths on a cyclical programme.
6.	**Safety & Compliance Activity report**
6.1	DB presented the report which gave an update and performance monitoring on all areas of compliance, occupational health and safety and building safety as at 30 September 2024.
6.2	Members raised the following questions: Section 4 – Fire Risk Assessment (FRA) Action Delivery – page 5 ref 4.2 Is the table showing completed actions or outstanding ones and is the number to be reported on 184? DB advised that the table shows outstanding actions, there are 141 still to be completed in this financial year of the 156 in workplan. He gave further clarification at 4.5 of the report stating that 3,689 actions have been completed to date by the internal teams in the eighteen months the team has been dealing with actions directly.
6.3	Will a ten year programme on FRA actions be seen as sufficient, adequate and appropriate given recent feedback from the Regulator? DB advised having a plan is considered sufficient, but SLHDs is a dynamic plan, not merely a repository for risks. We address issues as they arise and incorporate others into our programs to ensure efficiency.
6.4	Building Safety External Façade Update – page 8 ref 10.2 Members noted a confidential paper was being presented to Board in December.
7.	**Assets Performance report**
7.1	The assets performance report was presented with the following question raised:
7.2	Given information presented to Board at Strategy Planning can you clarify what the current position is in terms of percentage of properties meeting the decent homes standard? It was noted as of 30 September, 96.75% (19,260 properties) met the decent homes standard and 3.25% (647 properties) did not. As we currently only monitor this quarterly, we are not able to give a further update.
7.3	**Members noted the report.**
8.	**Building Safety Forum minutes – 25 July 2024**
8.1	No questions were received.

9. | **Date and Time of Next Meeting – Thursday 13th February 2025**

Matters Arising from the previous minutes

			Building Safety & Compliance - Action Log			
NO	**Month**	**Ref**	**Action**	**Progress**	**Completed Y/N**	**Owner**
1.	**Sep-22**	3.2	**Safety & Compliance Activity Report** No Access - Court Costs Review court costs so they are passed onto tenants and not picked up by SLH.	Update 19.9.24 Going to be part of the Recharge policy going to Board 5.12.24.	In progress	JD/DB
2.	**Jan-24**	4.10	**Safety & Compliance report** Next report to include plans around a more robust external audit in relation to water & fire.	It has been agreed to bring Pennington Choice back to continue with the roadmap assessment in the new financial year.	April 2025	DB
3.	**Jan-24**	7.2	**Building Safety Cases** DW noted Sandbeck House would be coming up to its 60th anniversary year since being built, and ask if consideration could to be given to recognising this milestone.	DB has spoken with Sally and she is looking at leasing a shop on Balby Bridge	In progress	DB
4.	**Jan-24**	7.4	**Building Safety Cases** One member asked if it was possible to establish current and future costs for each of the High Rise buildings?	This will be done as part of the asset management strategy and capital investment plan.	In progress	DB

5.	Sept-24	4.6	**Disrepair Claims** One member asked what percentage of disrepair cases that come in reach litigation stage?	Information to be provided in the Q3 update.	In progress	CT
6.	Sept-24	6.4	**Committee Annual Report & TOR review** Electrical compliance audit report carried out by CDC to be brought to a future meeting.	Placed on the agenda for February 2025 committee meeting.	In progress	DB
7.	Nov-24	4.1	**Grenfell Findings** DB to speak to L Robson to clarify data protection regulation in respect of permitted tenant data collection in HRBs.			DB
8.	Nov-24	4.5	**Grenfell Findings** It was agreed for members to receive an update on the FRA 10yr plan at a future meeting.	Placed on the agenda for February 2025 committee meeting.	In progress	DB
9.	Nov-24	4.6	**Grenfell Findings** Report to include timescales to be circulated following the meeting.	Circulated as part of December Board papers.	Completed	MJ
10.	Nov-24	4.8	**Grenfell Findings** Members also agreed for the recommendations to be added to the 'Central Action Plan' and reported quarterly to Committee.	Reported quarterly as part of the Safety & Compliance Activity report.	Completed	DB
11.	Nov-24	5.4	**Serious Untoward Incident Report – 56 Repton Rd, Skellow** All jobs previously referred to the Asset Teams generic email should be retrospectively risk assessed and deemed either appropriate for			CT

			inclusion in a future programme or prioritised to mitigate any further incidents from occurring.			
12.	Nov-24	5.9	**Serious Untoward Incident Report – 56 Repton Rd, Skellow** Members agreed to the recommendation at 5.2 of the report - performing inspections on unadopted paths on a cyclical programme.			CT

Governance Summary Communications

Report from:	Performance and Improvement Committee
Date of meeting:	15 November 2024
Report author:	Stuart Booth

Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):
1.Performance Information – Key Performance Indicators	A member referred to KPI16 – Number of Complaints and queried if there were any trends. He indicated an interest for a more in-depth knowledge, and this was offered for outside the meeting.
2.Service Standards	Members emphasised the need to get responses right for complaints before it escalated to a Stage 2. They expressed an interest to be updated on this particular point at the February 25 meeting.
3. Tenant Voice Outcomes	The Committee noted the discussion at Board level to have co-opted members attend Customer and Performance Committee. They requested a verbal update at the next meeting on this subject.
Additional notes for communication to governance:	
None.	

St. Leger Homes of Doncaster Limited
Customer and Performance COMMITTEE

Thursday 14th November 2024

Present
Stuart Booth (SB)(Chair), Barry Keable (BK), Milcah Walusimbi (MW), Karen Leroy (KL)
In Attendance
Jane Davies (JD) Director of Housing and Customer Services, Lee Winterbottom (LW) Director of Property Services, Jennie Daly (JDy), Acting Head of Housing Services, Jackie Linacre (JL), Head of Customer Services, Jess Wood (JW), Area Housing Manager, Anne Tighe (AT), notetaker

		ACTION
1.	**Apologies and Quorum**	
1.1	Apologies were received from Cllr Sarah Smith. It was noted that the meeting was quorate.	
2.	**Declarations of Interest by Committee Members**	
2.1	No declarations of interest were received.	
3.	**Minutes of the meeting held on 13th September 2024**	
3.1	The minutes of the meeting held on 13th September 2024 were noted as an accurate record with the following updates:	
3.2	**Item 3.7 and 3.10– Tenant Scrutiny Panel Report – Recharges** Members were advised the update would be provided to the February Customer and Performance Committee. The update would include analysis and the capture of recharges once the Policy had been approved by Board in the 5 December 2024 Board Meeting.	
3.3	**Item 7.10 – Percentage of Non-Emergency Responsive Repairs Completed in Time** It was noted that this update would be detailed in the agenda item Repairs Backlog.	
3.4	**Item 11.3 – Repairs Backlog** Members were advised the update on numbers would be provided in the agenda item.	
3.5	**Item 13.2 – Service Standards** Members were advised that the Customer Focus and Service Standards Update were now consolidated into one report on the agenda.	

3.6   The Chair welcomed JD to the meeting and congratulated her on her new role of Director of Housing and Customer Services. He noted the newly implemented name of the Committee and commented that the expectations of challenge to performance were the same. He had asked officers how they could rationalise the volumes of information that the Committee received to make it much more readable and accessible to the Committee. This would allow members to consider the areas of performance to have a spotlight on, to understand better what they were curious about.

3.7   JD reported on an earlier conversation she had had with members around the volume of information that the Committee received. She had explained that the information was important to the organisation, not only to track performance, but to analyse what the information told officers about key customers services and what should we do to improve them.

4.   Performance Information

4.1   <u>KPI2 – Void Rent Loss</u>
LW highlighted that void rent loss also captures acquired properties as soon as the purchase is completed. He further advised that he was looking to move additional resources to the voids team to target the increase in more expensive voids that were coming through the system. Colleagues in Housing Management were liaising with Property Services colleagues to ensure better communication between officers of the condition of properties that were picked up during 'Keeping in Touch' visits.

4.2   <u>KPI10 – Percentage of Responsive Repairs Completed in Timescale</u>
Members were advised that officers were working closely with IT colleagues to ensure the appropriate operatives were going to the right repairs to speed up the process.

4.3   <u>KPI1 – Percentage of Current Rent Arrears against Annual Debit</u>
JD reported the updated performance of 2.86% due to some delayed payment which members were pleased to note. Officers were, however, expecting higher arrears this year as it was a 53 week year, however were monitoring performance closely.

4.4   <u>KPI4 – Average Number of Nights in B&B Accommodation</u>
Members were advised that the KPI was in the red, however it was coming down from August to September. It was a challenging issue, particularly as there was insufficient temporary accommodation. Prevention work before someone actually loses their home was significantly improving, which should impact favourably going forward.

4.5	KPI16 – Number of Complaints The Committee noted performance and acknowledged that although this was a red indicator, the organisation encouraged complaints and took them as an opportunity to learn.	
4.6	BK referred to Stage 1 complaints and queried if there were any trends. JD confirmed there was and they would be expanded upon during JL's presentation later in the agenda. If he wished to know more then officers could explain in more depth outside of the meeting.	**BK/AT**
5.	**Service Standards**	
5.1	JL gave the presentation on Service Standards and explained that the Customer Focus statistics were now a combined report with Service Standards. Overall, cumulative performance was improving, with mitigations explained for those not in target.	
5.2	The Committee were informed that JL had attended Property Services Away Day events and also roadshow events, linked to the requirement of the Ombudsman Code to embed the culture of learning within the organisation.	
5.3	JL's team were keen to get underneath the responses to complaints as Stage 2 complaints have increased. This could indicate that something could potentially be getting missed at Stage 1 so it was important to address this issue promptly.	
5.4	The Committee agreed it was important to get responses right before it escalated to a Stage 2; it should be 'right first time'. The expressed an interest to be updated on this particular point at the next meeting.	**JL**
6.	**Tenant Voice Outcomes**	
6.1	JL presented the Tenant Voice Outcomes (TVO) for Quarter 2 and was pleased to highlight that tenant involvement continued to increase, including the Getting Involved Group (GIG) building on numbers. This was important as the tenant review body was being refreshed using GIG members. They were looking at key communications and involving other members doing such things as mystery shopping that was also being reviewed.	
6.2	Members noted the One Voice Forum (OVF) consultations that they had been involved in. JL reported an event earlier today with OVF in Civic; it had been a full room with everyone contributing to discussions.	
6.3	The Tenant Scrutiny Panel (TSP) continued to play a big part of scrutiny areas covering a range of services. Officers continued to focus on encouraging tenants to join OVF and TSP.	

6.4 The Chair noted that the report helped members identify the extent of the work that was taking place. He commented that for him, it was how officers pulled this together to demonstrate the impact for people. It needed thought around how the information could be summarised as an appendix, and give big headline figures. JL agreed there needed to be a focus on 'so what' and humanising what difference it has made to 'JSmith tenant'.

6.5 MW advised she had attended OVF this morning and they had advised her that officers were engaging with tenants well and they believed tenant's voices were being heard.

6.6 JD referred to discussion at Board level to have co-opted members attend Customer and Performance Committee from OVF and TSP. She had also attended the OVF meeting with MW, and advised she would be meeting with her team next week to discuss succession planning for Board Members; to nurture through OVF and TSP. It was requested and agreed that a verbal update to these discussions would be provided at the next Committee meeting. **JD**

7. **Spotlight on Performance – Update on Garden Service - Service Level Agreement**

7.1 JDy and JW attended to present the update on Garden Service. Members were reminded of the review carried out and that there were now a clear 851 sites across the City, with garden service and associated tree works. The current cost was £1.34m; this figure reflected inflation and costs are based on staff and non-staff costs, equipment, and safety vehicles. It was noted that there were more transparent and accurate costs going forward

7.2 Following the review JW was starting to get the granular detail, and a teams channel had been set up letting staff know in real time when and where works were being carried out. This was working particularly well with Housing Officer colleagues as now they had access to up-to-date schedules they could check if work has been done and to what standard. The Council were using 2 systems at present, and once the 2 systems were merged officers would be able to have even clearer information to reference to.

7.3 Regular meetings were being held to discuss any issues highlighted and Council colleagues were noting and responding to challenge.

7.4 The Chair pointed out that lessons could be learned that there could be a bigger focus on Service Level Agreements (SLA's), and he would be interested to see if our customers could see a difference. JW explained that there had been some work to promote the schedules to tenants and advised tenants how they could report any issues.

8. **Repairs Backlog**

8.1 LW presented the final update on the repairs backlog and advised:

- The repairs backlog had reduced from 6,500 down to 143 (at time of writing the report, however now 16 jobs remaining as of today's date)
- The main issue had been plastering work due to resources
- Some jobs had been superseded and picked up under other works
- Tenants had reported repairs and then operatives could not gain access
- Teams were now that there was an effective cleanse of the system to capture any uncompleted pieces of work

8.2 Across all Property Services teams were now ensuring scrutiny by looking at demand and trying to match up with resources to keep delivering.

8.3 The Committee acknowledged that this had been a massive achievement overall tackling and reducing the backlog and it now having an impact on day-to-day work. They emphasised it was now important to keep it under control, especially approaching winter months. The Chair added that data needed to be accurate and had significantly impacted on repairs delivery, so he was pleased to hear that teams were carrying out an effective cleanse of systems and updating information.

9. **Communications Strategy**

9.1 JL presented the Communications Strategy update and advised there had been real positive changes in the lats 18 months. Teams were upping their game on social media, putting a lot of focus on customers communicating back on what's important to them.

9.2 Other were projected as well underway and/or due to be completed. The teams were also on the process of doing a communications survey. From a customer satisfaction point of view, if you look at Tenant Satisfaction Measures on how we communicate, the Communication Strategy helped drive that satisfaction.

9.3 The Committee commended the hard work of the teams for moving in the right direction and constantly looking at how to do things differently.

10. **Homeless Journey to Excellence Update**

10.1 JD presented the Homeless Journey to Excellence which summarised the progress made on delivering the objectives in the Home Options Journey to Excellence project. She proposed that she would like to close this process down, then start something new. This was a project that started 18 months ago, at that point demand was incredibly high; the objectives of the project had been achieved.

10.2 At this present moment, staff were not only achieving a better outturn, even though we still had incredibly high demand, the staff were better equipped to deal with it. The Council were progressing a new Homelessness Strategy to cover the new government's direction, and new challenges around immigration.

10.3 The Committee considered the request to close down the project down and agreed. They observed that the progress was very pleasing to note, and commended the teams for their hard work and perseverance in providing Doncaster residents with such a good service.

11. **Transactional Survey**

11.1 JL provided the Committee with an update on the Transactional Survey and highlighted:

- Overall satisfaction really good results
- Approximately 150, 000 calls made
- Boiler replacements feedback good
- ASB results were improving
- Satisfaction with garden services

11.2 Members were pleased to note the results of the Transactional Survey.

12. **Keeping in Touch Visits**

12.1 The Committee noted the Keeping InTouch (KIT) briefing note which explained the aim of KIT was to engage with our tenants, check the property condition and address any other issues around the tenancy. It was also noted that KIT visits for tenants over the age of 70, and those living in high rise properties had prioritised, as well as tenants who had had no contact with the organisation in one 12-month period. Tenants living in larger properties were also in the first cohort.

12.2 Teams had completed 48% of the first year of the 3-year rolling programme, which was slightly behind schedule. Members were asked to note that they programme hadn't start properly until June 2024. Staff had quickly realised more communications messages had to be sent out as staff weren't able to gain access on first

attempt, therefore officers were now sending a text in advance to tenants can let us know if they're not available.

12.3 It was pleasing for members to note an example of a KIT visit where a tenant had mentioned her finances, and the Tenancy Support Officer (TSO) was able to submit new claims for Housing Benefit, various other benefits and Council Tax; the total financial gains for the tenant totalled nearly £6.5k. The tenant's friend happened to be present, and the TSO carried out the same review and made financial gains for them totalling just over £9k.

12.4 There were also gains for advising tenants to register on the Tenant Portal, and prompt reporting could impact on repair and voids costs which would be beneficial for the organisation.

12.5 The Chair pointed out that once you get to a point of summarising the activities of team, the value of teams visiting would become apparent. There will be positive and negatives, but organisations should welcome feedback, as talking to tenants first hand getting to real issues, was key to developing good relationships. EMT can then decide if there any major issues. this was proactive work at it's best and the Committee looked forward to being updated during the 3-year programme.

13. Tenant Satisfaction Measures

13.1 JL referred to the executive summary in her presentation on Tenant Satisfaction and was pleased to report overall improved performance compared to 23/24. 11 in total have improved with only 1 reduced but still in a good quartile position with Housemark; the top quartile.

13.2 In response to a query around green and yellow indicators, it was explained that the full results have not been published by the regulator, therefore JL would carry out analysis as soon as it was made public and update the position.

13.3 JL concluded her presentation by highlighting the key points to note, in particular:

- Keeping communal areas clean and well-maintained increased +5% compared to 23/24. Cleaning of communal areas was subject to a scrutiny review in 23/24
- Main areas ASB dissatisfaction are about issues not always in SLHD's control - drug use/lack of action/gangs and kids

14. Spotlight on Performance – February 2025 Meeting

14.1 This item was deferred.

15. **Any Other Business**

15.1 No other business was raised.

16. **Date and time of next meeting**
20th February 2025 at 3-5pm

Governance Summary Communications

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Date of meeting:	15 November 2024
Report author:	Stuart Booth

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Additional notes for communication to governance:
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