

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

**To be held at 2:00pm on Wednesday 27 January 2021
Via MS Teams**

AGENDA

- | | | | |
|----------|---------------------------------------------------------------------|---------------------------|-------------------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3 | Minutes of the meeting held on 25 November 2020 and matters arising | | Enclosed |
| 4 | Chair's and Chief Executive's Update | D Wilkinson
D Richmond | To be circulated |

Policy and Strategy Items

- | | | | |
|----------|------------------------------------------------------|------------|-----------------|
| 5 | Annual Development Plan – Current Year | J Crook | Enclosed |
| 6 | Annual Development Plan and draft KPI's – Year Ahead | J Crook | Enclosed |
| 7 | Strategic Risk Register | J Crook | Enclosed |
| 8 | Fire Management Policy and Fire Management Plan | C Margrave | Enclosed |

Financial and Performance

- | | | | |
|-----------|------------------------------------|---------------------------------------|-----------------|
| 9 | Health & Safety Performance Update | C Margrave | Enclosed |
| 10 | Key Performance Information | J Crook
S Waddington
C Margrave | Enclosed |
| 11 | Revenue Monitoring | J Crook | Enclosed |
| 12 | Capital Monitoring | J Crook | Enclosed |

For Information

- | | | | |
|-----------|-------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------|
| 13 | Committee Minutes for Noting | | Enclosed |
| | <ul style="list-style-type: none">• Performance & Improvement• Employment & People | P&I Committee
D Wilkinson | |
| 14 | <i>Date of next meeting</i> | | |
| | Wednesday 31 March 2021 at 2pm. | | |

St. Leger Homes of Doncaster Limited
BOARD MEETING
Remote via Microsoft Teams

25 November 2020

Present:

Dave Wilkinson (Chair), Dave Richmond (Chief Executive), Steve Lyons, Anthony French, Sam Bartle, R. Allan Jones, Jane Nightingale, Trevor Mason, Susan Jones, Stuart Booth.

Also In Attendance

Julie Crook (Director of Corporate Services), Steve Waddington (Director of Housing and Customer Services), Arturo Gulla (Director of Property Services) – partial, Maxine Johnson (minutes)

Members of the public

Betty Clayton, Brenda Lennon.

	Action
1 Apologies and Quorum	
1.1 Apologies were received from Joe Blackham.	
1.2 The meeting was quorate.	
2 Declarations of Interest by Board Members	
2.1 There were no declarations of interest.	
3 Minutes of the meeting held on 7 October 2020 and matters arising	
3.1 From agenda item 6.3 Customer Charter and Service Standard Review	
Point 6.3 - second paragraph amend to: The Director of Housing and Customer Services advised, we are still going to acknowledge 100% of complaints within 3 working days, but as this is an automated response it will no longer be a service standard.	
3.2 From agenda item 9.1 EU Settlement Scheme	
The Chair asked do we have an indication of how many tenancies this affects? The Director of Housing and Customer Services acknowledged the figure was detailed in the briefing note (approximately 528 SLH tenancies could be affected).	
4. Chair and Chief Executive update	

4.1 Current Operations

The Chief Executive highlighted that the organisation has been contacting clinically extremely vulnerable tenants in the Borough. Of the 171 tenants in this category, we were able to make contact with 146, none of which requested support. The remaining 25 were unable to be reached.

He pointed out the 11 clinically extremely vulnerable staff within property services that were unable to carry out their normal duties, for the majority alternative work has been found.

4.2 Director of Property Services Recruitment

He highlighted that interviews are taking place tomorrow for the role and sought approval from the Board for the appointment panel consisting of Dave Wilkinson, Cllr Glyn Jones, Cllr Jane Nightingale, Anthony French and himself to be given delegated authority to make the decision on appointment.

4.3 Staff Communications

The Chief Executive advised there has been a lot of positive messages from staff regarding the staff conference carried out during week commencing 12 October 2020. 217 staff completed feedback forms with 94% saying they were satisfied or very satisfied with the event.

He commented the results of the second pulse survey carried out in October 2020 were more ambiguous. 81% of staff said they were satisfied or very satisfied with the organisation as an employer. He then drew members attention to some of the issues submitted in the free text available on the pulse survey. He said the survey has provided extremely useful insights into the feelings of staff where further detailed analysis and a short action plan will be developed. Future surveys will be carried out quarterly.

4.4 Minor Works Contract

The Chief Executive advised of the change of contractor from Engie Regeneration Limited to J Tomlinsons. He said as part of their bid, J Tomlinson have committed to delivering £12.9m worth of social value, which will be a condition of the contract.

He acknowledged that following the press release that was published, a query was raised by Board in relation to current contracts that are being procured. He then referred members to the current contracts forward plan at Appendix A that would be implemented going forward.

4.5 Board Strategic Planning day

He reminded Board Members of the forth coming Board Strategic Planning session set for Monday 30 November 2020 where future planning events will be discussed. A draft of the agenda was detailed in the report.

4.6 Tomlinsons

- 4.6.1 The Chair asked what steps are being put in place to notify Board of future procurement of contracts? He referred to the recent press release where J Tomlinson were successful and awarded a £30m contract to deliver specialist planned improvement and reactive maintenance work. Other members expressed concern that the press release had been publicised before being brought to their attention, they had learnt about the award via social media.
- 4.6.2 The Chief Executive apologised saying going forward we have developed a forward plan (Appendix A) so Board will be well advised of future contracts. He said the contract value is expected to be £600k-£700k per annum over 4.5 years, with many staff being employed from the Doncaster area. It was noted.
- 4.6.3 The Director of Property Services said we will manage the contract to ensure J Tomlinson meet the criteria of adding social value within the area, they have already established an office in Doncaster.
- 4.6.4 In addition to the implementation of the contract forward plan, it was noted that Audit and Risk Committee receive an annual procurement report that provides an overview on procurement activity and associated risks.
- 4.6.5 The Vice Chair reminded members it was just over a year since Board reviewed the procurement policy and agreed the scheme of delegation. He said I was uncomfortable with the decision then and even more so now. If we as a Board want tightened control we need to review the policy again.

The Director of Corporate Services reminded members that the majority of contracts are not SLHs, she said the organisation is a managing agent on behalf of the Council.

Members welcomed the implementation of the contract forward plan.

4.7 Pulse Survey – Action Plan

Referring to staff who had raised frustration with ICT and management within the pulse survey, a member said he would like to see within the report how many staff had raised these issues.

The Chief Executive advised the numbers were low at either one or two and suggested he collate the numbers of staff associated with each of the issues raised within the free text box.

The same member welcomed the action plan to address all feedback received from the survey.

4.8 Covid-19

The Vice Chair compared the 31 confirmed cases within the organisation to the general population. He commented it was high and asked should we look to review current working arrangements?

DR/JC

The Chief Executive advised the cases have been isolated, we have not identified particular areas of concern within the organisation. He pointed out that this could be attributed to the organisation having an ageing workforce.

Prior to the current lockdown the Executive Management Team reviewed what it may do differently and introduced mandatory wearing of face coverings when staff enter properties. He said we are keeping this under constant review, from the pulse survey there will be a series of work streams to address future ways of working.

A member highlighted from experience that staff are not automatically wearing face coverings when entering properties. The Chief Executive advised he would pick this up with staff.

DR/AG
/SW

4.9 Scaffolding Services - £2.5m Appendix A

The Chair asked whether the organisation has considered doing this service in-house or buying an existing company to allow us to trade with the council or a neighbouring ALMO?

The Director of Property Services said it is a possibility, however it does come with commercial risks and due diligence. What's critical is having a competent workforce, correct equipment and procedures in place.

The Chair asked if the Director of Property Services could review commercial opportunities with the scaffolding service.

AG

4.10 **Board agreed to delegate authority to the recruitment panel to make an appointment to the post of Director of Property Services.**

4.11 The Director of Property Services left the meeting.

5. Social Statement

5.1 The Director of Housing and Customer Services said we produce the Social Statement annually, it aligns with our corporate plan and strategic objectives.

Referring back to the J Tomlinsons contract he gave this as an example where the social statement captures the wider community work that we do. We have tried to use examples that have had the most impact.

5.2 Members were pleased with the presentation and use of infographics within the statement commenting it was easy to digest. The Chair asked that thanks is passed to the Customer and Communications Service Manager.

SW

5.3 **Board noted the St Leger Homes Social Statement 2019/20**

6 Housing Ombudsman's Code for handling complaints

- 6.1 The Director of Housing and Customer Services explained a self-assessment had been carried out against the Housing Ombudsman's new Complaint Handling Code.

He said the code sets out 53 areas, he said we feel we are fully compliant in 46 of those areas, partially compliant in 6 and none compliant in 1. However, because we are saying we are partially compliant, it signifies we can do more in that area which we have set out in the appendix. Also, in order to provide an element of challenge and consultation we have shared and discussed the assessment with the Tenants Appeal Panel.

- 6.2 He highlighted at point 6 of the report, landlords must comply with some elements of the code, for example, time frames for responding to complaints is an area where the code is prescriptive. He explained we are seeking further advice, however we have had very little response from the Ombudsman to date.

- 6.3 Referring to 3.17 (non-compliant) within the appendix he advised the code says you should not give staff member's names. We have generally given the name of the staff member in our responses as we felt it made them more personable. A recommendation came to Executive Management Team to use the post title instead going forward.

- 6.4 The Chair asked when the organisation will be fully compliant and who is responsible for delivering it? The Director of Housing and Customer Services advised we need to review the timescales and report back.

Another member highlighted that Performance & Improvement Committee look at complaint monitoring and suggested that the action plan with reasonable timescales was submitted to this committee.

- 6.5 The Vice Chair asked that the words 'At Least' are added to the proposed new standard '95% satisfied with the condition of our new home.'

- 6.6 **Board noted the outcome of the self-assessment and the action to be taken to further improved procedures and that the self-assessment process is carried out on an annual basis and reported to the Executive Management Team.**

7 Value for Money Statement

- 7.1 The Director of Corporate Services highlighted that this was the third Value for Money Statement in this format based on data from HouseMark.

She said renewal of the management agreement with the Council in 2018 was subject to SLH presenting annually to the Council a review of its performance, including a Value for Money assessment.

Discussions have taken place at Leadership meetings to review indicators that fall within the third and fourth lower quartiles and to assess what action is required to move them into the upper quartiles.

SW

SW

7.2 The Chair asked what control do we have over Key Performance Indicators?

The Director of Housing and Customer Service explained for example with 'Full duty homelessness acceptances' it is difficult, we carry out the statutory homeless function but we are not responsible for all things that directly impact on the indicator such as mortgage repossessions, evictions in the private sector and domestic abuse. Our outturn at 228 against a target of 130 looks as though we are performing poorly, however for each of the 228 households where we made a full homeless duty, for these households it is a positive because we have committed to secure accommodation for them. The target of 130 was, in hindsight wrong, it was based upon the first year learning from the implementation of the Homeless Reduction Act. And what has been seen nationally is a larger number of households progressing to full duty than was expected. It is important that we look at the 3 homeless indicators, we group them together rather than consider them individually, as they are all interlinked and together give a fuller picture.

Additionally, Doncaster has 4 prisons, which in turn can have a significant impact on the indicators.

7.3 One member referred to point 2.2 within of the report, and asked how does the organisation embed a VFM culture?

The Director of Corporate Services advised that we ask staff to consider 'if it was your own money would you take that particular course of action?' We involve tenants in kitchen choices and when procuring contracts we consider not only price but quality and other criteria.

7.4 Another member said overall it's a very positive statement that demonstrates the hard work of the management team, members and staff. He suggested that Board reviews information again at the Strategic Away Session planned early in the new year.

JC

7.5 **Board approved the VFM statement for the financial year ended 31 March 2020.**

8. KPI Performance

8.1 The Director of Corporate Services advised that as with previous performance reports brought to Board at every meeting the impact of Covid-19 has heavily affected performance.

8.2 She further advised that at the Board Strategic Planning session next week we will be looking to set the targets for next financial year, and asked members to give consideration prior to the session.

Board
Members

8.3 **Board noted the performance dashboard for period 7 ended 31 October 2020.**

9. Revenue Monitoring Q2

- 9.1 The Director of Corporate Services commented although the report is submitted to Board well after the end of the quarter, it is reviewed in a timely manner by Audit & Risk Committee.

She said there is an improved position when compared to Q1. The bottom line position is split in accordance with the two main funding streams. Activity funded from the HRA that has gone into a surplus of £14k and the General Fund (due to Housing Options/Homelessness) is still in a deficit at £513k. She commented I think we will see a deterioration in Q3 in the financial position of activity funded from the GF.

- 9.2 Referring to point 5.3 within the report the Chair asked of the 55 vacant posts within the property services directorate, will they be frozen with a view to the new Director of Property Services carrying out a review to that service area?

- 9.3 The Director of Corporate Services advised the vast majority of vacancies are within the Health, Safety and Compliance team that we are trying to strengthen. Additionally, many of the trade's vacancies are income generating posts. She said as an organisation we are robust and regularly review all vacancies and consider flexible retirement requests.

- 9.4 She further advised some vacancies are covered by agency staff where costs are very similar to employing our own staff. If we recognise competent and skilled agency staff we encourage them to apply for vacancies within the organisation.

- 9.5 **Board noted the Revenue Monitoring report as at 30 September 2020 and the projected outturn for the financial year 2020/21.**

10 Q2 Capital Monitoring

- 10.1 The Director of Corporate Services pointed out that the report had recently been reviewed at Audit & Risk Committee. She said we are more or less on-track, staff are working in a Covid-19 secure way and this is not as productive.

- 10.2 It was noted the reported projections at Q2 show the planned, in-year spend on the Housing Capital Programme would be £22.19m, an under-spend to budget of £2.36m.

- 10.3 She said that broadly we are in line with where we said we would be. The main area of slippage can be seen on the Council House New Build programme.

- 10.4 **Board acknowledged the Capital Monitoring Report and the projected outturn for the financial year 2020/21.**

11 Board Expenses & Attendance Register

- 11.1 The Chair advised that early in the new year we will be carrying out board appraisals. Board noted the register.

12 Board Forward Plan

12.1 Board noted the forward plan.

13 Committee Minutes for Noting

13.1 Audit & Risk Committee

The Vice Chair said the Committee had reviewed the Risk Register, having had a thorough debate they were satisfied. He added, despite slippage on the Internal Audit Programme we have been given assurance that the majority of the programme will be completed in this year.

13.2 He then asked the Director of Housing and Customer Services as to where the organisation would stand legally, in the event of a death of a placement in a hotel?

The Director of Housing and Customer Services advised from a legal perspective the responsibility does not sit with us as an organisation, our role is to make an appropriate placement, we are not responsible for the individual or their behaviour. Unfortunately deaths in temporary accommodation do occur and any death would be investigated by the Police or the Coroner.

Date and Time of Next Meeting: Weds 27 January 2021, 2pm

The meeting ended at 15:47hrs

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) for Year to Date 2020/21
Action Required:	For Information
Item:	05
Prepared by:	Mark Haughey Acting Head of ICT & Transformation
Date:	27 January 2021

1. Purpose

- 1.1. To provide Board members with an update on the Annual Development Plan (ADP) 2020/21 for information.

2. Background

- 2.1. Board members approved the ADP at the Board meeting in May 2020 and received an update in September 2020.
- 2.2. The Corporate Plan 2019 to 2024 aims to deliver our vision of “providing homes in neighbourhoods that tenants are proud to live in” through four strategic objectives:
 - All our homes are modern, decent, and energy efficient;
 - Our tenants live successful and fulfilling lives;
 - We will be a nationally recognised provider of housing services; and
 - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together.
- 2.3. The ADP has been developed from this Corporate Plan 2019 to 2024 resulting in 38 key developmental activities or “actions” aligned to the strategic objectives for 2020/21.
- 2.4. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or ‘business as usual’ service delivery.

3. 2020/21 ADP

3.1. The 2020/21 ADP at **Appendix A** contains individual actions relating to the Corporate Plan actions/plans. Some are related to current pieces of work that are already underway.

3.2. Alignment with the four strategic objectives:

Objective	Number of 2020/21 ADP Actions
All our homes are modern, decent, and energy efficient	12
Our tenants live successful and fulfilling lives	8
We will be a nationally recognised provider of housing services	10
Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together	9

3.3. A member of the leadership team is assigned responsibility for each ADP action and progress is reported to EMT quarterly and to Board every six months.

3.4. Of the actions, 14 are considered on track (Green), 16 are slightly behind (Amber), 7 considered late or at risk (Red) and 2 that have been superseded.

3.5. The Covid pandemic has had an impact across the whole organisation and has resulted in some slippage directly or indirectly to some of the Actions.

3.6. A lead officer continually monitors all the Actions. Those measured as amber or red are monitored closely with the risk and impact of late or non delivery constantly considered.

4. Recommendation

4.1. That Board is asked to note this update.

5. Appendices

- Appendix A - 2020/21 ADP

Appendix A

Corporate Plan Objective		ADP Actions 2020/21		Date	Status	Q3 Update
All our homes are modern, decent, safe and energy efficient	Ensure our homes are safe and free from hazards.	1.1: Complete realignment of health, safety and compliance staffing resources to better enable SLHD to meet its obligations in this area.	Sep-20	HoAM	Red	Still unable to fill 3 key posts despite numerous recruitment rounds and liaison with agencies. Need to re-think approach to filling these remaining positions.
		1.2: Continue to monitor changes arising from the Building a Safer Future review and implement accordingly.	Mar-21	HoAM / HoHM	Green	A strategic group and operational group have been established to implement the requirements of the bill and manage building safety. Work is ongoing to create Building Safety Manager positions and how these will link to all relevant parts of the business. Conversations also underway with regards the governance structure and the role of the Accountable Person. We have already made great progress on tenant engagement with our high rise forum and have plans to improve this even further.
	Continue to invest in homes and neighbourhoods.	1.3: Deliver £21.24m investment, benefitting 5,000 properties, as set out in the 2020/21 capital programme.	Mar-21	HoAM	Amber	Schemes and budgets have been amended to reflect capacity to deliver works for the remainder of the financial year.
	Deliver an efficient and effective repairs and maintenance service.	1.4: Implement revised National Schedule of Rates and The One Project (TOP).	Jun-21	HoR&M / HoCS	Amber	Work associated with the review to be complete in January 2021. Following completion testing will be carried out by the CAT during February/March and the new SORs will go live when the repairs and maintenance module of open housing goes live in June 2021.
	Make best use of Doncaster Council's housing stock.	1.5: Complete and implement new HRA asset management strategy.	Sep-20	HoAM	Red	Whilst some work has commenced on the development of this strategy, it is unlikely that it can be fully drafted and approved by March, as the findings from the Savills work will need to inform this wider asset management strategy, and there will be a need for robust engagement and consultation with key stakeholders.
	Maximise opportunities to grow the Council's housing stock.	1.6: Support the Council in the development and delivery of its new house-building programme.	Mar-21	HoAM	Green	Ongoing consultation and discussion with Doncaster Council around future specifications and planned sites as and when required.
	Review age designation and local lettings policies.	1.7: Implement outcomes from reviewed Local Lettings Policies.	Sep-20	HoAtH	Amber	Draft report agreed with DHCS to be considered by EMT & Portfolio Holder in Q4.
	Provide communal halls and spaces which the community value.	1.8: Commence phase 2 review of communal halls.	Jul-20	HoAM	Red	Communal halls remain closed due to Covid. Consequently, the review will not commence until the new financial year to enable user groups to have a 'fair' opportunity to evidence demand and usage.
	Deliver our environmental strategy.	1.9: Finalise and launch new environmental strategy.	Mar-21	HoAM	Green	External expertise has been acquired to look specifically at the 'path to net zero carbon' and an initial outline draft of the strategy has been written.
		1.10: Implement outcomes of Garage 32 Pilot.	Dec-20	HoHM	Green	A report went to EMT on 22 December 2020 providing information on the outcome of the PH pilot and outlining proposals to either develop as a borough wide small scale community model, cease the service completely, or develop a larger scale operation at a cost to the business. The chosen option will be developed in Quarter 4 and rolled out next financial year.
Offer a sustainable gardening service.	1.11: Complete a review of the gardening service.	Sep-20	HoHM	Green	Full review completed and presented to EMT. Huge progress made with regards the efficiency and VFM of the service and costs reduced significantly. Proposals for a new and more realistic pricing structure have been considered but delayed by the Council for a later date. We will however continue to monitor and develop the service including customer satisfaction, marketing the service and consideration for expanding into the private sector.	
	1.12: Implement actions from the gardening service review.	Dec-20	HoHM	Green		

Corporate Plan Objective	Plans	ADP Actions		Date	Status	Q3 Update
		2020/21				
Our tenants live successful and fulfilling lives	Help tenants to sustain their tenancies.	2.1: Review tenancy sustainment model and implement any resulting actions.	Mar-21	HoHM	Amber	Work has commenced linked to frailty and wellbeing and will be completed during the first quarter of 21/22 with the objectives being to support more tenants and sustain their tenancy and improve quality of life.
		2.2: Full review of housing management functions and structures (after TOP).	Mar-21	HoHM	Amber	Scoping paper drafted with plan and timescales for 21/22, objectives of the review focus on VFM, delivering outcomes and responding to changes and requirements of government legislation.
	Increase the range of support for tenants.	2.3: Analyse reasons for tenancy failure and review capacity to support other vulnerable groups (post TOP)	Mar-21	HoHM	Amber	See 2.1
	Ensure the allocations policy reflects the changing needs of tenants and residents.	2.4: Review Gypsy & Traveller and Residential Allocations Policy.	Mar-21	HoAtH	Green	To be undertaken in Q4.
	Increase engagement with the diverse communities of Doncaster.	2.5: Review the Fairness and Equality Strategy.	Mar-21	HoCS	Green	Anticipated to be on track for delivery. Benchmarking is completed and consultation questions have been finalised ready for consultation to commence in January 2021.
	Increase tenant and community member involvement in our business	2.6: Develop and embed the Complaints Appeals Panel and the High Rise Forum.	Dec-20	HoHM/HOCS	Green	The Complaints Panel's role in complaints management has been embedded and the Panel is meeting remotely when required. The Panel provided external challenge when we considered how our complaints policy and procedures meet the standards in the Housing Ombudsman's New Complaints Code. We are already assessing the implications of the white paper around tenant involvement, particularly with regards to high rise and complaints and regulation. We are hoping to put forward rep/s for the ombudsman resident panel and will be exploring ways to increase participation and involvement in high rise management.
	Improve communication with tenants and residents	2.7: Review External Communications.	Dec-20	HoCS	Amber	Slight slippage into January 2021. Consultation commenced in November and completed end December 2020. As reported in Q2 it was anticipated that we may struggle to carry out consultation within our anticipated timeframe. This has meant that the completion of this project will slip very slightly into January to give time for the responses from the consultation process to be analysed. Any recommendations to be considered Feb/March.
	Review the World of Work programme	2.8: Develop a World of Work Framework as set out in the People Strategy 2020-24.	Nov-20	HoHR&OD	Amber	Review moved back to deliver by March 2021, recognising ongoing pressures on the service caused by internal staffing capacity and also in recognition of the ongoing pressures of the pandemic on the current delivery model.

We will be a nationally recognised provider of housing services

Corporate Plan Objective	Plans	ADP Actions		Date	Status	Q3 Update
		2020/21				
	Embed a positive health, safety and wellbeing culture.	3.1: Review Health, Safety and Compliance Strategy.	Dec-20	HoAM	Red	This is behind schedule. Limited work has been undertaken on this document due to capacity and resource issues. Every effort is being made to conclude this piece of work by the end of the financial year.
	Work in ways that reflect our values.	3.2: We will embed values and behaviours in our training courses/ employment policies.	Mar-21	HoHR&OD	Green	On track and an ongoing feature in all people related practises.
	Deliver value for money services.	3.3: Identify efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT).	Jun-21	HoF&BA	Amber	TOP / OpenHousing (OH) is now split into two phases. Universal Housing (UH) was replaced in November 20 and the remaining packages by July 21. Efficiencies identified in the process mapping in 2018 and current development work are being built in to OH and also CAT implementation. All processes will be reviewed post OH implementation to ensure efficiencies are being achieved.
	Use technology to modernise and transform service delivery.	3.4: Implement The One Project (TOP), replacing key IT systems and driving Customer Focussed culture change.	Jun-21	HoICT&BT	Amber	Phase I implemented. Responding to issues and data anomalies. Currently working with Capita (the Suppliers) to finalise Phase II plan. Reviewing TOP team make-up to ensure the appropriate skills and decision makers are engaged.
	Continue to develop our workforce.	3.5: Deliver 4 key actions in the People Strategy 2020-24 to contribute to this plan.	Mar-21	HoHR&OD	Green	1 action is delivered – deliver line management skills programme. 1 action is ongoing – grow workforce skillset to meet changing business needs. 2 actions are deliverable next year and will therefore roll over to 21/22 – future leaders' development and Gold Wellbeing at work.
	Continuously improve our business processes.	3.6: Implement, embed & monitor improvements & efficiencies through transformation of services to deliver The One Project (TOP) and the Customer Access Team (CAT).	Jun-21	HoICT&BT	Amber	Phase I implemented and processes being continually reviewed. CRM protocols for the organisation are being developed to ensure clear guidelines and help embed the approach.
	Improve the extent to which our workforce reflects the Doncaster population.	3.7: Review the Fairness and Equality Strategy.	Mar-21	HoCS	Green	Anticipated to be on track for delivery. Benchmarking is completed and consultation questions have been finalised ready for consultation to commence in January 2021. Discussions to take place at Board Strategic planning to help inform the final strategy.
	Operate commercially.	3.8: Review opportunities to expand commercially.	Mar-21	HoF&BA	Amber	An ongoing action to look at all areas where we could become more commercial. Board considered this again In July 2020 and the main focus for 20/21 is to be more commercial with our existing services by being more efficient and productive, particularly with Covid19 and new ways of working, and also the move to the new OH system and use of new Schedule of Rates. This action will form part of the 21/22 ADP
	Ensure our business accommodation is fit for purpose.	3.9: Review existing receptions points.	Nov-20	HoCS	Superseded	This action has been superseded and will be implemented in 21/22 as part of a wider action in the 21/22 ADP to investigate alternative methods for customers to interact with us and to access our services at our office/partner locations
	Improve communications internally and with external stakeholders.	3.10: Carry out a review of external communications.	Dec-20	HoCS	Amber	Slight slippage into January 2021. Consultation commenced in November and completed end December 2020. As reported in Q2 it was anticipated that we may struggle to carry out consultation within our anticipated timeframe. This has meant that the completion of this project will slip very slightly into January to give time for the responses from the consultation process to be analysed. Any recommendations to be considered Feb/March.

Corporate Plan Objective	Plans	ADP Actions			Status	Q3 Update
		2020/21	Date	HoS		
Through innovation and partnership working, we will deliver the aims of Noncaster Growing Together	Working: Maximising use of local suppliers.	4.1: Commence the review of the Procurement Strategy.	Dec-20	HoAM	Red	Work not started on this yet due to the need to prioritise team resources on key commercial and safety matters. The completion of the strategy is expected to be by a revised date of March 2021.
	Living: Reduce and prevent homelessness.	4.2: Deliver Homelessness and Rough Sleeper Action Plan.	Mar-21	HoAtH	Amber	Rough Sleeper Action plan being developed through new Homelessness Board led by the Council and attended by our Director of Housing and Customer services
		4.3: Review temporary accommodation model with Council & partners.	Mar-21	HoAtH	Amber	Housing first model commissioned by the Council to 2 Registered Providers to provide 25 units. This will build additional system capacity for complex cases and reduce pressure on SLHD TA units to meet this need.
		4.4: Review impact of Homeless Reduction Act.	Sep-21	HoAtH	Superseded	No longer relevant superseded by IBA review of Homelessness in 2019.
	Living: Provide support to maximise tenancy sustainability.	4.5: Deliver in partnership our role and requirements in the localities and local solutions project.	Awaiting Council timeframes	HoHM	Green	Work still ongoing to roll out the model across the borough. St Leger are a key partner in the development work and remain actively involved.
	Living: Safer neighbourhoods through reduced anti-social behaviour and crime.	4.6: Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	Oct-20	HoHM	Red	Moved to 21/22, demands on the responsive side of ASB during COVID has heavily impacted on our resource capacity.
	Living: Collaborate with partners to bring empty properties back into use.	4.7: Deliver initiatives outlined in the Empty Property Policy Framework.	Mar-21	HoAM	Amber	Work is progressing slowly, but there is still hope that the loan product can be in place by the end of the financial year.
		4.8: Develop and begin implementing action plan to reduce the use of temporary accommodation.	Sep-21	HoAtH	Red	Plans in place to reduce TA but compromised by change in Government guidance in response to Covid 19, resulting in unprecedented levels of demand for emergency accommodation and no move on options during lockdown. Meanwhile a number of measures are in place to improve turnover of Temporary Accommodation which has stabilised numbers.
Caring: Support the development of the health and social care partnership.	4.9: Attendance on the Accountable Care Partnership Board.	Ongoing	CE	Green		

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan and KPIs for 2021/22
Action Required:	For information
Item:	06
Prepared by:	Mark Haughey - Acting Head of ICT & Transformation Nigel Feirn - Head of Finance and Business Assurance
Date:	January 2021

1. Purpose

- 1.1. To provide Board members with the proposed Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2021/22. These have been prepared following extensive review and discussion by the Senior Management Team (SMT), Leadership and at the Board's strategic away day. Consultation with the Council is being undertaken and, once received, the final versions will be submitted for approval by the Board in March 2021.
- 1.2. The 2021/22 ADP proposes a number of key developmental activities or "actions" aligned to the strategic objectives set out in the SLHD Corporate Plan 2019 to 2024.
- 1.3. 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 Corporate Plan 2019 to 2024, which was approved in March 2019.
- 2.2. The Corporate Plan 2019 to 2024 aims to deliver our vision of "providing homes in neighbourhoods that tenants are proud to live in" through four strategic objectives:
 - All our homes are modern, decent, and energy efficient;
 - Our tenants live successful and fulfilling lives;
 - We will be a nationally recognised provider of housing services; and
 - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together.
- 2.3. 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 response to unforeseen events, such as the Doncaster floods and global pandemic, has had an impact on the plans over the past 12 months, though Management and Staff have responded promptly and outstandingly to all situations.

- 2.4. As a result of the continued global pandemic situation and in consultation with management and Board, the 2021/22 ADP aims to focus on fewer key plans than we have in previous years. This will enable us to concentrate on the priorities within the business while ensuring we are still able to provide the excellent services we always have.
- 2.5. Key to the plans are the implementation of The One Project (TOP) and establishing the foundations for innovative and creative ways of delivering our services in the near future in line with the Customer Access Strategy.
- 2.6. The same methodology has been applied for 2021/22 and the draft KPIs are based on the 31 measures of success for our four strategic objectives.
- 2.7. For DMBC, there is one key change to the KPIs for 2021/22. KPI10 will now report on 'Gas Servicing - % of dwellings with a valid gas safety certificate'. Previously, although we have recorded this information to ensure all of the properties have a valid certificate, the KPI reported on 'Gas Servicing - % of properties attended against target'.
- 2.8. At a Board strategic away day in 2019/20, two additional employee related KPIs were requested for 2020/21 and these have been retained for 2021/22. These will be measured via employee survey and these have been added as :
 - KPI20 Employee satisfaction with St Leger Homes as an employer
 - KPI21 How likely are you to recommend St Leger Homes to family and friends – Net Promoter Score *

* Net Promoter Score is calculated as 'Promoters' minus 'Detractors', and ignores 'Passives'. The KPI21 question asks employees to rate their likelihood of recommending St Leger Homes to a friend or family member, with 0 being extremely unlikely and 10 being extremely likely.

- Employees scoring 0 - 6 are considered 'detractors', likely to be vocally negative
- Employees scoring 7 - 8 are considered 'passives or neutral'
- Employees scoring 9 - 10 are considered 'promoters', likely to be vocally positive

3. 2021/22 ADP

- 3.1. The 2021/22 draft ADP at **Appendix A** contains individual actions relating to the Corporate Plan actions/plans.
- 3.2. 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 quarterly, and to Board every six months.
- 3.3. Following feedback from Board, more attention will be taken to capture the intended outcomes of each Action to determine the benefit to the organisation.
- 3.4. The final versions of the 2021/22 ADP, with allocated responsibilities, timelines and the planned outcomes, will be presented for approval at the Board meeting in March 2021.

4. 2021/22 draft KPIs

4.1. Appendix B details :

- draft KPI targets for 2021/22;
- historical performance and related financial information;
- KPI targets and current performance for 2020/21; and
- where applicable, St Leger's quartile benchmarking position and top and bottom quartile and median indicators for 2019/20.

5. Recommendations

5.1. That Board note the ADP and KPIs for 2021/22 in light of the 5-year Corporate Plan.

6. Appendices

- Appendix A - 2021/22 draft ADP
- Appendix B - 2021/22 draft KPIs

Appendix A

All our homes are modern, decent, safe and energy efficient.

1.1	Continue to monitor changes arising from the Building a Safer Future review and implement accordingly.
1.2	Deliver the first phase of a Gypsy & Traveller and Residential investment plan.
1.3	Explore agile working and current working hours for trade staff aligned to customers (Inc Out of Hours).
1.4	Undertake full R&M service review informed by the Phase II TOP implementation.
1.5	Implement Borough wide to re-use furniture.
1.6	Expand gardening service to private sector.
1.7	Implement outcomes from reviewed Age Designation Policies.

Our tenants live successful and fulfilling lives.

2.1	Full review of housing management functions and structures (after TOP).
2.2	Review the Allocations Policy.
2.3	Develop engagement strategies for high risk buildings in consultation with tenants to deliver the requirements of the Building a Safer Future.
2.4	Review and implement regulatory requirements embedded in the Building Safety Bill, Fire Safety Bill and Social Housing White paper.
2.5	Further develop and implement customer insights data

We will be a nationally recognised provider of housing services.

3.1	Achievement of workplace wellbeing gold award.
3.2	Identify efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT).
3.3	Implement The One Project, replacing key IT systems and driving Customer Focussed culture change.
3.4	Having implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.
3.5	Refresh our early careers framework, achieving external recognition for the provision.
3.6	Review accommodation requirements, including partner co-location opportunities as part of wider move towards agile working.
3.7	Investigate alternative methods for customers to interact with us and to access our services at our office/partner locations.
3.8	Finalise and implement Agile Working approach.

Through innovation and partnership working together we will deliver the aims of Doncaster Growing Together.

4.1	Review temporary accommodation model with Council & partners.
4.2	Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.
4.3	Develop and begin implementing action plan to reduce the use of temporary accommodation.

KPI Reference	KPI	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2020/21 Current Perf Q2	2021/22 Targets (Proposed)	Housemark benchmarking ALMOS, Mets and Unitaries (13/11/20)			
									Quartile position 2019/20	Top Quartile 2019/20	Median 2019/20	Bottom Quartile 2019/20
KPI 1	% of current rent arrears against annual debit	2.44%	2.62%	2.61%	2.79%	2.80%	3.05%	2.80%	Quartile 3	1.88%	2.62%	3.89%
KPI 2	Void rent loss % (£) of rent loss through vacant dwellings	1.00%	0.78%	0.49%	0.59%	0.50%	0.97%	0.50%	Quartile 2	0.74%	0.97%	1.46%
KPI 3	Relet time for standard voids (days)	49.0 days (not a KPI)	36.0 days (not a KPI)	20.9 days	22.7 days	20.0 days	49.3 days	20.0 days	Quartile 2	21.2 days	28.2 days	36.8 days
KPI 4	Number of Households Placed in B&B Accommodation	Not measured		12 (no target)	26 (no target)	63	379	TBA	n/a	n/a	n/a	n/a
KPI 5	Full duty homelessness acceptances.	Not measured		130	228	160	168	160	n/a	n/a	n/a	n/a
KPI 6	Homelessness preventions	Not measured			965	800	315	800	n/a	n/a	n/a	n/a
KPI 7	Percentage of complaints upheld against customer interactions	Not measured	0.060%	0.070%	0.061%	0.070%	0.055%	0.070%	n/a	n/a	n/a	n/a
KPI 8 (New for 19/20)	Tenancies sustained post support	Not measured			93.80%	90.00%	94.67%	90.00%	n/a	n/a	n/a	n/a
KPI 9 (New for 19/20)	Repairs completed at first visit	Not measured			90.24%	92.00%	91.32%	92.00%	Quartile 2	95.87%	92.54%	87.39%
New KPI 10 for 21/22 ?	Gas Servicing - % of dwellings with a valid gas safety certificate	Measured, but not reported as a KPI.						100.00%	Quartile 1	100.00%	100.00%	99.89%
KPI 11	Days lost through sickness per FTE	8.27 days	8.04 days	8.90 days	8.30 days	7.90 days	2.64 days YTD	7.90 days	Quartile 1	8.35 days	9.55 days	12.35 days
KPI 12	% of local expenditure	Not measured	58.00%	57.94%	59.06%	70.00%	53.99%	70.00%	n/a	n/a	n/a	n/a
KPI 13	ASB % of cases resolved	Measured, but not a KPI		92.99%	95.55%	95.00%	97.92%	95.00%	n/a	n/a	n/a	n/a
KPI 14a	Number of tenants and residents helped into training or education	Not measured			53 (combined)	56	16 YTD	56	n/a	n/a	n/a	n/a
KPI 14b	Number of tenants and residents helped into employment	Not measured			n/a	25	14 YTD	25	n/a	n/a	n/a	n/a
Annual KPIs												
KPI 15	Tenant satisfaction levels	Bi-annual report. Using STAR Survey. Housemark benchmarking is based on question on overall satisfaction.			87.0%	89.0%	n/a	89.0%	Quartile 2	88.0%	84.0%	81.0%
KPI 16	Percentage of homes maintaining Decent Homes standard	Annual report based on Government decent homes standard.			100.0%	100.0%	n/a	100.0%	Quartile 1	100.0%	100.0%	99.0%
KPI 17	Level of tenant satisfaction with property condition	Bi-annual report. Using STAR Survey. Housemark benchmarking is based on questions concerning satisfaction with condition of the property.			89.4%	89.0%	n/a	89.0%	Quartile 1	86.0%	83.0%	79.0%
KPI 18	Energy efficiency of properties	Target 92% of homes at EPC C (SAP 69) or higher. To be reported annually. Aim is to achieve EPC Level C by 2030 so target set 68.37% for 2022			99.96%	41.53%	n/a	68.37%	n/a	n/a	n/a	n/a
Annual KPIs - St Leger Homes Board												
KPI 20	Employee satisfaction with St Leger Homes as an employer - Staff survey question	92.6%	not measured	79.8%	79.8%	No target	81.2%	85.0%	n/a	88.7%	83.5%	79.5%
KPI 21	How likely are you to recommend St Leger Homes to family and friends - Staff survey 'Net Promoter Score (NPS)'	27.2	not measured	21.0	21.0	No target	25.0	25.0	n/a	n/a	n/a	n/a

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 27 January 2021

Item : 07

Subject : Quarter 3 Strategic Risk review
2020/21

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business
Assurance

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

Recommendation: That Board note the updated
Strategic Risk Register.

Date: 27 January 2021

1. Report Title

1.1. Quarter 3 2020/21 Strategic Risk review.

2. Executive Summary

2.1. Board and Audit and Risk Committee receive periodic updates on the company's Risk Registers, the most recent quarterly review being for Quarter 2 2020/21 and presented to Audit and Risk Committee in November 2020.

2.2. The emergence of Covid19 in early 2020 led to 'Failure to manage all issues surrounding the impact of the Covid19 pandemic' being added to the Strategic Risk Register (SRR) in May 2020, to give a total of eleven risks on the SRR at that point and the period since.

2.3. Although Covid19 now has its own risk, it impacts on all risks on the register, and in particular the risk of 'Failure to deliver on performance and value for money as measured by Doncaster Council (DC)'. As well as the budgetary impacts, the lockdown has affected a number of Key Performance Indicators (KPIs), primarily rent arrears, voids, homelessness, gas servicing, repairs and property improvements. At the end of Quarter 3, 7 out of 15 KPIs were not meeting target or within tolerances.

2.4. Value for money is optimising the balance of costs and performance and the challenges of operating within budget and meeting KPI targets have been significant.

2.5. Further reviews of the SRR have been undertaken by Leadership during June and September 2020 and January 2021 to ensure it covered all strategic risks facing the business, that the risk ratings were appropriate and that it remained fully aligned with the Corporate Plan and Annual Development Plan (ADP).

2.6. For this Quarter 3 review, there are a number of changes to note:

- **New** – 'Failure to develop, maintain and optimise use of ICT systems'. The Covid19 pandemic and requirement to work from home has highlighted the reliance on the ICT infrastructure and a separate risk has been added;
- **Removed** – 'Failure to effectively manage the impact of Welfare Reform'. SLHD has managed Welfare Reform very effectively since 2017 and the requirements are now considered business as usual;
- **Combined** – 'Failure to recruit, develop and retain a skilled, efficient and effective workforce' is now a combination of the two previously

separate risks around ‘recruitment/retention of’ and ‘operate an efficient /effective’ workforce;

- **Expanded** – ‘Failure to effectively govern and manage in an increasingly regulated and uncertain economic climate’ has been expanded to reflect the increasing focus on customers and regulation through the Social Housing White Paper.

2.7. The risk ratings have also been considered and, based on the current position and controls in place, and any changes can be seen in the table below

2.8. The SRR now has ten risks, which together with their Inherent and Residual ratings and September 2020 comparatives, are summarised in the table below.

	Risk – Failure to :	Q3 December 2020		Q2 September 2020	
		Inherent rating	Residual Rating	Inherent Rating	Residual rating
1	manage Homelessness issues within the borough	16	12	16	12
2	manage the impact of Welfare Reform			25	12
2	develop, maintain and optimize use of ICT systems (NEW)	20	12		
3	manage political and local expectations of St Leger	20	12	20	12
4	deliver the digital transformation programme	16	12	16	12
5	recruit, develop and retain a skilled, efficient and effective workforce (COMBINED)	16	12	16	12
6	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	15	25	15
7	manage corporate health, safety and compliance risks	20	15	20	15
8	deliver on performance and VFM as measured by DC	20	15	20	15
9	effectively govern and manage in an increasingly regulated and uncertain economic climate	20	10	20	10
10	operate an efficient and effective workforce (COMBINED)			16	9
10	manage all issues surrounding the impact of the Covid19 pandemic	25	12	25	12

Risk rating score key : R A G	20-25	7 - 19	1-6
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2.9. There have been updates to causes, effects, controls, assurances and actions and the full SRR is attached at **Appendix A**.

2.10. The risk scoring matrices are attached at **Appendix B**.

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

3. Purpose

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

4. Recommendation

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

5. Background

- 5.1. Since the last updates to Board and Audit and Risk Committee in 2020, the main focus has been on managing services whilst adhering to the changing Covid19 government guidelines. There have also been a number of other events within St Leger and also the sector/nationally, that could impact on the SRR. The items to note are:

Covid 19

- SLHD have extensive involvement with DC led coordination groups, the relevant 'cells' feeding into these strategic groups, delivering support by contacting thousands of members of the community and providing delivery services;
- After being stood down in July, the DC led 'Silver' Tactical Coordination Group (TCG) has reconvened on a weekly basis from end of September following infection rate increases in Doncaster and nationally, with Doncaster and South Yorkshire being placed in Tiers 2 and 3 and the nationwide increased restrictions;
- SLHD resumed all core services by end of June. Clearing the backlog of day to day activities such as repairs is almost complete;
- SLHD offices now only open on a very limited basis and almost all office-based staff continue to work from home;
- Significant financial impact on a number of budgets, primarily capital income, PPE and homelessness. HRA operations are projected to operate within budget but the Housing Options Service will incur a significant deficit;
- Availability of contractors and some building materials had initially been adversely affected but there are no issues now;
- At the end of Q3, 7 out of 15 KPIs were red, primarily due to the Covid19 lockdown;
- An 'Agile Working' group is developing new ways of working over the next two years;
- Impact on local and national economies in the short and long terms with undoubted recession and uncertainty of future outbreaks;

Others

- New Director of Property Services commenced 1 January.
- Social Housing White Paper published in November with seven key actions for all housing providers to achieve. This was considered by SMT in its December meeting and actions put in place to meet the requirements;
- TOP / Capita OpenHousing development and implementation progressing. Successful go live for the first phase achieved on 9 November with acceptable teething troubles;

- Phased replacement of the other ICT systems is scheduled to conclude by June 2021;
 - Brexit planning undertaken in house and alongside DC and partners, and following announcement of the deal on 24 December, no related disruption to services is anticipated. We continue to closely monitor the possible financial impact;
 - Winter planning and operations undertaken as part of the DC led 'weather ready' group.
- 5.2. The points listed above evidence the extent of the impact that Covid19 has had and may continue to have on SLHD operations. An extensive, phased recovery plan was developed ready for when lockdown restrictions were eased and is now being actioned. Full services were resumed from June, but all actions are regularly reviewed and are subject to change as we receive further guidance and possible increased restrictions from government as part of the anticipated 'third wave' and also new variant of the virus.

6. Procurement

- 6.1. Robust procurement procedures are inherent within a number of strategic and operational risks and are a fundamental part of SLHD's assurance framework.
- 6.2. Initially there were direct procurement issues arising from the Covid19 pandemic and lockdown, ranging from external contractor availability, delivery of business critical building materials (eg. plaster and cement shortages) and, in particular, being able to source the necessary protective clothing (PPE) to provide the assurance to both our employees and tenants when visiting properties. This has been and continues to be managed effectively to ensure delivery of core services is maintained and there are no current issues.
- 6.3. A review of areas to potentially be affected by a no deal/poor deal Brexit was undertaken but these were considered minimal with no disruption to core services anticipated.

7. VFM Considerations

- 7.1. The underlying principle of risk management is to identify and manage risk in a controlled and cost-effective manner, rather than react to a situation when a risk has materialised which could incur unplanned expense.
- 7.2. As referred to above, VFM is achieving the optimum balance of costs and performance, and the Covid19 pandemic had significant adverse impact on both during Quarters 1, 2 and 3 of 2020/21. Although normal services resumed in June, the pandemic continues to impact on budgets and performance and is expected to for the remainder of the year.

8. Financial Implications

- 8.1. The financial implications associated with this report are referenced in the register as appropriate.
- 8.2. The lockdown announcement on 23 March 2020 severely disrupted core services, with all offices closed, staff working from home where possible and SLHD only delivering business critical services. The potential financial implications on the 2020/21 budget continue to be modelled under a number of assumptions based on the current Covid19 position, and are presented to EMT and Board on a periodic basis.
- 8.3. HRA operations are projected to operate within budget but the Housing Options service from the General Fund is projected to make a large deficit.

9. Legal Implications

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

10. Risks

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

11. IT Implications

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

12. Consultation

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

13. Diversity

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

14. Communication Requirements

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

15. Equality Impact Assessment (new/revised Policies)

- 15.1. Not applicable to this report.

16. Environmental Impact

16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

Background Papers

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

Strategic Risk Register - Dashboard as at Q3 (period 9) 2020/21

Strategic Risk - Failure to :	Inherent Risk			Residual Risk		
	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. manage the Homelessness issues within the Doncaster borough	4	4	16	3	4	12
2. to develop, maintain and optimise use of ICT systems	4	5	20	3	4	12
3. manage political and local expectations of St Leger Homes	4	5	20	3	4	12
4. deliver the Digital transformation programme	4	4	16	3	4	12
5. recruit, develop and retain a skilled, efficient and effective workforce	4	4	16	4	4	16
6. manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs)	5	5	25	3	5	15
7. manage corporate health, safety and compliance risks	4	5	20	3	5	15
8. deliver on performance and value for money as measured by DMBC	4	5	20	3	5	15
9. effectively govern and manage in an increasingly regulated and uncertain economic climate	4	5	20	2	5	10
10. manage all issues surrounding the impact of the Covid19 pandemic.	5	5	25	4	3	12

RISK OWNER	Head of Access to Homes		
FAILURE TO	1. manage the Homelessness issues within the Doncaster borough		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Impact of Universal Credit (UC) and Welfare Benefit Reform * Homelessness Reduction Act 2017 (HRA17) * Additional Grants for homeless initiatives are time limited. * Unaffordable Private Rented Sector, access to Social Housing * Review and recommissioning of Supported Housing Model * Extreme Weather Events * Increases in number of rough sleepers * Reduction in commissioned services * Workforce - structure, vacancies, pay, retention, behaviours * Pandemic affects availability of Accommodation Options 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Internal Impact analysis of UC on affordability * Use of New Burdens Funding/increased Management Fee to increase capacity * Allocation Policy reviewed * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of DMBC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEP) * Revised staffing structure in development * 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 Gold, Silver and Bronze meetings. 		
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		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Performance Management demonstrates an increase in preventions. * New software providing improved quality assurance on Data * Improved case management by Team Leaders * Reports to Homes 4 All Programme Board * Partnerships in place * Monitoring of Allocations Policy and lettings by priority bands * Homelessness Review completed by independent consultants * New Homelessness & Rough Sleeping Strategy * Successful bids for additional resources-staff turnover has stabilised, * Recovery Plans in Place 		
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	Review of Local Lettings policy (Age Restrictions)	Home Choice Service Manager	Mar-21
Action 2	Review Home Options Structure to align with whole systems approach	Home Options Service Manager	Mar-21
Action 3	Review comms planner ensuring effective internal & external comms	Head of Customer Services	On-going
Action 4	Review staffing structure to improve staff recruitment and retention	Head of Access to Homes	Mar-21
Action 5	Work in partnership to mainstream Rapid Rehousing Pathway Project	Head of Access to Homes / Housing Management	Mar-21
Action 6	Deliver Homelessness and Rough Sleeping Strategy Action Plan	Head of Access to Homes / Housing Management	Mar-21
Action 7	Maximise use of all Housing Options including the Private Rented Sector	Head of Access to Homes / Housing Management	Mar-21
Action 8	MHCLG plans that include repurposing existing Grant Funding to tackle Rough Sleeping	Head of Access to Homes / Housing Management	Mar-21
Action 9			
Action 10			

RISK OWNER	Director of Corporate Services			
FAILURE TO	2. to develop, maintain and optimise use of ICT systems			
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Under investment in ICT systems * Inadequate IT strategy * Disparate systems * Lack of clear outcomes in service transformation/improvement * Insufficient ICT knowledge, skills and capacity * Security breach * Organisational cultural resistance to change * Lack of reliable and responsive access to ICT network and solutions (eMail, Office, Teams, back office solutions etc.) * Inadequate partnering arrangements with DC and key software and hardware suppliers 			
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Poor service delivery and inefficient/unproductive working practices * Reduction in customer satisfaction and confidence * Loss of customer information / Data Protection Act breach and fine * Lack of customer insight and IT systems to enable storing of information. * Inaccurate and/or delayed financial and performance information * Inefficiencies and duplication in data entry to maintain systems * Lack of access to information/intelligence to inform the business * Security breach * ICT system outages (downtime). Inability to perform activities due to lack of ICT access * Decision-making based on flawed or inaccurate data * Poor VFM - better systems would drive efficiency savings 			
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	4			
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	5			
Impact score x likelihood score	20			
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 			
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Investment in ICT infrastructure and security protocols. * TOP - single system to replace several disparate systems * Liaison meetings with DC. * Business transformation programme identifying areas for improvement * Minimal system downtime and strong performance to maintain services into and during lockdown * Positive employee survey feedback 			
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	3			
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4			
Impact score x likelihood score	12			
What further action is planned to treat the risk?			Action owner ?	Timescale
Action 1	Investment and development of a secure and reliable solutions and ICT network, while taking advantage of the O365 products and services.		Head of ICT & BT	on-going
Action 2	Complete TOP Phase 2		Head of ICT & BT	Jul-21
Action 3				
Action 4				
Action 5				
Action 6				
Action 7				
Action 8				
Action 9				
Action 10				

RISK OWNER	Chief Executive		
FAILURE TO	3. manage political and local expectations of St Leger Homes		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Unrealistic expectations * Lack of understanding of role and remit * Unexpected Increases in demand for services * Comparisons with better resourced Housing Associations * Failure to react to changing demand * Failure to sell the need for change to key council members * Change in national and local political leadership including Mayoral / full Council elections in 2021 * Conflicting priorities * Extensive partnership arrangements and unreasonable expectations * change in new Chief Executive approach 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Unrealistic political expectations * Services taken back 'in house' * Increase in Councillor complaints * Reduced customer satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage * Excessive demands on time impacting on capacity for core service delivery 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * New 5 year M'ment Agreement in place from April 2019 * From 2019/20 new corporate plan aligned with Doncaster Growing Together / Mayoral strategic plan * Customer Involvement strategy actions being completed * Regular Portfolio Member briefings 		
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	Implement Customer Involvement strategy	Head of Housing Management	On-going
Action 2	Increase engagement	Head of Housing Management	On-going
Action 3	Transactional services satisfaction surveys (underway)	Head of Housing Management	On-going
Action 4	Review of external communications (Slight delay due to Covid19)	Head of Customer Services	Jan-21
Action 5	Delivery of customer experience training - rolling programme. Training in 20/21 and 21/22	Head of Customer Services/Head of HR and OD	Commenced – scope of training approved. Delivery delayed due to Covid19
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			

RISK OWNER	Director of Corporate Services		
FAILURE TO	4. deliver the Digital transformation programme		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Insufficient resources - staff, skills, knowledge, budget, to deliver projects and overall programme * Unclear objectives * Conflicting business priorities * Resistance to change from employees at all levels * Resistance from DMBC and/or partner organisations * Low take up/demand by customers * Loss of TOP Project Manager 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Services which do not meet tenants/customers needs or expectations = dissatisfaction * Failure to realise savings/efficiencies which the business needs to make * Inefficient processes * Reduced employee satisfaction, motivation and engagement 		
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	4		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
<p>Impact score x likelihood score</p>	16		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Digital Transformation Board Programme chaired by Director of Corporate Services * Project Managers assigned for key projects * Procurement policies and procedures * Communication plans in place to involve employees * TOP Project Manager in place from September 18 * Deliver redesigned processes open to new ways of working * TOP team in place and working with Capita to develop and implement the new housing system 'OpenHousing' * Liaison meetings with DMBC, Capita and key suppliers. * ADP / SDP development to consider corporate priorities and capacity. * TOP training room established 		
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	3		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
<p>Impact score x likelihood score</p>	12		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Deliver Digital Transformation Board programme	Director of Corporate Services	on-going
Action 2	Continual clarification of objectives to optimise activities and resources	Director of Corporate Services	on-going
Action 3	Develop and implement a consistent approach to managing change	Director of Corporate Services	on-going
Action 4	Develop benefits realisation plan and timetable	All Heads of Services & Directors	on-going
Action 5	Development of communications plan and CRM culture. On-going in 2020.	Head of Customer Services / Acting Head of IT and BT	on-going
Action 6	Skills gaps and training needs to be baselined.	Head of HR and OD	on-going
Action 7			
Action 8			
Action 9			
Action 10			

RISK OWNER	Head of HR & OD		
FAILURE TO	5. recruit, develop and retain a skilled, efficient and effective workforce		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Occupational shortages/skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment changes (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Inadequate systems 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction, motivation and engagement * Increased employee turnover * 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 * Customer dissatisfaction and increase in complaints 		
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		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Workforce planning process in place * Leadership Development completed across the business * Wider range of apprenticeships across the business * Employee Surveys in place * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular 1:1 (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy * Increased resources. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
		Action owner ?	Timescale
Action 1	Management Development Programme. First Line Managers programme commencing Jan 20	Head of HR and OD	First cohort underway but Covid19 delays
Action 2	Embed our behaviours into job descriptions and the recruitment process	Head of HR and OD	Complete
Action 3	Deliver resilience training to staff for certain roles	Head of HR and OD	Complete
Action 4	Develop succession planning	Leadership	on-going
Action 5	Deliver year one action plan from People Strategy 2020-2024	Head of HR and OD	Mar-21
Action 6	Deliver recommendations from productivity related internal audits (linked to TOP go live for repairs)	Head of Repairs and Maintenance	Jun-21
Action 7	Introduce peer group performance benchmarking specifically for tradesteam DLO	Head of Repairs and Maintenance	Mar-21
Action 8	performance management to include productivity and compliance	Head of Finance and BA	On-going
Action 9	Complete new SOR implementation (linked to TOP repairs go live)	Head of Repairs and Maintenance	Jun-21
Action 10			

RISK OWNER	Head of Asset Management and Compliance		
FAILURE TO	6. manage all issues surrounding high risk residential accommodation and any emerging new		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Failure to carry out risk assessments and deliver recommendations * Lack of leadership, governance, scrutiny and performance monitoring of compliance * 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 * Ineffective health surveillance and monitoring programmes in place * Failure to understand 'Building a Safer Future' (BSF) and implement adequate specific fire strategies * Lack of management of future works to buildings by ourselves and other contractors employed by tenants * Ability to manage ASB and wider estate issues and complex issues of vulnerable tenants living in HRRBs * Lack of engagement with tenants 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * 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 appropriate BSF certification (meaning occupation may not be possible). * 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		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * External verification and also assurance reports by * Business Assurance Team around fire safety * New Board reporting governance * 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 * Live sprinklers in all high rise * Decision made to increase capacity in team 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Complete recommendations from 2017 HRRBs FRAs (linked to EWI render)	Head of AM & Compliance	Aug-21
Action 2	Monitor outcomes from 'Building a Safer Future' consultation. Prepare for likely changes	EMT	On-going
Action 3	Completion of recommendations arising from 2018 HRRBs FRAs	Head of AM & Compliance	Mar-21
Action 4	Implement internal audit / assurance programme-focus on risks associated with HRRBs.	Head of AM & Compliance	Mar-21
Action 5	Develop compliance audit plan	Head of AM & Compliance	Mar-21
Action 6	deliver recommendations arising from specific risk assessments and action plans	Head of AM & Compliance	on-going
Action 7	Develop independent compliance review	Head of AM & Compliance	Mar-21
Action 8	Develop tenant engagement strategies for each high risk building	Head of Housing Management	Mar-21
Action 9	Undertake independent review of fire safety in HRRBs.	Head of AM & Compliance	Mar-21
Action 10	Develop and implement suitable training plan in relation to HRRBs.	Head of HR and OD	On-going

RISK OWNER	Head of Asset Management and Compliance			
FAILURE TO	7. manage corporate health, safety and compliance risks			
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Lack of an effective health and safety management system * Failure to carry out suitable and sufficient risk assessments and produce safe systems of work * Failure to adequately follow corporate policies, procedures and risk assessments (culture) * Lack of a responsibility and accountability culture within employee roles in organisation * 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 (legal register compliance) * Lack of competent and suitably qualified staff * Lack of governance, scrutiny and performance monitoring of health, safety & compliance 			
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Increased staff sickness * Increased turnover of staff * Reduced staff motivation and engagement * Legal action (criminal and civil) * Reputational damage * Financial penalties (fines) * Investigations and action by regulatory bodies 			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	4			
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5			
Impact score x likelihood score	20			
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 			
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * External Verification. Internal/external audit programmes * Quarterly Audits through SLA by Doncaster Council * Assurance reports by Business Assurance Team specifically around fire safety * Inspection programme in place at all levels in the organisation * Workplace Wellbeing Charter external verification every 2 years (annual independent verification) * All staff trained on new SHE system (training commenced Sept 2018) * British Safety Council 5* award * New Board reporting governance * ISO45001 accreditation * Increased team resources 			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	3			
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5			
Impact score x likelihood score	15			
What further action is planned to treat the risk?			Action owner ?	Timescale
Action 1	Fully implement programme of cross cutting risk assessments	Head of AM & Compliance	Mar-21	
Action 2	Implementation of health surveillance programme with DMBC OH following identification of needs by H, S and C Team	Head of AM & Compliance/Head of HR and OD	On-going	
Action 3	Achieve silver level in the BeWell@Work Award by March 2020	Head of HR and OD	Mar-21	
Action 4	Achievement of ISO45001 accreditation and delivery of ISO45001 project plan	Head of AM & Compliance	Mar-21	
Action 5				
Action 6				
Action 7				
Action 8				
Action 9				
Action 10				

RISK OWNER	Chief Executive		
FAILURE TO	8. deliver on performance and value for money as measured by DMBC		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Poor / inadequate operational performance * Poor / inadequate budgetary control * Failure to deliver value for money * Change in new Chief Executive approach 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increase in complaints and members enquiries * Reduced customer satisfaction * Overspend and loss of trust of Board and Council, reduction in services * Upheld complaints and increased fines which impact on budget and service delivery * Poor, lower quartile benchmarking performance 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Top quartile customer satisfaction (STAR and other surveys) * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group * Revised Annual Review process * Housemark benchmarking submissions (qtr and annual) * Positive annual VFM statement production * Letter of comfort from DMBC on KPIs and budgets 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Annual VFM statement production	Head of Finance and BA	Nov 20 Board & On-going
Action 2	Analysis of customer transactional and STAR survey feedback and action plan	Head of Customer Service	On-going. Transactional surveys (April & Oct 21), STAR (Jul 21).
Action 3	TOP - new integrated housing management solution which will improve operational efficiency	Interim Head of Business Excellence	Mar-21
Action 4	e5 CP development for HRA and Capital Programme budget monitoring	Head of Finance and BA	On-going
Action 5	Re-design 1:1 and Can't Do, Won't Do Training into internally delivered Perf M'ment Training	Head of HR and OD	Delayed due to Covid19. Review in March 21
Action 6	Delivery of performance management training to all People Managers	Head of HR and OD	Ongoing
Action 7			
Action 8			
Action 9			
Action 10			

RISK OWNER	Chief Executive			
FAILURE TO	9. effectively govern and manage in an increasingly regulated and uncertain economic climate			
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Failure to manage Brexit impact on economy * Failure to meet requirements of Social Housing White Paper * Failure to manage Covid19 impact on economy * Failure to adhere to Regulator's Consumer and Economic Standards * Failure to adhere to Financial Regulations and corporate policies * High inflation * Contractor and materials prices increase causing budget pressures * Existing contracts tied to Brexit changes * Labour availability * Property prices and subsequent impact on RTB enquiries and sales * Regional unemployment / zero hours contracts / minimum wage levels impacts on poverty 			
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements * Unable to complete repairs and improvements and deliver other core services on time/target * Stockpiling impacting on supply chains * Budget overspend, loss of trust of Board and Council, reduction in services. * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints which impact on budget and service delivery * Poor, lower quartile benchmarking performance * Increased rent arrears / bad debts * Increased tenancy turnover and homelessness 			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4			
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5			
Impact score x likelihood score	20			
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 			
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Robust Governance framework in place * Performance Management monitoring and reporting framework * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and DC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs meeting targets and positive benchmarking * Arrears levels and tenancy sustainment good through proactive tenancy management plans * KPIs reported quarterly to Anti Poverty Steering Group * Board training plans in place 			
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	Maintain close watching brief of local and national economic developments	Leadership	On-going	
Action 2	Participate in council Brexit planning	Leadership	On-going	
Action 3	Communications on impacts of uncertainty drivers (Brexit, economy, unemployment, etc.)	Head of Customer Services	On-going	
Action 4				
Action 5				
Action 6				
Action 7				
Action 8				
Action 9				
Action 10				

RISK OWNER	Leadership		
FAILURE TO	10. manage all issues surrounding the impact of the Covid19 pandemic.		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * High levels of staff absence - self isolation or sickness * Reduced core services - business critical only * Reduced levels of asset investment and maintenance * Insufficient PPE for staff * Inability for all staff to work from home * Inadequate IT infrastructure (via DMBC) preventing system access * Employee health and wellbeing - change, anxiety, isolation * Tenants in increased financial hardship * Delays to key projects, eg TOP, CAT * Supplier and contractor availability to provide goods and services * Uncoordinated approach across borough * Delays to planned or required recruitment and required training * Disengaged / reluctant concerned workforce * Tenants refusing access for emergency repairs /statutory visits * Unrealistic expectations from government / partners * Increase in crime and ASB cases in neighbourhoods * Lack of visible Leadership * Inability to adequately support vulnerable tenants * Lack of a clear communication strategy 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Excessive demands on remaining staff not sustainable * Operational and reputational risk of services not delivered * SLHD budget pressures from new, unanticipated demands and reduced income. * H&S risks. Concerned frontline staff. May need to stop services. * Some staff unable to do any work at all. * Reduced productivity. Employee and customer frustrations * Poor KPI performance - arrears, homelessness, gas, voids, sickness. Impact on future staff retention. * Rent arrears increasing - HRA cashflow and budget pressures * Budget pressures, service changes targets not met * Unable to deliver required services due to suppliers and contractors * Customer dissatisfaction and increase in complaints * Vulnerable tenants and residents 'missed' and/or efforts being duplicated 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Business critical services maintained * Offices closed and most staff working from home effectively * Gold Command, TCG Silver and active cells addressing all issues * Timely, accurate, regular KPI and MI production * Timely, accurate, regular budget monitoring, both capital and revenue * Options for TOP delays considered and plans put in place * Existing recruitment processes in place, e-recruitment system still operational * Systems in place to ensure statutory training can continue * Testing regime in place * Additional consultation meetings in place with Unions and JCC 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
Action 1	Produce regular, up to date FAQs for employees	Leadership	Fortnightly
Action 2	Continue with business critical procurement. Including joint procurement with DMBC	Head Of AM	Ongoing
Action 3	Produce regular, up to date information for customers	Leadership	Ongoing
Action 4	Review FAQs format using drop down format on internet and intranet	Head of Customer Services / Acting Head of IT and BT	Will be reviewed with external communications
Action 5	Annual Training Plan approved in May. Training booked in by OD - mixed methods of delivery	Head of HR and OD	Mar-21
Action 6	Develop our role in the partnership localities model	Head of Housing Management	Mar-21
Action 7	Consult with workforce on new ways of working	Head of HR and OD	Mar-21
Action 8	Consult with tenants on services during and post COVID	Head of Customer Services	On-going.
Action 9	Review each vacant position before recruitment	Leadership	ongoing
Action 10			

Risk rating methodology

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

- *Inherent Risk* - This is the initial assessment with the assumption of no controls in place
- *Residual Risk* - The risk is then re-scored but takes into account the controls in place to mitigate the risks, thereby potentially reducing the likelihood or impact

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

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

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

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 27 January 2021

Item : 08

Subject : Fire Safety Policy & Fire Management Plan

Presented by : Chris Margrave
Director of Property Services

Prepared by : Christine Tolson
Head of Asset Management and Compliance

Purpose : To present the newly developed Fire Safety Policy and Fire Management Plan for final approval.

Recommendation :

Board is asked to consider and approve the attached documents.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

**To the Chair and Members of the
SLHD Board**

**Agenda Item No: 08
Date: 27 January 2021**

1. Fire Safety Policy and Fire Management Plan

2. Executive Summary

2.1 The newly developed Fire Safety Policy sets out SLHD's responsibilities in relation to fire safety and the key objectives it will adopt in order to meet these obligations.

2.2 The newly developed Fire Management Plan sets out the specific detail of how SLHD will deliver the objectives outlined in the Fire Safety Policy. It provides information on a range of key activities and actions that will be adopted, outlines who will lead on these, frequency and type of activity and how progress will be continually scrutinised and monitored.

3. Purpose

3.1 The purpose of this report is to present the newly developed Fire Safety Policy and Fire Management Plan for approval.

4. Recommendation

4.1 The Board is asked to consider and approved the attached documents.

5. Background

5.1 Whilst SLHD has, on a day to day basis, met its legal requirements in relation to fire safety, it has never set out, in an overarching document, its approach to achieving this.

5.2 In recognition of this, two key, interlinking documents, have now been developed: a Fire Safety Policy and a Fire Management Plan. These are attached to this covering report.

6. Fire Safety Policy

6.1 The Fire Safety Policy sets out SLHD's responsibilities in relation to a number of key pieces of relevant legislation, namely:

- The Regulatory Reform (Fire Safety) Order 2005 (FSO).
- The Housing Act 2004.
- The Building Regulations 2010
- Regulator for Social Housing Consumer Standards, in particular the Homes Standard.

- 6.2 The policy also takes into consideration some of the likely changes and requirements that are anticipated to come into force with the draft Fire Safety Bill and Building Safety Bill.
- 6.3 The policy outlines SLHD strategic commitment to ensuring fire safety across the portfolio it manages and proposes that SLHD will meet its legal and moral obligations by adopting seven key objectives or principles, namely:
- COMPLIANCE. That SLHD complies with all its statutory and legal obligations in relation to fire safety.
 - INFORMATION. That SLHD holds sufficient, accurate and up to date information and records for the premises it is responsible for, in relation to fire safety, and makes this accessible as and where appropriate.
 - MANAGEMENT. That SLHD's day to day management of fire safety in its premises is effective, fit for purpose and carried out by competent persons.
 - MAINTENANCE. That SLHD will ensure necessary maintenance in relation to fire safety is carried out in a timely manner and by competent persons.
 - PREVENTION. That SLHD will seek to reduce fire risk as far as practicably possible within the portfolio for which it is responsible. This could include undertaking pro-active enhancement works to the portfolio – over and above normal maintenance.
 - ENGAGEMENT. That SLHD will actively engage with all relevant stakeholders, in particular tenants and residents, in relation to effective fire safety management.
 - COMPETENCY. That SLHD will ensure that staff involved in fire safety are adequately trained and competent to undertake their fire safety related duties.

7. Fire Management Plan

- 7.1 The Fire Management Plan sets out how SLHD will achieve the principles and objectives outlined in the Fire Safety Policy. The plan could therefore be regarded as a more operational document, setting out the specific detail of what SLHD needs to do, when and by whom.
- 7.2 As a working document, and in light of further changes anticipated following the tragic events at Grenfell Tower, in particular the pending Building Safety Bill and Fire Safety Bill, it is likely that the Fire Management Plan especially

will need to be regularly reviewed and refined to adapt to these changes.

8. Next Steps

- 8.1 Some of the approaches outlined in the fire management plan are aspirational and are not yet implemented, for example the publication of fire risk assessments and the development and publication of a resident's engagement strategy. To ensure the successful implementation and delivery of the plan, it is likely that additional resources will need to be identified and committed to enable this to happen, (for example to facilitate the completion of fire door inspections).

9. Procurement

- 9.1 There are no procurement implications directly arising from this report. Any services, specialist advice or works needed to support the delivery of these documents will be procured in accordance with our financial standing orders and within the scope of our procurement strategy.

10. VFM Considerations

- 10.1 There are no value for money considerations directly arising from this report.

11. Financial Implications

- 11.1 Following the Grenfell tragedy, SLHD has reviewed its H&S Team staffing structure and funding was approved for additional resources in the team. This is being reviewed on a regular basis to ensure that the structure is fit for purpose to deliver our requirements.

As a result of efficiencies identified across the organisation, funding was identified for Savills contractor to carry out fire risk assessments (FRAs) and for SLHD to carry out revenue maintenance as a result of the actions arising from the FRAs.

There is also funding of £900k in the DMBC capital programme for fire safety improvement works to properties and communal areas. This is currently being reviewed to ensure that there is sufficient funding available to complete all the actions in an appropriate timescale.

If SLHD fail to comply with the legislation and regulations in relation to fire safety then it could be imposed with substantial fines and legal costs.

12. Legal Implications

- 12.1 There are a number of pieces of legislation that have a direct link to fire safety, and to which SLHD needs to comply, as detailed in the company's health and safety legal register. These include:

- The Regulatory Reform (Fire Safety) Order 2005 (FSO).

- The Housing Act 2004.
- The Building Regulations 2010

12.2 There are further pieces of proposed legislation that are currently working their way through the legislative approval process, namely the Building Safety Bill and Fire Safety Bill. Once enacted, these will have a direct impact on these documents and it will be necessary for these to be reviewed on this basis.

13. Risks

13.1 At present, the key risks affecting the successful implementation of the policy and plan are:

- Further changes in legislation
- Capacity and Capability

13.2 Further changes in legislation. Whilst every effort has been made to include known changes within the policy and plan, the building and fire safety agenda is moving at a fast pace. With the second phase of the Grenfell enquiry still to report its findings, there is a possibility that further recommendations and changes, not currently known, may occur. SLHD continue to monitor developments on a regular basis and are actively engaging in a range of networking, best practice and information sharing events. SLHD has, and will continue to, respond to national consultation exercises in relation to fire safety along with consultation and engagement with key stakeholders, including the fire service. This will ensure that SLHD is best place to respond to any further changes and incorporate these within these documents as appropriate.

13.3 Capacity and Capability. SLHD continue to train its staff accordingly, ensuring that staff are competent and skilled to fulfil their roles and responsibilities. As indicated at 8.1, it is likely that resources need to be allocated to enable SLHD to fulfil all of its 'promises' made within the fire management plan. This is likely to require a combination of 'new' resources, but will also look at where existing staff may be 'redeployed' to fulfil these duties where this is appropriate.

14. Health, Safety & Compliance Implications

14.1 Both documents directly contribute to ensuring SLHD can meet its legal requirements in relation to fire safety, in particular compliance with the following legislation and standards:

- The Regulatory Reform (Fire Safety) Order 2005 (FSO).
- The Housing Act 2004.
- The Building Regulations 2010
- Regulator for Social Housing Consumer Standards, in particular the Homes Standard.

- 14.2 Both documents also go some way towards meeting the emerging requirements of the Fire Safety Bill and Building Safety Bill, (although will require further review once they are enacted).

15. IT Implications

- 15.1 Management of actions arising from fire risk assessments is currently undertaken through a dedicated web based system called RiskHub. Whilst the new housing management system has a dedicated compliance module, early indications show that this system does not offer sufficient capability to adequately manage fire risk assessment actions going forward and this will need to be resolved.
- 15.2 Emerging additional requirements through the Fire Safety Bill and Building Safety Bill, particularly capturing around building information, is likely to place further reliance upon IT.

16. Consultation

- 16.1 Heads of Service have been consulted during the development of both documents. This is in addition to close working with the Director of Property Services during the drafting and refining stages.
- 16.2 Savills, our independent external fire consultants, were also consulted on earlier drafts and their advice and feedback incorporated into the final documents now presented.
- 16.3 SLHD's Performance and Improvement Committee have also been consulted on both documents at their meeting in November 2020.

17. Diversity

- 17.1 There are no diversity implications directly arising from this report

18. Communication Requirements

- 18.1 Once approved both documents will need to be widely communicated to staff, customers and other key stakeholders. A specific communications plan will be developed (in conjunction with SLHD communications team) to facilitate this. It is envisaged that staff briefings / tool box talks may be required within some specific teams, particularly in Property Services and Housing Management, alongside more tailored, customer friendly information for tenants and residents on key pertinent points.

19. Equality Analysis (new/revised Policies)

- 19.1 An equality analysis has been completed.

20. Environmental Impact

20.1 There are no direct environmental impacts arising from this report.

21. Report Author, Position, Contact Details

21.1 Christine Tolson
Head of Asset Management
Tel: 01302 862261

22. Background Papers

22.1 Fire Safety Policy (attached)
22.2 Fire Management Plan (attached)



Fire Safety Management Policy

POLICY TITLE:	Fire Safety Management Policy
LEAD OFFICER:	Health, Safety and Compliance Service Manager
DATE APPROVED:	January 2021
APPROVED BY:	SLHD Board
DATE FOR NEXT REVIEW:	2023 (or sooner if there are any changes to legislation)
ADDITIONAL GUIDANCE:	<ul style="list-style-type: none"> • Regulatory Reform (Fire Safety Order) 2005 • Housing Act 2004
TEAMS AFFECTED:	All teams within St Leger Homes and St Leger Homes Board
THIS POLICY REPLACES WITH IMMEDIATE EFFECT:	N/A

Page	Version	Last Review Date	Author
Page 1 of 8	0.1	September 2020	HSC Team

DOCUMENT CONTROL

Revision History

Date of this revision:	2020
Date of next review:	2023
Responsible Officer:	Health, Safety & Compliance Service Manager

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 sections 1, 2 and 9.

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1. Introduction

- 1.1. St Leger Homes of Doncaster (SLHD) provides housing services across Doncaster. SLHD manage a diverse portfolio of approximately 20,500 properties on behalf of Doncaster Council.
- 1.2. The purpose of this policy is to set out how SLHD will ensure all reasonable measures are taken to protect the health and safety of tenants, residents, staff, visitors, contractors and members of the public from fire in premises for which SLHD have responsibility.
- 1.3. This Fire Safety Management Policy, details the approach that SLHD will take for the management of fire safety in premises for which they are responsible and how it will comply with the relevant legislation.
- 1.4. This policy is relevant to all SLH employees, tenants, residents, contractors and other persons or other stakeholders who may work in, occupy, visit, or use SLHD managed premises, or who may be affected by activities, services or works carried out on behalf of SLHD.

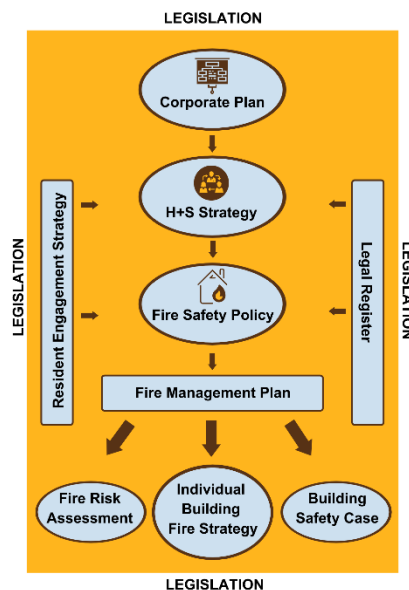
2. Legal and Statutory Requirements

- 2.1 This policy sets out how SLHD will meet its statutory and legal obligations in relation to fire safety. The current relevant legislation, as referenced in SLHD's legal register includes:
 - The Regulatory Reform (Fire Safety) Order 2005 (FSO) – applies to common areas.
 - The Housing Act 2004 – applies to common areas and individual domestic premises.
 - The Building Regulations 2010 – applies to the building holistically.
 - Regulator for Social Housing Consumer Standards, in particular the Homes Standard.

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3. St Leger Homes Context

The diagram below sets out how this policy fits within the wider business governance and policy framework.



4. Objectives

4.1. The specific objectives of this policy are to ensure:

- COMPLIANCE. That SLHD complies with all its statutory and legal obligations in relation to fire safety.
- INFORMATION. That SLHD holds sufficient, accurate and up to date information and records for the premises it is responsible for, in relation to fire safety, and makes this accessible as and where appropriate.
- MANAGEMENT. That SLHD's day to day management of fire safety in its premises is effective, fit for purpose and carried out by competent persons.
- MAINTENANCE. That SLHD will ensure necessary maintenance in relation to fire safety is carried out in a timely manner and by competent persons.
- PREVENTION. That SLHD will seek to reduce fire risk as far as practicably possible within the portfolio for which it is responsible. This could include undertaking pro-active enhancement works to the portfolio – over and above normal maintenance.

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- **ENGAGEMENT.** That SLHD will actively engage with all relevant stakeholders, in particular tenants and residents, in relation to effective fire safety management.
- **COMPETENCY.** That SLHD will ensure that staff involved in fire safety are adequately trained and competent to undertake their fire safety related duties.

4.2. The principles and approaches SLHD will employ to achieve these objectives is outlined in the Fire Management Plan.

5. Property Portfolio covered by this Policy

5.1 SLHD has a diverse property portfolio to which this fire safety management policy applies. For the purposes of this policy, the portfolio can be best categorised into distinct property types based on risk as identified through our fire risk assessment programme:

Risk Level	Type of Building	Description
1	<ul style="list-style-type: none"> • High Rise Residential • Specialised Housing (as defined in NFCC guidance) these are sheltered and supported living housing • Boiler Houses / Heat Stations • Offices, 3 storeys or over / Commercial Depot • Houses or Flats in Multiple Occupation 	<p>These are purpose built blocks of flats of 18m or six or more storeys, providing general needs accommodation in self-contained units.</p> <p>These are purpose built housing schemes providing accommodation in self-contained flats with a level of shared facilities, which may include a combination of community rooms, kitchens, laundries, and office accommodation. Tenants and residents may require specific elements of living support</p> <p>These are higher risk due to location / type of building</p> <p>These are higher risk due to the height / type of building</p> <p>General needs housing provided in properties converted into self-contained accommodation</p>
2	<ul style="list-style-type: none"> • Low Rise Blocks of Flats – 3 to 5 storeys, 11 or over flats 	<p>Purpose-built low-rise blocks of flats providing general needs accommodation in self-contained flats.</p>

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	<ul style="list-style-type: none"> • Offices, 1 to 2 storeys • Communal Halls / Community Houses • Caravan Sites 	<p>These cover the majority of our office buildings</p> <p>Residential and Gypsy and Traveller. Model Standards 2008 for Caravan Sites in England covers density, spacing and parking between caravans and plots.</p>
3	<ul style="list-style-type: none"> • Low Rise Blocks of Flats – 1 to 5 storeys, up to 10 flats 	<p>Purpose-built low-rise blocks of flats providing general needs accommodation in self-contained flats.</p>

Fire risk assessments are carried out on these properties dependent on the level risk and if there are any significant physical or management changes to the property.

Recommendations from fire risk assessments are managed pragmatically between SLHD and the Fire Risk Assessors to ensure that timescales are achieved and reviewed.

6. Policy Responsibilities

The Chief Executive Officer is the Responsible Person in terms of fire safety under the Regulatory Reform (Fire Safety Order) 2005. They will delegate operational responsibilities through the organisation.

The Health, Safety and Compliance Team are responsible for keeping this document up to date and the oversight of this policy.

All staff have a responsibility to act responsibly and report any unsafe practices.

7. Delivery of Policy Objectives: Fire Management Plan

7.1 The detail of how SLHD will deliver the objectives of this fire safety policy are set out in the Fire Management Plan.

7.2 The Fire Management Plan is a live, working document, that will continually evolve to take on board changes in national and local circumstances, legislation and best practice. The plan will be formally reviewed annually, and will be made publicly available (digitally) on our website. Hard copies will be made available only on request and where digital access is not possible.

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8. Resources

8.1 There is a commitment to ensure adequate provision of resources, both people and budget, are made available to meet the commitments set out in this policy. This will necessitate full support of the council as the client and company shareholder in discharging this commitment.

9. Performance Monitoring

9.1 Regular reporting on all areas of health, safety and compliance is provided to Executive Management Team, Doncaster Council (as the shareholder), and Board as part of the overall governance framework. This will continue and will include updates and commentary as applicable in relation to the achieve of this policy and the supporting fire management plan.

9.2 Improved mechanisms to report on fire safety performance to tenants and residents will be developed as part of the introduction of a new resident's engagement strategy.

10. Audit and Review

10.1 The effectiveness and compliance with this policy will be assessed as part of the wider health, safety and compliance audit programme. This will involve a combination of both internal self-assessments, audits and checks, as well as assessment from independent external organisations, in line with the agreed audit programme.

10.2 This policy document will be reviewed a minimum of every three years, or sooner where there are significant changes to legislation or national or local circumstances relevant to this policy.

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St Leger Homes of Doncaster Ltd

Fire Management Plan

DOCUMENT CONTROL

Date of this revision:	October 2020
Date of next review:	January 2023 (or sooner if legislation changes)
Responsible Officer:	Head of Asset Management and Compliance

Version Number	Version Date	Author/Group commenting	Summary of Changes
1.0	October 2020		New document
1.1	November 2020	EMT	Minor general amends throughout document

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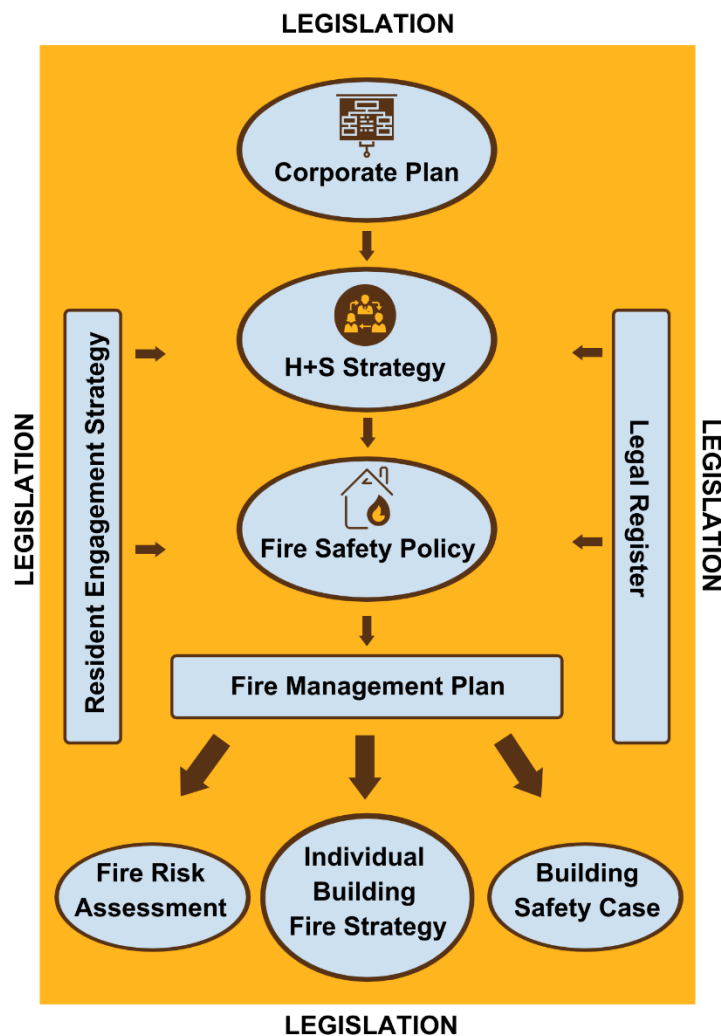
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1.0 Introduction

This Fire Management Plan sets out how St Leger Homes of Doncaster (SLHD) will meet its legal and moral obligations around fire safety, and more specifically the commitments made and objectives outlined in the Fire Safety Policy.

2.0 SLHD Context

The diagram below sets out how this plan fits within SLHD's wider business governance and policy framework.



This fire management plan applies to **all** properties managed by SLHD that fall within the scope of the Regulatory Reform (Fire Safety) Order 2005.

Whilst this plan encompasses all buildings within scope of the Regulatory Reform (Fire Safety) Order 2005, SLHD recognises that certain buildings are classed as 'higher risk'. This could be for a number of factors such as the height, use or occupant make-

up within the buildings. For these buildings different approaches and mitigation measures may be required in comparison with those that are lower risk.

The upcoming Building Safety Bill identifies buildings over 18m as being at higher risk. For the purposes of this plan, SLHD has expanded on this criteria to include other buildings where, through a fire risk assessment, it has been identified that the building and / or tenants and residents within them require specific support.

For clarity, any references in this document to higher risk residential buildings relate specifically to the following:

- Silverwood House
- Cusworth House
- Sandbeck House
- Firbeck House
- Hatfield House
- Methley House
- Shaftesbury House
- Westminster House
- Lonsdale House
- Jubilee Court
- Milton Court
- Heartswood

3.0 Responsibility

SLHD's overarching legal responsibilities in relation to fire are fully set out in the company's Health, Safety and Compliance [Legal Register](#).

In summary the key obligation is to comply with the Regulatory Reform (Fire Safety) Order 2005. This will shortly be supplemented by the requirements of the Building Safety Bill and Fire Safety Bill once these are enacted. The plan will be reviewed with any subsequent legislation that may follow this. This plan also takes into account relevant circulatory government advisory notes.

SLHD's Chief Executive Officer is the Responsible Person in terms of fire safety under the Regulatory Reform (Fire Safety Order) 2005. They will delegate operational responsibilities throughout the organisation.

The Health, Safety and Compliance Team are responsible for keeping this document up to date and the oversight of this management plan and the supporting fire safety policy.

All staff have a responsibility to act responsibly and report any unsafe practices.

SLHD recognises and acknowledges the emerging Building Safety and Fire Safety Bills and the changes this will bring particularly in relation to publishing details of who the Building Safety Manager and Accountable Persons are. Once the legislation

comes into force, the table below will be updated and information published accordingly.

Accountable Person	To be confirmed
Building Safety Manager(s)	To be confirmed

4.0 Fire Management Plan

The Fire Safety Policy outlines 7 key objectives that SLHD are committed to delivering in relation to fire safety:

- COMPLIANCE. That SLHD complies with all its statutory and legal obligations in relation to fire safety.
- INFORMATION. That SLHD holds sufficient, accurate and up to date information and records for the premises it is responsible for, in relation to fire safety, and makes this accessible as and where appropriate.
- MANAGEMENT. That SLHD's day to day management of fire safety in its premises is effective, fit for purpose and carried out by competent persons.
- MAINTENANCE. That SLHD will ensure necessary maintenance in relation to fire safety is carried out in a timely manner and by competent persons.
- PREVENTION. That SLHD will seek to reduce fire risk as far as practicably possible within the portfolio for which it is responsible. This could include undertaking pro-active enhancement works to the portfolio – over and above normal maintenance.
- ENGAGEMENT. That SLHD will actively engage with all relevant stakeholders, in particular tenants and residents, in relation to effective fire safety management.
- COMPETENCY. That SLHD will ensure that staff involved in fire safety are adequately trained and competent to undertake their fire safety related duties.

The following sections of this Fire Management Plan set out how SLHD will achieve these objectives, as set out in the Fire Safety Policy.

5.0 Achieving the COMPLIANCE objective

COMPLIANCE OBJECTIVE

That SLHD complies with all its statutory and legal obligations in relation to fire safety.

SLHD will achieve this objective through the following mechanisms:

5.1 Understanding our responsibilities

SLHD has a health, safety and compliance legal register that is regularly reviewed and updated. This register ensures that SLHD is aware of all of its statutory and legal obligations in relation to all health, safety and compliance matters, including fire. More importantly it summarises the mechanisms SLHD has in place to meet these requirements.

5.2 Resources

SLHD, in conjunction with Doncaster Council (as its major shareholder and landlord of the assets managed by SLHD), will ensure that adequate resources (people and financial) are made available to ensure both parties can adequately discharge their duties. This will be achieved through existing annual and long-term financial planning and budget setting processes.

5.3 Specialist Support and Advice

SLHD have appointed an external fire safety consultant to provide specialist fire safety advice on fire risk assessments and general fire safety and precautions. The external consultant will support the internal fire safety team specifically and SLHD generally in undertaking the preventative and protective measures considered necessary to comply with the Fire Safety Order and other legal requirements.

5.4 Fire Risk Assessments (FRAs)

Fire Risk Assessments (FRAs) will be carried out and documented for all new premises and all existing premises subject to the Fire Safety Order. These will usually be 'Type 1' surveys.

In limited circumstances, other types of FRAs, in particular Type 4 intrusive surveys, will be carried out periodically as required. This will be determined by a number of factors including:

- Risk level of the building in question.
- Building use.
- Any concerns identified.
- Recent history – improvements, fires etc.

The layout and format of the documented FRA will be in accordance with the general approach taken in PAS 79.

Type 1 FRAs and reviews will be carried out by competent and suitably qualified external fire risk assessors.

The frequency of FRAs will be as detailed in Table (A) below. Frequency is determined by the risk level attached to the building and may be increased if there are any significant physical alterations or management concerns with the property.

Table A – Fire Risk Assessment Frequency

Risk Level	Type of Building	Frequency of Completing new FRA	By Who
1	• High Rise Residential	Once every year	External Fire Risk Assessors
	• Specialised Housing (as defined in NFCC guidance) these are sheltered and supported living housing	Once every year	External Fire Risk Assessors
	• Boiler Houses / Heat Stations	Once every year	External Fire Risk Assessors
	• Offices, 3 storeys or over / Commercial Depot	Once every year	External Fire Risk Assessors
	• Houses or Flats in Multiple Occupation	Once every year	External Fire Risk Assessors
2	• Low Rise Blocks of Flats – 3 to 5 storeys, 11 or over flats	Once every 2 years	External Fire Risk Assessors
	• Offices, 1 to 2 storeys	Once every 2 years	External Fire Risk Assessors
	• Communal Halls / Community Houses	Once every 2 years	External Fire Risk Assessors
	• Caravan Sites	Once every 2 years	External Fire Risk Assessors
3	• Low Rise Blocks of Flats – 1 to 5 storeys, up to 10 flats	Once every 3 years	External Fire Risk Assessors

In addition to completing the FRAs, the external fire consultants will provide a list of prioritised recommended actions arising from these. These will be issued, managed and monitored electronically. The current system for this is RiskHub.

The allocation of resources to complete works identified in the action plans of fire risk assessments, will, in general, be in accordance with the risk level detailed in Table A above. The fire risk assessment sets out timescales for actions to be completed as shown in Table B below.

Where possible, any actions required will be built into existing planned programmes of works. Where this is not feasible, actions will be dealt with independently either individually or as part of new, standalone programmes of work. As indicated above, all actions will be monitored through RiskHub.

Table B – FRA Actions Timescales

		Risk Level 1	Risk Level 2	Risk Level 3
Priority of Action	U (Urgent)	1 day	1 day	1 day
	A (High)	3 months	6 months	12 months
	B (Medium)	12 months	18 months	24 months
	C (Low)	18 months	24 months	30 months
	R (Recommended)*	Unlimited	Unlimited	Unlimited
	Man1 (Management Action)	1 month	1 month	1 month
	Man2 (Management Action)	3 months	12 months	24 months

Timescales for the completion of actions arising from FRAs will be regularly reviewed and managed pragmatically between SLHD and the external fire risk assessors, and may be changed where appropriate. Where it is sensible and safe to do so timescales may be amended, for example to fit in with pre-existing plans and programmes of work.

The Health, Safety and Compliance Team will monitor progress on an ongoing basis. Progress will also be reported on a monthly basis to Executive Management Team, and periodically to the Health and Safety Committee, Officer Liaison Board and SLHD Board.

The type 1 FRA will be reviewed on a regular basis to ensure the assessments are kept up to date, and will also be reviewed whenever:

- There is reason to suspect that it is no longer valid
- Following a fire.
- Change in building use.
- Change in working practices that may affect fire safety.
- Extensive refurbishment works.
- Following any inspection or audit that identifies significant issues or new risks.

Copies of FRAs will be held centrally. SLHD will retain the current FRA and the immediately preceding FRA only. SLHD will work towards digitally publishing FRAs for

High Risk Residential buildings by December 2021. All other FRAs will be available upon request.

More intrusive fire risk assessments or surveys around compartmentation will be carried out as identified by any FRA recommendations or if there are reasons to believe that the compartmentation is not suitable in the building.

5.5 Self-Assessment

SLHD will continue to undertake self-assessments of its approaches, actions, policies and procedures in relation to fire safety, taking appropriate action as required following any assessment. In particular SLHD will continue to assess its performance against the Consumer Standards as set out by the Regulator of Social Housing. Compliance against these standards are regularly reported to SLHD Board as part of existing governance arrangements.

5.6 Audit and Inspection

In addition to the formal FRA process and self-assessment against the consumer standards as outlined above, SLHD will from time to time, carry out their own further inspections and assessments of buildings, policies and processes. Any such assessments or inspections will be recorded, along with any resultant actions identified.

SLHD will also commission, from time to time, as per the Health, Safety and Compliance Audit programme, independent audits and checks on buildings, policies and processes for continual compliance assurances. Any findings from these will be shared accordingly as per existing governance structures.

SLHD will also undertake joint inspections and/or building visits with key stakeholders as and when required. This will include facilitating and supporting any inspections by statutory bodies, regulators and the local Fire and Rescue Service as and when required. Again, any findings from these will be shared accordingly as per existing governance structures.

5.7 Responding to Change

SLHD will continue to monitor for any future proposed changes to legislation and compliance requirements in relation to fire. Where possible SLHD will not wait for change to occur and be prepared as an organisation to make changes that are likely to be required in advance of new legislation being enacted.

6.0 Achieving the INFORMATION objective

INFORMATION OBJECTIVE

That SLHD holds sufficient, accurate and up to date information and records for the premises it is responsible for, in relation to fire safety, and makes this accessible as and where appropriate.

SLHD will achieve this objective through the following mechanisms:

6.1 Digital Building Folder

Documents relating to SLHD managed buildings are currently stored in several different locations, both physically and digitally. SLHD will move towards creating centralised digital building folders for each building. These will be developed on a risk basis, starting first with all properties categorised as 'level 1' (as per the FRA methodology).

6.2 Building Safety Case

In advance of the forthcoming Building Safety Bill, SLHD will commence developing Building Safety Cases, initially for all high rise buildings during 2020 and 2021. The timescale for their completion will be in line with the new legislation once it comes into force. Longer-term this may be expanded to include more buildings.

6.3 Individual Building Fire Strategies

Bespoke fire strategies will be produced for all higher risk residential buildings by March 2022. The details of these will be provided to the local fire service as well as tenants and residents of the building.

6.4 Premises Information Boxes (PIB)

All higher risk residential buildings have a personal information box (PIB) located in the common area, which can be accessed by the fire service in the event of an emergency. The Housing Management Team are responsible for ensuring that all PIBs are kept up to date. The content of the PIB will be bespoke to each building, but may include such things as:

- Floor plans, including details / locations of all relevant firefighting equipment.
- Details of any occupants with specific vulnerabilities that may affect their escape in the case of a fire / need for evacuation (Personal Emergency Evacuation Plans – PEEPs).
- Keys to specific/ relevant equipment.

The contents of PIBs will be regularly reviewed by the Housing Management Team in conjunction with the Health, Safety and Compliance Team, and will meet all requirements as set out in legislation. Longer term PIBs may be extended into other identified buildings.

6.5 Access to Information

Advice on what to do in the event of fire is already readily available to tenants and residents living in all accommodation managed by SLHD. This is especially the case in high risk residential buildings where tenants and residents are regularly provided with updated information and reminders in relation to fire safety.

However, SLHDs vision is to expand the range of information readily accessible to all tenants and residents, but especially those living in high risk residential buildings.

As indicated at 5.4, SLHD is working towards openly publishing FRAs for high risk residential buildings. In addition, SLHD plans to work with the high rise forum to identify other important and relevant information that should be made available to tenants and residents living in these buildings, and the most appropriate mechanisms for achieving this. The latter is a longer-term aspiration that will take some time to properly put in place, and is likely to align with information requirements in the Building Safety Bill.

6.6 Sharing Information

In addition to sharing relevant information with tenants and residents, SLHD is committed to sharing information with other key stakeholders as appropriate. In particular this includes ensuring that the local Fire and Rescue Service has key information around our high risk residential buildings, including but not limited to:

- General construction information (especially in relation to any external cladding).
- Basic floor plans.
- Information about fire-fighting equipment within buildings.
- Evacuation Strategy for these buildings.
- Any plans for significant refurbishment or changes in the way in which these buildings are used.
- Copies of FRAs for high risk residential buildings.

6.7 Keeping information up to date

SLHD will undertake an asset data reconciliation, at a minimum annually, to ensure adequate assurance is provided that fire safety data held against the organisations' property assets is accurate and up to date.

7.0 Achieving the MANAGEMENT objective

MANAGEMENT OBJECTIVE

That SLHD's day to day management of fire safety in its premises is effective, fit for purpose and carried out by competent persons.

SLHD will achieve this objective through the following mechanisms:

7.1 Housekeeping

It is important that the common parts that form escape routes from premises are kept free of combustible materials and ignition sources. Staff, tenants and residents are required to ensure that common corridors and staircases, which form the escape routes from the premises, are kept free of personal effects and possessions, and are not permitted to leave combustible materials or refuse in the common areas.

The storage of combustible materials and personal belongings is not permitted in electrical meter rooms, plant rooms and ancillary rooms.

Tenants and residents are not permitted to store or recharge mobility scooters or any other electrical device in the common parts of blocks of flats or sheltered housing, including corridors and staircases.

It is possible for mobility scooters to be stored inside a tenant's or resident's own flat. However, it is the tenant's or resident's responsibility to ensure that there is sufficient space to store it safely without obstructing their escape route from the flat.

7.2 Inspection

All high risk residential buildings will be subject to daily 'walk-downs'. In high-rise accommodation, these will be undertaken by our caretakers. Any items left in the 'sterile' communal areas will be removed and any other issues or repairs identified reported accordingly.

Lower risk blocks will be subject to walk downs on a 6 monthly basis. In most cases these will be undertaken by Housing Management staff.

Whilst checks on fire doors (both common area doors and individual flat doors) already happen, a more structured rolling programme of both communal and individual fire door checks will be developed and implemented, with adequate resources provided to undertake this. The frequency of checks will be based on risk, including type of building, occupancy and any current or recent issues (such as recent fires, ASB etc.) and will be in accordance with relevant legislation and best practice. As a minimum, SLHD proposes to adopt the following inspection regime by March 2022:

Building Risk Level	Common Area Doors	Flat Entrance Doors
1	Quarterly	Six Monthly
2	Six Monthly	Yearly
3	Yearly	Every 2 years

7.3 Tenancy Management

Collaboration and engagement with tenants and residents will always be the preferred option and approach in ensuring the safety of all concerned. Bespoke engagement strategies will be put in place to help and support more vulnerable tenants and those living in higher risk residential buildings.

Specific safety and compliance related conditions are built into the tenancy agreement to ensure all parties are clear about their responsibilities in this regard.

Where there is continued failure to adhere to tenancy conditions that compromise safety or where reasonable safety requests/instructions are repeatedly ignored, SLHD will take all appropriate and available action to ensure the wider safety of all tenants, residents and staff. This includes taking appropriate action where reasonable access is refused to individual properties to carry out essential safety inspections and works.

7.4 Leasehold Management

Collaboration and engagement with leaseholder residents will always be the preferred option and approach in ensuring the safety of all concerned. However, where there is continued failure to adhere to leaseholder conditions that compromise safety or where reasonable safety requests/instructions are repeatedly ignored, SLHD will take all appropriate and available action to ensure the wider safety of all tenants, residents and staff. This includes taking appropriate action where reasonable access is refused to individual properties to carry out essential safety inspections and works.

7.5 Communal Areas

All 'means of escape' communal areas will be kept 'sterile'. Any items left in these areas may be removed by SLHD. Repeat occurrences will be dealt with under the principles identified at points 7.3 and 7.4.

There is a strict 'no smoking' policy in place across all communal areas covered by the Fire Safety Order. Managers are responsible for ensuring the implementation and maintenance of this policy. Appropriate 'no smoking' signs are clearly displayed at the entrances to, and within these premises. The smoking policy applies to the enclosed internal common areas including common staircases, corridors, plant rooms and communal rooms. Private domestic dwellings are exempt from the smoking policy.

The policy does not prevent tenants or others from smoking in the privacy of their own homes, where it is acknowledged that some people may smoke.

7.6 Balconies and walkways

SLHD will provide guidance to tenants and residents living in high rise buildings on the safe use of balconies. Where guidance is not followed, SLHD will follow the principles outlined in section 7.3 and 7.4 of this document.

7.7 Personal Emergency Evacuation Plans (PEEPs)

All tenants and residents living in multi-occupancy buildings will be encouraged to notify the housing management team should they have any issues or concerns that would impact on them being able to self-evacuate in the case of fire. This will be reinforced in the building fire action notices and in other information and literature provided to tenants and residents. The housing management team will then work with any individuals who self-identify to develop a bespoke PEEP. This information will be provided to the local fire and rescue service as well as being included in premises information boxes in buildings where these are present.

7.8 Arson Threat

Arson is one of the most common causes of fire. SLHD will seek to limit the potential for arson by:

- The fitting of secure door entry controls to the entrance doors to premises where possible.
- Provision of additional security measures where appropriate, including, CCTV surveillance, concierge service, periodic inspections and general vigilance by staff.
- The storage of refuse and combustible material in close proximity to premises provides readily available ignition sources. Accordingly refuse bins will, whenever possible, be located in secure compounds and/or in safe areas kept clear of the premises to reduce the risk of arson.
- Refuse storage areas, including bin chutes where these are in operation, will be checked and emptied on a regular basis. Where provided, designated recycling areas and bins should be used.
- Periodic inspection of the communal areas of blocks of flats, as previously described, will be undertaken to prevent any unnecessary accumulation of refuse or combustibles being left in common areas by tenants, residents and contractors.

7.9 Permit to Work

All contractors working within any multi-occupancy buildings, either on behalf of the company or behalf of the tenant will be required to 'sign-in' with the relevant area housing office. No works that will impact on communal areas, including flat doors or compartmentation in any areas of the building will be permitted to proceed without prior approval from SLHD. This may include the need to review relevant documentation such as risk assessments and method statements.

SLHD reserves the right to reasonably refuse both access to buildings and actual works taking place where these could impact on the wider safety of the building or tenants and residents.

7.10 Evacuation Strategies

The fire risk assessment will identify the evacuation strategy for each building. It will usually be either:

- Stay put
- Simultaneous evacuation

Signage will be provided in common areas identifying what action is required in the event of a fire or an alarm sounding. In higher risk buildings residents will be communicated with on an annual basis with a reminder of this information.

7.11 Non-Residential Buildings

Common areas in non-residential buildings will be managed in similar way to those in residential buildings. The fire risk assessment will be used to manage the requirements of specific buildings.

Where buildings are workplaces, PEEPs will be carried out for employees as required. General emergency evacuation plans will be in place for any visitors to the building.

Housekeeping will be managed to ensure that escape routes are kept sterile and free from obstructions. Fire detection and alarm systems will be in place as required with suitable testing, maintenance and servicing in place. Signage and firefighting equipment will be in place as identified.

Employees will be trained in general fire safety awareness using e-learning. Specific building fire safety information will be provided on induction and refreshed at regular periods. This will include fire drills and planned evacuations. Specific roles such as fire wardens will be provided with training and instruction, refreshed periodically.

8.0 Achieving the MAINTENANCE objective

MAINTENANCE OBJECTIVE

That SLHD will ensure necessary maintenance in relation to fire safety is carried out in a timely manner and by competent persons.

SLHD will achieve this objective through the following mechanisms:

8.1 Inspection and Testing

SLHD has rigorous ongoing inspections and testing programme for key pieces of fire safety related equipment and building safety measures, in addition to other statutory areas of compliance (such as gas and electricity). Frequencies of inspection and testing will always comply with minimum statutory requirements. In some instances, SLHD may choose to carry out inspection and testing over and above minimum requirements in higher risk buildings where it feels there is a benefit to do this.

Details of SLHD's inspection and testing regime will be published on the company's website.

8.2 Maintenance

SLHD will continue to undertake all statutory planned and cyclical maintenance programmes. These will include but are not limited to:

- Annual inspection and test of gas installations.
- Five yearly inspection and test of fixed electrical wiring in common areas.

8.3 Repairs

All staff, tenants and residents have a responsibility to immediately report any safety issues through our normal repairs reporting process, unless there are serious concerns which should immediately be reported to a member of the Executive Management Team. All repairs reported, either by customers or staff, will be dealt with in accordance with the company's repairs policy.

9.0 Achieving the PREVENTION objective

PREVENTION OBJECTIVE

That SLHD will seek to reduce fire risk as far as practicably possible within the portfolio for which it is responsible. This could include undertaking pro-active enhancement works to the portfolio – over and above normal maintenance.

SLHD will achieve this objective through the following mechanisms:

9.1 Fire Safety and Prevention Measures

SLHD will adopt and implement appropriate fire safety and prevention measures as appropriate to each building and the level of risk. These could include any of the following:

- Fire Detection and Alarms
- Fire Extinguishers
- Fire Suppression Systems (Sprinklers)
- Fire Doors
- Signage
- Sterile Areas
- Emergency Escape Lighting
- Ventilation
- Compartmentation, including roof spaces

9.2 Best practice and innovation

SLHD will continue to monitor forthcoming changes or examples of innovation or best practice that emerge from within the wider housing, safety and construction sectors. This will be achieved through a range of mechanisms including but not limited to liaison and networking with peers, participation in webinars, conferences, briefings and seminars, formal training, carrying out peer visits and benchmarking, undertaking pilot studies and projects and utilising the knowledge and skills of our external fire expert.

SLHD will also continue to participate in relevant pilots and exercises that help test and strengthen overall approaches taken to achieve fire safety. This may include participating in further physical on-site exercises to test response and evacuation strategies in high risk residential buildings, such as exercises undertaken in the past at our high rise buildings in conjunction with South Yorkshire Fire and Rescue Service.

9.3 Responding to Fire Risk Assessment Actions

All fire risk assessment actions are reviewed upon receipt and allocated to the appropriate department to progress. Wherever possible, recommendations are incorporated into existing planned improvement programmes.

Timescales for the completion of actions arising from FRAs will be regularly reviewed and managed pragmatically between SLHD and the external fire risk assessors, and may be changed where appropriate. Where it is sensible and safe to do so timescales may be amended, for example to fit in with pre-existing plans and programmes of work.

Progress against these actions is monitored monthly and reported as part of the existing performance and governance framework to the Executive Management Team, Board and Doncaster Council.

Capital and revenue funding is set aside to support the delivery of the recommendations.

9.4 Management and Maintenance

As indicated earlier in this document (see sections 7 and 8), SLHD will continue to implement rigorous management and maintenance regimes as part of its approach to proactive fire safety prevention.

9.5 Adopting gateway principles

Prior to its legal implementation, SLHD will work towards adopting the 'gateway' principles as outlined in the Building a Safer Future review when undertaking future improvement and maintenance works. This will ensure that the impact of any major changes to buildings through maintenance and improvement works are fully understood and appropriate measures are put in place to continue to ensure the safety of the buildings in question.

9.6 Capital Investment Programmes

In addition to ongoing maintenance programmes, and addressing specific actions arising from FRAs, SLHD will continue to carry out enhancement and improvement programmes, some of which will contribute to improved fire safety across the asset portfolio. Investment programmes will usually be funded via the Housing Capital Programme, although other external funding may be pursued from time to time where this is appropriate. Examples of investment programmes that have historically been implemented or may be considered going forward include, but are not limited to:

- Retrofit of fire suppression systems
- Fire door replacement programmes
- Enhancing exiting ventilation systems
- Relocation of bin stores
- Upgrading of smoke, heat and carbon monoxide detection
- Changing fire alarm systems as required

9.7 Stakeholder support

Prevention is more effective if all relevant stakeholders continue to work together to support a common aim and objective. For the avoidance of doubt, the key stakeholders in the delivery of this fire management plan will include:

- Doncaster Council
- Tenants and Residents
- South Yorkshire Fire and Rescue Service
- Appointed External Fire Expert
- Appointed Passive and Active Fire Safety Contractors

SLHD will continue to utilise the experience, skills and input of these key stakeholders in ensuring fire safety across all the assets it manages. This will also require all stakeholders to fulfil their responsibilities and obligations in full and continue to cooperate, challenge, support and 'play their part' in keeping the buildings SLHD manages, and the people who live, work and visit these buildings, safe.

9.8 Procurement

SLHD has always placed safety and quality at the heart of its approach to procurement and recognises that cheapest is not always the best. SLHD will continue to take this approach and ensure that good quality and compliant materials and competent, skilled contractors remain central to all future procurement exercises.

9.9 Management of Contractors

Contractors appointed by SLHD are carefully managed both contractually and physically on site. Key, large scale construction projects are managed centrally by a dedicated commercial team with support as and when required from the Health, Safety and Compliance Team.

SLHD takes a zero tolerance approach to the use of sub-standard, non-compliant materials and poor workmanship, and will take all necessary precautions to prevent such instances occurring. SLHD will take all necessary action and use all powers available to deal with any failures by appointed contractors to adhere to these standards.

10.0 Achieving the ENGAGEMENT objective

ENGAGEMENT OBJECTIVE

That SLHD will actively engage with all relevant stakeholders, in particular tenants and residents, in relation to effective fire safety management.

SLHD will achieve this objective through the following mechanisms:

10.1 Tenant and Resident Engagement Strategy

SLHD will develop a dedicated tenant and resident engagement strategy specifically for higher risk residential buildings that will link to the company's wider customer engagement strategy. This will set out the various ways in which SLHD will engage, involve and empower tenants and residents in all relation to the safe and effective management of our high risk residential buildings.

Once appointed the Building Safety Manager(s) will have responsibility for overseeing and ensuring the delivery of this strategy.

10.2 Leaseholders

SLHD will continue to work with leaseholders in a variety of ways. Firstly, leaseholders will be actively encouraged to engage through the mechanisms identified at 10.1 above. However, in addition, SLHD will continue to meet its legal obligations around involvement and consultation in relation to works where any financial contribution is being sought through the terms of the lease.

10.3 High Rise Forum

A high rise forum has already been established as a specific mechanism to engage and involve tenants and residents living in high rise accommodation on all aspects of service delivery affecting their homes. This includes both safety as a whole and ongoing management issues.

SLHD is fully committed to growing and developing this forum further, ensuring that tenants and residents living in high rise accommodation are empowered and involved in decisions that affect their home.

The forum will continue to meet regularly, as determined by its members, and will be actively involved in shaping and influencing decisions and policies. This will include but is not limited to:

- Sharing copies of and discussing outcomes from fire risk assessments
- Influencing planned programmes of work
- Platform for raising safety concerns and issues
- Influencing individual building fire strategies

- Sharing ideas and best practice for improving management and safety of these buildings
- Wider housing management issues affecting high rise accommodation and tenants

10.4 Listening to concerns

SLHD welcomes feedback from all key stakeholders, especially from those living in any properties we manage. Where possible and appropriate, tenants, residents and all other key stakeholders are encouraged to provide feedback or raise concerns directly with the relevant department.

If the matter relates to the building itself, its condition or the need for a repair, these should be reported through the normal repairs process by contacting the Customer Access Team on 01302 862862.

If the matter relates to any persons living or accessing the building, these concerns or issues should be raised with their local Housing Management Team.

Any immediate safety concerns can also be raised through the above channels or directly with a member of the Executive Management Team. These will be actioned within one working day.

Whilst SLHD will always aim to resolve any concerns or issues at first contact, there may be occasions where an individual feels the need to escalate their issue. These issues can be escalated through the company's normal complaints procedure.

10.5 Liaison with key stakeholders

As indicated throughout this document, SLHD will continue to work and share information with all relevant key stakeholders, and not just tenants and residents.

SLHD is keen to continue real engagement and involvement of key stakeholders by encouraging challenge, sharing of advice and expertise in all areas of fire safety. It will achieve this through the various mechanisms mentioned earlier in this plan, including participation in regular liaison meetings, forums and targeted exercises.

11. Achieving the COMPETENCY objective

COMPETENCY OBJECTIVE

That SLHD will ensure that staff involved in fire safety are adequately trained and competent to undertake their fire safety related duties.

SLHD will achieve this objective through the following mechanisms:

11.1 External specialist support

SLHD has appointed a nationally recognised external fire safety specialist to provide independent challenge, advice and support on all aspects of fire safety. This ensures that SLHD has direct access to a broad range of skilled, highly competent fire safety 'experts' who can give advice and support to complement our own in-house teams.

11.2 Staff training and development

SLHD reviews and updates its corporate training plan on an annual basis. This plan makes provision for a range of training and up-skilling of staff in relation to fire safety. Fire safety training provided covers a number of different topics/issues and includes a range of learning medium from e-learning, webinars, conferences, job shadowing through to formal accredited, nationally recognised qualifications.

SLHD continues to monitor the emerging work of the national competency steering group and will further review and enhance if necessary, its approach to fire safety training and competence, once the findings of this group are finalised. This will include linking into and adhering to any proposed national competency standards for specific job roles associated with fire safety. This will ensure that all relevant staff are trained to at least the minimum standards required.

11.3 Accreditation

SLHD will continue to strive to achieve appropriate accreditations, both at an organisational and individual staff level, in order to demonstrate its commitment to and competence in relation to fire safety. Examples of accreditation include, but are not limited to:

- FIRAs
- BM TRADA

11.4 Building Safety Manager

SLHD will seek to appoint competent building safety manager(s) for its high risk residential buildings at the appropriate time, and once statutory requirements are confirmed in the Building Safety Bill.

12. Measuring Performance

The success of this Fire Management Plan will be monitored in 2 ways:

1. Through the existing performance management framework, including the monthly reporting of performance indicators via the health, safety and compliance performance report.
2. By an annual statement of progress against the qualitative aspects, to be considered by the Executive Management Team.

13. Review

This plan will be formally reviewed again in January 2023 or sooner should there be any material changes nationally or locally that affect this plan, including any changes to legislation.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 27 January 2021

Item : 09

Subject : Health, Safety and Compliance Report

Presented by : Chris Margrave
Director of Property Services

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

Purpose : Provide an update on health, safety
and compliance performance

Recommendation :

Members of Board are asked to note the contents of this report alongside current performance in relation to health, safety and compliance as detailed at Appendix 1.

**To the Board of
ST LAGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 09
Date: 27 January 2021**

1. Report Title

1.1 Health, Safety and Compliance Report – December 2020.

2. Executive Summary

2.1 The following report gives an overview of the current position relating to key areas of health & safety compliance. Key issues to note are:

- 100% lift statutory inspections and routine maintenance completed.
- 100% water hygiene management inspections completed
- 100% of properties attended against gas target
- 100% of properties have an in date Landlords Gas Safety Certificate
- Sprinklers are now installed and fully operational to 603 properties
- 96.28% of buildings that require a fire risk assessment have an in date assessment.
- 432/712 (60.67%) recommendations from fire risk assessments for level 1 buildings completed. Of the actions outstanding, 146 were within timescale at the end of December. 134 recommendations have exceeded the original target deadline.
- 100/717 (13.94%) recommendations from fire risk assessments for level 2 buildings completed. Of the actions outstanding, 490 were within the timescale at the end of December. 127 recommendations have exceeded their original target date.
- 668/6353 (10.51%) recommendations from fire risk assessments for level 3 buildings completed. Of the actions outstanding, 5607 were within timescale at the end of December. 78 recommendations had exceeded their original target date.
- 83% of the housing stock is now on a 5 year electrical testing cycle.
- 73.87% of the asbestos communal management surveying programme has been completed.
- 50% reduction in reportable injuries against 2019/20.

3. Purpose

3.1 The purpose of this report is to provide an update on health, safety and compliance performance as at the end of December 2020.

4. Recommendation

4.1 Members of EMT are asked to note the contents of this report alongside current performance in relation to health, safety and compliance as detailed at Appendix 1.

5. Background

- 5.1 This health, safety and compliance report is updated monthly and provides information and assurances that St Leger Homes has compliant processes and controls in place to effectively manage key health, safety and compliance risks to the company.

This includes the five key compliance areas of fire safety management, gas, electrical, asbestos and water hygiene; along with other compliance areas such as lifts that St Leger Homes needs to monitor performance on.

- 5.2 Wider health and safety issues are also covered within this report. This includes the health, safety and wellbeing of our employees, customers and contracting partners.

Performance is monitored within each section.

The report is shared with St Leger Homes Board (every other meeting), St Leger Homes Executive Management Team (monthly) and Joint Safety Committee (quarterly).

6. Coronavirus (COVID-19)

National restrictions ended on 2nd December and South Yorkshire returned to tier 3. There were no identified further changes identified to risk assessment or method statements. MCHLG have confirmed that services, both urgent and non-urgent, should be continued to be delivered as normal. The impact of employees testing positive or self-isolating if a close contact continues to be monitored. To date 72 employees have tested positive for COVID-19 and have followed government guidance on isolating.

Further national restrictions were put in place from midnight 5th January 2021.

7. Fire Safety Management

7.1 Key Legislation and Guidance

- Regulatory Reform (Fire Safety) Order 2005
- Local Government Association Guidance – Fire Safety in Purpose Built Blocks of Flats (updated May 2012)
- The Housing Act 2004
- The Housing Health and Safety Rating System (HHSRS)

The draft Building Safety Bill has been published along with a consultation on the Regulatory Reform (Fire Safety) Order 2005. The implications of these on St Leger Homes are being closely monitored with action being taken where possible to address the likely requirements from these.

7.2 Fire Risk Assessment (FRA) Status

	Number of FRAs Required	Number complete and in date	Number outstanding	Number completed by Savills
High Rises	9	9	0	9
Specialised Housing	3	3	0	3
Group Homes (joint responsibility with DC)	4	3	1	3
Low Rise Blocks of Flats	825*	811	14	811
Caravan Sites	7	7	0	7
Miscellaneous Workplace Premises**	68	49	19	49
Total	916	882 (96.28%)	34 (3.71%)	882 (96.28%)

* - this is the latest total number of fire risk assessments (both full and category B) for low rise blocks based on the FRA programme. 422 of these are category B reports confirming there is common area.

** - these include offices, depot, warehousing, boiler houses, communal halls

The table above now shows those that have been completed by Savills.

A reconciliation of the data from the full FRA programme is being carried out with the Asset Management Team to ensure that the data held as a result of the FRA programme is reflective of the asset data held. This has identified some queries particularly around shops and attached assets which are being reviewed with the Asset Team.

There 34 properties that are outstanding FRAs, where not already planned in or awaiting a report these are being arranged. There are 9 level 1 buildings (1 specialised housing, 2 group homes and 6 boiler houses) are due their anniversary review and will be planned in during early 2021.

7.3 FRA Recommendations

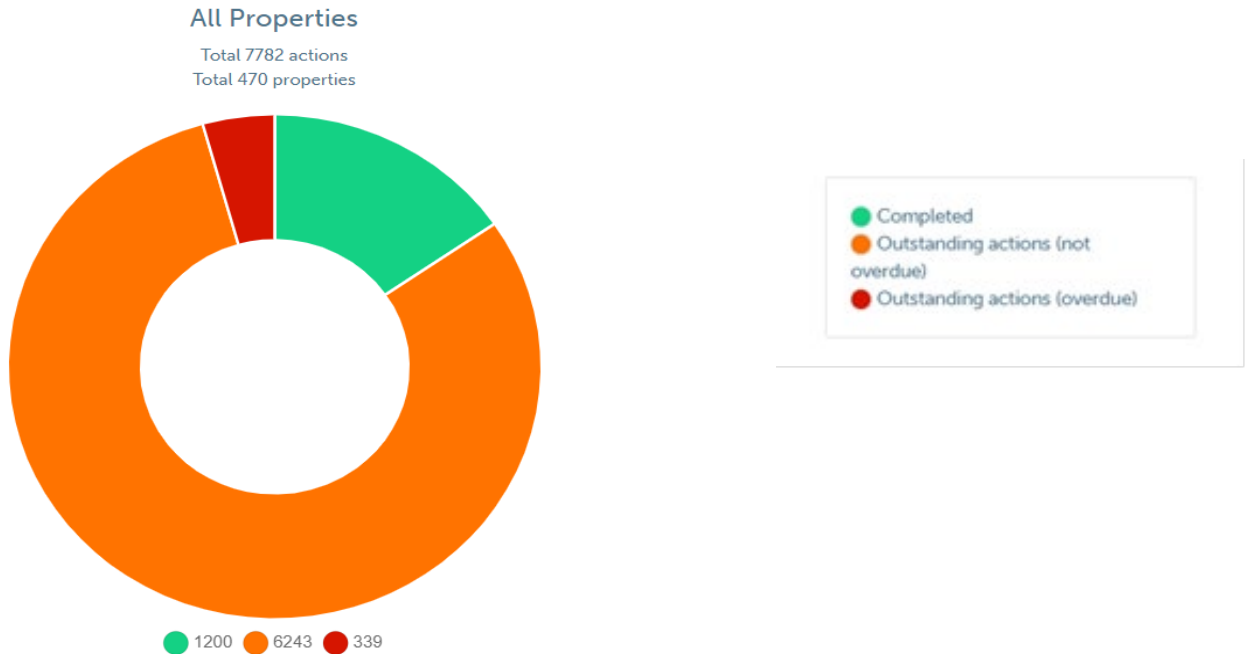
Recommendations from all the FRAs that Savills have completed are shown below. Any further actions as a result of fire risk assessments will be managed in the same way through Riskhub (Savills database).

Work is ongoing to create programmes of work to address the recommendations that will need to be delivered. This will require in house and contract resources. These are project works but also identifying 'quicker wins' to address actions with a shorter timescale with the aim of avoiding recommendations becoming overdue unnecessarily.

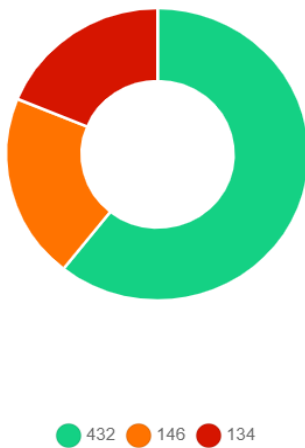
Our fire safety consultants categorise buildings depending on risk with three levels of buildings (below with examples of building types) –

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

Due dates on recommendations are based on the level of risk.



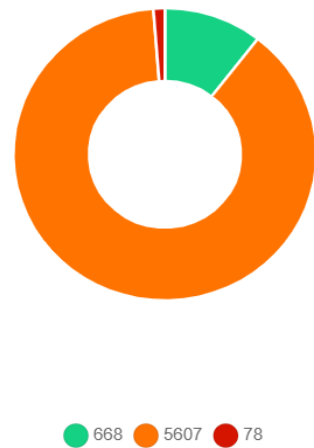
Property Classification Level 1
 Total 712 actions
 Total 25 properties



Property Classification Level 2
 Total 717 actions
 Total 60 properties



Property Classification Level 3
 Total 6353 actions
 Total 385 properties



51 recommendations were completed during December. Closing these recommendations involved communication and action from teams all across the organisation.

7.4 Overdue Recommendations

At the end of December there were 339 recommendations overdue. Details of those recommendations overdue are shown below. Actions are reviewed to assess if extensions can be requested. Where extensions cannot be requested the recommendations are actively being managed to close off.

7.5 Level 1 Buildings –

At the end of December there were 134 recommendations that are overdue:

Jubilee Court 15 recommendations-

The 2019 FRA for Jubilee Court identified a number of recommendations that required a series of different works to the building including the doors, compartmentation and alarm system (both the fire alarm and the social care system). These cannot all be carried out by one contractor. There is a sequence of contract works required that need careful coordination. The majority of the works planned at Jubilee Court will need to be replicated at Milton Court.

- 7 relate to planned fire safety improvements above. Pre-construction information is being compiled before contract works can commence.
- 3 relate to flat entrance doors, orders have been placed for these and are awaiting supply and / or fitting. There is a delay due to manufacturers lead in time and will be updated in January 2021.
- 5 relate to information required to be kept as building folders. A review of information currently held and format will be carried out by newly appointed Compliance Co-ordinators by end of January 2021.

The FRA anniversary date for Jubilee Court is due and being planned in by Savills.

Milton Court 12 recommendations –

- 4 relate to common area doors repairs. Contractor appointed to complete works, anticipated to be completed by January 2021.
- 1 relates to lock repair on internal door to refuse store. In house are carrying out this work with order raised, query raised over door and lock with site visit to be arranged.
- 1 relates to information required to be kept as building folders. A review of information currently held and format will be carried out by newly appointed Compliance Co-ordinators by end of January 2021.
- 2 relate to the checking of firestopping around services exiting risers/cupboards, which are mainly located within individual flats. Contractor required to complete this type of work.
- 1 relates to the location and need for portable fire extinguishers. This is currently being explored and will be removed if not required by end of January 2021.
- 1 relates to confirmation that the common area fire alarm system supports the 'Stay Put' strategy. This requires inspection of all individual flats.
- 2 relate to inspection programmes for flat entrance doors which will require inspection of individual flats.

Group Homes 41 recommendations –

- 3 relate to changes required to the alarm system, these cannot be carried out internally and therefore contractor support to be sourced
- 2 relate to repairs to fire doors, these cannot be carried out internally and therefore contractor support to be sourced
- 36 are management related actions relating to how the building is managed, including documented records kept. These buildings are managed by Doncaster Council; this has been discussed previously and will be raised again to determine where responsibilities sit for action to be taken.

Heartswood 16 recommendations–

- 1 relates to confirmation of signage in building. Signage ordered by Housing Management after query raised with Savills over wording; to be in place by end of January 2021.
- 1 relates to change of block entrance door lock. Job to be raised for in house completion by end of January 2021.
- 3 relate to information required to be kept as building folders. A review of information currently held and format will be carried out by newly appointed Compliance Co-ordinators by end of January 2021.
- 1 relates to the operation of the secure door entry system in the event of a power failure. This to be included in contract managed by in house.
- 1 relates to satisfactory controls being in place over work on the premises by outside contractors including a Hot Work Permit system. This is included in the corporate fire management plan and when approved by Board can be closed off.
- 4 relate to the implementation of a rolling programme of checks to flat entrance doors and smoke alarm systems
- 1 relates to investigating compartmentation within the roof space over the common area. Contractor required to investigate this.
- 1 relates to the use of expanding foam as a firestopping material.
- 1 relates to confirmation of the Grade A/Part 1 common area fire alarm system being designed and installed to support the Stay Put strategy.
- 2 relates to installation of social alarm system.

High rises 45 recommendations –

- 1 relates to repairs for flat entrance doors to be completed by in-house team by end of January.
- 5 relate to the implementation of a rolling programme of checks to flat entrance doors. This is being considered as part of a wider compliance checking programme.
- 4 relate to repairs to flat entrance doors that require competencies not currently held in-house
- 2 relate to changes required to the direction that common area doors open, trial carried out, review to be carried out on success of this for order to be placed with contractor by end of January.
- 9 relate to replacement of temporary fire action notice being replaced with permanent, these were ordered at the size specified on the action but upon arrival are too small. The suitable size are now on order.
- 2 relate to improvement to ceiling to class O and fire resistant, job raised with in house delayed completion due to supply of plaster issues with aim by end of January.

- 2 relate to electrical cabling in common areas and identifying if supports are suitable. This requires 3rd party contractor investigation.
- 10 relate to evidence of flat entrance doors conforming to MCHLG guidance. This will consider replacement of doors not being replaced by Fortem.
- 5 relate to confirmation that all required fire stopping work has been completed by an external contractor. Evidence to be provided by end of January.

Community Houses 5 recommendations –

- 4 relate to management actions of clearing combustible items, signage and checking of emergency lighting aimed to be completed by end of January
- 1 relates to moving bins to suitable storage area

7.6 Level 2 Buildings

Responsible teams are managing these actions and updating Riskhub with expected completion dates. At the end of December there were 127 recommendations that are overdue;

G&T Caravan Sites 23 recommendations –

- 4 relate to gypsy and traveller sites and unnecessary fire loads in various locations on these sites including access roads. Work is ongoing to clear and tidy the sites where St Leger Homes hold responsibility. Work is also ongoing confirm responsibilities for access roads with Doncaster Council.
- 2 relate to the separation distances between caravans. Work is ongoing, in discussion with fire risk assessors, to design a solution. Ongoing management discussions with residents about what is being stored on sites.
- 12 relate are management actions around confirming fire safety checks documented, relevant evacuation signage in place and other management controls in place.
- 4 relate to satisfactory controls being in place over work on the premises by outside contractors including a Hot Work Permit system. This is included in the corporate fire management plan and when approved by Board can be closed off.
- 1 relates to confirming provision and condition of at least Grade D LD3 smoke alarm systems.

Low rise blocks 25 recommendations -

- 13 relate to provision of fire action notices in blocks- Compliance team working with Housing Management to order signage and arrange for these to be put up.
- 2 relate to the fitting of suited locks to bin stores/electrical cupboards. These will be provided to contractor to complete.
- 5 relate to repairs to flat entrance doors
- 5 relate to repairs to common area fire doors

Communal Halls 79 recommendations (presently only being used for welfare facilities)-

- 3 relates to the inspection and testing of all portable electrical appliances in common areas and records being kept.
- 1 relates to confirming that the testing of the common area fixed electrical system has been carried out
- 10 relate to satisfactory controls being in place over work on the premises by outside contractors including a Hot Work Permit system. This is included in the corporate fire management plan and when approved by Board can be closed off.
- 10 relate to ensuring that arrangements are in place for staff, contractors or

building users to contact the building manager if they require assistance in developing a personal emergency evacuation plan (PEEP) or other fire safety advice.

- 10 relate to ensuring a documented protocol is in place for the coordination of fire safety arrangements and management, including the sharing of relevant fire safety information such as the fire risk assessment.
- 4 relate to confirming if the volunteers are trained in the practical use of extinguishers/ if staff are nominated to use fire extinguishing appliances in the event of a fire, and keeping records of fire safety training.
- 20 relate to fire drills being carried out at 6 monthly intervals and being recorded in the fire log book.
- 1 relates to the inspection and service of the fire blankets provided in the kitchen.
- 5 relate to provision of fire action notices in blocks- Compliance team working with Housing Management to order signage and arrange for these to be put up.
- 4 relate to bins being returned to existing storage locations / or no bin storage area provided.
- 1 relates to change of block entrance door lock. Job to be raised for in-house completion by January.
- 7 relate to the removal of combustible materials from common areas and electrical/boiler cupboards.
- 1 relates to the replacement of door and frame to store cupboard in the event that the proposed new boiler is situated within the store.
- 2 relate to removal of obstructions from escape/exit routes.

7.7 Level 3 Buildings

Responsible teams are managing these actions and updating Riskhub with expected completion dates. At the end of December there were 78 recommendations overdue.

Low rise blocks of flats 68 recommendations -

- 17 relate to common area doors / bin storage rooms needing to be locked, these require lock changes. These will be provided to a contractor to complete.
- 10 relate to unnecessary fire loads external to the building that need removing
- 4 relate to removal of combustible items from electrical cupboards and securing of doors
- 2 relate to removal of combustible materials from common area and excess in bin area (this can involve where tenants and residents have extended their living space into common areas)
- 3 relate to the regular cleaning of the common area.
- 2 relate to removal of non-compliant curtains / drapes in common areas
- 17 relate to confirming that the external wall cladding meets building regulations requirements
- 3 relate to removal of combustible items stored in roof spaces / closing of partition hatches for compartmentation
- 1 relates to repairs to flat door. Work ongoing to determine what type of door is installed to identify if in house can carry out the repair.
- 5 relate to provision of fire action notices in blocks- Compliance team working with Housing Management to order signage and arrange for these to be put up.
- 4 relate to bins being returned to existing storage locations / or no bin storage

area provided.

Residential caravan sites 10 recommendations –

- 6 relate to the separation distances between caravans. Work is ongoing, in discussion with fire risk assessors, to design a solution. Ongoing management discussions with residents about what is being stored on sites.
- 4 relate to replacement / repair of common area fire doors.

7.8 Fire Management Policy and Plan

A draft of the Fire Management Policy and Plan was reviewed by EMT and P&I Committee in November. This is due to go to Board in January.

7.9 South Yorkshire Fire and Rescue Audits

As part of a government programme South Yorkshire Fire and Rescue are auditing all tall buildings that will fall in scope of the upcoming Building Safety Bill. We have provided them with specifically requested building safety information. At the end of December they had carried out audits of all blocks. Findings of the audits have been confirmed by the fire service and a 'debrief' meeting will be planned in.

8. **Asbestos Management**

8.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- The Control of Asbestos Regulations 2012

Surveys and Re-inspections

The legislation for asbestos management places a responsibility primarily with the common areas of properties (regulation 4 of the Control of Asbestos Regulations 2012) and where this impacts on our own workforce and contractors. This extends into domestic properties where they become workplaces i.e. where we are carrying out work in domestic properties.

St Leger Homes have a duty of care under the Health & Safety at Work etc. Act and Housing legislation to protect both workers and residents.

There are two main types of asbestos surveys –

- Management surveys
- Refurbishment and demolition surveys

Surveys may identify actions required including re-inspections of asbestos containing material that may need to be managed in place.

8.2 A programme of new communal management surveys is currently being carried out to

ensure we have complete and up to date information. All of these surveys will be carried out by the asbestos surveying contractor (Tersus). The actions from these will aid in developing future re-inspections and planned programmes of works.

2020/21 Programme of Management Surveys	Number of communal management surveys required	Number completed
High Rise Buildings	9	9
Specialised Housing	2	2
Group Homes (joint responsibility with DC)	4	0
Low Rise Blocks of Flats	825**	663
Caravan Sites	7	0
Miscellaneous Workplace Premises*	68	2
Total	915	676 (73.87%)

* - these include offices, depot, warehousing, boiler houses, communal halls

** - the low rise programme is running behind the FRA programme and not all communal areas will have asbestos dependent on year of construction.

The communal programme restarted in December after capacity was increased with contractors.

8.3 A full review of asbestos management has been commissioned to be carried out by Pennington Choices; this will provide extra assurances to stakeholders on this compliance area. This will include a review of data integrity and operational processes in place.

9. Water Hygiene (Legionella)

9.1 Key Legislation and Guidance

- Control of Substances Hazardous to Health regulations
- Approved Code of Practice and Guidance L8 (ACoP)

9.2 Management of Water Hygiene

	Number of required	Number completed	Number outstanding
Water Hygiene Risk Assessments	73	73	0

St Leger Homes have a comprehensive management and monitoring regime of all areas as required by the ACOP, including periodic sampling and testing by an accredited laboratory.

Water hygiene risk assessments are available for buildings that require them. In total there were 781 actions. Some examples of actions include –

- Removal of dead legs in systems
- Confirmation of correct rated equipment used in systems

- Amendments to procedures and management controls.

All actions have been completed with evidence held by the M&E team.

Domestic housing stock risk assessments are completed when void. These are completed by the voids inspector; all remedial works are completed before re-letting. This is in line with the Approved Code of Practice (ACoP) for landlords and they are part of a rolling programme.

10. Electrical Safety

10.1 Key Legislation and Guidance

- Electricity at Work Regulations 1989
- Electrical Safety BS7671:2018 18th Edition
- Guidance on the Electricity at Work regulations 1989

10.2 Periodic Testing

Number of properties to go on 5 year cycle	Number now on 5 year cycle	% on 5 year cycle
20,149	16,682	82.7%

Historically St Leger Homes has tested all properties on a 10 year cycle, but in order to demonstrate best practice, a 5 year cycle has been established. The aim is to have all properties compliant to the new criteria by March 2023. Domestic periodic testing was suspended during March due to coronavirus and have not currently resumed; testing continued in communal areas. Even with this delay we are ahead of target.

11. Gas Safety

11.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- Gas Safety (Installations and Use) Regulations 1998
- The Gas Industry Unsafe Situations Procedure 8th Edition

11.2	Number landlord gas safety record (LGSR) required	18,953
	Number of properties with a valid LGSR	18,953 (100%)
	Properties without a valid LGSR	0 (0%)
	Date of oldest overdue LGSR	N/A

11.3 The servicing programme was completed in December.

Solid Fuel Heating

Number of properties with solid fuel heating	102
Annual servicing complete	102

Solid fuel heating is removed from properties when they are void. Servicing is undertaken annually from April 2020; these are all completed. An additional 6-monthly maintenance visit takes place that is over and above statutory requirements. These were planned to start in December 2020 however, due to COVID 19 impact on competent staff availability this has been delayed due to start January 2021.

12. Passenger Lifts

12.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- The Lifting Operations and Lifting Operations Regulations (LOLER) 1998
- The Provision and Use of Work Equipment Regulations 1998

No. of Passenger Lifts	Statutory examinations	Routine maintenance in date	Routine maintenance out of date
27	27	27	0

A routine monthly maintenance programme is in place carried out by specialist lift contractors. Statutory mandatory examinations are carried out by an independent insurance inspection engineer (Zurich). These are carried out on a 6-monthly basis.

A lift replacement programme for Lonsdale and Westminster high rise blocks began in October. Work has been ongoing with tenants and residents to support them during the planned works. One lift is due to be commissioned by the end of January.

13. RIDDORs, Incidents and Accidents Update

13.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013 (RIDDOR)

13.2

	2018/19	2019/20	2020/21
Reportable Injuries	6	4	2
Dangerous Occurrences	2	1	1
All Injuries	49	39	9
Near Misses	28	12	5

There has been a 50% reduction year on year in reportable injuries and 58% reduction in all injuries. It is difficult to be exact on the reasons for this but it is likely that the impact of COVID restrictions throughout the year has impacted with normal work activities not being carried out for a period of time, ways of working changed and behaviours with staff

being more aware of their own and others safety. Initial reports particularly from the construction sector suggest this is being reflected through the industry.

14. Audit and Governance

- 14.1 A new health, safety and compliance strategy is currently being developed for approval by the end of the financial year. This document will set out the strategic vision, direction and specific actions needed going forward to ensure the continued growth, development and statutory compliance in this area.
- 14.2 Actions from the joint ISO 45001 and Five Star Audit in January 2020 were put in an action plan; these have been reviewed prior to the next planned audit in January 2021,

15. Proactive Activities

15.1 Health, Safety and Wellbeing Inspections

A fundamental review of our approach to audits and inspections will be carried out and included in the Health, Safety and Compliance Strategy that will be drafted. The way we are working has changed and a new approach needs to reflect this. Regular discussions are still taking place with individuals as part of one-to one processes and in team meetings / team briefs around health and safety. The process needs to address potential requirement from the new draft Building Safety Bill.

16. Link to Risk Register/Any New Risks

- 16.1 Items within this report directly link to items in the Strategic Risk Register specifically:
- managing all issues surrounding high rise accommodation and any emerging new requirements
 - managing corporate health, safety and wellbeing risks.

A new strategic risk has been developed around failure to manage all issues surrounding the impact of the Coronavirus (Covid19) pandemic across the borough. This was reviewed in July 2020 and will remain on the strategic risk register indefinitely.

17. Procurement

- 17.1 Outsourced contracts such as lift maintenance follow SLHD procurement processes.

18. VFM Considerations

- 18.1 Not applicable.

19. Financial Implications

- 19.1 Fire Risk Assessments – In 2019/20 Savills started the FRA's on the 771 low rise properties with an estimated cost of £308k which will be an additional cost to the company. Only £18k had been completed at the end of March 2020 with £290k slipping into 2020/21. Since the end of the 19/20 financial year it has been identified that 831 surveys are required with completions of 409 full surveys and 422 only requiring a

category B survey that costs £100 and not the £400 for a full survey. There are still 14 surveys outstanding as per the previous month, but unsure at this stage if they all require a full survey. Therefore the forecast spend will be £216k with £198k of this being a cost in 2020/21 that will be funded from approved additional management fee from DMBC.

There will be follow on works arising from the surveys that will incur costs. At this stage it is expected there will be improvement costs that will be charged to the capital programme. Some of the works may be picked up by our In House teams therefore generate income to the company and the routine repairs that will be an additional revenue expense. Still no works for the current year surveys have started yet as the rates for the contractor in place still have not been finalised. Once they have the priority works will commence

- 19.2 **Legionella** – Tests of water hygiene in 2020/21 has been completed by the in house Technician and has not incur any additional costs to budget.
- 19.3 **Electrical Safety** – In 2020/21 the majority of electrical tests will be carried out by our in house Electricians where existing staffing budgets, materials and equipment are in place. Whilst domestic testing has yet to recommence, 79 full mutual exchange tests have been passed to contractors as at the end of December with an additional cost of £12,225 that will be absorbed in the overall contractor maintenance budget. However we are now carrying out these mutual exchange tests inhouse.
- 19.4 **Gas/Solid Fuel safety** – All gas/solid fuel servicing programme is carried out internally and budget provision provided for this service. There are 19,069 services planned for 2020/21. The majority of the servicing programme was completed by the end of September as programmed, although there was an increase of no access properties due to the current pandemic and this has had an impact on delivering the gas capital works. The 3 outstanding properties are now complete before the servicing programme starts again in February. The external gas audit inspection budget is still in line with the budget at £19k.
- 19.5 **Passenger Lifts** – Inspections and annual maintenance are undertaken by a contractor and the annual budget in 2020/21 is £46k. Currently as at the end of December spend is in line with budget to date.
- 19.6 **Asbestos** – All asbestos removal and follow on works are charged to Doncaster Council Housing Capital programme. In 2020/21 £700k budget has been allocated, currently £327k has been spent and it is still expected the forecast will be in line with the 2020/21 programme.

20. Legal Implications

- 20.1 SLHD has a duty to comply with all legal statutory requirements and legislation as outlined in this report.

21. Risks

- 21.1 The consequences of not meeting the Health and Safety Executive (HSE) statutory and regulatory compliance requirements are significant. A breach of health and safety

regulations is a criminal offence and as such, any company or individual manager found to be in breach of these regulations could face prosecution by the HSE. If found guilty, the company or person responsible could face a fine or even imprisonment.

If the Regulator for Social Housing deems that a Landlord/housing provider has breached their Consumer Standards and placed its tenants at risk then the regulator will intervene. The Housing White Paper intends to make regulation of ALMOs more explicit and in line with that of other social housing providers.

22. Health, Safety & Compliance Implications

22.1 Within the report.

23. IT Implications

23.1 A new compliance module is included as part of the TOP IT implementation. This is in the second phase of the TOP programme and development has started with Capita.

At present spread sheet systems are in use and the new Fire Risk Assessments are in the Riskhub (Savills Consultancy Software). Data is key to creating building safety folder information and systems we use need to support this.

24. Consultation

24.1 Not applicable.

25. Diversity

25.1 Not applicable.

26. Communication Requirements

26.1 Not applicable.

27. Equality Analysis (new/revised Policies)

27.1 Not applicable.

28. Environmental Impact

28.1 Not applicable.

29. Report Author, Position, Contact Details

29.1 Laura Dougan
Health, Safety & Compliance Service Manager
01302 862956

30. Background Papers

30.1 Appendix 1- Compliance Dashboard

Appendix 1 – Compliance Dashboard

Area of Compliance	Target	Complete / Outstanding	Progress %	Notes
Fire				
In date FRAs	916	882	96.28%	A risk based FRA programme is in place for FRAs. These include buildings with communal areas i.e. offices and communal halls, along with communal areas in blocks of flats (in some flats 1 block will have more than 1 communal area). 34 FRAs are outstanding
Level 1 Buildings FRA outstanding recommendations	712	134	18.8%	Level 1 buildings include high rises, specialised housing and group homes. In total there are 712 recommendations. 432 are completed actions, 136 were within the timescale and there are 134 recommendations that are outstanding / overdue.
Level 2 Buildings FRA outstanding recommendations	717	127	17.71%	Level 2 buildings include communal halls, caravan site and low rise blocks (dependent on storeys and flat numbers). In total there are 717 recommendations. 100 are completed actions, 490 were within the timescale and there are 127 that are outstanding / overdue.
Level 3 Buildings FRA outstanding recommendations	6353	78	1.22%	Level 3 buildings are low rise blocks (dependent on storeys and flat numbers). In total there are 6353 recommendations. 668 are completed actions, 5607 were within the timescale at the and 78 recommendations are outstanding / overdue.
Asbestos				
Resurveys of communal areas	915	676	73.87%	A review of current management surveys held for communal areas has been carried out in for planning the reinspection programme. This has identified the opportunity to improve the management data held on these properties with the decision made to carry out new management surveys on these.
Gas				
Gas servicing - % of properties attended against target	15,193	15,193	100.00%	The 2020/21 gas servicing programme in February 2020, taking advantage of the change in legislation (MOT) to undertake gas servicing 2 months prior to the expiry date of the landlord gas safety record. All properties that required were attended by the end of the 2020 programme.
Properties with an in date Landlords Gas Safety Record (LGSR)	18,953	18,953	100.00%	The 2020 servicing programme was completed in December.
Electrical				
Electrical Periodic Testing	20,149	16,682	82.7%	This indicator is the programme to move properties from a ten to five year electrical periodic test - due to complete in March 2023. We are well ahead of target. However, the domestic programme was suspended in March 2020 due to Coronavirus and testing did not resume in December.
Water Management				
Water Management Risk Assessments	73	73	100%	73 properties require a water management risk assessment (these include communal halls / community / centres/ office facilities / high rise tank systems / communal blocks at mobile homes) and these are all complete and in date.
Passenger Lifts				
Monthly routine planned preventative maintenance	27	27	100%	There are 27 passenger lifts and these are subject to a monthly routine planned preventative maintenance programme. During December the programme was completed as planned
Health and Safety				
Reduction in RIDDOR reportable injuries on previous year	4	2	-50%	At the end of the reporting period for 2019/20 there were four RIDDOR reportable injuries. This number has been used as a measure for RIDDORs in 2020/21. Up to the end of December there has been two RIDDOR reportable injuries

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 3 (Q3) ended 31 December 2020 KPI dashboard (Period 9)
Action Required:	For information
Item:	10
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	27 January 2021

1. Purpose

- 1.1. To provide Board members with the KPI dashboard for Quarter 3 (31 December 2020 - Period 9 20/21) and brief commentary.
- 1.2. The KPI dashboard as at 31 December 2020 (Quarter 3) is attached at **Appendix A**.

2. Executive summary

- 2.1. Performance in the year to date has been heavily affected by Covid19. Business critical services only were delivered in April and May. Normal services resumed on a phased basis from early June and core services have been delivered since, despite further restrictions in Q2 and Q3.
- 2.2. The table below summarises the dashboard as at the end of December 2020. Comparatives have been included from 2019/20 as the KPIs are the same as last financial year, with one more annual KPI added for 2020/21. There are seven KPIs not meeting target and commentary appears below.

	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Green (on target)	5	6	5	10	6	7	7
Amber (within tolerance)	3	1	1	4	5	4	1
Red (not meeting target)	7	8	9	4	3	3	5
No target ¹	1	1	1	2	2	2	2
Annual KPIs	5	5	5	0	4	4	4
Total	21	21	21	20	20	20 ²	19

- One KPI for 20/21 does not have a target – KP19:our performance against comparable organisations
- During Q2 2019/20, KPI 14 was split in two - KPI14a KPI4b - to separately report performance on training and employment support, so there were initially 19 KPIs for 2019/20

3. KPI commentary

3.1. KPI 1 : Current rent arrears

Profiled Target	3.20%	(Year end target 2.80%)
Q2 YTD Performance	3.54%	WORSE THAN TARGET – RED

Current rent arrears increased in mid-April 2020 and have been consistently between the 3.10% to 3.30% level up to the end of November. Arrears levels for the same period in 2019/20 were consistently around the 2.80% levels, which gives an indication of the impact of Covid19 on this KPI.

Arrears usually increase in December and this was again case here. This time last year, arrears did increase to 3.29%. Given the restrictions placed on operations in 2020/21, we are in a strong position going into the final quarter of the year.

	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Arrears %	3.54%	3.05%	3.12%	2.79%	3.29%	2.95%	2.77%

Since we moved to our new housing management system in November 2020, we have been unable to report the correct arrears figure, the figure above includes all balances on rent accounts and not just rent which is the figure we need. We have estimated that the actual performance of this KPI is 3.39%. The reporting issue will be resolved by the end of January.

There has been an accelerated uptake of Universal Credit due to the pandemic and so it is likely we will reach full capacity of the managed migration of cases from HB to UC earlier than anticipated. We currently have around 6,300 UC cases compared with 4,325 at the same period last year (2,776 in arrears)

In terms of the current legal situation, the national restrictions on evictions and legal action have been extended again and will now remain in place until at least 21 February except for the most serious ASB cases. Focus now will turn to year-end activities to ensure the best possible outturn can be achieved.

Despite the restrictions imposed since March, we have continued our 'business as usual' approach to take every opportunity to recover the arrears position this year with robust arrears pursuance work, balanced with excellent advice to support tenants to be able to pay their rent.

We continue to take advantage of the increased Local Assistance Scheme (LAS) and Discretionary Housing Payment (DHP) available for any COVID-related arrears cases, as well as advising affected tenants of the Government's new Job Support Scheme and the Test and Trace Support Payments. Collaborative work continues between the Income Management and Tenancy Sustainability Teams to focus on effective outcomes.

It is worth noting that at the end of September (Quarter 2), when benchmarked with our peer group, the arrears figure of 3.05% was above the Median and in Quartile 2. We await the Q3 benchmarking results.

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

Target **0.50%**
Q3 YTD Performance **0.97%** **WORSE THAN TARGET – RED**

The lockdown following Covid19 is the reason for the decline in performance. From end of March, the advertisement cycle, non-urgent repairs, capital works and void repair works were suspended and the number of voids held showed a weekly increase during April and May, until re-letting commenced.

	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Rent loss %	1.02%	0.97%	0.97%	0.59%	0.59%	0.64%	0.72%

The rent loss target of 0.50% equates to approximately 100 empty properties at any point in time. Typically, void levels are around 100-110 properties at any point in time, but the actual number of voids has been nearer 200 for the year to date, which gives an indication of the impact of Covid19 on this KPI. For 20/21, this peaked at 223 at end of May, reduced to 194 at end of June, 178 at end of July but has crept back up since and is now at 216 (199 lettable) at end of December.

The number of terminations during December of 113 shows an increase (+15) when comparing to the previous month of 98. The number of re-lets during December of 104, one less than November.

Teams involved are working together to ensure that the monthly number of re-lets will become higher than the number of terminations, to improve performance. Resources in the Empty Homes Team are supporting colleagues in HomeChoice by arranging and completing void viewings, this enables resources in HomeChoice to work on viewing and sign-ups of properties that are fully repaired, at the time of writing, a total of 61 properties are fully repaired and awaiting re-let.

We still have some materials issues around kitchens and fire doors and we are working with our procurement colleagues to look at alternative suppliers.

We are currently concluding a review to determine actions which will enable us to return void levels to numbers that are more normal and will continue to closely monitor processes to ensure repair work is completed efficiently in voids, which will in turn increase the number of properties available to re-let. The focus now is to re-let the empty properties as soon as possible and start to reverse the KPI trend.

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

Target **20.00 days**
Q3 YTD Performance **48.27 days** **WORSE THAN TARGET – RED**

As with KPI2 above, the suspension of lettings and repair work on empty properties in Q1 had a significant adverse impact on the KPI. Performance for Q3 shows a

This reflects the impact of the pandemic with the reason for homelessness of the majority being with little or no prior notice. For example, being asked to leave by friends or family or relationship breakdown, fleeing violence and the suspension of evictions, therefore providing no or limited opportunity to prevent their homelessness cases.

Quarter	No. of preventions	<u>Cumulative</u> no. of preventions	Cumulative target
Q1 19/20	207	207	153
Q2 19/20	244	451	305
Q3 19/20	274	725	458
Q4 19/20	240	965	610
Q1 20/21	159	159	199
Q2 20/21	156	315	399
Q3 20/21	141	456	599

3.7. KPI 12 : Local expenditure

Target **70.00%**
Q3 YTD Performance **52.25%** **WORSE THAN TARGET – RED**

Local spend in the nine months to date was £3.93m out of the overall contracted spend of £7.52m, equating to 52.25%. This is against the target of 70%, which in monetary terms this under performance is £1.34m.

The 20/21 year to date total spend of £7.52m is £853k higher than for the same period last year, whereas local spend is roughly the same at around the £4m level, so the KPI was higher for the same period last year (60.2%). The volume of invoices paid on a monthly basis is returning to usual levels but for the year to date is around 85% of the level in the same period last year, which gives an indication of the impact of Covid19 on this KPI.

Changing the balance of local spend is potentially only possible at the point that contracts are renewed and if local suppliers are appointed as part of this process. This is not always possible if local suppliers do not exist, do not bid or enter tender submissions, are not part of consortia frameworks, or are unable to demonstrate value for money through legally required, transparent procurement processes. To address this, SLHD continues to actively participate in supplier events to encourage local business engagement in as many new procurement exercises as possible, as they occur.

With a number of new contracts due to be procured throughout the coming year, SLHD will continue to try and engage and encourage as many local businesses as possible to participate in these procurement exercises to give the best possible chance of increasing local spend and meeting the target of 70%.

4. Recommendations

- 4.1. That Board note the Q3 31 December 2020 (period 9) KPI dashboard and related commentary

5. Appendices

- 5.1. Appendix A – Q3 31 December 2020 (period 9) KPI dashboard

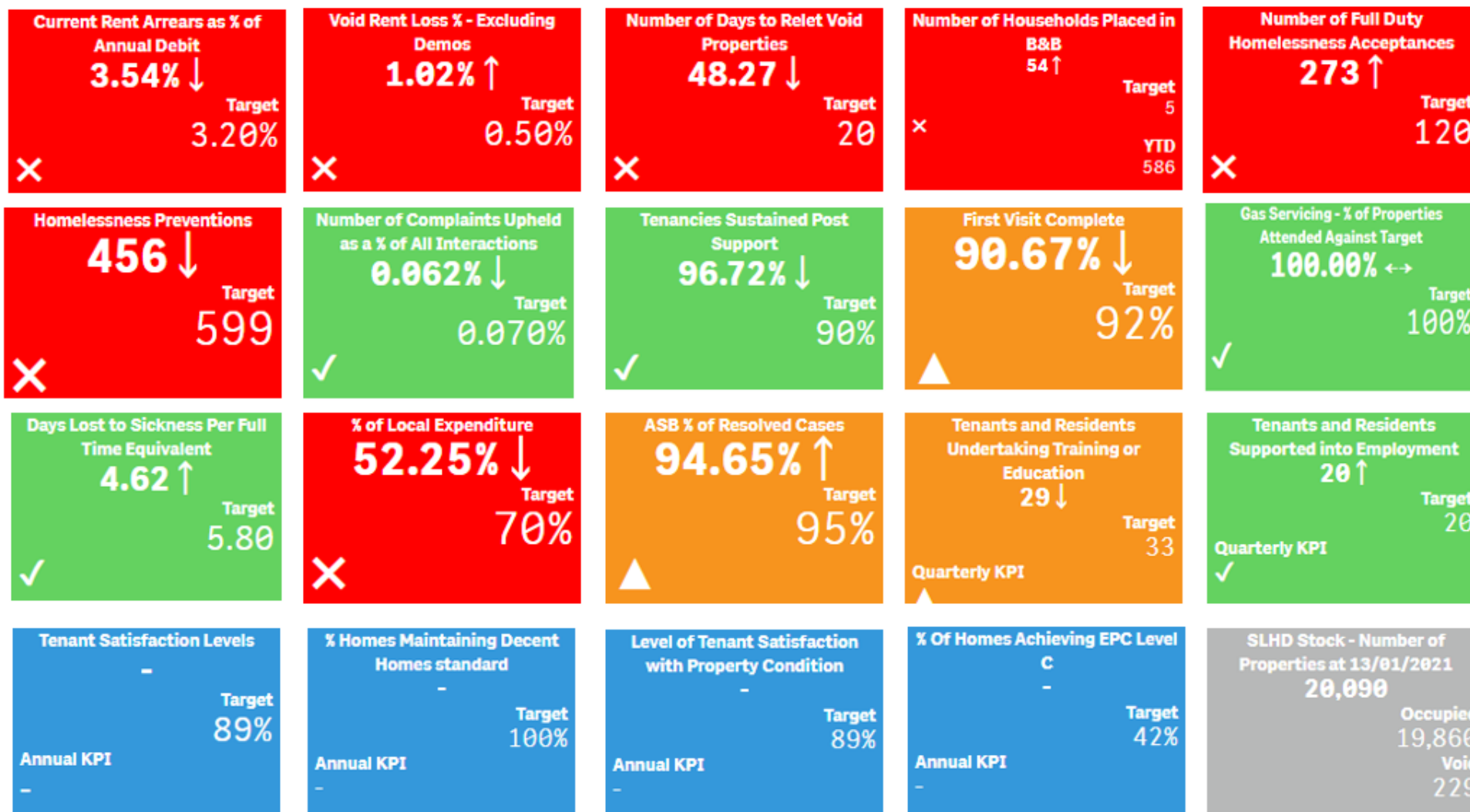
6. Report Author, Position

Nigel Feirn

Head of Finance and Business Assurance 01302 737485

St Leger Homes of Doncaster – Performance Dashboard 31 December 2020 (Quarter 3 2020/21)

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



ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 27 January 2021

Item : 11

Subject : Q3 Revenue Monitoring Report
2020/21

Presented by : Julie Crook
Director of Corporate Services

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

Purpose : To inform Board of the projected
revenue income and expenditure for
2020/21 and the actual and committed
income and expenditure to date as at
31 December 2020.

Recommendation :

For Board to note the Revenue Monitoring report as at 31 December 2020 and the projected outturn for the financial year 2020/21.

1. Report title

1.1. Q3 Revenue Monitoring Report 2020/21.

2. Purpose

2.1. To report actual and committed income and expenditure to 31 December 2020, projected for 2020/21, variances to the approved budget and related commentary.

3. Executive Summary

3.1. At Q3, a small **overall surplus for the year of £3k** is now being projected. This comprises of a surplus on Housing Revenue Account (HRA) operations of £350k and a deficit of £347k on Housing Options activities which are funded from the General Fund. The table below summarises by Directorate compared to the balanced '£zero' budget, together with comparatives of the projected position at Q1 and Q2:

	Q3 20/21	Q2 20/21	Q1 20/21
	Outturn	Outturn	Outturn
	£k	£k	£k
Housing and Customer Services	-436	-327	-143
Corporate Services	-63	150	-101
Asset Management Services	-605	-456	-251
Property Services	754	619	653
HRA operations Deficit/(-Surplus)	-350	-14	158
General Fund - Housing Options Services	347	513	679
OVERALL DEFICIT	-3	499	837

3.2. The tables above and below reflect a number of changes to the positions projected at the end of each quarter this year, some of which are due to the changing nature of the government's pandemic restrictions and subsequent assumptions applied. Doncaster was in the Covid19 Tier 3 (very high) category for most the third quarter having been in lockdown for most of Q1 and then Tier 2 for most of Q2. Apart from April and May, core services have continued to be delivered.

3.3. Operationally, since Christmas we have seen an increase in the number of employees testing positive for Covid19 or having to self-isolate, and although this hasn't yet affected service delivery significantly, it is being monitored closely so we can act quickly as required.

3.4. Further tighter restrictions were brought in over the Christmas period but so far these have had limited impact on our service delivery. The projections assume availability of external contractors, materials and access to properties. There was also some uncertainty around Brexit but following the deal announcement no issues are expected in Q4.

- 3.5. Key assumptions applied are as follows:
- 3.5.1. Core services continuing uninterrupted to end of year;
 - 3.5.2. Recruitment to be undertaken as normal;
 - 3.5.3. PPE costs averaging an additional £10k per month (current run rate) for remainder of the year;
 - 3.5.4. Hotel costs for homeless requirements the same in Q4 as for Q3;
 - 3.5.5. Related hotel security costs to remain at Q3 levels
 - 3.5.6. Recovery on housing benefit income at 72% to account for block booking of hotel rooms that may not all be filled;
- 3.6. Given the overall projection is close to budget and ongoing uncertainty, Budget Holders are still being instructed to only incur expenditure if absolutely necessary.
- 3.7. In terms of HRA and General Fund operations, the tables below separately show the main income and expenditure projected variances, with commentary underneath for HRA and General Fund Housing Options activities:

HRA operations

<u>Variations</u>	Q3 20/21 Outturn £k	Q2 20/21 Outturn £k	Q1 20/21 Outturn £k
Salaries	-1,258	-1,153	-872
Temporary staff	412	256	177
Fuel	-138	-126	-104
Vehicles	-19	-54	-74
PPE	55	115	195
Skips	-56	-51	-51
External Contractors – Revenue	140	91	101
Materials – Building Services	-1,228	-1,087	-1,017
Capital Income reduction	2,390	2,182	2,072
Management Fee	-280	-280	-280
2019/20 release of Provision not required	-254	0	0
Net Others	-114	93	11
Total projected HRA outturn variances	-350	-14	158

- 3.8. Additional **HRA** comments to note from the table above:
1. **Salary costs** : This £1,258k variance is due to vacant posts (currently 57.4 - see below) and the restrictions on recruitment in Q1;
 2. **Temporary staff** : projecting to be £412k over budget due to cover for certain vacant posts;
 3. **Fuel**: The reduced repairs service has resulted in a reduction in fuel usage in Q1. Also the price per litre had reduced due to lower demand. Savings of £138k have been projected at Q3 taking into account normal usage and factoring in the price per litre that has remained virtually unchanged this financial year and is 10 pence less per litre on average than 2020/21;

4. **Vehicles:** All vehicles earmarked for replacement were budgeted at a cost for the full year. There are 8 (58 plate) vehicles to be replaced in 2020/21. The 59/60 plates will now be replaced in 2021/22, so currently the charge for the existing vehicle is less. Hire costs have increased throughout the year due to additional vehicles required for shielding employees and complying with social distancing rules. The impact of these is a net saving of £19k;
5. **PPE:** The requirement for additional COVID related PPE to ensure employee/customer safety has meant an estimated an additional £85k for the full year; this has reduced by £30k from Q2 as the level of protective equipment per service area will vary; General day to day clothing and PPE is projecting to save £30k.
6. **Skips:** £56k has been estimated for reduction in skips due to limited services to repairs and reduction in planned capital works in Q1. Now services are at normal levels, skip usage is in line with budget since the restrictions eased;
7. **External Contractors revenue** - £140k over budget largely due to an additional £198k estimated in 2020/21 for the Fire Risk Assessments carried out by Savills on the low rise properties. This is lower than anticipated at the start of the year as it was identified that 422 properties required a Category B survey that are £100 each and not £400 for a low rise survey;
8. **Capital income £2.39m / Building materials £1.228m –**
Due to the restrictions earlier in the year and most recently, this had an impact in the capacity to deliver the in house capital schemes. Reductions are as follows:
 - a) Gas capital works is estimated to be £1.3m less than budget and the materials saving £535k;
 - b) Planned capital works is now forecasting to reduce by £1.05m with the materials saving £408k;
 - c) Capital income from void works is still anticipated only to be £100k less than budget (as per Q2) voids teams have been picking up additional electrical works during the year and these are still continuing in major void properties.
 - d) Revenue materials £326k saving on non-urgent repairs and void works.
9. **Management Fee:** An additional £280k management fee has been approved by DMBC for SLHD to carry out Fire Risk Assessments (FRAs) to the low rise properties in accordance with H&S regulations as noted at point 7 above.

General Fund Housing Options operations

	Q3	Q2	Q1
	Outturn	Outturn	Outturn
	£k	£k	£k
Employees	-18	12	41
Utilities	47	22	0
Bed & Breakfast Accommodation/Security/Meals	1,570	1,018	1,326
Temporary Accommodation – HRA	259	245	197
Other Income	-1,581	-784	-885
Net Others	60	0	0
Total projected Housing Options variances	347	513	679

3.9. Points to note from the General Fund Housing Options table above, which shows consistent projected variances throughout the year :

1. **Employees** – the net £18k saving is due to £126k unbudgeted temporary grant funded posts, and a projected £144k saving on the budgeted structure within the service area. Agency staff are being recruited to cover short term business needs.
2. **Supplies & Services and Premises Expenses**
 - a. £1,570k overspend is Covid19 related following government instructions to temporarily house the homeless in hotels, with related costs. This is an increase from Q2 due to increased demand aligned to Tier 3 restrictions in Q3. This is partially offset by additional income from the Council's bid for Next Steps Accommodation Programme (NSAP) funding;
 - b. £259k relating to additional Temporary Accommodation properties, currently 114 properties at the end of December 2020 compared to the 60 budgeted; and
 - c. In addition to the Covid19 issues, additional pressures were being felt in December and into January with colder weather triggering winter responses;
3. **Other Income** - £1,581k more than budget and comprises several items
 - a. £969k higher Housing Benefit recovery for temporary accommodation for the above homeless costs;
 - b. unbudgeted grant income of £126k to fund temporary posts to March 2021;
 - c. external funding of £18k from MHCLG towards Covid19 related costs in Q1; and
 - d. in addition to this, NSAP funding of £468k has been confirmed.

4. Operations - year to date key points

Housing and Customer Services:

- 4.1. The main operational issues are around employees working from home and returning to core services, and what this means in terms of visiting tenants and the additional Covid19 safety requirements.

- 4.2. At this stage, the directorate is projecting a surplus of £436k, of which £218k relates to employee expenses, due to vacant posts and reduced staff mileage claims.

Corporate Services:

- 4.3. The directorate is projecting a surplus of £63k.
- 4.4. All Corporate Services staff are working effectively from home. Some services were suspended in April and May 20 - recruitment and training – but resumed from June on a phased basis.
- 4.5. ICT expenditure is expected to be £107k over budget, largely due to additional costs incurred in equipping staff to work from home and to improve remote connectivity.

Asset Management Services:

- 4.6. The Asset Management Team continue to have a number of vacant posts (see 5.5) and recruiting to Health and Safety and Commercial posts has proved difficult in attracting suitable candidates. Whilst recruitment is still in progress to fill these vacancies they will not be filled by the end of the financial year and other alternatives such as market supplements are being considered.
- 4.7. External Contractors includes additional spend on Fire Risk Assessments of £198k in 2020/21 as also noted in 3.9 above.
- 4.8. The Asset Management Team have continued throughout the year to ensure Shaw Lane, St Leger Court and St Leger House are adhering to government's Covid19 safe rules, for employees that require use of these offices. The team have also collated equipment requirements to support longer term home working. There is still sufficient funding within existing furniture & equipment budgets for the remainder of the financial year based on recent demand for additional support.

Property Services:

- 4.9. The current Covid19 pandemic had a significant impact initially on Q1 operations in the Repairs and Maintenance teams and the Directorate is currently projecting a deficit of £754k. Until June 20 there were limited emergency repairs, and gas servicing and void services operating. This resulted to 140 trade staff either assisting DMBC or having to stay at home. The current new lockdown restrictions still allows tradespeople to be able to operate in a safe manner so services can continue. Due to the enforced shielding of vulnerable people this has had an impact on our own resources with a small number of trade staff being unable to work. Also there will be issues arising from accessing properties to carry out works due a number of our tenants shielding. This has already seen an adverse impact on income delivering capital works.
- 4.10. Ways of working have changed with social distancing rules and other guidelines compared to when the budget was finalised. The use of correct PPE to ensure employee and customer safety is now estimated as an additional cost of £85k for the full year. This has significantly reduced from the initial £195k projected at Q1 as levels of PPE required differ from each service area.

- 4.11. There are still a number of vacant posts within Property Services that have not yet been appointed to (see 5.5 below). The vacancies have continued to reduce since Q1 although Electricians have been difficult to recruit. Agency and overtime has been used to cover vacancies and to ensure continuation of services and to carry out capital works that generate external income.
- 4.12. Void property numbers have been problematic since the pandemic started when the numbers increased due to restrictions on lettings. However, the numbers have not reduced significantly and every effort is being exhausted to reduce these numbers. Consumer unit replacements are now only being carried out in major voids and overtime work has been agreed to try and reduce the repair times. Other areas within the voids relet process are also being reviewed.
- 4.13. Capital income on all in-house schemes has been affected from the pandemic restrictions. It is estimated at Q3 that £2.39m will not be delivered in 2020/21 and materials will reduce by £1.23m, including £326k on revenue repairs.
- 4.14. Reduction in repair services have resulted in reduced vehicle usage and fuel prices, therefore savings on fuel £130k and skips usage £54k. Normal services resumed from Q2 and usage is in line with the previous year although fuel prices are still significantly lower.
- 4.15. The table below shows the data from Qlik for repairs and void numbers after nine months, and comparatives from last two years.

<u>Year to date repairs orders – 9 months</u>	Dec-20	Dec-19	Dec-18
	no.	no.	no.
Emergency Orders	6,746	6,786	6,735
Urgent Orders	23,495	26,568	25,824
Routine Orders	10,646	14,177	13,231
Scheduled Orders	6,867	8,802	7,671
Total	47,754	56,333	53,461
<u>Voids</u>			
Terminations – <u>Year to date</u>	936	1,113	1,109
Lettable voids <u>at month end</u>	199	104	99
Non lettable <u>at month end</u>	20	1	0
Earmarked for demolition	0	0	0
Gross voids <u>at month end</u>	219	105	99

- 4.16. Points to note from the above table include :
- 4.16.1. Only emergency repairs, gas servicing and limited void repairs took place up to 8th June;
- 4.16.2. Lettable void numbers are at the similar level as at Q1 figure of 194. The initial government restrictions in re-letting properties at the beginning of the financial year meant the numbers increased significantly and peaked at 218 in April. There is a big focus on ways of working to drive down the numbers including reducing smoke alarm/heat detector and consumer unit replacements in void properties. Also overtime work at weekends.

- 4.16.3. Non lettable voids includes 11 buy back properties, Community Centre conversion and 8 properties under review (4 bedsits at Gargrave Close, 2 flood damage and 2 for potential sale).
- 4.16.4. Terminations are lower than previous years again due to government restrictions in place where no transfers or mutual exchanges could take place in the first two months of the year. The figures for Q2 and Q3 were in line with previous years since the restrictions eased.

General Fund Housing Options:

- 4.17. The main challenges in the year to date has been in dealing with the government requirements around homelessness that has meant block booking a number of hotel rooms throughout year. An action plan is in place for the MHCLG Next Steps Accommodation Programme to manage hotel placements over the remainder of the year.
- 4.18. The position continues to be very busy, increasing in Q3 due to additional national restrictions and cold weather, but stable and manageable. At the beginning of Q3, numbers in hotels were between 60-70 but increased in October, and throughout November and December were between 90-100.
- 4.19. The main challenges are dealing with the behaviours in the hotels, evictions and also providing move on options as the lockdown has also affected private rented sector availability.
- 5. **SLHD Risks/Key issues/Actions** - Key operational issues and mitigating actions:
 - 5.1. Key issues or risks as summarised by Heads of Service are set out below (Appendices A-E).
 - 5.2. Covid19 : The main risks currently are driven by our response to Covid19 and the resulting impact on the budget. The situation is changing on a daily basis, and a substantial amount of scenario planning is still ongoing, and broad assumptions have been applied to the projections. The main areas affected have been detailed above.
 - 5.3. Employees: The largest variance so far is in salary costs, largely due to the vacant posts. There are currently 57.4 FTE posts vacant which equates to a 7.1% vacancy factor, higher than the budget which assumes a 3.5% vacancy factor (VF), equating to approximately 29.5 FTEs (£988k). 2018/19 and 2019/20 averaged between 50 and 60 vacant posts, equivalent to a 6.5% VF.
 - 5.4. A number of the vacant posts have been unfilled vacant for long periods and we are currently reviewing all vacant posts to consider if they are still required and whether the services could be delivered differently.
 - 5.5. Projected temporary staff costs for the year are £506k, £427k over budget. These costs have increased significantly since Q2 to cover vacancies and to ensure services are achieving targets.

5.6. There are currently 57.4 vacant FTE posts are shown below by:

Budgeted Establishment	Vacant posts	20/21 Total vacant	20/21 Total vacant	20/21 Total vacant	19/20 Total vacant
2020/21 FTE		Q3 FTE	Q2 FTE	Q1 FTE	Q4 FTE
237.95	Housing and Customer Services	14.0	14.5	15.8	9.9
75.70	Corporate Services	4.0	5.4	5.9	5.4
76.15	Asset Management	10.0	9.0	15.0	10.0
394.27	Property Services	*23.9	*32.0	*38.0	29.0
29.50	Housing Options	5.5	5.5	5.5	4.5
813.57	Total	57.4	66.4	80.2	58.8
	Not appointing to **	-21.9	-11.9	-9.3	-16.4
813.57	Net Total vacant posts	37.5	54.5	70.9	42.4

* 7 WOW posts not included as they have been recruited to in January's Cohort and commencing two week trial periods.

** Some of the above 57.4 posts (detailed below) will not be recruited to in 2020/21, but the majority expected to early in the 2021/22 financial year.

Directorate	Post	FTE
Property Services	Handyperson	2.0
Property Services	Joiner	1.5
Property Services	Gas Fitter	2.0
Property Services	Plumber	1.9
Property Services	Asset Support Assistant	1.0
Property Services	Technical Officers (Clerk of works)	2.0
Property Services	Modern Apprentice (Stores)	1.0
Property Services	Asset Surveyor	1.0
Property Services	Fire Safety Officer	1.0
Property Services	H&S Team Leader	1.0
Property Services	H&S Advisor	1.0
Housing Services	Designer	0.6
Housing Services	Equality & Diversity Manager	0.4
Housing Services	Garden Service Team Leader	1.0
Housing Services	Gardener	1.0
Corporate Services	HR & OD Admin Assistant	0.5
Corporate Services	ICT Service Manager	1.0
Corporate Services	Executive Support Officer	1.0
Corporate Services	Modern Apprentice	1.0
		21.9

- 5.7. Budget Holders continue to work very closely with the Finance Team to monitor income, expenditure and operational performance data to produce detailed and accurate projections.

6. Recommendation

- 6.1. For Board to note the Q3 Revenue Monitoring Report as at 31 December 2020 and the projected outturn for the financial year 2020/21.

7. Procurement

- 7.1. Procurement implications are referenced as appropriate in the body of the report, but there are direct procurement issues arising from the Covid19 pandemic and lockdown. These range from external contractor availability, delivery of business critical building materials for emergency repairs and, in particular, being able to source the necessary protective clothing (PPE) to provide the assurance to both our employees and tenants when visiting properties. This has been and continues to be managed effectively to ensure business critical and re-commencement of core services is maintained. The projections assume availability of contractors, materials, access to properties and no further lockdowns.

8. Value For Money

- 8.1. 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.

9. Financial Implications

- 9.1. Financial implications are considered within the body of the report

10. Legal implications

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

11. Risks

- 11.1. Financial and Operational risks are detailed in the report. Heads of Service have raised a number of financial risks, the main ones being around the office premises budgets, the costs of replacement vehicles, maintenance of G&T sites and the operational and affordability impact of the Building a Safer Futures report.

12. IT Implications

- 12.1. IT implications are referenced in this report as appropriate.

13. Consultation

- 13.1. 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

14. Equality and Diversity

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

15. Communication

15.1. There are no communication requirements arising from this report

16. Environmental

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

Report author

Nigel Feirn – Head of Finance and Business Assurance
Budget Monitoring Working Papers
2020/21 Budget

Head of Service commentaries:

Appendix A – HRA Housing and Customer Services commentary

Appendix B – HRA Corporate Services commentary

Appendix C – HRA Asset Management Services commentary

Appendix D – HRA Property Services commentary

Appendix E – General Fund Housing Options Service commentary

Appendix 1 – SLHD Financial Performance summary

Appendix 2 – General Fund Housing Options Financial Performance summary

Heads of Service Commentary

Appendix A

1. Housing and Customer Services

- 1.1. At the end of September, the Housing and Customer Services Directorate is projecting a **surplus of £436k**.
- 1.2. The main elements to this variance are :
 - Employee costs (£218k), savings from the current 14.0 vacant posts and reduced mileage claims;
 - Supplies and Services (£126k), largely due to savings related to Tenancy Sustainability contracts with the Citizen's Advice Bureau and Experian

Housing Management

- 1.3. The vacancies underspend is mainly down to normal vacancies which either have or are being recruited to. We have not recruited to the garden service team leader and this has resulted in a saving. Reduced mileage expenses continues to contribute to the projected savings with a projected saving of £35k for the full year.
- 1.4. The underspend on supplies and services is largely due to savings on skip usage, stationery, equipment, clothing & uniforms, TARA support, furniture, Communal Hall utilities and Tenant Awards.
- 1.5. We are still carrying an under-spend over from last year around CAB and Experian. This will be utilised next financial year to fund the UC Project Manager post for a further year as the HRA funding for this is coming to an end in March 2021. This post will be reviewed in line with a full review of housing management structures during 21/22.

Customer Services

- 1.6. There are no major issues impacting on budgets. Employee budget and underspend may continue to increase as we have an additional four recent vacancies to appoint to.

Choice Based Lettings

- 1.7. No budget pressures identified for Choice based lettings. The Service Manager is building additional staffing capacity to reduce the number of voids by the end of Q4

2. Corporate Services

- 2.1. At the end of June, the Corporate Services Directorate is projecting a **surplus of £63k**
- 2.2. The main element to this variance is Employee costs (£66k) savings from the current 4.0 vacant posts.

Human Resources & Organisational Development (HR&OD)

- 2.3. Year to date there are no budget pressures identified within HR&OD.
- 2.4. Legal spend will be carefully monitored due to greater spend than anticipated (albeit within budget) and known commitments in this area.
- 2.5. Training venue spend will be carefully monitored as external venues are now being utilised more than originally anticipated to deliver Covid19 secure face to face training, this is particularly relevant for health and safety related training.

Financial Services

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

ICT & Business Excellence

- 2.7. Generally in line with staffing budgets. There may be a potential pressure on the SLA budget as the latest version supplied by DMBC takes into account the additional equipment issued as a result of Covid19 resulting in around £20k increase.
- 2.8. There are no risks with the general supplies and services spend. As above, there is a risk to the increased SLA charges. Also as a result of Covid19 there have been additional devices issued to be funded from this financial year
- 2.9. Actions include the continual monitoring of the budgets and identifying spend and potential risks.
- 2.10. Assumptions are that no further major issues arise from TOP or Office 365.

3. Asset Management Services

- 3.1. The current end of year forecast is that the department's budget will **underspend by £571k**. This is a further increase from last quarter's forecast
- 3.2. The service area continues to have a number of vacancies, which is the main contributing factor to the forecast underspend position alongside a reduction in anticipated external contractor costs.

- 3.3. **Other risks** – a health, safety and compliance audit programme has been developed which includes the undertaking of externally led independent assessments/inspections/audits. Prices are currently being obtained to carry out at least one 'audit' this financial year in line with the programme, but these costs have not yet been factored into the budget projections. Additionally, no forecast has been made for instructing independent surveys and reports on the EWI high rise at Intake, which will need to be commissioned, although these may not be concluded until the 2021/22 financial year.

Appendix D

4. Property Services

- 4.1. At the end of Q3 the Property Services repairs and maintenance budget is projecting a **deficit of £754k**.
- 4.2. **Employee Expenses** – projections include increased Call out costs of £36k and Voids Overtime of £20k. Savings generated from vacant posts now estimated to be filled by March or in 2021/22 financial year.
- 4.3. **Transport** - £10k additional saving on Fuel. Cost per litre is still 10p cheaper than last year and hasn't increased since Q2.
- 4.4. **Materials** – Revenue saw a further £10k saving on Gas repairs, £29k on WOW, Capital mostly offsetting with M&E increasing install income and Planned reducing schemes.
- 4.5. **Supplies & Services** £46k saving from Period 8, £29k on PPE and £15k on Equipment.
- 4.6. **External Maintenance** increased by £35k from Period 8 from final invoices. Mutual exchange testing work previously outsourced is now being done in house.
- 4.7. **Capital Income** - £2.39m under budget overall and numerous movements on a monthly basis. Period 9 changes include Heating/Boilers increasing by £100k, but reductions on External planned (£28k), Reactive Elementals (£32k), Smoke Alarms (£50k) forecasts due to social distancing/shielding limiting the capacity to carry out the works.
- 4.8. **Risks**
- Government guidance within the workplace continues to change and we are still basing our service delivery on current social distancing arrangements. We acknowledge, that while we are under these current restrictions, works will take longer on planned and voids due to these controls and productivity in some cases will be compromised.
 - Material supply issues have improved as we work closely with our procurement team to source supplies from a host of suppliers. However, we still have issues with kitchen supply and the supply of fire doors
 - With the Brexit issues resolved, we have been working with our contractors to ensure we have a supply of Lift spare parts as most of these are Spanish/Italian in origin.

5. General Fund Housing Options

- 5.1. At the end of Q3, the Housing Options Service is projecting a deficit of £347k. This is inclusive of NSAP and Tier3 infrastructure funding of £468k (£278k & £190k respectively). In Q4 we anticipate drawing down Cold Weather Fund (CWF funding)
- 5.2. The net £18k projected salaries underspend is due to £126k unbudgeted temporary grant funded posts, and a projected £144k saving on the budgeted structure within the service area due to vacancies. Agency staff are being recruited to meet short term business needs.
- 5.3. B&B accommodation and associated security is forecast to overspend by £1,570k due to placement of rough sleepers in emergency accommodation, based on current arrangements. As referred to above, placements are at a high level due to the impact of a second spike in Homelessness demand aligned to Tier 3. Adjustments have been made to reflect projected costs until year-end.
- 5.4. We have assumed 72% recovery of B&B Housing Benefit for hotel accommodation. This is a reduced estimate to take into account that the block booking of rooms' means there will be some void periods when HB is not claimable and to reflect that there are occasions when we accommodate people out of hours who then do not present to Housing Options to fill in any paperwork
- 5.5. Risks remain around the impact of the pandemic and particularly the limited move on accommodation options. The subsequent impact this has on turnover in supported accommodation and the need for Hotel accommodation to meet our legal obligations to offer emergency accommodation.
- 5.6. Another Risk is the severity of the weather during the winter period. However a comprehensive plan is in place with the Management Fee enhanced by NSAP funding the Government's Cold weather Fund (CWF) for which Doncaster has been allocated up to £90k.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2020

	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 2020 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	27,696	13,850	19,847	5,997	26,749	-948	-3%
Premises Expenses	1,946	970	1,165	195	2,113	167	9%
Transport	2,405	1,200	1,660	460	2,248	-157	-7%
Supplies & Services	3,183	1,590	2,968	1,378	4,667	1,484	47%
Materials-Buildings Services	5,894	2,950	3,409	459	4,666	-1,228	-21%
Service Level Agreements	3,377	1,690	2,149	459	3,393	15	0%
Total Management Expenditure	44,502	22,250	31,198	8,948	43,835	-667	-1%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,146	570	931	361	1,286	140	12%
External Maintenance Contractors (Capital)	674	340	392	52	674	0	0%
Total Maintenance Expenditure	1,820	910	1,323	413	1,960	140	8%
Gross Expenditure	46,322	23,160	32,521	9,361	45,795	-526	-1%
Income							
Management Fee - HRA	-31,931	-15,970	-23,948	-7,978	-32,211	-280	1%
Management Fee - General Fund	-1,355	-680	-1,355	-675	-1,355	0	0%
Recharges to Capital Schemes (In House)	-10,455	-5,230	-6,489	-1,259	-8,065	2,390	-23%
Recharges to Capital Schemes (Contractors)	-674	-340	-392	-52	-674	0	0%
Other Income	-1,864	-930	-873	57	-3,447	-1,583	85%
Direct Charge to HRA	-43	-20	0	20	-47	-4	8%
Total Income	-46,322	-23,170	-33,057	-9,887	-45,799	523	-1%
Surplus(-) / Deficit	0	-10	-536	-526	-3	-3	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2020 - General Fund Housing Options

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2020 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	988	250	717	467	969	-18	-2%
Premises Expenses	474	120	239	119	734	259	55%
Transport	0	0	0	0	0	0	-
Supplies & Services	184	50	1,188	1,138	1,871	1,687	915%
Materials-Buildings Services	0	0	0	0	0	0	-
Service Level Agreements	48	10	0	-10	48	0	0%
Total Management Expenditure	1,695	430	2,144	1,714	3,622	1,927	114%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	0	0	0	0	0	0	-
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
Total Maintenance Expenditure	0	0	0	0	0	0	-
Gross Expenditure	1,695	430	2,144	1,714	3,622	1,927	114%
Income							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-1,355	-340	-1,355	-1,015	-1,355	0	0%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	0	0	0	-
Other Income	-340	-80	0	80	-1,921	-1,581	465%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-1,695	-420	-1,355	-935	-3,276	-1,581	93%
Surplus(-) / Deficit	0	10	789	779	347	347	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board

REPORT

Date : 27 January 2021

Item : 12

Subject : Q3 Capital Monitoring Report
2020/21

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the projected capital expenditure for 2020/21, the funding available and the actual and committed expenditure to date as at 30th November 2020.

Recommendation:

For Board to acknowledge the Capital Monitoring Report and the projected outturn for the financial year 2020/21.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

To: Board

Agenda Item No. 12
Date: 27 January 2020

1. Report Title

1.1 Q3 Capital Monitoring Report 2020/21 as at 30 November, 2020.

2. Executive Summary

2.1 The reported projections at Q3 show the planned, in-year spend on the Housing Capital Programme would be £20.52m, an under-spend to budget of £1.67m.

Delivery of all projected works assumes availability of contractors and building materials, access to properties and no further lockdowns.

3. Purpose

3.1 To inform Board of the projected capital expenditure for 2020/2021, the funding available and the actual and committed income and expenditure to date as at 30th November, 2020. These forecasts have been used for DMBC's Quarter 3, Finance and Performance report.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the forecast outturn for the financial year 2020/2021.

5. Background - Housing Capital Programme 2020/21

5.1 The Housing Capital Programme for 2020/21 is summarised at **Appendix A**.

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

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

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

5.3 The Council approved a four year Housing Capital Programme on 5th March 2020, totalling £133.9m across the four years.

The main priorities of the programme in 2020/21 are:

- Council House build programme.

- Council House improvement and maintenance programme.
- Fire safety improvements.
- Electrical works.
- Energy efficiency works.

6. Expenditure Variances

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

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD is forecast to outturn at £17.99m against resources of £20.00m, a variance of (£2.01m).

6.3 (£0.26m, -15%, under budget) Mechanical & Electrical Works

(£0.27m, Heating Conversions/ Upgrades).

The anticipated number of heating installations has been hampered by an increase in the number of no access occurrences. The team will be focusing on servicing from February.

£0.01m, Electrical Planned Works.

Additional emergency lighting installations as recommended by Savills have increased the forecast spend.

6.4 (£1.42m, -19%, under budget) External Works

(£1.28m, External Planned Contractor / Thermal Works)

The forecast has been reduced to reflect the delay in appointing a new contractor. The procurement exercise was delayed whilst prospective contractors had staff furloughed.

(£0.04m, Shops and Flats)

The forecast has been reduced due to a delay in securing a contractor to carry out the planned works and issues sourcing roofing materials.

(£0.10m, Communal Halls & Conversions)

The conversion of 3 communal halls has been delayed pending the submission of revised designs that comply with planning flood zone requirements. It is anticipated conversions will now be completed next financial year.

6.5 (£0.24m, -89%, under budget) Caravan Sites

The forecast spend has been revised to reflect the planned minor works to the sites.

6.6 (£0.10m, -76%, under budget) Assistance Loans

The funding for both the new flood and grant loans has been re-profiled into following years pending the full roll out of the products.

7. DMBC Managed Schemes

7.1 The element of the capital programme managed by DMBC is forecast to outturn at £2.53m against resources of £2.19m, a variance of £0.34m.

7.2 £0.14m, 446%, Over budget. Affordable Housing.

The approved disposal of the former depot and offices at Cooke and Truman Street, Bentley to Housing21 included a £350k contribution to aid scheme viability. The contribution is proposed to be paid as stage payments.

7.3 £0.12m, 111%, Over budget. Demolitions.

The demolition of sites for the delivery of new affordable homes is scheduled for this year.

8. Future Plans / Work In Progress.

8.1 The four year Housing Capital programme is currently being worked up. Full details will be provided in a future report.

9. Procurement

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

10. VFM Considerations

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

11. Financial Implications

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

12. Legal Implications

12.1 There are no legal implications arising from this report.

13. Risks

- 13.1 The approved budgets do not include any funding for any of the following potential issues:-
- Leaking / corroding pipes (Soil stacks) in the riser cupboards at Silverwood House;
 - Contract risk with Fortem;
 - Fire doors;
 - Ongoing compliance risks;
 - Ongoing investigations of the render on high rise blocks.

14. IT Implications

- 14.1 Not applicable.

15. Consultation

- 15.1 All Budget holders and EMT.

16. Diversity

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

17. Communication Requirements

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

18. Equality Impact Assessment (New / Revised Policies)

- 18.1 Not Applicable

19. Environmental Impact

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

20. Report Author, Position, Contact Details

- 20.1 David Henderson, Management Accountant.

21. Background Papers

- 21.1 Capital Programme (2020/21-2023/24) budget report 5th March 2020.
Capital Monitoring Report Period 2.

Summary of Housing Capital Programme 2020/21 as at 30th November 2020

	Original Estimate - Approved Programme £000	Revised Budget Qtr 2 £000	Forecast Outturn £000	Variance - Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	-
Void Improvements	2,550	2,400	2,450	50
Mechanical and Electrical Improvements	4,645	1,705	1,445	(260)
Sprinklers / Lifts / Communal Works	-	-	-	0
Internal Works	2,125	1,435	1,435	0
External Works	10,070	7,279	5,863	(1,416)
Environmental Works	1,850	1,825	1,775	(50)
IT Improvements	518	500	500	0
Acquisitions	836	2,958	2,958	0
Caravan Site Improvements	231	270	30	(240)
Assistance Loans	220	131	31	(100)
Sub-Total	24,545	20,002	17,987	(2,016)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	1,300	1,300	0
Council House New Build	8,982	750	836	86
Affordable Housing	1,510	31	171	140
Demolitions	108	108	228	120
Sub-Total	12,800	2,189	2,535	346
Overall Housing Programme Total	37,345	22,191	20,521	(1,670)
Funding				
Major Repairs Reserve / Depreciation	12,734	5,545	7,702	2,157
Revenue Contribution - HRA	10,442	10,442	10,442	0
Usable Capital Receipts	7,213	5,952	1,777	(4,175)
Section 106	30	31	171	140
Prudential Borrowing	6,925	151	359	208
Other		70	70	0
Under(-) / Over Commitments	37,345	22,191	20,521	(1,670)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2020/21 as at 30th November 2020

	Original Estimate - Approved Programme	Revised Budget Qtr 2	Forecast Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,550	2,400	2,450	50
Mechanical and Electrical Improvements	4,645	1,705	1,445	(260)
Sprinklers / Lifts / Communal Works	0	0	0	0
Internal Works	2,125	1,435	1,435	0
External Works	10,070	7,279	5,863	(1,416)
Environmental Works	1,850	1,825	1,775	(50)
IT Improvements	518	500	500	0
Acquisitions	836	2,958	2,958	0
Sub-Total	24,094	19,602	17,926	(1,676)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	1,300	1,300	0
Council House New Build	8,982	750	836	86
Sub-Total	11,182	2,050	2,136	86
Overall Housing Programme Total	35,276	21,652	20,061	(1,591)
Funding				
Major Repairs Reserve / Depreciation	12,734	5,545	7,702	2,157
Revenue Contribution - HRA	10,442	10,442	10,442	0
Usable Capital Receipts	5,175	5,444	1,489	(3,955)
Prudential Borrowing	6,925	151	359	208
Other	0	70	70	0
Under(-) / Over Commitments	35,276	21,652	20,061	(1,591)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2020/21 as at 30th November 2020

	Original Estimate - Approved Programme £000	Revised Budget Qtr 2 £000	Forecast Outturn £000	Variance - Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	231	270	30	(240)
Assistance Loans	220	131	31	(100)
Sub-Total	451	400	61	(340)
DMBC Managed Schemes				
Affordable Housing	1,510	31	171	140
Demolitions	108	108	228	120
Sub-Total	1,618	139	399	260
Overall Housing Programme Total	2,069	539	460	(80)
Funding				
Usable Capital Receipts	2,038	508	288	(220)
Section 106	30	31	171	140
Under(-) / Over Commitments	2,069	539	460	(80)
Percentage Funded	100%	100%	100%	

**St. Leger Homes of Doncaster Limited
PERFORMANCE & IMPROVEMENT COMMITTEE**

18 November 2020

Present

Jane Nightingale (JN) (Chair), Anthony French (AF), Sam Bartle (SBa), Stuart Booth (SB)

In Attendance

Steve Waddington, Director of Housing and Customer Services (SW), Arturo Gulla, Director of Property Services, (AG), Jane Davies, Head of Housing Management (JD), Jackie Linacre, Head of Customer Services (JL), Anne Tighe (minutes)

	ACTION
1. Apologies and Quorum	
1.1 No apologies received and the meeting noted as quorate.	
2. Declarations of Interest by Committee Members	
2.1 JN declared an interest in Item 9; Review of Temporary Accommodation Plan.	
3. Minutes of the meeting held on 2 September 2020 and matters arising	
3.1 The minutes of the meeting held on 2 September 2020 were agreed as an accurate reflection of discussions held. Matters arising were:	
3.2 <i>From agenda item 4.2 – Customer Focus Update</i> Members noted the attachment of complaint appeals and lessons learned.	
3.3 <i>From agenda item 5.2 – Q1 Customer Involvement Monitoring</i> SW confirmed that JD was picking up the action around untidy back gardens being picked up as a part of general estate management rather than specifically estate walks.	
3.4 <i>From agenda item 6.3 – Customer Access Strategy</i> It was noted the action plan for the above Strategy was on the agenda for discussion.	
4. Tenancy Sustainability Update	
4.1 SW presented the above and highlighted the following: <ul style="list-style-type: none">• There was a significantly higher amount of people on UC than HB	

- Slide 4 0 2019 vs 2020 to be removed
- Work SLHD is doing testing prototypes nationally for DWP is recognised for national guidance; following this SLHD have been invited to national UC Stakeholder meetings with Director General
- Proactively contacting over 200 EEA cohort of tenants
- 566 tenants took advantage of the Mayor's pledge of a 3 month rent holiday; the main impact of this was the challenge of over 1,800 telephone enquiry calls around this

4.2 AF queried if the second lockdown had any adverse effect on arrears and was advised it was too early to make any comparisons as yet.

4.3 Members overall were impressed and commented that the team have done sterling work with good outcomes facing significant issues.

4.4 The Chair further commented that following the floods of 2019 SLHD carried out a huge amount of work with tenants affected and now some of those tenants are furloughed and are deep in debt; she commended staff for their hard work.

5. Customer Focus Update

5.1 SW led on this item and explained that although the number of complaints against 35,000 interactions was relatively low, EMT were frustrated that the complaints that we are upholding in all directorates were in our gift not to get wrong i.e. staff actions, missed appointments and correspondence.

5.2 JL explained that the customer relations team provide weekly updates on complaints and the reasons for them; HOS and SM's and TL's to consider improvements to make following complaints to enable ongoing learning. A complaints training module was planned to be rolled out and delivered before the end of 2020 which would reinforce ownership of complaints and improve service delivery. She further explained that we do receive a number of compliments also as well to balance this out and this is fed back to staff.

6. Q2 Customer Involvement Monitoring

6.1 JD led on this item and explained it contained slightly more information than normal due to the newly appointed CEO and Board Member being appointed; the report gives more background and information around the Customer Involvement Strategy. The Strategy would be reviewed in 2021 and would link to the White Paper released yesterday.

- 6.2 When the new model was implemented staff were keen to record outcomes so members knew what tenants were feeding back. It was challenging to get tenants to engage, however staff were working hard to get them to do so.
- 6.3 SB commented members could appreciate it was a difficult job and requested that the work streams that were more successful than others were highlighted. JD explained that TRIP members now totalled 11 and numbers on Get Involved Group were now up to 150 out of a 200 target; not all tenants were being active however so more analysis was required.
- 6.4 It was explained that work with TARA's and groups, totalling over 200, was ongoing. Staff weren't supporting constantly but were keeping in touch with groups and helping when appropriate. JN pointed out that we needed to empower the TARA's and groups, so that the workload for staff didn't increase too much. It would make for a better community environment for them to live. It was a fine line between helping and making them too reliant on SLHD.
- 6.5 SB referred to social media presence and infrastructure and queried how SLHD would be graded on this. JD explained that that we had come a long way and have tried to strengthen our presence through Facebook, and Twitter; she acknowledged that we could do a lot better and work was ongoing on doing consultation via social media, to make it really simple for tenants to click on and submit.
- 6.6 SBa commented he wasn't aware that tenants could access SLHD social media and stated he would be interested in raising the profile with tenants. Following a brief discussion JD agreed to discuss this outside of the meeting.

JD/SBa

7. Customer Access Strategy – Action Plan

- 7.1 JL led on this item and reminded members that the Strategy had been approved at Board and it was agreed that the Action Plan would be reviewed by this Committee.
- 7.2 Members were pleased to note the majority of actions were on track with one slight action that had slipped; protocols for answering calls when out of office.

8. Q2 Service Standards

- 8.1 JL led on this item and explained there were issues that may impact on the target for telephone calls. Her team were striving towards the target and had mechanisms in place to assist, however the teams work was very much linked to channel shifting to encourage tenants towards the internet which should reduce calls and would allow officers to concentrate on complex issues.

8.2 SW commented that although we are striving at present to reach 95% calls within 20 seconds, as we move forward we needed to consider if we were measuring the right thing. It may be that the quality of success of calls was something that we should focus on more and this would be considered for the future.

8.3 Members noted Q2 Service Standards.

9. Review of Temporary Accommodation Plan

9.1 SW led on this item and provided a brief summary of previous issues around temporary accommodation. Members were pleased to note the significant improvement of 76% recovery against the previous 53% recovery of Housing Benefit, and that all Audit actions apart from 1 have been signed off.

9.2 JN referred to Severe Weather Emergency Protocol (SWEP) and asked if we have suitable accommodation for these people or going back to B&B as it was costly. SW agreed it was expensive and advised we currently have 90 households in B&B; however SWEP would be different during winter planning this year as temporary tenanted properties have been used since the winter of 2019/20 and not stood down. However it was important to note that the placement of individuals can place challenges in communities.

9.3 SW further explained that if national restrictions were lifted on 2 December 2020, our ability to manage hotels is significantly reduced at present. we used to spread the risk by having different people in different hotels, however all but 2 hotels have closed and people we have rough sleeping in the main throughout the pandemic have been in and out of hotels, been violent, taken drugs, disturbed residents and exhibited violent behaviour.

9.4 Following a brief discussion around issues around temporary accommodation, SBa queried if there was a set amount of offers given before officers could refuse to accommodate. It was explained that this was considered on a case by case basis. Officers do try to understand really poor behaviours, to look at the trauma behind individuals and recognise that trying hard can be quite minor but be a big step for individuals.

10. Q2 Performance Information

10.1 The Committee received and noted Q2 Performance Information. Members pointed out that there were a high number of red indicators and asked if this was mainly due to the impact of Covid-19. AG agreed that a number of red indicators were due to Covid-19 and probably wouldn't achieve green by year end, however pointed out that gas servicing were down to approximately 6 now. Legal processes were in place to gain access to the outstanding number. He further explained that Voids performance was

showing 49 days, however issues with processes were being worked on to try and streamline and improve performance.

10.2 Members were pleased to note sickness absence was a green KPI. It was explained that agile working may possibly impact on this and will be used more and more going forward.

10.3 Members asked if there was a KPI that was performing worse than expected and mainly attributed to Covid-19. SW advised that voids performance had been significantly affected and a small working group has been set up to address the challenges whilst maintain a safe working environment.

11. Fire Management Policy & Fire Management Plan

11.1 AG led on this item and explained that it may be amended slightly prior to presenting to Board in January as the Building Safety Bill was going through parliament; any amendments would be reflected in the Fire Management Policy and Fire Management Plan. It was noted that although we were already complying with all regulations in the document, it was now captured in the Policy and Plan.

11.2 Members asked for assurance that the Policy and Plan were comprehensively completed, and asked if it been approved by Fire Management experts. AG agreed that the content had been shared with Fire Engineers. It was noted that there would be frequent amendments made reflecting up to date Government guidance as these types of documents were fluid. We have also shared the documents with other local authorities and they were pleased with the document and made no suggestions for changes.

11.3 The Committee asked how any changes to Policy and Plan would be reported back to P&I. AG stated he would ask that any major changes be brought back to P&I by exception.

12. Any Other Business

12.1 The Committee thanked AG for his service and wished him the best of wishes for his new role.

**St. Leger Homes of Doncaster Limited
EMPLOYMENT & PEOPLE COMMITTEE**

Thursday 19 November 2020 at 10am

Present

Trevor Mason (Chair), Jane Nightingale, Joe Blackham.

In Attendance

Dave Richmond (Chief Executive), Sarah Moore (Head of HR and Organisational Development), Leandra Graham-Hibling (EA to Chief Executive)

ACTION

- | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. | Apologies and Quorum | |
| 1.1 | Apologies were received from Dave Wilkinson

The meeting was quorate. | |
| 2. | Declarations of Interest by Board Members | |
| 2.1 | There were no declarations made. | |
| 3. | Minutes of the previous meeting held on 2 September 2020 and matters arising | |
| 3.1 | The minutes of the previous meeting were agreed as a true record with the following matters arising. | |
| 3.2 | <u>From Item: 6.3 Apprenticeship Levy and Public Sector Apprenticeship Target Annual Update 2020</u>
The Head of HR and Organisational Development provided an update on the Kickstart Programme, advising that a partnership bid for 30 posts had been submitted through Doncaster Chamber of which 3 individuals would be for St Leger Homes. If the bid is successful, it is hoped these individuals will start in January 2021. | |
| 3.3 | Committee noted the forward plan for 2021. | |
| 4. | Staff Conference Feedback | |
| 4.1 | Committee considered the briefing note that sets out the feedback from the first virtual staff conference held on 13, 14 and 15 October 2020 and the considerations for future events. The Head of HR and Organisational Development advised that Leadership Team were really pleased with the numbers of people attending the virtual sessions, especially given this was the first virtual conference of this size, with 85% of the workforce attending. | |

- 4.2 The Chair thanked Leadership for undertaking so many sessions within a short period of time.
- 4.3 A member raised concerns with the possible lack of invites to Board Members to attend the conference. The EA to CEO agreed to confirm whether invites were sent.
- The Chief Executive advised that a mop up session had been recorded and was happy to share the link.
- Post meeting note – It was confirmed that Board Members were invited to attend and 2 members attended a session each.
- 4.4 The Chief Executive provided his personal feedback of the event, stressing that since the sessions were virtual, there was a lack of interaction, but this was due to how they were held and as a result, it felt that staff were being talked to which needs to be considered if we follow a similar approach for future events.
- 4.5 Committee noted the information, agreed that there was strong attendance and positive feedback but recognised that more work is required to make these types of events interactional, as well as taking into account the feedback of how staff enjoyed the digital approach.
- 5. Staff Survey**
- 5.1 The Head of HR and Organisational Development provided highlights from the 2nd pulse survey that was completed at the end of September / beginning of October.
- Response rate was 40% which saw a drop compared to the May survey that had a response rate of 52%. It was recognised that work is needed in this area, particularly around the trades teams. It was noted that the Heads of Service within Property Services are focussing on this to try and understand why and to engage the workforce in the surveys
- The Head of HR and Organisational Development advised that the Benchmarking questions were asked in this pulse survey which had previously been asked in 2018. The detail of which was:-
- How satisfied are you with SLHD as an employer?**
81.21% responded they were either satisfied or very satisfied which was slightly higher than 2018 at 80%.
- Out of 10, How likely are you to recommend SLHD as an employer to your family and friends?**
66% responded 8 or above and 20% responded 10/10, compared to 34% in 2018. This result gave us a net promoter score of 21 which is slightly higher than 2018 when it was 20.
- 5.2 The Head of HR and Organisational Development provided more specific feedback, explaining that staff were positive about how they are

feeling, they were proud to work for St Leger Home and were positive about feeling supported over the last 6 months.

76% responded that they were 'working from home' (WFH) at present. Of 76%, 87% confirmed they were doing really well and enjoying WFH which shows a slight increase on May when it was 85%.

50% of our staff feel that our level of customer service is better now or the same as it was pre-lockdown which the Head of HR and Organisational Development confirmed was a really positive place to be, however there is a small proportion of staff who don't have enough customer contact to answer.

35% of staff feel they are limited in terms of services we can offer. It was noted that the Heads of Service are looking into this specific concern to understand what the limitation is, to understand whether it is an actual limitation or just a perception.

The Head of HR and Organisational Development provided feedback around performance management and 1:1's explaining that the 1:1 process was under review across the organisation. She advised that the current policy allows for 1:1's to take place within a set timeframe dependant on the role and place of work. When asked if 1:1's were taking place, 5% of those who responded advised that 1:1's were not taking place, with 40% telling us that whilst they don't have what they identify as a 1:1, they are having catch-ups and check-ins with their managers. It was also noted that 95% feel trusted by their manager and understand their goals, objectives and how they fit into the bigger picture.

Due to this feedback the Head of HR and Organisational Development advised that in the short term, Leadership will be reminding managers of the existing framework in place and to arrange 1:1's with their team members and ensure they take place. As a check in, this question will be asked again at the next pulse survey in early 2021.

The Head of HR and Organisational Development advised that this pulse survey gave the opportunity for free text comments and there were some themes for the feedback which was around staff telling us how they were feeling, connectivity issues and advising they did not have the equipment to undertake their role. It was noted that this particular comment was disappointing as it had been raised at the May pulse survey and as a result 110 people had been supported by way of portable desks being delivered and allowing individuals to visit the office to collect their desk equipment. As a result, communications will be going out to remind staff of the equipment available if it was still needed.

Another query that was raised quite frequently was the future of WFH, which was a longer term question and something we don't have the answer to for the next 12 months, and this particularly is an opportunity on how we work going forward.

Lastly, the workforce are saying that they would like to see more of their

managers, and as a result we are requesting all Senior Management Team to attend their wider team meetings so all staff members feel they've had the opportunity to see their senior leaders.

5.3 It was noted that the next pulse survey will be undertaken in early 2021 where we will have the opportunity to check in on some areas raised within this survey.

5.4 The Chair asked how quickly we can feedback to staff and how we can link this into any Investors in People (IIP) application?

The Head of HR and Organisational Development responded that in terms of feedback, the survey closed at the beginning of October, however due to the amount of free text feedback received, it took longer than expected to pull the information together. Feedback has already been considered within Leadership and is to be published to staff later this week. The Head of HR and Organisational Development confirmed of plans to respond much quicker to future surveys.

In relation to IIP, the Head of HR and Organisational Development explained that consideration of IPP was detailed within the People Strategy for year 3. She advised that the IIP framework has recently changed and that they do a much bigger staff survey of their own which we may want to consider and as part of the consideration, we will compare it against our own pulse surveys.

5.5 The Chief Executive made a number of points, advising that feedback, on the whole, was very positive however there were concerns over the comments in relation to 1:1's and something that is being addressed to ensure people have 1:1's with their managers.

He commented that a number of queries were raised about when staff could get back into the office. He advised that this is something we are not able to answer at the present time, however Leadership were starting to consider what the future may look like and that the Head of HR and Organisational Development was leading a review of agile working from both a staff and customer point of view which would be considered in more detail with Board at the Strategic Planning day on 30th November.

Committee agreed to this approach, suggesting a full project plan when considering these fundamental changes to ensure no dip in levels of customer service.

The Chair of Performance and Improvement advised that on review of regular customer care information at Committee, improvements can be seen, however there is a need to ensure we deliver on our promises.

5.6 The Chair asked whether the pulse survey was anonymous or if people could be identified? The Head of HR and Organisational Development advised that individuals cannot be identified, however the areas where they work can be.

6. Health and Safety Minutes

6.1 The Chief Executive asked Committee to note the minutes from the Joint Safety Committee meeting held on 19th August 2020.

6.2 The Chief Executive drew Members attention to the information around building safety advising of the need to appoint two Building Safety Managers in the near future. The other consideration that DMBC needs to finalise soon is to determine who will be identified, from the Council, to be responsible for building safety overall, with SLHD picking up the operational work.

6.3 The Chair commented that there was mention in these minutes that there were no Covid cases within SLHD and asked for an update on this.

The Head of HR and Organisational Development that there were no cases confirmed in August when the meeting was held, however provided current statistics:-

- 39 cases across the workforce since the start of the pandemic, with 5 cases reported this week compared to 7 cases last week.
- 10 open cases who are self-isolating and potentially due to being identified as a close contacts of a positive case
- 5 open sickness cases who are not able to work
- 6 people who are classed as CEV (clinically Extremely Vulnerable) and not able to do any work. This has reduced from 11 previously where we have found alternative work for these individuals.

A member asked if we were comfortable that our staff are working in a safe and comfortable environment when working from home? The Chief Executive responded that all staff were asked to undertake a risk assessment of their home working arrangements and as a result, equipment was provided to resolve the issues that were uncovered. He also explained that if a team member has really inappropriate circumstances, alternative arrangements can be made for these individuals to work in the office as a safe working environment, highlighting that there is a need to recognise that everyone has different circumstances.

It was noted that the home risk assessments completed in May involved workstation assessments, however based on the pulse survey feedback, staff are responding that equipment has not been made available. From the May workstation assessments, 110 desks were ordered and delivered and provisions were made for staff to also collect office chairs and equipment from the office. The Chief Executive advised that following the feedback, we will be reminding staff what is available to them and that they should contact their manager if they require assistance.

7. Any Other Business

7.1

Director of Property Services Recruitment

The Chief Executive provided an update on the recruitment process advising that 5 candidates had been shortlisted for the final process and that this was being conducted on 26th November which involved tenant and peer panel meetings, a written exercise and final interview with presentation.

He went on to confirm arrangements for an interim Director of Property Services until the post was filled.

8.

Date and Time of Next Meeting

8.1

Wednesday 10th February 2021 at 9:00am

DRAFT