

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

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

AGENDA

12noon – 12.45pm Pre-Board Training – Data Protection

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

For Approval

- | | | | |
|---|----------------------------------|---------|-----------------|
| 5 | Strategic Risk Register Register | J Crook | Enclosed |
| 6 | Gender Pay Report | J Crook | Enclosed |

For Information

- | | | | |
|----|--|------------|-----------------|
| 7 | Current Year Annual Development Plan update | J Crook | Enclosed |
| 8 | 2023/24 Draft Annual Development Plan | J Crook | Enclosed |
| 9 | KPI Performance (December 2022) | J Crook | Enclosed |
| 10 | Health and Safety Performance Report | C Margrave | Enclosed |
| 11 | Revenue Monitoring | J Crook | Enclosed |
| 12 | Capital Monitoring | J Crook | Enclosed |
| 13 | NHC Code of Governance | J Crook | Enclosed |
| 14 | Corporate Plan Feedback | D Richmond | Enclosed |
| 15 | Repairs Excellence Phase 2 Update – One Repairs Service Exception Report | C Margrave | Enclosed |

Committee Information for Noting

- | | | | |
|----|---|--|------------------------------------|
| 16 | Committee Minutes <ul style="list-style-type: none">• Building Safety & Compliance Committee –24 November 2022• Employment & People Committee – 29 November 2022 | | Enclosed
Enclosed |
| 17 | Any Other Business | | |
| 18 | <i>Date of next meeting</i>
6 April 2023 | | |

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited

BOARD MEETING

Hybrid meeting

1 December 2022

Present: Dave Wilkinson (Chair), Cllr Richard Alan Jones, Stuart Booth, Steve Lyons, Dave Richmond, Susan Jones, Milcah Walusimbi, Cllr Joe Blackham, Trevor Mason,

Also In Attendance:

Julie Crook (Director of Corporate Services), Mark McEgan (Director of Housing and Customer Services), Karen Ratcliffe (Assistant Director Economy and Environment Leandra Graham-Hibling (minutes).

Attending from Tenant and Residents Improvement Panel (TRIP):

Brenda Lennon, Maureen Tennison

Observers:

Louise Robson (Governance Service Manager)

1 Apologies and Quorum

1.1 Apologies were received from Sam Bartle, Cllr Phil Cole and Chris Margrave.

2 Declarations of Interest by Board Members

2.1 There were no declarations of interest.

3 Minutes of the meeting held on 6 October 2022 and matters arising

3.1 The Board noted the updates against outstanding actions.

4 Chair and Chief Executive's Update

4.1 The Chief Executive presented the report asking for any questions.

4.2 Housing Management Review

The Chief Executive advised that consultation is underway and comments from colleagues are being considered.

4.3 Housing Allocations

Action

The Chief Executive advised the Council's Allocation Policy has been well received and approved by Cabinet on 15 November.

A Member enquired on timescales for implementation? The Chief Executive advised implementation will be in the new year to coincide with implementation of the allocations application within Open Housing as an alternative to utilising a standalone package previously used.

4.4 Tenant Engagement - One Voice Forum

The Chief Executive thanked Steve Lyons for chairing the first One Voice Forum meeting, which he has offered to Chair until a formal recruitment and interview process has been taken place.

4.5 CIH UK Housing Awards – Landlord of the Year

It was noted that whilst St Leger Home was a finalist in the Landlord of the Year category, the awards event arranged for 25th November was cancelled due to the news of the Rochdale case. The Chief Executive advised that we have not been advised of the outcome of the awards as yet.

4.6 Repairs Excellence Phase Two

The Chief Executive advised of plans to move to phase 2 of Repairs Excellence which will include an extensive consultation exercise as the proposed changes may include changes to how we currently deal with recharges and tenant damage, charging for replacing lost keys and reviewing what repairs should be included within the call-out process.

The Chief Executive advised that other impacts include the definition of vulnerability, giving an example of where a property being age designated to individuals aged 60 plus implies that the tenant must be a vulnerable individual.

Board agreed for an update on the programme to be provided at the next Board meeting. **CM**

4.7 Damp, Mould and Condensation (DMC)

The Chief Executive drew Board's attention to the information provided as a result of the Rochdale case that details our approach to the concerns being raised by the Secretary of State for DLUHC.

He advised that the number of enquiries relating to DMC has increased, with people becoming quite concerned about issues. As a result, a decision has been made to move some resources over to this priority in order that we can increase the number of inspections.

The Chief Executive advised that the industry needs to move away from the perception that most damp and condensation issues arise due to a persons 'lifestyle', and that for SLHD we need to consider a

different approach, which means we consider the infrastructure of the property along with how we continue to educate our tenants to make sure they continue to ventilate their property despite energy bills increasing. He gave an example, explaining of occasions recently where we have entered properties with temperatures of 14/15 degrees which clearly demonstrates people are not heating the homes up to a good heating standard, mainly due to the rise in energy costs.

A Member asked how we can help those tenants who clearly cannot afford their heating bills? The Chief Executive advised that if people are not heating their properties, we may need to look at other ventilation options in order that we can help decrease the amount of humidity in properties. He confirmed that St Leger Homes was not in any better or worse position than others in the industry.

The Chief Executive committed to sharing our response to the RSH, which had a deadline of 19th December. This was agreed.

DR

The Chair thanked The Chief Executive for this update, stating that The Building Safety and Compliance Committee had asked that an extraordinary Committee meeting was organised in January in order that Members could be brought up to speed in advance of the next Board meeting.

A Member asked what communications we were having with tenants about the situation? The Chief Executive responded that we have standard leaflets containing general information, information on our website and a youtube video covering general advice. He further advised, in light of the Rochdale case, 270 enquiries had been received into the call centre with 250 in relation to DMC. As a result, resources had been moved in order that surveys can take place as a priority. He advised that we also communicating with those who have reported problems.

The Chief Executive also advised of plans to communicate detailed information to Ward Members as they are also receiving high numbers of similar enquiries which we are also managing.

A Member asked, in terms of the Housing industry, will there be a joint approach, and a forward strategy at national level? The Chief Executive explained that there were some actions taking place at national level with both the National Federation of ALMOs (NFA) and the Housing Ombudsman publishing a spotlight report which includes lots of actions we can consider and agree to take forward. It is proposed that we consider both of these reports and use them to formulate an action plan. He further confirmed there was lots going on within the housing industry and trade press.

It was noted that the Government have been consulting recently months on a second programme of Decent Homes (DH2).

The Chief Executive referred to Government considerations which had previously been centred around Thermal Efficiency but focus had moved away and onto New build and property numbers. However with a recent administration change at Government level, it is thought that quality of current stock may be back in focus.

A Member asked if additional resource was needed? The Chief Executive responded that additional resource is not needed at present, however due to the number of enquiries we have received so far, this is not potentially sustainable and we will need to consider a re-jig of resources.

A Member asked if we will be considering some form of external / independent review of our inspections and surveys? The Chief Executive responded that over the last 12 months we have improved our position in terms of Property Services and our response to Building, Safety and compliance. He advised that we will be reporting on DMC as a business priority and reporting on it as an addition to the big 6 areas of compliance, suggesting a need to potentially consider some specialist support and external scrutiny as we have had to do for other specialist areas. It was noted that in the meantime, training of our own workforce on DMC is being completed.

A Member asked about EPC and rating C, asking if we are on track to ensure all properties are EPC C by the set deadline? The Chief Executive advised that the programme was 72% complete and is assured we will meet the target by the deadline. The Director of Corporate Services commented that we are on track and every property will require a different level of works depending on requirements.

4.8 Staff Conference

It was noted that the 2022 staff conference was being held on 6/7th December. The Chief Executive reminded Board Members that they had all been invited to attend, and assist in the presentation of the St Leger Star Awards on the sessions they were in attendance at.

4.9 Procurement

A Member asked about the emergency accommodation tender exercise?

The Director of Corporate Services advised this specific procurement exercise was in relation to B&B and was to formalise the cost we are paying.

5 **Value for Money Strategy**

- 5.1 The Director of Corporate Services presented the updated VFM Strategy for review and approval.

It was noted that the strategy includes an action plan which covers the next 18 months.

The Director of Corporate Services also advised that VFM will be included as part of the review of the Management Agreement.

- 5.2 A Member queried the detail in paragraph 7.3 where it states we have 7 KPIs within the bottom quartile? The Director of Corporate services responded that the same list was detailed within the VFM statement, and there are some of these KPIs where we don't think should be showing as being in the bottom quartile and therefore red. She gave the example of Capital Investment, explaining that the higher the investment, the higher an organisation moves into the red. It was noted that each KPI is reviewed in detail and whilst there are a number similar to Capital Investment and nothing to worry about, there are a small number we would like to improve.

A Member asked about tenant consultation in paragraph 10. The Director of Corporate Services stated that there is some work to do in this area, especially when considering the White Paper, and the introduction of the One Voice Forum. It was noted that further consideration must be given to how we communicate with our tenants. A member suggested use of infographics as an easier way to communicate information.

The Head of Housing and Customer Services further advised that consideration will be given to a communications plan next year, that will include how we feed good news and value for money stories to our tenants.

A Member asked about current communications of VFM to our customers and gave examples of how other housing organisations communicate well as a way to demonstrate how well they are doing and what they are aiming to do to improve further.

A Member asked about the table at paragraph 7.3, asking what it is showing us? The Director of Corporate Services advised this section details the indicators we have submitted for benchmarking and where they are placed in terms of the quartiles. She advised that the full list is presented in the Annual VFM Statement to be discussed as the next agenda item, and compares us against our peers (20-25 organisations).

A Member asked, to determine our VFM, do we record the efficiency of our operatives and our vehicle fleet? He commented that we should be sure about this information to be truly able to demonstrate our VFM. The Chair responded that a lot of that is included in phase

2 of Repairs Excellence touched on earlier. The Chief Executive commented that we hold a lot of data, but we need to agree what we use it for. He gave an example of implementing a performance management framework for the trades teams. He also commented that we have an ageing workforce which we need to take account of, including a number of other variables when considering and implementing a performance management framework.

5.3 Board approved the strategy.

6. Value for Money Statement

6.1 The Director of Corporate Services presented the VFM statement for the financial year ended 31 March 2022. She advised the reasons for this being presented so late was due to other organisations in the sector not providing the information within the required timescales, and that it was important to wait for all data in order that we can compare.

She drew Board's attention to the diagram on page 52 which shows how we have performed against our peers.

6.2 A Member asked about the data on the Peer Group Dashboard, specifically around repairs and customer services, stating that both look to have worsened and if there was any explanation for this?

The Director of Corporate Services explained that Key 1 on Responsive Repairs has seen an increase in performance as well as a reduction in costs, with Key 2 on Void Repairs and lettings having increased costs, but performance remains very similar, when comparing to last year's results.

It was noted that when comparing ourselves against Local Authorities and ALMOs virtually all our KPIs are in the lower quadrants which is positive.

A Member suggested that since it is clear we are a high performing, low cost housing provider, that we set this out at the beginning of the report as we have a strong story to tell.

JCr

6.3 The Chief Executive drew Board's attention to the quartile position statement detailed in appendix A, stating that we have a number of red indicators listed, some of this is due to the number of staff directly employed by us. He advised that if these were removed and we used external contractors instead, a few PIs would come out of the red instantly. He stated that of the 84 PIs, only 10 were in the bottom quartile. Board suggested that an explanation of this is set out at the front of the statement.

JCr

Board agreed that there was a really good story which shows progressive movement through the quartiles, which is positive progress and it should be celebrated.

- 6.4 A Member asked if we are communicating the detail and outcomes to the workforce? The Chief Executive advised that we have included the detail and diagram in weekly key messages along with some detail in staff focus.

The Director of Corporate Services advised that the document is included as an appendix in the Q3 performance report to Cabinet, as VFM is a key measure as part of the current Management Agreement.

- 6.5 **Board approved the Value for Money Statement.**

7. Annual Fairness and Equality Report

- 7.1 The Director of Corporate Services provided an update to Board of the equality and diversity information we hold on our customers and employees for 21/22 and to update on work we have undertaken during 21/22 to advance equality and diversity and inclusion as well as planned actions.

- 7.2 It was noted that EDI data is regularly reviewed at Employment and People Committee which has noted some small, positive movement in terms of employee and customers in all areas of diversity. The Director of Corporate Services advised that whilst there is no big change in the figures, an action plan is in place to address some of the areas of improvement.

- 7.3 **Board noted and approved the Annual Fairness and Equality Report.**

8. Social Statement

- 8.1 The Director of Corporate Services presented the 2021/22 Social Statement. The statement focuses on our social impact and the activities that add value to our core business and mission to provide homes in neighbourhoods that people are proud to live in.

- 8.2 **Board noted the content of the report.**

A Member asked about the format, and asked, for future reports, if some case studies and examples can be highlighted to illustrate the detail more and demonstrate the impact we make by our social value.

JCr

9. **KPI Performance (October 2022)**

- 9.1 The Director of Corporate Services presented the October 2022 KPI Performance and highlighted that performance looks similar to previous reports to Board.

Key areas for noting were:-

Void indicators

In month performance is at target or very close to target. It was noted that this reporting is cumulative, but when reviewing 'in month', performance we are hitting target which puts us in a great position for next year.

The Chair extended thank you to all teams in this great achievement.

Average days relet

The Chief Executive advised that relet days have reduced from 55 to 27. He explained that when reporting 'in-month' we are meeting targets with performance high into the top quartile. It was noted that the year to date is reducing slowly as it is an average, and the teams were hopeful performance will end at 25 days.

- 9.3 A Member asked about customer complaints which seems to be moving in the wrong direction. He asked what can be done to address the trend?

The Director of Housing and Customer Services advised that both complaints and the number of upheld complaints have increased mainly in relation to repairs and ASB. It was noted that we are following a national trend, and locally, we are looking at how we can intervene in the early stages of a query before it becomes a formal complaint. It was also noted that the Customer Relations Team are working with Property Services teams around how we can address issues to stop an issue becoming a complaint.

The Director of Housing and Customer Services advised that nationally this is being considered across the sector. He further advised that we will be considering a new KPI to measure how we monitor complaints which will be around the time taken to respond. He explained the Customer Relations Team were working with all managers across the teams to determine why we can't respond within timescales.

- 9.4 A Member asked about First Visit Complete where performance has improved, asking if we can be certain that by completing jobs first time it doesn't make for problems later on with customers complaining about the quality of the repair? He asked if this performance is reflected in the number of upheld complaints?

The Chief Executive advised that as part of Repairs Excellence, we have been speaking to tenants prior to appointments which gives the

operative opportunity to understand the type of repair before the appointment.

- 9.5 A Member asked about KPI11, Days lost through Sickness. He stated that there has been a lot of discussion recently about financial wellbeing, asking if this will have any influence on increased absence within organisations? He asked if Executive Management Team have given any thought to this or had any plans for intervention?

The Director of Corporate Services reminded Board that we are able to signpost our colleagues to the Tenant Sustainability Team who are able to provide support and signpost to relevant services. She also advised that if a colleague approaches the HR team due to financial worry then they will be signposted to Medicash where relevant services and support can also be accessed.

The Director of Corporate Services also advised that a review of the absence management policy has commenced which will specifically look at short-term absences. She stated that we have a very supportive approach to all absence.

The Chief Executive also advised that the latest pulse survey, with 570 responses, demonstrates that in terms of what the workforce think of the organisation's concern for their wellbeing, this scored very high, especially in relation to mental wellbeing, with 89% of people agree/strongly agree that managers care about their wellbeing. He further stated that 40% of those who responded say managers care about people's financial wellbeing which will be linked to concerns over pay. He stated that this demonstrates what people think of us as an organisation.

A Member asked about Mental Health First Aider? The Director of Corporate Services confirmed that we have Mental Health First Aiders in place.

- 9.6 The Director of Corporate Services reminded Board that 2022 is the first full year of people working in an agile way, and we have asked if people are having problems. It was noted that there are 22 people who still think they are working from home all of the time which needs to be looked into.

She also stated we also have a lot of people who are awaiting operations. Whilst waiting times for these operations were not very long, there seems to be a lot of people waiting for them. This is also linked to having an ageing workforce.

A Member asked about agile working, and if it was having a positive or negative effect? The Director of Corporate Services advised this is still unknown, but we are making sure managers are keeping in touch with staff.

9.7 **Board noted October 22 performance.**

10. Revenue Monitoring

10.1 The Director of Corporate Services presented the Revenue Monitoring Report to inform Board of the projected revenue income and expenditure for 2022/23 and the actual and committed income and expenditure to date as at 30 September 2022.

10.2 It was noted that we are reporting a similar position to Quarter 1 with inflation significantly higher than what we have budgeted for which will be resolved at Quarter 3 and paid as part of additional management fee.

The Director of Corporate Services advised that once an adjustment for the inflation has been made, we will show a small surplus made up of £338k on HRA activities and £46k on General Fund activities.

Currently we have more vacancies than budgeted however improvements are being seen although we continue to struggle to recruit to some posts in small areas of the business, but we continue to look at alternative solutions to resolve this.

The Director of Corporate Services confirmed that budgets are really tight but are being monitored very carefully.

10.3 A Member asked whether recruitment agency charges continue to increase?

The Director of Corporate Services confirmed that agency charges are increasing.

10.4 A Member asked if feedback has been received about the agreed pay rise? The Director of Corporate Services advised that there have been no direct feedback received, however on reviewing feedback from the staff survey conducted through October 2022, the workforce had provided positive comments about St Leger Homes as an employer, but comments in relation to pay were mostly negative.

The Chief Executive advised that on average, the local government pay award was 7%, with the lowest grades receiving a 10% increase, and Unions were commencing negotiations about future years.

10.5 A member asked at what stage the council will take a view on rent increases?

The Director of Corporate Services advised that following Government consultation, Local Authorities can increase rents to a maximum increase of 7% and for Doncaster, consideration will be

given as part of budget setting process with The Mayor and her cabinet.

10.6 Board noted the report.

11. Capital Monitoring

11.1 The Director of Corporate Services presented the Capital Monitoring Report to inform Board of the projected capital expenditure for 2022/23, the funding available and the actual and committed expenditure to date as at 30th September 2022.

11.2 It was noted that we were on track to deliver the majority of the Capital Programme but reflect some slippage with some delivery of programmes between April – May 2023.

Board Members were asked to note that investment of Gypsy & Traveller sites had been slipped into next financial year due to planning delays along with the programme of external improvements to high rise blocks due to delays incurred to the start of the render work.

11.3 Board noted the report.

12. Top Outcomes

12.1 The Director of Corporate Services presented the report to provide Board with an update on the purchase and implementation of Open Housing (OH), progress made to date and efficiencies gained in the period since the two go-live dates.

12.2 The Director of Corporate Services advised that whilst outcomes clearly show service improvements, it is more difficult to determine delivery of any financial objectives. It was noted that we have made budget savings over the 3 years we have delivered the project which was to pay for the investment of the system, however so much has changed over the same period, it is difficult to determine the exact monetary value of efficiencies made.

It was noted that in terms of costs, the project is on budget.

It was also noted that there are some areas of development that we want to progress including processes within Stores which is not where we want it to be, and we are looking to make improvements.

12.3 A Member asked if feedback had been taken from the workforce about whether they were happy with the new system? The Director of Corporate Services advised that staff were happy with the system and using it effectively.

- 12.4 **Board accepted the updated and thanked all involved for implementation and delivery.**
- 13. Board Expenses, Attendance Register, Declarations of Interest and New Board Expenses Policy**
- 13.1 Board reviewed and noted details of attendance and expenses of Board Members over the past 12 months. The Director of Corporate Services also presented a revised Board Expenses Policy for approval.
- 13.2 **Board noted attendance and expenses records, and approved the revised Board expenses policy which included minor changes to the original policy.**
- 14. Towards a new Corporate Plan 2024-2025**
- 14.1 The Chief Executive presented the report asking for approval of a proposed process for developing the next corporate plan through 2023 which will be presented at Board in December 2023 for approval.
- 14.2 The Chair asked at what point will we expect a formal decision on the review of the Management Agreement? The Chief Executive responded that officers within DMBC have started considering the review and it is hoped that by summer 2023 we will be very close to a decision.
- 15. Board Forward Plan**
- 15.1 Board noted detail of the forward plan for coming Board Meetings.
- 16. Committee Minutes**
- 16.1 Audit and Risk Committee
The Chair of Audit and Risk Committee highlighted the conversations held around the internal audit of fuel cards. He advised that this is in relation to apx £0.5m of expenditure which needs better control. It was noted that feedback from Senior Managers has been positive and it is hoped that the tighter controls will be seen going forward.
- 16.2 Performance & Improvement Committee
The Chair of Performance and Improvement Committee advised that committee had considered service standards recently with particular focus on customer access response times and the time it takes to answer a call, especially when comparing to The Council's performance in this areas.

The Chair also advised that the Committee were exploring alternative ways in which tenant review groups can view void properties rather than via video.

17. Any Other Business

17.1 Board and Leadership social event.

17.2 The Chairman reminded Board Members and members of the Executive Management Team of the social event on 8th December which was an open invitation to all.

17.3 Christmas Food Bank Appeals

The Director of Housing and Customer Services advised Board that the St Leger Homes were actively organising a number initiatives in the run up to Christmas to support our most vulnerable tenants including donations to Foodbanks and supporting the ‘Help a Hallam Child’ charity. He offered his contact details if Board Members wanted to contribute.

It was noted that Changing Lives were appreciative of receiving clothing donations.

18. Date of next meeting

18.1 2 February 2023

Matters Arising from the previous minutes

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
43	Oct-22	4.1	CHIEF AND CHAIRS UPDATE - Budget Update - The Director of Housing and Customer Services confirmed that the organisation worked closely with localities teams and were exploring warm spaces, however his team would have to look at capacity around the suggestion of wellbeing calls.	In Progress - Currently investigating use of texting service to contact people via voicescape	N	MMc

48	Dec-22	4.6	<p>CHIEF AND CHAIRS UPDATE - Repairs Excellence Phase two - The Chief Executive advised of plans to move to phase 2 of Repairs Excellence which will include an extensive consultation exercise as the proposed changes may include changes to how we currently deal with recharges and tenant damage, charging for replacing lost keys and reviewing what repairs should be included within the call-out process. Board agreed for an update on the programme to be provided at the next Board meeting.</p>	Complete - report on Feb 23 agenda		CM
49	Dec-22		<p>CHIEF AND CHAIRS UPDATE - Damp, Mould and Condensation (DMC) - The Chief Executive drew Board's attention to the information provided as a result of the Rochdale case that details our approach to the concerns being raised by the Secretary of State for DLUHC. The Chief Executive committed to sharing our response to the RSH, which had a deadline of 19th December. This was agreed.</p>			DR
50	Dec-22		<p>VALUE FOR MONEY STATEMENT - A Member suggested that since it is clear we are a high performing, low cost housing provider, that we set this out at the beginning of the report as we have a strong story to tell.</p>			JCr

51	Dec-22	<p>VALUE FOR MONEY STATEMENT - The Chief Executive drew Board's attention to the quartile position statement detailed in appendix A, stating that we have a number of red indicators listed, some of this is due to the number of staff directly employed by us. He advised that if these were removed and we used external contractors instead, a few PIs would come out of the red instantly. He stated that of the 84 PIs, only 10 were in the bottom quartile. Board suggested that an explanation of this is set out at the front of the statement.</p>			JCr
52	Dec-22	<p>SOCIAL STATEMENT - A Member asked about the format, and asked, for future reports, if some case studies and examples can be highlighted to illustrate the detail more and demonstrate the impact we make by our social value.</p>			JCr

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 2 February 2023

Item : 05

Subject : Quarter 3 - Strategic Risk review
2022/23

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business
Assurance

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

Recommendation: That Board note the updated
Strategic Risk Register.

Date: 2 February 2023

1. Report Title

1.1. Quarter 3 2022/23 Strategic Risk review

2. Executive Summary

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

2.2. Members of Leadership reviewed and discussed the Strategic Risk Register (SRR) at their meeting in January 2023 and the purpose of this update is to present an update on all the strategic risks facing the company.

2.3. No new risks have been added and no risks have been removed.

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

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

- **INHERENT** Risk – the risk score on the assumption of no controls in place.
- **CURRENT RESIDUAL** Risk - the risk score taking into account the current controls in place to mitigate the risks.
- **FORECAST RESIDUAL** Risk (post actions) - the risk score after taking into account the planned controls are in place and actions are completed.

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

2.7. **The SRR has eight risks.** The table below summarises their Inherent, Current and the new Forecast Residual ratings. Q2 comparatives have not been included as there are no changes to the ratings.

		Q3 December 2022/23		
Risk – Failure to :		Inherent rating	Current Residual Rating	Forecast Residual Rating
1	manage Homelessness issues within the borough	20	16	12
2	deliver the Digital transformation programme and optimise use of ICT	16	12	4
3	manage political and local expectations of SLHD and deliver on performance and value for money as measured by DMBC	20	15	10
4	recruit, develop and retain a skilled, efficient and effective workforce	16	16	12
5	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	10	5
6	manage corporate health, safety and compliance risks	25	10	5
7	effectively govern and manage in an increasingly regulated climate	12	8	4
8	maintain core service delivery and business continuity as a result of external factors (eg. Covid19, weather, cost of living crisis - inflation, fuel, materials - and labour and material shortages)	20	12	12

Key :

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

3. Purpose

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

4. Recommendation

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

5. Background

5.1. The review in January 2023 reflected further on the October 2022 review, particularly in light of the increasingly challenging economic climate, a very busy year to date, events and developments in quarter 3 and issues that could emerge during quarter 4 in the run up to our financial year end.

5.2. This review considered, among others :

- Embedding and developing OpenHousing;
- cost of living crisis – inflation and current and anticipated impact on tenants;
- economic climate – increasing interest rates and impact on homeowners, landlords and banks;
- progressing phase 2 of the Repairs Excellence Project;
- continuing the planning work for 2023/24 – ADP, budget setting and KPI development; and
- delivering services during cold winter snaps, including an extended SWEPP period of 13 days during December.

5.3. In relation to the risks on the SRR, there have been a number of events since October that relate to SLHD's operations :

SLHD

- Ongoing inflationary pressures (materials, utility costs);
- Continued high staff turnover with high vacancies and continued difficulties in recruiting in some areas placing extra stress on remaining resources. Vacancy levels have averaged around 70 WTEs all year which equates to a vacancy factor of around 9%, compared to the budgeted 4%;
- Pay award negotiations finalised; and
- Positive benchmarking results published for 2021/22, and resulting annual VFM statement, where SLHD core service costs and performance compared very favourably to our peers and also national housing providers.

Sector/National/Global

- Cost of living crisis – ongoing challenges for our tenants with increased utility costs, emphasised by the cold winter period;
- Industrial action or threats by numerous services, such as postal, train, NHS, ambulance, among others;
- Continued economic uncertainty with conflict in Ukraine;
- Political and economic uncertainty following changes to Prime Minister and Chancellor, mini budgets;
- Regulatory developments including publication of new Tenant Satisfaction Measures (TSM) from April 2023; and
- The Regulator published its annual sector risk profile report in late October 2022. In summary, the main risks facing an ALMO in the sector are covered in SLHD's SRR.

<https://www.gov.uk/government/publications/sector-risk-profile-2022>

5.4. Leadership again considered the possible risk to maintaining core service delivery of industrial action/strikes by employees. Our services have been unaffected to date but the risk remains current with ongoing industrial action across the country. The situation continues to be monitored closely, with contingency plans developed.

6. Procurement

- 6.1. The SLHD procurement function transferred to DMBC on 1 December 2021 and services are now provided under a Service Level Agreement.
- 6.2. Robust procedures are unchanged and are inherent within a number of strategic and operational risks, and are a fundamental part of SLHD's assurance framework.

7. VFM Considerations

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

8. Financial Implications

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

9. Legal Implications

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

10. Risks

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

11. IT Implications

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

12. Consultation

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

13. Diversity

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

14. Communication Requirements

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

15. Equality Impact Assessment (new/revised Policies)

15.1. Not applicable to this report.

16. Environmental Impact

16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

Background Papers

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

Strategic Risk Register - Dashboard Q3 2022/23

As at 31 December 2022

Strategic Risk - Failure to :	INHERENT Risk			CURRENT RESIDUAL Risk			FORECAST RESIDUAL Risk (post actions)		
	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score
1. Manage the Homelessness issues within the Doncaster borough	5	4	20	4	4	16	3	4	12
2. deliver the Digital Transformation Programme and optimise the use of ICT	4	4	16	3	4	12	2	2	4
3. manage political and local expectations of St Leger Homes and deliver on performance and value for money as measured by DMBC	4	5	20	3	5	15	2	5	10
4. recruit, develop and retain a skilled, efficient and effective workforce	4	4	16	4	4	16	3	4	12
5. Manage all Building Safety related ssues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	5	5	25	2	5	10	1	5	5
6. Manage corporate health, safety and compliance risks	5	5	25	2	5	10	1	5	5
7. effectively govern and manage in an increasingly regulated climate	3	4	12	2	4	8	1	4	4
8. maintain core service delivery and business continuity under adverse external factors (eg. Covid, cost of living crisis, inflation, fuel and material shortages, weather)	5	4	20	3	4	12	3	4	12

RISK OWNER	Head of Access to Homes As at 31 December 2022		
FAILURE TO	1. Manage the Homelessness issues within the Doncaster borough		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Impact of changes to the welfare benefit system * Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities. * Additional Grants for homeless initiatives are time limited. * Unaffordable Private Rented Sector, rising market rents and freezing of LHA rates, increasing the top up gap for those on benefits and rents unaffordable for those on lower incomes * Review and recommissioning of Supported Housing Model * Extreme Weather Events or other emergency situations * Increases in number of rough sleepers with complex needs * Reduction in commissioned services * Workforce - skills, culture and retention * Increase in domestic abuse * Increase in ASB and violence causing people to flee * Cost of Living crisis and sustainability of customers accommodation * Increases in evictions from private sector accommodation * Lack of partnership working to address other parts of the homeless system * Government legislation amended to accommodate a wider group of people. * Increase in presentations from the ending of the Homes for Ukraine Scheme 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Increase in demand on service beyond accepted levels * Judicial Review of Homelessness cases * Unable to effectively prevent Homelessness * Reduction in Housing Pathways * Increased demand for Temp Accom / B&B during transition to new supported housing model. * Supply not meeting demand from those in greatest need * Reputational damage * Economic impact on Town Centre and reputational damage * Insufficient supply of housing options to meet needs. * Unable to deliver statutory service leading to a reduction in prevention and an increase in homelessness * Turnover of accommodation is reduced restricting move on options. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Increased Management Fee to increase capacity. * Journey to Excellence Project commenced with governance arrangements to monitor progress and outcomes * Allocation Policy being reviewed * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of DMBC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEP) * Revised staffing structure agreed and implemented * Complex Lives Alliance * Multi agency engagement in developing a new housing support model. * New structure providing opportunity for progression and succession planning. * Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings * DLUHC Funding - Rough Sleeper Initiative funding secured * Home Options structure realignment * New Housing Solutions service * Partnership governance arrangements involving key partners from other areas of the system and ultimately governed by Homeless Board * HPG Funding increased in 23/24 and 24/25. RSI Funding secured until 2024/25. AEFO funding secured until 2024/25, 2 x DA Posts and 1x Homes for Ukraine/Refugee Workers funding from the Council for 12 months respectively. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Review comms planner ensuring effective internal & external comms	Head of Customer Services	Mar-24
Action 2	Deliver Journey to Excellence project with emphasis on shift from emergency/crisis response to planned preventative service	Head of Access to Homes / Housing Management	Mar-24
Action 3	Deliver Homelessness and Rough Sleeping Strategy Action Plan	Head of Access to Homes	Mar-24
Action 4	Deliver Housing Solutions work stream as part of overall J2E project to ensure utilising all accommodation options for customers with emphasis on the private rented sector	Head of Access to Homes / Housing Management	Mar-24
Action 5	Develop next steps accommodation plan to reduce the number in Hotel Accommodation.	Head of Access to Homes	Mar-24
Action 6	Develop Sustainable structure beyond 2022/23 transition funding.	Head of Access to Homes / Housing Management	Mar-24
Action 7			
Action 8			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

RISK OWNER	Director of Corporate Services As at 31 December 2022		
FAILURE TO	2. deliver the Digital Transformation Programme and optimise the use of ICT		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Insufficient resources - staff, skills, knowledge, budget, to deliver projects and overall programme * Unclear objectives * Conflicting business priorities * Resistance to change from employees at all levels * Resistance from DMBC and/or partner organisations * Low take up/demand by customers * Poor project management * Lack of product awareness/availability * Poor technical precautions and lack of staff vigilance to cyber attacks (phishing, spam, malware etc.) 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Services which do not meet tenants/customers needs or expectations = dissatisfaction * Failure to realise savings/efficiencies which the business needs to make * Inefficient processes * Reduced employee satisfaction, motivation and engagement * Risk to the organisation (reputational, technical and financially) through CyberCrime 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Project Governance in place employing recognised (and appropriate) project methodologies * Project plans in place for projects identified as part of the programme. * Third-party expertise brought in to increase capacity and contribute specialist knowledge when needed * Priorities and outcomes defined and communicated. * Comms plan in place to help inform/engage staff and to promote cultural as well as procedural changes * Robust technical procedures and support desk in place to monitor and ensure resilient infrastructure and software platform. * Training, comms, raising awareness and monitoring of Cyber Security 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Digital Transformation Board Programme chaired by Director of Corporate Services * Project Managers assigned for key projects, employing standard project governance * Procurement policies and procedures * Communication plans in place to involve employees * Deliver redesigned processes open to new ways of working * Liaison meetings with DMBC, Capita and key suppliers. * ADP / SDP development to consider corporate priorities and capacity. * Development of communications plan and CRM culture. * Developing a 'digital culture' using intranet and webinars. (New Teams channels and User Groups established to help embed digital culture. Now BAU). * Cyber security communications and monitoring of attacks through monthly reports * Periodic scenario and penetration testing to confirm resilience of infrastructure and solutions 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
Action 1	Delivery of robust training and data capture of all learning delivered on LMS. (New LMS being considered as part of a project to implement a Performance Management tool)	Head of HR & OD	Mar-23
Action 2	Consider actions to update customer profile data. This is linked to the implementation of One Housing.	Head of Customer Services	Sep-23
Action 3	Rollout of the Cyber Security training across the organisation (through FLO). Mandatory training for all staff, with it being included in Induction training and refresher training for all staff every two years.	HoICT&BT / HoHR&OD	Mar-23
Action 4	Utilise Office 365 to facilitate an ICT Hub to centralise and manage support/maintenance and ICT requests for services.	HoICT&BT	May-23
Action 5	Create a DataSmart Programme Board with attendance from all areas of the business.	HoICT&BT	Feb-23
Action 6	Implement the C365 solution and integration to reduce risk of H&S compliance.	HoBS	Mar-23
Action 7	Implement Hybrid Mail to reduce the manual intervention of sending outgoing post.	HoICT&BT	Dec-23
Action 8	Review, update and develop website and intranet	Head of Customer Services	Aug-23
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	2		
Impact score x likelihood score	4		

RISK OWNER	Chief Executive As at 31 December 2022		
FAILURE TO	3. manage political and local expectations of St Leger Homes and deliver on performance and value for money as measured by DMBC		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Unrealistic expectations * Lack of understanding of role and remit * Unexpected Increases in demand for services * Comparisons with better resourced Housing Associations * Failure to react to changing demand * Failure to sell the need for change to key council members * Change in national and local political leadership * Conflicting priorities * Extensive partnership arrangements and unreasonable expectations * Change in new Chief Executive approach * Poor / inadequate operational performance * Poor / inadequate budgetary control * Failure to deliver value for money 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Unrealistic political expectations * Services taken back 'in house' * Increase in Councillor complaints * Reduced customer satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage * Excessive demands on time impacting on capacity for core service delivery * Increase in complaints and members enquiries * Reduced customer satisfaction * Overspend and loss of trust of Board and Council, reduction in services * Upheld complaints and increased fines which impact on budget and service delivery * Poor, lower quartile benchmarking performance 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Regular Mayoral and portfolio member briefings and attendance at relevant member and officer briefings * Councillor complaints and monitoring system in place * STAR customer and transactional satisfaction survey * Member Consultation processes in place * Proactive engagement with our customers; * Ward member monthly updates by comms and area teams, and meeting attendance; * Estate walk invites; * Inclusive and extensive selection process * Weekly / Monthly performance reporting to EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * VFM Strategy updated periodically and Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * OH - new integrated housing management solution which will improve operational efficiency 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * 5 year M'ment Agreement in place from April 2019 * From 2019/20 new corporate plan aligned with Doncaster Growing Together / Mayoral strategic plan * Customer Involvement strategy actions being completed * Regular Portfolio Member briefings * Review of external communications completed - will be used to inform a revised communications strategy to be produced in 21/22 * STAR surveys in July each year and Transactional Surveys to take place April and October each year. * Top quartile customer satisfaction (STAR and other surveys) * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group for the past six years * Revised Annual Review process * Housemark benchmarking submissions (quarterly and annual) * Review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statement production 16/17, 17/18, 18/19, 19/20, 20/21 and 21/22 * Redesigned 1:1 framework linking goal setting, performance and compliance to individual 1:1s * Updated Customer Involvement/Tenant Voice strategy, model and structure * bi-annual Councillor forums * 360 degree appraisals of the Chief Executive * e5 CP development for SLHD, HRA and Capital Programme budget monitoring * Re-designed and delivered 1:1 and performance management training to all people managers * Customer Involvement/Tenant Voice strategy, model and structure reviewed 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Increase effective tenant engagement through implementation of actions arising from review of model and structure	Head of Customer Services	Mar-24
Action 2	Delivery of customer experience training - rolling programme. Will be delivered to all employees in stages. Q4 of 22/23 and Q1/2 23/24. Also linked to work being undertaken to introduce a skills matrix for all employees.	Head of Customer Services/Head of HR and OD	Sep-23
Action 3	Undertake review of 5 year Corporate Plan	EMT	Mar-24
Action 4	Produce 2022/23 VFM statement	Head of Finance	Nov-23
Action 5	Implementation the RSH's Tenant Satisfaction Measures	HOCS	April 2023 with first year data sent to RSH summer 2024
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	5		
Impact score x likelihood score	10		

RISK OWNER	Head of HR & OD		
As at 31 December 2022			
FAILURE TO	4. recruit, develop and retain a skilled, efficient and effective workforce		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Occupational shortages/skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment changes (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information or management * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Inadequate systems * Lack of career progression/ development opportunities 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * People Strategy in place * Behaviours framework in place * Financial and Performance Management framework in place * Leadership development programmes completed * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Workforce planning process in place * Leadership Development completed across the business * First line manager program delivery ongoing * Wider range of apprenticeships across the business and career start activity * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular check in (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place - years 1 and 2 actions completed * Increased resources as required * Be well at work Silver award achieved in 2020. Plan for Gold in 2022 - through wellbeing at work group * Development of the future ways of working including agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. * Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones * Implemented new industry standard Schedule of Rates (SORs); * Personal Development Plans for all staff in place for 2022, with central monitoring; * Repairs Excellence Board in operation * Internal audit recommendations implemented * Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	16		
What further action is planned to treat the risk?			
		Action owner ?	Timescale
Action 1	Management Development Programme. First Line Managers programme commenced Jan 20	Head of HR and OD	Cohorts ongoing
Action 2	Develop succession planning	Head of HR and OD	Sep-23
Action 3	Introduce peer group performance benchmarking specifically for trades team DLO	Head of Repairs and Maintenance	Mar-23
Action 4	Deliver year 3 of the People Strategy	Head of HR and OD	Mar-23
Action 5	Delivery of customer experience training - rolling programme. Will be delivered to all employees in stages. Q4 of 22/23 and Q1/2 23/24. Also linked to work being undertaken to introduce a skills matrix for all employees.	Head of Customer Services/Head of HR and OD	Sep-23
Action 6	Deliver Repairs Excellence Project (Phase 1 (21/22) and additional Phases 23/24)	Head of Repairs and Maintenance	Phase 1 completed, phase 2 mobilised from February 23
Action 7	Wide review of pay and benefits offer and activity to review existing pay grades as appropriate	Head of HR and OD	Mar-23
Action 8			
Action 9			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

RISK OWNER	Head of Building Safety As at 31 December 2022		
FAILURE TO	5. Manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Failure to carry out risk assessments and deliver resultant recommendations * Lack of leadership, governance, scrutiny and performance monitoring of compliance with Building Safety * Failure to adhere to legislation and keep up to date with emerging best practice and legislative changes * Lack of a responsibility and accountability culture within employee roles in the organisation * Lack of suitably trained, sufficient and competent resources to monitor/deliver compliance * Failure to understand the Building Safety agenda and subsequent legislation * Failure to conduct, review and record specific fire strategies for each HRRBs * Lack of management of future works to buildings by ourselves and other contractors employed by tenants * Suitability of residents within HRRBs and management of the complex issues of vulnerable tenants living in HRRBs * Lack of engagement with tenants and residents * Inability to complete recommendations due to unavailability of materials or specialist labour 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Loss or serious damage to assets * Investigations and action by regulatory bodies * Legal action (criminal and civil) * Reputational damage, * Financial penalties * High risk residential buildings are deemed as unsafe and residents put at risk * Failure to secure Building Assurance Certificate due to absence of information within the building safety case. * Prohibition notice served or company prosecuted for failure to maintain safety standards * Properties become undesirable/difficult to let, estates have crime and ASB * Vulnerable tenants not receiving the support they need 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Health, Safety & Compliance framework in place, including specific policies, plans and procedures for High Rise Residential Buildings. * High Rise Forum established * Processes to ensure employees are competent (skills, knowledge, training, training, tool box talks) * Health, safety and compliance performance report in place. Key stakeholder scheduled reporting * Annual budget allocation * Independent surveys and audits (i.e. gas and electricity) Morgan & Lambert * Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert * Working Group established to monitor progress of FRA recommendations * Compliance team in place * Head of Building Safety appointed. 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * External experts appointed to provide advice on building safety and fire related issues * New Board reporting governance - Building Safety & Compliance Committee * Internal and external audit programme * Self assessment compliance check against legal register * On site caretaker service and CCTV monitoring reports * Fire risk assessments & type 4 surveys * Partnership working with South Yorkshire Fire and Police services * Engagement with tenants * Fire Suppression Systems installed and operational in all high rise accommodation * Decision made to increase capacity in team * Structure and staffing resources in relation to Building Safety reviewed * External health check on 'fire' undertaken by independent external consultancy. * Training requirements identified across the business and training programme developed to support and manage building safety and compliance * Resident engagement strategies for each high rise building 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Completion of recommendations arising from FRAs. The Plan is to make the improvements following the remediation works to the EWI on the buildings at Balby.	Head of Building Safety	Apr-25
Action 2	Complete recommendations arising from the 'fire' external health check. -Complete the render remediation scheme at Balby Bridge (which is now underway).	Head of Building Safety & Head of HOAM	May-24
Action 3	Fill remaining vacancies within the Building Safety Team following structure review. There are two vacancies left in the building safety team for building safety surveyors, these will be appointed following the Assets restructure	Head of Building Safety & Head of HOAM	Apr-23
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Head of Building Safety As at 31 December 2022		
FAILURE TO	6. Manage corporate health, safety and compliance risks		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * Lack of an effective health and safety management system * Failure to carry out suitable and sufficient risk assessments and produce safe systems of work * Failure to adequately follow corporate policies, procedures and risk assessments (culture) * Lack of a responsibility and accountability culture within the organisation - both employees and management * Lack of leadership around health, safety & compliance * Ineffective health surveillance and monitoring programmes in place * Lack of resources to manage health, safety and compliance * Failure to adhere to legislation and keep up to date with codes of practice (compliance register) * Lack of competent and suitably qualified staff * Failure to maintain ongoing adequate health, safety and compliance training * Lack of governance, scrutiny and performance monitoring of health, safety & compliance * Failure to keep accurate compliance data, records and certification * Inadequate IT/data systems to capture key data and provide performance and assurance reporting * Lack of internal quality assurance processes and external audit and verification 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Increased staff sickness * Increased turnover of staff * Reduced staff motivation and engagement * Legal action (criminal and civil) * Reputational damage * Financial penalties (fines) * Investigations and action by regulatory bodies * Termination of management agreement 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	25		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * H&S Management System framework in place - plans, policies, procedures and risk assessments * Compliance register developed * Suitable control measures in place from risk assessments (including safe systems of work) * Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks) * Monitoring processes, with inspections at all levels across the organisation. * Audit programme in place for buildings and services. * Health and wellbeing promotion (incl. employee healthcare scheme) * Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme * New health, safety and compliance performance management framework to in place * Provision of additional capacity * Head of Building Safety appointed * Health and Safety team * Property compliance team 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Internal/external audit programmes * Quarterly Audits through SLA by Doncaster Council * Assurance reports by Business Assurance Team specifically around fire safety * Inspection programme in place at all levels in the organisation * Be Well at Work Charter external verification every 2 years * Presence of accident and incident reporting procedure * British Safety Council 5* award * New Board reporting governance * ISO45001 accreditation * Restructure and increased team resources * External Verification via health check * New safe, compliant, excellent model for key 6 areas of compliance embedding C365 * New health, safety and compliance sub group 		
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 1	Further full review of all risk assessments. This project will be delivered by the new H&S advisor at Corporate level but will still needs areas to be responsible & accountable for RA for their services	Heads of Service	Jun-23
Action 2	Implementation of health surveillance programme. Gap analysis completed in conjunction with HR which will inform a briefing document for the business	Head of service Building Safety / Head of HR and OD	Apr-23
Action 3	Achieve gold level in the BeWell@Work Award by March 2022 having achieved silver in March 2020	Head of HR and OD	Delayed due to scheme changes and availability - November 2023
Action 4	Deliver recommendations arising from compliance health checks .	Head of Building Safety	Mar-23
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
Action 11			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	5		

RISK OWNER	Chief Executive		
	As at 31 December 2022		
FAILURE TO	7. effectively govern and manage in an increasingly regulated climate		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Failure to manage Brexit impact on operations * Failure to meet requirements of Social Housing White Paper * Failure to manage Covid19 impact on operations * Failure to adhere to Regulator's Consumer and Economic Standards * Failure to adhere to Financial Regulations and corporate policies * High inflation * Contractor and materials prices increase causing budget pressures * Existing contracts tied to Brexit changes * Labour availability * Property prices and subsequent impact on RTB enquiries and sales * Regional unemployment / zero hours contracts / minimum wage levels impacts on poverty * Increase in anti-social behaviour and crime on our estates 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection * Unable to complete repairs and improvements and deliver other core services on time/target * Stockpiling impacting on supply chains * Budget overspend, loss of trust of Board and Council, reduction in services. * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints which impact on budget and service delivery * Poor, lower quartile benchmarking performance * Increased rent arrears / bad debts * Increased tenancy turnover and homelessness 		
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	3		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
Impact score x likelihood score	12		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * Close watching brief on local and national issues affecting the borough and sector * Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings * Team Doncaster member with close working relationships with key stakeholders. * Timely Financial and Operational performance indicators and information. * Robust procurement and Contractor monitoring arrangements in place. * Focus on VFM to drive efficiency savings and increase capacity * Alternative contractors available in the event of liquidation to prevent service disruption * Member of Prevent and ASB theme groups and hate crime reporting procedures in place. Staff trained * Anti-poverty steering group and financial inclusion group * Food bank collections & referrals and financial inclusion services 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Robust Governance framework in place * Performance Management monitoring and reporting framework * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and DC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs meeting targets and positive benchmarking * Arrears levels and tenancy sustainment good through proactive tenancy management plans * KPIs reported quarterly to Anti Poverty Steering Group * Board training plans in place * Communication on impacts of uncertainty drivers (Brexit, economy, unemployment, etc.) * EUSS requirements met for tenants and residents * New Business Assurance and Governance management arrangements 		
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	2		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
Impact score x likelihood score	8		
What further action is planned to treat the risk?			
	Action owner ?	Timescale	
Action 1	Maintain close watching brief of local and national economic developments	Leadership	On-going
Action 2	Review of Housing Management structure and service to ensure arrears and ASB are managed effectively	Head of Housing Management	Mar-23
Action 3	Implement NHF Code of Governance	EMT	Mar-23
Action 4	Appoint critical friend to review governance arrangements and plan/undertake mock regulatory inspections	HoFBA	Mar-24
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
<p>1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely</p>	1		
<p>1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical</p>	4		
Impact score x likelihood score	4		

RISK OWNER	Leadership As at 31 December 2022		
FAILURE TO	8. maintain core service delivery and business continuity under adverse external factors (eg. Covid, cost of living crisis, inflation, fuel and material shortages, weather)		
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * High levels of staff absence - self isolation or sickness * Reduced core services - business critical only * Reduced levels of asset investment and maintenance * Insufficient PPE for staff * Inability for all staff to work from home * Inadequate IT infrastructure (via DMBC) preventing system access * Employee health and wellbeing - change, anxiety, isolation * Tenants in increased financial hardship - fuel poverty, etc. * Delays to key projects, eg TOP, CAT * Supplier and contractor availability to provide goods and services * Insufficient materials, good, fuel etc available to support service delivery * Uncoordinated approach across borough * Delays to planned or required recruitment and required training * Disengaged / reluctant concerned workforce * Tenants refusing access for emergency repairs /statutory visits * Unrealistic expectations from government / partners * Increase in crime and ASB cases in neighbourhoods * Lack of visible Leadership * Inability to adequately support vulnerable tenants * Lack of a clear communication strategy 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Excessive demands on remaining staff not sustainable * Operational and reputational risk of services not delivered * SLHD budget pressures from new, unanticipated demands and reduced income. * H&S risks. Concerned frontline staff. May need to stop services. * Some staff unable to do any work at all. * Reduced productivity. Employee and customer frustrations * Poor KPI performance - arrears, homelessness, gas, voids, sickness. Impact on future staff retention. * Tenants in financial pressures. Rent arrears increasing - HRA cashflow and budget pressures * Fuel poverty affecting property condition - damp, mould, etc. * Budget pressures, service changes targets not met * Unable to deliver required services due to suppliers and contractors * Customer dissatisfaction and increase in complaints * Vulnerable tenants and residents 'missed' and/or efforts being duplicated * Sustained gaps in key positions - H&S risks, required skills, and behaviours not met * Non compliance with legislation/regulation (e.g. gas), increase in future disrepair / fit for habitation cases * KPI targets not met, unable to deliver core services * Customer satisfaction and increase in customer complaints linked to inability to take enforcement action * Disenfranchised and motivated staff, lacking direction and poor organisation. * Staff relations and service delivery to customers and increase in avoidable contact; * Staff health and well-being working from home * Industrial action by SLHD employees 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Robust Business Continuity and Emergency Plans - refreshed and tested annually * Managers reviewing health and wellbeing of staff through frequent contact * IT infrastructure for staff to enable home working. Remote working capabilities quickly embedded * Performance Management Framework in place - early identification of issues * Monthly budget monitoring by EMT and quarterly by Board * Project Boards in place to monitor progress and agree actions, eg DTB * Daily team, HOS & EMT, weekly Leadership virtual meetings * Risk assessments and working procedures in place * Increased stock holding of key items, incl parts & PPE * Contractor arrangements to maintain critical services, i.e. sprinklers, FRAs, lifts * Essential services still being delivered including gas servicing and provision of homelessness support * Systems to ensure statutory training can continue. Delivery of essential training to be carried out online or via software. * EMT Key Messages / notes from daily meetings / Sharing of information between EMT and HOS / FAQs * Offices closed. Most staff working from home effectively * Gold Command, TCG Silver and Cells addressing all issues * Timely, accurate budgets monitoring * Recruitment processes in place, e-recruitment operational. Able to recruit using skype or other video software for interviews * Service area Team meetings / Directors joining service area Team meetings. * Contact process in place for outbound calling to vulnerable tenants/community hub support; * Involvement in partner communication cell; * Weekly updates to employees; * Medi-cash referrals * Staff surveys undertaken * Measures adopted to maintain community facilities for welfare 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Business critical services maintained * Offices closed and most staff working from home effectively * Consultation on impact on service delivery undertaken with customers * Gold Command, TCG Silver and active cells addressing all issues * Timely, accurate, regular KPI and MI production * Timely, accurate, regular budget monitoring, both capital and revenue * Options for TOP delays considered and plans put in place * Existing recruitment processes in place, e-recruitment system still operational * Systems in place to ensure statutory training can continue * Testing regime in place * Additional consultation meetings in place with Unions and JCC 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		
	What further action is planned to treat the risk?	Action owner ?	Timescale
Action 1	Continue with business critical procurement. Including joint procurement with DMBC	DC Procurement Team	Ongoing
Action 2	Produce regular, up to date information for customers	Leadership	Ongoing
Action 3	Regularly review and update FAQs, including format, on internet and intranet. Linked to the review of the website and internal communication platforms.	Head of Customer Services / Head of IT and BT	Mar-24
Action 4	Develop our role in the partnership localities model	Head of Housing Management	Mar-23
Action 5	Review Tenancy Sustainability model to ensure we support as many tenants as possible in the right way	Head of Housing Management	Mar-23
Action 7	Develop contingency plans in the event of industrial action	Leadership	Mar-23
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	12		

Risk rating methodology

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

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

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

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

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

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

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Gender Pay Gap Report 2022
Action Required:	Board are asked to approve the Gender Pay Gap Report 2022
Item:	06
Prepared by:	Sarah Moore, Head of HR and OD Claire Tattersall, People Operations Manager
Date:	2 February 2023

1. Executive Summary

- 1.1 The 2022 Gender Pay Gap Report has been prepared and is attached at Appendix 1. This is our sixth annual report. Historically this report would be provided to Employment and People Committee for Sign Off, it is now presented to Board in the absence of a meeting for this group. Board is asked to review and approve this report before publication.

2. Background

- 2.1 The 2022 Gender Pay Gap Report has been prepared following an analysis of the gender pay figures for 2022. The report includes the mean and median, and quartile figures for the last two years.

In addition to reporting on the gender pay figures, the 2022 statement includes:

- a summary of actions we have taken in the last year; and
- future proposed actions.

The 2022 Gender Pay Gap Report was approved by Executive Management Team at their meeting on 24 January 2023 in preparation for this to be presented to Board.

3. Recommendations

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



St Leger Homes
of Doncaster

Gender Pay Gap Report 2022

Introduction

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

1. **Mean Pay** – The difference in the mean pay of full pay male and female employees expressed as a percentage. The mean is the average of the 'hourly pay' for all relevant employees.
2. **Median Pay** – The difference in the median pay of full-pay male and female employees expressed as a percentage. The median is the figure which splits the top 50% of the hourly pay figures from the bottom 50%.
3. The percentage of men and women in each of four quartile pay bands. This includes the lower, lower-middle, upper-middle and upper pay quartile bands.
4. The difference in mean and median bonus pay of men and women who received bonus pay – St Leger Homes do not operate any performance related pay or bonus scheme and therefore have no bonus figures to publish.

Key for reading the comparison data



Figures raised
since last year



Figures lower
since last year

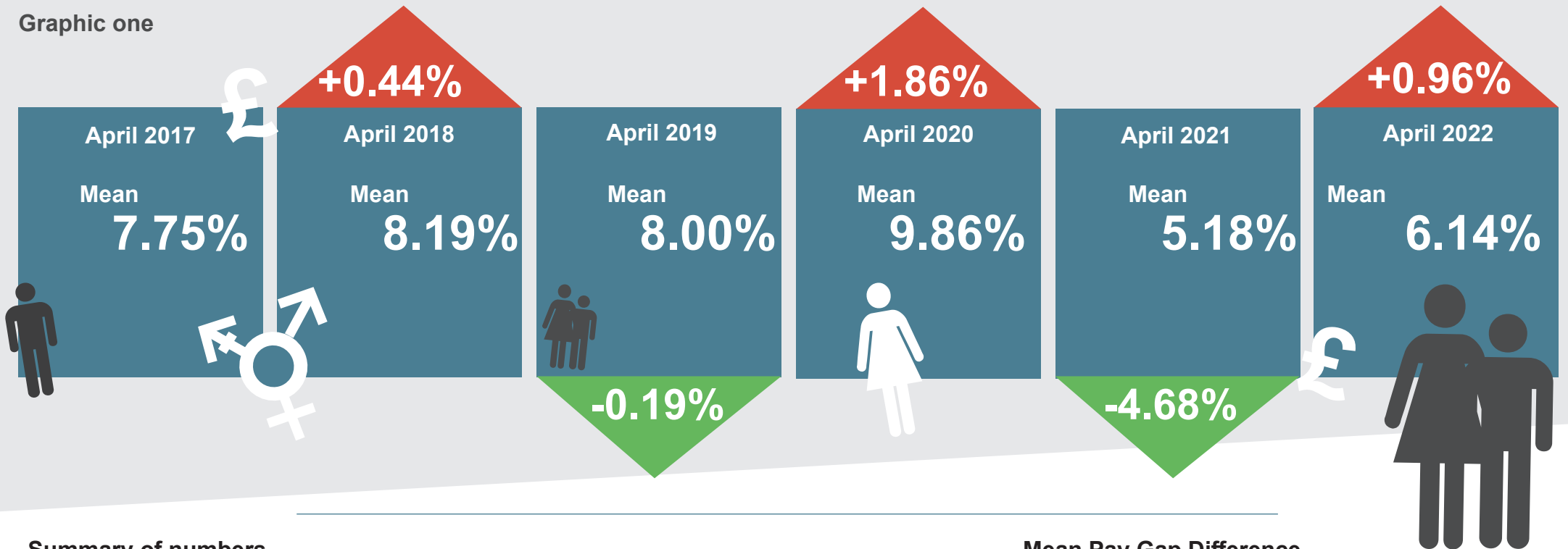


Starting point



Mean Pay 2022

Graphic one



Summary of numbers

The UK national pay gap for 2022 is 8.3%, an increase from the reported 7.7% in 2021. St Leger Homes are pleased to report a lower figure than national 'median' figure, 4.36%. (National data provided by ONS, Gender Pay Gap in the UK, 2022) - (see graphic two, overleaf).

This figure reflects a reduction of our 2021 median figure and is the lowest reported median gender pay difference in the 6 years of reporting there has however been an increase in the mean gender pay gap from 2021 to 2022 of 0.96%. This is generally positive trend which we intend to continue, through continuous reviews of initiatives and policies. This shift can be explained when looking at the quartile breakdown which shows that there has been a positive shift in females from the lower to the lower middle quartile.

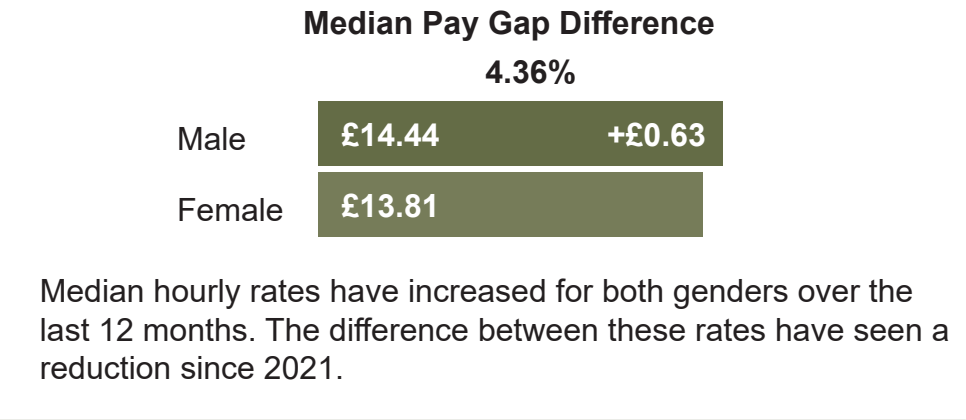
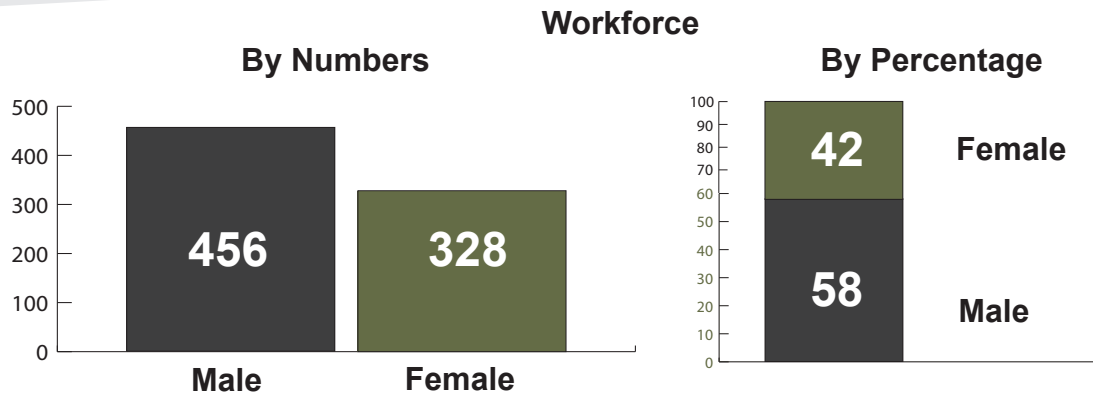
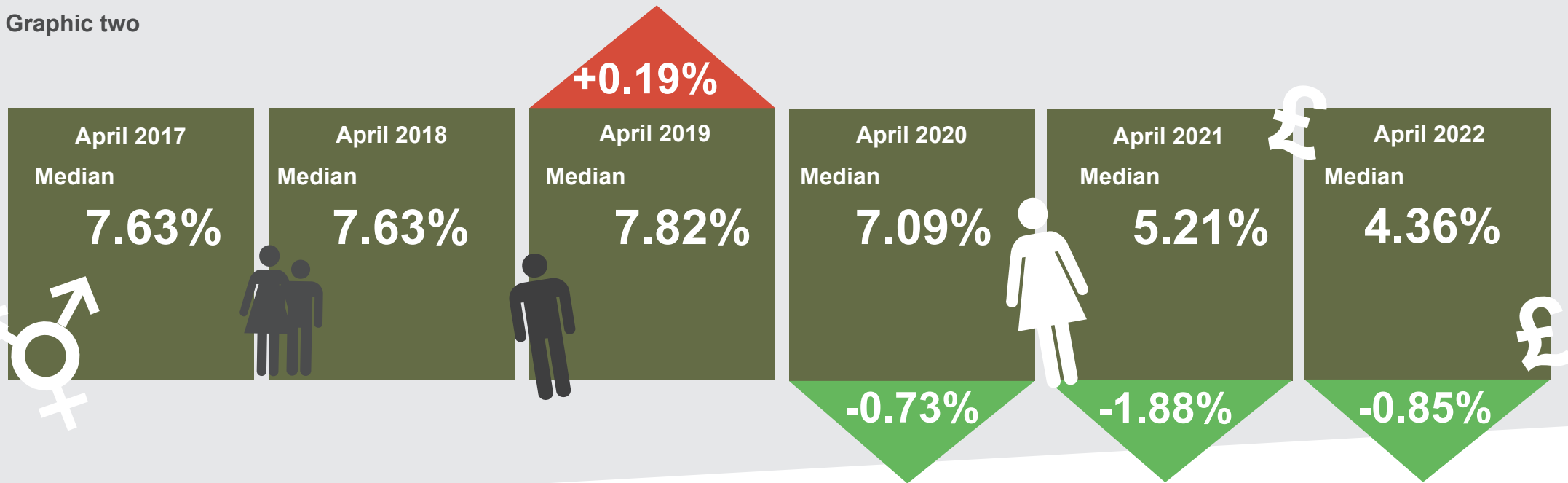
Mean Pay Gap Difference

	Mean Pay Gap Difference
	6.14%
Male	£14.48 +£0.89
Female	£13.59

We have seen an increase in the mean hourly pay rates for males and females this year in comparison to our 2021 figures. The difference between these figures have marginally widened since the previous year.

Median Pay 2022

Graphic two



Median hourly rates have increased for both genders over the last 12 months. The difference between these rates have seen a reduction since 2021.

The gender percentage split has remained the same as 2021. St leger Homes continue to operate a pay and grading structure in line with the National Joint Council Agreed rates. Currently, this consists of 9 different pay grades and a total of 41 spinal column points. Employees progress and move through the spinal points within the grades annually. Separate to this, apprentices have rates which are agreed nationally and they work through these during the duration of their apprenticeship.

Quartile Breakdown

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

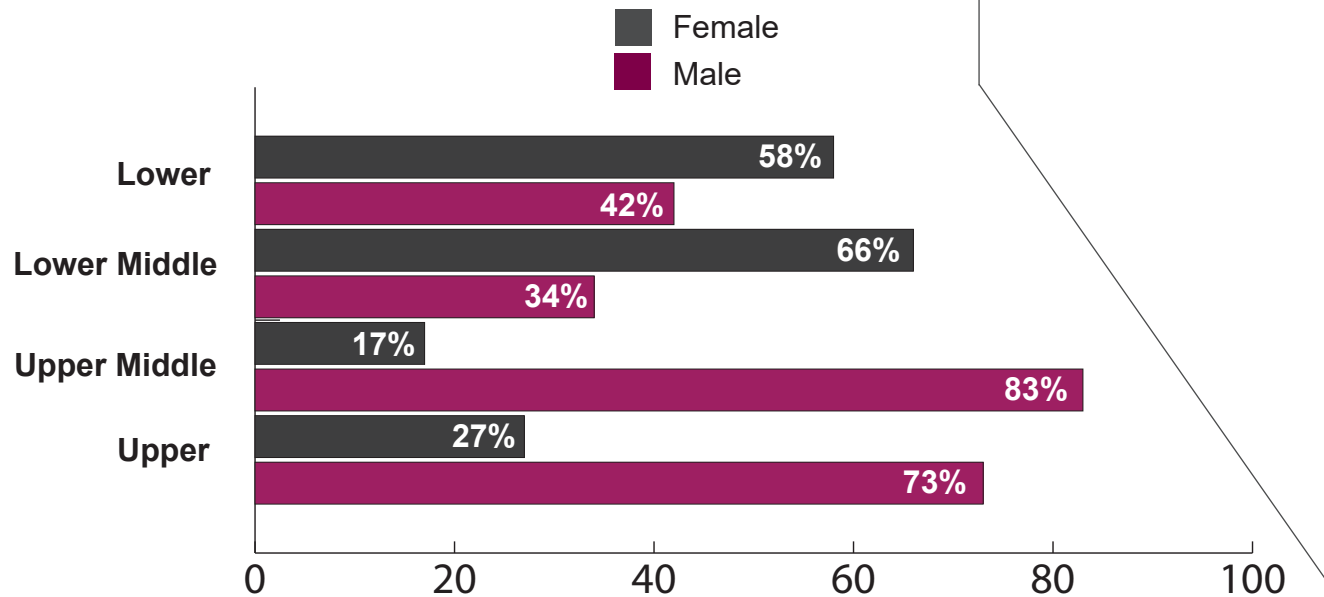
Upper Middle Quartile – Comprises of pay grade 4 and 5. Roles included in this quartile – Plasterers, Bricklayers, Joiners, Plumbers.

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

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

We understand that a gender pay gap does still exist at St Leger Homes and this is mainly due to low female representation in Senior Leadership Roles (EMT) and trade roles. This is explained further in our quartile breakdown. There has been very little movement across our quartiles in 2022. The small amount of movement which has been seen is a positive shift, the increase in females from the lower quartile to the lower middle quartile

Although the number of men in our upper quartile is high, it is important to note that women make up 44% of our Senior Management team (service managers and above), this is a slight reduction on the previous year and is driven by the appointment to a number of roles within our Building Safety and Compliance Teams.



What do we do to facilitate a reduction in the gender pay gap

Generous annual leave and flexible and agile working

We launched agile working principles in April 2021 and associated working from home policies and agile guidance to aid work life balance. At present, 17.4% of our workforce are employed on a part time basis. This is a very small positive increase on the previous year demonstrating our continued commitment to flexible working.

Enhanced family friendly leave

We offer enhanced maternity, parental leave and pay.

Partnered with Women in Construction

We currently have 9 females employed in our trades service area, including an Apprentice, covering roles such as Plasterer, Joiner and Electrician. We continue to have dedicated focus on addressing the skills shortage and creating a more diverse workforce.

Senior Appointments

In 2022, three Senior Managers were appointed in our organisation, all of which were female. A transfer into a Senior Management role through internal development, was also successfully filled by one of our female employees.

We recognise that some communities may find it harder to interact directly with us and we are taking positive steps to address this. An example of this is our work with the Minority Partnership Board, the Culture Fusion Network and our membership of the Housing Diversity Network. This will help us to attract a wider pool of candidates including females to our roles.

We will undertake a peer review in order to understand where we are and what we have achieved so far in our Equality, Diversity and Inclusion journey. The peer review will allow us to identify areas where we need to make changes to better meet our goals.

As a member of the Housing Diversity Network we have access to and are utilising their mentoring scheme which sees opportunities for our workforce in particular those under represented including females to be mentored to support them in their career development.

Looking Ahead

Women In Construction - We are focusing on this again this year with a dedicated internal group to enhance our approach to supporting Women into our trade based roles and remove barriers to this profession. National Apprenticeship Week (Feb 2023) will see us run our first Women in Construction focused webinar to encourage female trade apprenticeships.

We will also continue to monitor how effective we are at attracting women in to roles, particularly into the construction and property services area of the business and look to retain them in long term employment and support them to progress through the organisation. We continue to focus on management and leadership development, going forward we will review our first line manager learning and look to implement a future leaders program.

Through our professional development offering we will support colleagues to access externally accredited Leadership learning to further advance their career.

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) 2022/23 Update
Action Required:	For information
Item:	07
Prepared by:	Mark Haughey - Head of ICT & Transformation
Date:	2 February 2023

1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2022/23. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2022/23 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 does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

2. Background

- 2.1. The ADP has been developed from the Corporate Plan 2019 to 2024.
- 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 over the five-year period:
 - 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. This year the format of the Action Plan was reviewed and due to the nature of the actions in the latter part of the Corporate Plan is now presented by Directorate. Each action has a timescale and a responsible officer, and each action is referenced back to the appropriate strategy objective.

3. 2022/23 ADP

3.1. The 2022/23 ADP at **Appendix A** contains individual actions relating to the Corporate Plan actions/plans grouped by the Directorates. Some related to current pieces of work that are already underway have been included in addition to the Directorate's actions.

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

Directorate	Number of 2022/23 ADP Actions
Housing Services	15 actions of which:- 7 are on track 5 are amber 3 complete
Property Services	9 actions of which:- 4 are on track 3 are amber 1 is red 1 complete
Corporate Services	8 actions of which:- 5 are on track 1 are amber 2 complete
Carried Forward / Underway	7 actions of which:- 4 are on track 2 are amber 1 is red

3.3. A member of the Leadership Team is assigned responsibility for each ADP action. As with the current ADP oversight arrangements, progress will be reported to Executive Management Team (EMT) and to Board every six months.

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

- Allocations Policy was approved by Council in Nov 2022. Implementation plan aligned to new Allocations Module to be delivered by April 2023.
- The new Housing Solutions Team, transferred from housing management and the new Private Rented Sector team, is now fully operational within St Leger Lettings.
- As part of the homelessness Journey to Excellence, staff are now trained on out of hours and on homeless assessments and are now on the rota.
- A critical friend has been appointed to assist in the initiative to improve our external (Website) and internal communications, with discovery and consultation meetings planned for January.
- Phase 1 of the Repairs Excellent is complete, with a performance management tool in the process of being procured.
- The building safety residents engagement strategy is written and the action now complete.
- The One Project (TOP) closure report was presented to Board in December 2022 and detailed implications arising from the move to OpenHousing.
- Planning underway for the 2023 apprentice cohort and student placements are out to advert (x3), with work experience placement started on an ad-hoc basis.
- Skills/Values and Behaviours framework complete and launched at Colleague festivals.

3.5. There are two actions that is not on track. The first is to remediate the external wall insulation to five high rise blocks within Doncaster and are delayed due to a mast climber needing to be removed and replaced following a HSE 'recall' on this particular type of climber. The project is now not scheduled for completion until Spring 2024 (moved back from July 2023). The second is to deliver the first phase of a Gypsy & Traveller and Residential investment plan, where two out of the three planning applications needed have now been submitted, with the third expected to be submitted early in Q4, however given the disruptive nature of the works and likely need for decanting, it is unlikely that all 3 sites will be completed by December 2023. A timed project plan will be provided once a contractor has been appointed.

4. What Next

4.1. We will continue to progress and monitor all actions and report again to Board later in the year.

5. Recommendation

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

6. Appendices

- Appendix A - 2022/23 ADP

Appendix A

ADP Actions								
Ref	Service area	2022/23	Plans	Date	Owner	Objective of Action	Q3 Status	Q3 Commentary
A1	Access to Homes	Implement revised Allocations Policy aligned to new IT System.	Ensure the allocations policy reflects the changing needs of tenants and residents	Dec-22	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough.	Amber	Allocations Policy approved by Council in Nov 2022. Implementation plan aligned to new Allocations Module to be delivered by April 2023.
A2	Access to Homes	Ensure age designated stock continues to meet the needs of the borough aligned to the review of the Allocation Policy.	Review age designation and local lettings policies	Mar-23	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough and contribute to successful balanced neighbourhoods.	Green	Draft report sent to Director for comment. Reponses raised with Legal Services to feedback. Decision requires full council sign off. Final report to be signed off by EMT prior to end of Q4
A3	Access to Homes	Develop and deliver an efficient and effective out of hours homelessness service.	Reduce and prevent homelessness	Mar-23	HoATH	Prevent and reduce homelessness in the borough.	Green	All new starters, or promoted staff, as part of the homelessness Journey to Excellence project are now trained on out of hours and on homeless assessments and are now on the rota. This will deliver 6 months without having to roll out to existing staff. The consultation with existing staff will commence again after this time with a view to rolling out to all home options grade 4 staff. Out of hours calls have reduced but still remain a challenge for the team.
A4	Access to Homes	Work with Doncaster Children's Services Trust to improve the accommodation options for care leavers through the development of a shared accommodation offer.	Living: Provide support to maximise tenancy sustainability.	Mar-23	HoATH	Provide better and more sustainable housing options for individuals leaving care to prevent homelessness.	Green	A Total of 8 units accommodating 16 young people have been handed over by the end of Q3. We continue to look to identify further properties in suitable areas. On Target
A5	Access to Homes	Develop our Private Rented Sector (PRS) offer and service to improve housing provision in the sector.	Provide support to help improve tenancy sustainability	Mar-23	HoATH	To encourage provision of accommodation in the Private Rented Sector for those who are homeless or at risk of homelessness by providing and publicising a package of support. To also engage with private landlords to improve sustainability, access and affordability in the sector.	Green	The new Housing Solutions Team, transferred from housing management and the new PRS team, is now fully operational within St Leger Lettings. Processes are set up to refer direct into the team from the front end home options service to attempt to prevent PRS tenancies from failing and to source alternative, affordable accommodation in the PRS for families homeless or at risk of homelessness. The new proposed Landlord Incentive Scheme is to be presented to EMT in January 2023 with costs and to rollout from February onwards.
A6	Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social housing furnished tenancy offer.	Help tenants to sustain their tenancies	Oct-22	HoHM	Targeted support to prevent tenancy failure.	Amber	Further work has been carried out to strengthen elements of the Business case such as HB service charge eligibility and impacts on others parts of the business.
A7	Housing Management	Review opportunities to support those tenants with low level Mental Health (MH) and associated issues and wider wellbeing needs.	Increase the range of support for tenants especially those with the greatest needs	Jul-22	HoHM	Targeted support to prevent tenancy failure - MH Navigators and Substance Misuse Officers in Tenancy Support team.	Complete	
A8	Housing Management	Develop and implement the Tenancy Voice Strategy.	Increase the opportunities for volunteering and improving neighbourhoods	Jul-22	HoHM	More popular and sustainable neighbourhoods Objectives in white paper.	Complete	

A9	Housing Management	Develop and implement the Domestic Abuse Housing Alliance (DAHA) Action Plan to achieve DAHA accreditation.	DAHA Increase the range of support for tenants	Aug-22	HoHM	DA is recognised across the organisation and staff are knowledgeable and well trained, with survivors appropriately supported.	Complete	
A10	Housing Management	Review of Tenancy Agreement.	Help tenants to sustain their tenancies	Mar-23	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Amber	Work has been carried out to identify changes and additions for the Tenancy Agreement which will be shared for comment before further steps are taken. Our Legal advice indicates that whilst the changes will have been consulted on and developed with tenants and stakeholders by March 2023, conclusion of the statutory legal consultation periods, coupled with Council ratification will not be possible until June 2023 .
A11	Housing Management	Develop a programme of periodic visits for all tenants.	Help tenants to sustain their tenancies	Oct-22	HoHM	To agree ways for staff across SLHD to raise concerns about property or tenants for targeted tenancy verifications to be carried out.	Amber	The basis of the Keeping in Touch (KI) visits has been agreed. The IT/OH process is underway as part of the Total Mobile/Housing Visits project and will be in place January 2023
A12	Customer Services	Carry out a series of end to end customer journey mapping exercises across all access channels and key service delivery points.	Continuously improve our business processes	Mar-23	HoCS	Better organisational insight into understanding how customers experience our services to improve service delivery and the overall customer experience.	Green	Consultant appointed and discovery meetings being scheduled to take place in January 2023. Customer Relations Team (CRT) to action programme linked to complaints at the same time. On target.
A13	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	Improve communication with tenants and residents Use technology to modernise and transform service delivery	2023/4	HoCS/ HoICT&BT	Improved, current, user friendly website easy for customers to access information about our services and which encourages and supports channel shift and self service and delivers improved customer service. Improved communication across the organisation and engagement with employees. Project to commence 22/23 with full delivery planned for 23/24.	Green	Progressing well. Critical friend appointed and discovery and consultation meetings planned. Project Board and implementation team in place to ensure this project remains on track.
A14	Housing Management	Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	Safer neighbourhoods through reduced anti-social behaviour and crime	Mar-23	HoHM	ASB outcomes demonstrating high quality service delivery.	Green	Changes to the current system to both capture performance appropriately and report accurately have been completed. Any further developments will be identified as the Housing Management review is implemented in 2023/24.
A15	Housing Management	Review of housing management functions and structures	Help tenants to sustain their tenancies	Oct-22	HoHM	Housing management arrangements and structures are effective and fit for purpose.	Amber	No change. Reports have been presented to EMT and initial staff and union consultations have been carried out in October. Job Evaluation process is ongoing and will conclude Mid-January. Current Implementation timetable indicates March 2023 .
A16	Repairs & Maintenance	Deliver repairs excellence project.	Deliver an efficient and effective repairs and maintenance service	Mar-23	HoRM	Modernise the repairs service.	Green	Phase 2 plans are now in place. A tenant consultation plan and schedule of phases has been agreed, with Infosuite (performance management) software now agreed and in the process of being procured, we remain on target.

A17	Asset Management	Complete delivery of the first phase of the External Wall Insulation Remediation Scheme.	Ensure our homes are safe and free from hazards	Jul-23	HoAM	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Red	The project completion date is now likely to be Spring 2024. Initially this was due to the need to change the mast climbers although a further impact relates to the need for a structural report to one block. The results of this will inform any required remedial works prior to the re-application of the new external finish. The structural report is not expected until late January 2023. Removal of EWI to other blocks has been paused pending receipt of the structural report. Not on target.
A18	Asset Management	Complete phase 2 review of communal halls.	Provide communal halls and spaces which the community value	Jun-23	HoAM	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Amber	At risk of not meeting the target. There has been a delay in commencing this project due to staff illness and the prioritisation of other key projects/issues, including septic tank replacement and supporting colleagues dealing with damp, mould and condensation issues. The aim is to commence the review during Quarter 4. Not on target.
A19	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	Deliver our environmental and asset management strategy	Mar-23	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Amber	At risk of not meeting the target. One project has been commissioned with a start date awaited (anticipated January 2023). The other 2 projects are proving difficult to mobilise due to current lack of team resources and availability of a void property for one of the pilot schemes. Recruitment of the Environment & Sustainability Manager has commenced to help address team capacity issues, but interest in the position has been limited. Not on target.
A20	Asset Management	Procure and implement an asset sustainability modelling tool.	Deliver our environmental and asset management strategy	Mar-23	HoAM	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.	Green	Further refinement of the social objectives that form part of the model will be completed in early January. Data from the latest round of stock condition surveys will also be fed into the model, with the aim being to report back the outcome in the latter part of Q4. On target.
A21	Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	Ensure our business accommodation is fit for purpose	Mar-23	HoAM	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.	Green	Initial options paper for area offices discussed at EMT in October 2022. Further detail around touch down points and associated costs to be ascertained. Following this, revised options to be considered early in 2023. On target.
A22	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	Ensure our homes are safe and free from hazards	Dec-22	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Amber	The Project Board continues to meet and review, and a cleanse of the data for residential properties has taken place and the OH integration was implemented December 2022. The non-domestic properties will be cleansed and synced with OH for March 2023. C365 has the main six areas of compliance identified with subordinate areas being populated. LGSRS are being moved onto C365 and EICR are being added to the system as these are undertaken. Slight slippage from Dec 22 to Mar 23.
A23	Health and Safety	That a tenants building safety residents engagement strategy is written which explain how residents of HRRBs raise concerns over building safety.	Ensure our homes are safe and free from hazards	Sep-22	HoBS	Compliance with the Building Safety Bill (Act) and social housing white paper.	Complete	The HoBS is working with the Building Safety Regulator to evaluate the process for registering the in scope buildings. SLHD will have between April and October 2023 to register the buildings. SLHD will have 9 in scope buildings to register, the costs associated with the registration process have not been advised yet by the Building Safety Regulator but they have confirmed there will be a charge per building. The engagement strategy is written and the action now complete.

A24	Health and Safety	That all in scope buildings under the control of SLHD have a Building Safety Case and that the information is available to the Building Safety Regulator and enforcing agencies.	Continue to invest in homes and neighbourhoods	Mar-23	HoBS	Compliance with the Building Safety Bill (Act).	Green	The Fire Safety Regulations which come into effect in January 2023 identify the evidence that will be required to be supplied to the Regulator. The evidence is being collated in C365 and a gap analysis undertaken to identify where evidence is absent. On target.
A25	HR	Carry out a full diversity audit and self-assessment to gauge and challenge our current diversity status with a view to applying for and achieving diversity accreditation.	Work in ways which reflect our values	Aug-22	HoHR&OD	Identify actions to improve how we support our diverse customers and employees to ensure effective leadership and processes are in place that deliver positive outcomes for our customers and our employees.	Amber	Work underway with Housing Diversity Network (HDN). Revised end date now end of March 2023. Slippage from Aug 22 to Mar 23.
A26	Corporate Services	Develop, implement and monitor actions and outcomes of a regulatory matrix addressing all the requirements of the regulatory framework and white paper.	Ensure effective governance arrangements are in place to deliver their aims, objectives and intended outcomes for tenants and potential tenants	Mar-23	HoFBA	Inspection ready Compliance with Regulatory Standards, Meeting White Paper outcomes.	Green	The Governance Service Manager continues to develop and work through the work plan and in December presented a report to EMT to enable SLHD to procure the services of a 'critical friend' in 2023 to review our governance framework and work towards a mock inspection, to ensure we are ready for a regulatory inspection from 2024. On target.
A27	Finance	Measure efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT). Achieve top quartile benchmarking.	Deliver value for money services	Dec-22	HoFBA	Identify cashable and non cashable efficiencies gained from TOP and CAT implementation.	Complete	Project closure report to Board in December 2022 presented implications arising from the move to OH. Work will continue to achieve gains and remove inefficiencies as other actions related to the implementation of TOP and CAT are implemented.
A28	HR	Review our wellbeing offer ensuring that we focus as appropriate across all 4 wellbeing elements of Physical, Mental, Social and Financial.	Embed a positive health, safety and wellbeing culture	Mar-23	HoHR&OD	Maintain our successful wellbeing offering ensuring that it is appropriate for the changing environment.	Green	A revised engaging plan is in place for the final quarter of the year with a link to the whole-self theme and a quarter of activities planned including physical activities (St Leger Striders) mental health support (Andy's Man club) and continued financial wellbeing signposting. On track.
A29	HR and L&OD	Continue to develop our approach to agile working developing our managers to effectively lead and manage performance outcomes in an agile environment	Continue to develop our workforce	Dec-22	HoHR&OD	Increasing confidence and skill of managers to lead our people in an agile environment.	Complete	All planned sessions are now delivered including a session for leadership and ongoing delivering will form part of business as usual activity. Complete.
A30	L & OD	Develop our approach to talent and succession planning.	Continue to develop our workforce	Mar-23	HoHR&OD	Ensuring that SLHD has an appropriate plan for key roles to avoid business disruption, is retaining high performing talent and developing potential.	Green	PDP completion underway. Talent identified. Workforce planning underway in respect of the need for future apprentices for the 2023 cohort and following the launch of the skills and behaviours framework at colleague festivals, there are early discussion in training future leaders development. On track.
A31	L & OD	Deliver against our refreshed early careers programme.	Continue to develop our workforce	Mar-23	HoHR&OD	Ensure an increased range of opportunities for residents of Doncaster to access the world of work as well as increasing SLHD talent pool and succession into a variety of roles.	Green	Planning underway for the 2023 apprentice cohort and student placements are out to advert (x3). Work experience placement have started on an ad-hoc basis and a focus on considering any involvement of SLHD on T levels is ongoing. On track.
A32	L & OD	Review our organisational culture, current state and aspirations utilising external accreditation (such as IIP or Best	Continue to develop our workforce	Mar-23	HoHR&OD	Identify our current organisational culture, where we want to be and the gaps to enable a plan of action to be generated.	Green	Research into IIP / Best companies now complete and options and recommendations to be presented to EMT end of Jan 2023. This will form a key piece of

		Companies) to generate rich data and information.						measurement for the success of our People Strategy and insight for future culture work. On track.
C1	Asset Management	Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	Continue to invest in homes and neighbourhoods	Dec-23	HoAM	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Red	Two out of the three planning applications have now been submitted, with the third expected to be submitted early in Q4. Work can now commence on appointing a contractor also needs to be appointed pending the outcome of the planning application. Given the disruptive nature of the works and likely need for decanting, it is unlikely that all 3 sites will be completed by December 2023. A timed project plan will be provided once a contractor has been appointed. Not on target.
C2	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	Improve communication with tenants and residents	Mar-23	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Amber	This is linked to the implementation of One Housing which is not likely to be implemented until mid 2023 at the earliest. Once implemented it will provide improved opportunities to collect and check insight data. Slippage from Mar 23 to Sep 23.
C3	Access to Homes	Review the operational arrangements for the accessible housing register.	Ensure tenants with disabilities are able to secure appropriate homes	Sep-23	HoAtH	To make best use of the housing stock to need housing need within an efficient allocations and lettings process to keep void turnaround to a minimum.	Green	Joint Project Board established with Adult Social Care. Accessible Housing Policy to be revised for consideration by Cabinet in March 2023.
C4	HR and L&OD	Achievement of workplace wellbeing gold award.	Embed a positive health, safety and wellbeing culture	Sep-22	HoHR&OD	To demonstrate our commitment to the wellbeing of our workforce and support identification of areas of improvement.	Amber	Date further revised to Early 2023 due to Assessor Availability a change internally in the Wellbeing lead
C5	HR and L&OD	Develop future leaders, and grow the workforce skill set to meet the changing operating environment.	Continue to develop our workforce	March 23	HoHR&OD	To retain and develop talent within the organisation reducing the burden of recruitment to vacant positions.	Green	Framework complete and Launched at Colleague festivals. Work is now underway to refresh the first line manager learning and aspiring managers and leaders to follow
C6	Access to Homes	Review temporary accommodation model with Council & partners.	Reduce and prevent homelessness	Mar-23	HoAtH	To make best use of commissioned supported accommodation and SLHD to provide appropriate emergency and interim accommodation. To reduce temporary Accommodation below 60.	Green	Temporary accommodation numbers have increased as part of a deliberate strategy to reduce the reliance on B&B. However, we now will be reducing TA by moving families into Private Rented accommodation or making permanent where this is appropriate to do so.
C7	Access to Homes	Deliver the Housing Solutions project to improve access and sustainability in the private rented sector, provide early and targeted homeless advice to increase homeless prevention and reduce chronic homelessness	Reduce and prevent homelessness	Mar-23	HoATH	To prevent homelessness occurring and reduce demand on the service.	Green	The new Housing Solutions Team, transferred from housing management and the new PRS team, is now fully operational within St Leger Lettings. Processes are set up to refer direct into the team from the front end home options service to attempt to prevent PRS tenancies from failing and to source alternative, affordable accommodation in the PRS for families homeless or at risk of homelessness. The new proposed Landlord Incentive Scheme is to be presented to EMT in January 2023 with costs and to rollout from February onwards.

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2023/24
Action Required:	For information
Item:	08
Prepared by:	Mark Haughey - Head of ICT & Transformation Nigel Feirn - Head of Finance and Business Assurance
Date:	2 February 2023

1. Purpose

- 1.1. To provide Board members with the proposed 2023/24:
 - Annual Development Plan (ADP) **Appendix A** ; and
 - Key Performance Indicators (KPIs) **Appendix B**.
- 1.2. These have been prepared following extensive review and discussion by Leadership, Senior Management Team (SMT), Board at their strategic away day and by the Mayor and Doncaster Council (DC), and will be seeking final sign off by the Mayor in February 2023.
- 1.3. The 2023/24 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.
- 1.4. The ADP or KPIs do not include operational service developments, which are progressed through local Service Delivery Plans, or ‘business as usual’ service delivery.

2. Background

- 2.1. The ADP and KPIs have been developed from the Corporate Plan 2019 to 2024, which aims to deliver our vision of “providing homes in neighbourhoods that tenants are proud to live in” through four strategic objectives over the five-year period:
 - 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.
- 2.2. The Corporate Plan sets out actions or plans to be delivered over the five-year period. Each year the actions set out in the original Corporate Plan are reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes. The Annual Development Plan describes the development activity that SLHD plans to undertake in the forthcoming year to improve the services it offers.

- 2.3. Board members discussed the initial draft of the 2023/24 ADP and KPIs at the Strategic Planning Board meeting in November 2021. In the period since, the ADP actions have been amended slightly to reflect further discussions and consultation.
- 2.4. In developing the KPIs, previous years' methodology has been applied for 2023/24, which includes developments within the sector. For the latter, the Regulator published new Tenants Satisfaction Measures (TSMs) in 2022 and these have been incorporated where appropriate. A full list of Regulatory TSMs are attached at **Appendix C**, for reference.
- 2.5. The KPIs are based on the measures of success for SLHD's four strategic objectives. 18 KPIs are proposed for 2023/24, four of which are again annual KPIs, and all have been amended to reflect ongoing discussions with the Mayor and DC.
- 2.6. Two additional SLHD related KPIs have been retained for 2023/24, both of which will be captured via surveys :
 - Employee satisfaction - with SLHD as an employer ; and
 - Tenant satisfaction - How likely are you to recommend SLHD to family and friends?

3. 2023/24 ADP

- 3.1. The 2023/24 ADP at **Appendix A** contains 20 individual actions relating to the Corporate Plan actions/plans. We try to keep the plan relatively succinct by not including activity that may be new but is not purely developmental.
- 3.2. As with the current ADP oversight arrangements, progress will be reported to EMT quarterly, and to Board every six months.
- 3.3. Each action has a timescale and a responsible officer, and each action is referenced back to the appropriate Corporate Plan strategy. In addition, this year the ADP actions have also been cross referenced, where appropriate, with the KPI's to help demonstrate where the actions will contribute to the improvement of those KPIs.
- 3.4. It should be noted that the ADP 2022/23 continues to be monitored and following the annual review, any actions that may have slipped could be added to the ADP 2023/24 actions in **Appendix A**.

4. 2023/24 KPIs

- 4.1. The draft KPIs for 2023/24 contain a number that are currently in place for 2022/23, but there are also a number of changes that reflect activity within the sector over the past couple of years.
- 4.2. Initial discussions have been held with DC about KPI targets for 2023/24 and these are listed on **Appendix B**, which details :
 - proposed KPI targets for 2023/24;
 - historical performance and related financial information;
 - KPI targets and Q3 performance for 2022/23; and
 - where applicable, SLHD's quartile peer benchmarking position and top, bottom and median indicators for 2021/22.
- 4.3. A number of the draft targets are extremely challenging and would represent exceptional performance in the current climate.

4.4. The Internal Audit Programme for the next three years (2023/24 to 2025/26) proposes to undertake KPI validation work on a rolling programme, auditing six KPIs per year to ensure all KPIs are being calculated accurately, timely and consistently with their definitions.

4.5. In summary, changes are as follows :

Homelessness

- New: Homelessness - Percentage of settled accommodation at prevention stage.

Complaints

- Removed: Percentage of complaints upheld against customer interactions. This long standing SLHD KPI has been replaced by two new complaints related KPIs that are in the new Tenant Satisfaction Measures (TSM) published by the Regulator in late 2022.
- New: Number of Complaints relative to the size of the landlord - per Regulatory TSMs
- New: Number of Complaints responded to within Complaint Handling Code timescales - per Regulatory TSMs. "% of complaints responded to within target time".

ASB

- Removed: ASB % of cases resolved. This SLHD KPI has been replaced by two new complaints related KPIs that are in the new Tenant Satisfaction Measures (TSM) set out by the Regulator
- New: ASB cases relative to the size of the landlord - per Regulatory TSMs "ASB cases per 1,000 properties"

Training, education and employment

- Combined: Number of tenants and residents helped into training, education or employment. For 2023/24 it is proposed to combine two current KPIs which for the last three years have separately been measuring :
 - Number of tenants and residents helped into training, education
 - Number of tenants and residents helped into employment.

5. Recommendation

5.1. That Board is asked to note the ADP and suite of KPIs for 2023/24 in light of the 5-year Corporate Plan.

6. Appendices

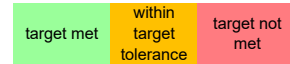
- Appendix A - 2023/24 ADP
- Appendix B – 2023/24 KPIs
- Appendix C – Regulatory TSMs

Appendix A

ADP Actions								
Ref	Service area	2023/24	Plans	Date	Owner	Objective of Action	KPI 23/24 Measure	KPI 23/24 Target
B1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 9 work streams.	Reduce and prevent homelessness Continuously improve our business processes Improve communication with tenants and residents	Mar-24	HoATH	Prevent and reduce homelessness in the borough.	KPI suite includes : * Number of Households in B&B Accommodation at month end * Number of Homelessness preventions (TBC)	* Placements = 30 households * Preventions = 60%
B2	Access to Homes	Review Housing Register Customer Journey and Service Standard.	Continuously improve our business processes Improve communication with tenants and residents Use technology to modernise and transform service delivery	Mar-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough.	KPI suite includes : * Void rent loss % (£) of rent loss through vacant dwellings * Relet time for standard voids (days) * Repairs completed at first visit * Energy efficiency of properties	* Void rent loss = 0.5% * Relet time = 20 days * Repairs FVC = 92% * Energy efficiency = 73.5%
B3	Housing Management	Review and implement the Tenancy Agreement	Help tenants to sustain their tenancies	Mar-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Tenancies sustained post support	97.30%
B4	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	Improve communication with tenants and residents Use technology to modernise and transform service delivery	Aug-23	HoCS/ HoICT&BT	Improved, up to date and user-friendly website which encourages customers to self-serve and which supports channel shift. Improved communication across the organisation and engagement with employees. Project commenced 22/23 with full delivery planned 23/24.	KPI suite includes : * Complaints relative to size of landlord * Complaints responded to within timescales	* Complaints per 1,000 properties = 50. (c1,000 per year) * Complaints within timescales = 92.3%
B5	Customer Services	Explore and investigate implementation of AI and Omnichannel technology to encourage channel shift and self-service.	Improve communication with tenants and residents Use technology to modernise and transform service delivery	Mar-24	HoCS/ HoICT&BT	Improved customer access to services, greater transparency of customer interaction across a range of access channels and increase in amount of customer self-servicing.	Not within the KPI suite but forms part of the ICT and Customer Engagement strategies, and Digital Transformation Board forward plan	
B6	Housing Management	Implement the decisions taken on the Furnished Tenancy business case	Help tenants to sustain their tenancies	Jul-24	HoHM	Targeted support to prevent tenancy failure.	Tenancies sustained post support	97.30%
B7	Housing Management	Develop approaches to tackling ASB to improve outcomes, perceptions, and satisfaction	Safer neighbourhoods through reduced anti-social behaviour and crime	Oct-24	HoHM	ASB outcomes demonstrating high quality service delivery.	ASB cases relative to the size of the landlord - per TSMs "ASB cases per 1,000 properties"	65 cases per 1,000 properties = c1,300 cases in year
B8	Customer Services	Implement procedures to ensure tenant feedback is collected and data analysed using the new Tenant Satisfaction Measures.	Improve communication with tenants and residents Increase tenant and community member involvement in our business	Aug-23	HOCS	To meet regulation and to gather insight from tenants on satisfaction with the services we provide.	KPI suite includes : * Complaints per 1,000 properties * Complaints handled within timescales * Tenants satisfaction overall (STAR) * Tenants satisfaction property condition (STAR)	* Complaints per 1,000 properties = 50. (c1,000 per year) * Complaints within timescales = 92.3% * Tenants satisfaction overall (STAR) = 83.3% * Tenants satisfaction property condition (STAR) = 82.6%

B9	Repairs & Maintenance	Deliver repairs excellence project. (Phase 2)	Deliver an efficient and effective repairs and maintenance service	Mar-24	HoRM	Modernise the repairs service. Phase 2 has a number of defined areas within the project including: The out of hours emergency service, scheduled and responsive repairs, staff culture and performance management.	KPI suite includes : * Repairs completed at first visit * Gas Servicing - % of dwellings with a valid gas safety certificate	* Repairs FVC = 93% * Gas servicing = 100.0%
B10	Asset Management	Complete the delivery of the render remediation scheme at Balby Bridge and the PAS9980 assessment of the EWI at Intake.	Ensure our homes are safe and free from hazards	May-24	HoAM	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Energy efficiency of properties (EPC measure) Also forms part of the wider governance workplan	73.50%
B11	Asset Management	Complete phase 2 review of communal halls.	Provide communal halls and spaces which the community value	Dec-23	HoAM	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Tenant satisfaction with overall service (STAR) Other STAR questions capture tenants satisfaction with neighbourhood etc. plus there will be other relevant in-house perception and transaction surveys undertaken throughout the year	Tenant satisfaction with overall service (STAR) = 83.3%
B12	Building Safety & Property Compliance	Disseminate the requirements of the Regulations and confirm each high rise building conforms and we are able to provide robust evidence.	Implement the requirements of the Fire Safety Regulations 2023	Mar-24	HOBS	All 12 requirements are achieved across each Property Type High, Medium & Low-rise properties	Percentage of homes maintaining Decent Homes standard	100.00%
B13	Building Safety & Property Compliance	Develop Building Safety Cases for all High-Rise Residential Buildings and have them accepted by the Building Safety Regulator (BSR), so that Building Assurance Certificates (BAC) can be issued by the BSR.	Deliver the requirements of the Building Safety Act.	Jan-24	HOBS	All Nine HRRBs are registered with the BSR, each building has a Building Safety Cases (BSC) accepted by the BSR and a BAC is issued for each building.	Percentage of homes maintaining Decent Homes standard	100.00%
B14	Health Safety & Property Compliance	Ensure all the evidence is available and to hand to provide assurance in the event of an in-depth Assessment (IDA)	Review the Compliance Framework and embed it within working practices	Mar-24	HOBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Not within the KPI suite but forms part of the wider governance workplan	
B15	Asset Management	Deliver the improvements to 3 x Gypsy & Traveller sites as part of the Gypsy, Traveller and Residential Sites investment plan.	Continue to invest in homes and neighbourhoods	Jun-24	HoAM	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Percentage of homes maintaining Decent Homes standard	100.00%
B16	HR and Organisational Development	External accreditation / assessment in line with IiP / Best Companies TBC	Work in ways which reflect our values Continue to develop our workforce Deliver award winning services and achieve appropriate accreditations	Mar-24	HoHR&O D	Achieve assurance of our workforce wellbeing. Having decided in 22/23 what the right external method of accreditation is, deliver against this.	Days lost through sickness per FTE	8.5 days
B17	HR and Organisational Development	Implement Leadership development and deliver future leaders and managers learning	Work in ways which reflect our values Continue to develop our workforce	Mar-24	HoHR&O D	Develop our Leadership and Management development offering. To continue to ensure that our leaders and managers are equipped to lead the workforce.	Days lost through sickness per FTE	8.5 days

B18	HR and Organisational Development	Develop and consult upon the People Strategy post April 2024	Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy	Mar-24	HoHR&OD	Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy. Create the future direction for activity.	Not within the KPI suite but forms part of the People strategy plan	
B19	Finance and Business Assurance	Appoint a critical friend to review framework, undertake mock regulatory inspection and produce plan to address actions required.	Deliver value for money services Continuously improve our business processes Operate commercially	Mar-24	HoF&BA	To ensure SLHD has appropriate, fit for purpose governance arrangements in readiness for Regulatory inspection for 2024/25. Review all Governance arrangements, appoint and work with a critical friend to identify strengths and weaknesses, implementing changes as required, and undertake mock regulatory inspection.	KPI suite is a balanced scorecard covering all areas of the business and achieving targets should evidence, including upper quartile performance where possible, when benchmarked with our peers and nationally	Full KPI suite
B20	ICT & Business Transformation	Upgrade of Open Housing to web based One Housing.	Use technology to modernise and transform service delivery	Dec-23	HoICT&BT	To take advantage of the benefits that a web-based version of the Housing Management solution enables.	Upgrading to OneHousing will mean more efficient, streamlined processes, which in turn will generate capacity to apply to all processes and should improve performance	Full KPI suite



KPI Ref	KPI	2019/20 Outturn	2020/21 Outturn	2021/22 Outturn	Q3 (December) 2022/23 YTD	2022/23 Targets	2023/24 Targets (Proposed)	change ? Increase / decrease / unchanged	comments / reasons about change from 22/23	Housemark benchmarking ALMOS, Mets and Unitaries peer group as at November 2022					Benchmarking polarity and comments
										2021/22 Outturn	SLHD quartile position 2021/22	Top Quartile 2021/22	Median 2021/22	Bottom Quartile 2021/22	
1	% of current rent arrears against annual debit	2.79%	2.75%	2.55%	2.98%	2.75%	2.75%	Unchanged	Cost of living crisis impact. Rent increase cap 7% for 23/24. Possible 5% for Doncaster. 2.95% is 7% increase on 22/23 target and would be above median with peers and nationally. 2.95% represents approximately £2.43m of arrears	2.55%	Quartile 2	2.08%	3.30%	4.56%	Lower is better.
2	Void rent loss % (£) of rent loss through vacant dwellings	0.59%	1.00%	0.79%	0.67%	0.50%	0.50%	Unchanged	Remain at 0.50%. Nearly achieving that throughout October and November 22	0.79%	Quartile 1	0.94%	1.67%	2.64%	Lower is better
3	Relet time for <u>standard</u> voids (days)	22.7 days	46.1 days	33.7 days	26.7 days	20.0 days	20.0 days	Unchanged	DMBC unlikely to change this KPI. 25 Days is more realistic and would be top quartile	33.7 days	Quartile 2	28.2 days	42.4 days	75.6 days	Lower is better
4	Number of Households in B&B Accommodation at month end	Not measured				48	30	30	Unchanged	Unlikely to ever be zero. Aim to get to get back to pre pandemic levels. Target to remain at 30 but will be reviewed constantly	n/a	n/a	n/a	n/a	Lower is better.
5	New for 23/24 Percentage of settled accommodation at prevention stage					n/a	60.00%	New	In December 22, Doncaster was 52%, Yorkshire 59% and England 55%. Target agreed at 60%	n/a	n/a	n/a	n/a	n/a	Higher is better
	Number of Homelessness preventions	965	604	566	600	no target	n/a	Removed	KPI in 19/20 and 20/21. A KPI but only measured and had no target in 21/22 and 22/23.	n/a	n/a	n/a	n/a	n/a	
	Percentage of complaints upheld against customer interactions	0.06%	0.07%	0.13%	0.10%	0.07%	n/a	Removed	Dropped for 23/24 per EMT Nov 22. Replaced by TSM see KPI5 below	n/a	n/a	n/a	n/a	n/a	Lower is better.
6	New for 23/24 Complaints relative to the size of the landlord - per TSMs "Stage 1 complaints per 1,000 properties"			51.7	44 November ytd 66 projected outturn	n/a	50	New	New for 23/24 per TSM. Stage 1 complaints per 1,000 properties data submitted to Housemark. Average 55 for past four years, projecting 62 for 22/23. 50 would improve on current performance	51.7	Quartile 4	16.9	23.9	38.1	Lower is better.
7	New for 23/24 Complaints responded to within Complaint Handling Code timescales - per TSMs. "% of complaints responded to within target time".			66.3%		n/a	92.3%	New	New for 23/24 per TSM. Is this "% of complaints responded to within target time". 92.3% would be top quartile	66.3%	Quartile 3	92.3%	79.3%	66.0%	Lower is better.
8	Tenancies sustained post support	93.8%	97.3%	98.3%	96.6%	97.3%	97.3%	Unchanged	Averaging 97.8% in 22/23 but has dropped slightly below target from week 20 to date. Previous year's averages 95.6% and 98.3%. Tenancy turnover for 21/22 was 5.91 and was quartile 2	n/a	Tenancy turnover is nearest Housemark			Higher is better	
9	Repairs completed at first visit	90.2%	90.9%	90.2%	94.5%	92.0%	93.0%	Increased	We don't yet have a full 12 months data to validate a 94% target, so suggested 93% target	90.2%	Quartile 3	95.05%	91.83%	87.90%	Higher is better
10	Gas Servicing - % of dwellings with a valid gas safety certificate	Measured, but not reported as a KPI.		100.00%	100.00%	100.00%	100.00%	Unchanged	Remains 100%. We will report the other safety indicators as listed in the TSMs through all the Building Safety groups	100.00%	Quartile 1	100.00%	99.96%	99.81%	Higher is better
11	Days lost through sickness per FTE	8.3 days	6.6 days	11.9 days	8.4 days YTD	7.9 days	8.5 days	Increased	DMBC target is now 10 days.	11.9 days	Quartile 2	6.5 days	8.6 days	10.1 days	Lower is better
12	% of local expenditure - REVENUE AND CAPITAL	n/a	n/a	73.0%	72.1%	70.0%	70.0%	Unchanged	Consistent with DMBC target and is a condition within the DMBC / SLHD management agreement	n/a	n/a	n/a	n/a	n/a	Higher is better
	ASB % of cases resolved	95.6%	95.2%	97.6%	97.0%	95.6%	n/a	Removed	Dropped for 23/24 per EMT Nov 22. Replaced by TSM	n/a	n/a	n/a	n/a	n/a	Higher is better
13	New for 23/24 ASB cases relative to the size of the landlord - per TSMs "ASB cases per 1,000 properties"		84.8	76.8	57 December ytd 75 projected outturn	n/a	65	New	New for 23/24 per TSM. ASB cases per 1,000 properties data submitted to Housemark? Currently averaging 7.5 per month = 90 for the year. Target of 70 would be a 25% reduction on 22/23. 50 would be above median	n/a	n/a	26.9	58.4	91.4	Lower is better
14	New for 23/24 Number of tenants and residents helped into training, education or employment	53	n/a	81	69	n/a	97	Unchanged (combined)	200 would place us above median. The rationale is that whilst we know that we want more apprentices next year in certain trades there is likely to be a trade off with those receiving other types of training and learning support.	52	Quartile 3	466	170	35	Higher is better
	Number of tenants and residents helped into training or education (separated into two KPIs for 20/21 and 21/22)	n/a	30	30	35	67	n/a	Removed	Merged with employment KPI for 23/24 per EMT - see KPI13 above	30	n/a	n/a	n/a	n/a	Higher is better
	Number of tenants and residents helped into employment (separated into two KPIs for 20/21 and 21/22)	n/a	28	51	34	30	n/a	Removed	Merged with training KPI for 23/24 per EMT - see KPI13 above	51	n/a	n/a	n/a	n/a	Higher is better

Annual KPIs									
15	Tenant satisfaction levels	87.0%		84.8%	81.3%	87.0%	83.3%	Decreased	22/23 STAR results down in almost all areas. Same for other housing providers nationally. 83.3% would be median performance
16	Percentage of homes maintaining Decent Homes standard	100.0%	99.99%	99.99%		100.0%	100.0%	Unchanged	Currently two properties not meeting standard and are on the programme to ensure decency.
17	Level of tenant satisfaction with property condition	89.4%		86.5%	75.7%	89.4%	82.6%	Decreased	22/23 STAR results down in almost all areas. Same for other housing providers nationally. 82.6% would be median performance
18	Energy efficiency of properties	99.96%	64.74%	70.32%		71.0%	73.5%	Increased	Per asset management modelling software

Housemark benchmarking ALMOS, Mets and Unitaries peer group as at November 2022					
84.8%	Quartile 2	87.2%	83.3%	77.0%	Higher is better
99.99%	Quartile 2	100.0%	99.6%	96.4%	Higher is better
86.5%	Quartile 1	85.5%	82.6%	76.4%	Higher is better
70.32%	n/a	n/a	n/a	n/a	Higher is better

Annual KPIs - St Leger Homes Board									
19	Employee satisfaction with St Leger Homes as an employer - Staff survey question	n/a	n/a	83%		85%	85.0%	Unchanged	Pulse surveys suggest we are close to but not meeting 83%, but we should keep the bar high
20	How likely are you to recommend St Leger Homes to family and friends - TENANT survey 'Net Promoter Score (NPS)'	n/a	n/a	47		25.0	25.0	Unchanged	
	How likely are you to recommend St Leger Homes to family and friends - STAFF survey 'Net Promoter Score (NPS)'	n/a	n/a	n/a		25.0	n/a	Removed	Dropped for 23/24 per EMT Nov 22

Housemark benchmarking ALMOS, Mets and Unitaries peer group as at November 2022					
83%	n/a	88.7%	83.5%	79.5%	Higher is better
47	n/a	n/a	n/a	n/a	Higher is better
	n/a	n/a	n/a	n/a	Higher is better

Tenant Satisfaction measures

Appendix C

Tenant satisfaction indicator	Measured by :	Comments
Overall satisfaction		
1. Overall satisfaction with the service provided by the landlord	tenant perception survey	Annual KPI for 23/24 - via STAR survey
Keeping properties in good repair		
2. Satisfaction with repairs	tenant perception survey	Annual KPI for 23/24 - via STAR survey
3. Satisfaction with time taken to complete most recent repair	tenant perception survey	
4. Satisfaction that the home is well-maintained	tenant perception survey	
5. Homes that do not meet the Decent Homes Standard	landlord's management information	Annual KPI for 23/24
6. Repairs completed within target timescale	landlord's management information	FVC (KPI) and RFT performance captured already
Maintaining building safety		
7. Satisfaction that the home is safe	tenant perception survey	Annual KPI for 23/24 - via STAR survey
Safety checks		
8. Gas safety checks	landlord's management information	KPI for 23/24
9. Fire safety checks	landlord's management information	
10. Asbestos safety checks	landlord's management information	
11. Water safety checks	landlord's management information	
12. Lift safety checks	landlord's management information	
Respectful and helpful engagement		
13. Satisfaction that the landlord listens to tenant views and acts upon them	tenant perception survey	Annual KPI for 23/24 - via STAR survey
14. Satisfaction that the landlord keeps tenants informed about things that matter to them	tenant perception survey	
15. Agreement that the landlord treats tenants fairly and with respect	tenant perception survey	
Effective handling of complaints		
16. Satisfaction with the landlord's approach to handling of complaints	tenant perception survey	
17. Complaints relative to the size of the landlord	landlord's management information	New KPI for 23/24
18. Complaints responded to within Complaint Handling Code timescales	landlord's management information	New KPI for 23/24
Responsible neighbourhood management		
19. Satisfaction that the landlord keeps communal areas clean and well-maintained	tenant perception survey	
20. Satisfaction that the landlord makes a positive contribution to neighbourhoods	tenant perception survey	
21. Satisfaction with the landlord's approach to handling anti-social behaviour	tenant perception survey	
22. Anti-social behaviour cases relative to the size of the landlord	landlord's management information	New KPI for 23/24

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 3 2022 KPI dashboard
Action Required:	For information
Item:	09
Prepared by:	Louise Robson Governance Service Manager
Date:	2 February 2023

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as the end of Quarter 3 2022 and brief commentary for those KPIs where the target was not met. The KPI dashboard is attached at **Appendix A**.

2. Executive summary

- 2.1. There are 19 KPIs agreed with Doncaster Council (DC) for 2022/23 and include :
- Two measured quarterly – residents supported in training and residents supported in employment. The most recent results (Q3 22/23) are included here;
 - Four measured annually - STAR survey (two), energy efficiency and Decent Homes Standard numbers. **NB:** the annual STAR survey for 2022/23 is complete and the two annual KPIs have been included;
 - Two KPIs relating to Homelessness do not have targets.
 - Quarterly and annual KPI commentary is included in the quarterly reports to Board.

- 2.2. The table below summarises the KPI dashboard as at Quarter 3 2022. Performance comparatives have been included from previous years. At the end of Quarter 3 2022, eight KPIs were met or were within agreed tolerances of target.

KPIs	Q3 22/23	Q2 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Green (meeting target)	7	5	6	7	7	6	6	8	5	6	6
Amber (within tolerance)	1	2	1	4	3	3	2	2	3	1	1
Red (not meeting target)	7	8	6	5	4	5	4	7	7	8	8
No target (homelessness)	2	2	2	3	3	3	3	0	0	0	0
Annual	2	2	4	0	2	2	4	0	4	4	4
Total	19	19	19	19	19	19	19	17	19	19	19

- 2.3. The KPI targets for 2022/23 are considered to be very challenging across the board and work continues to establish how challenging. This work includes benchmarking nationally and locally, and speaking with our neighbouring organisations in the region. Only limited information continues to be available with our neighbours so far and we pursue more up to date data.

- 2.4. We submit monthly pulse survey performance data to Housemark for benchmarking. **Appendix B** summarises this data, and quartile positions with our peer group for October and November 2022. SLHD performance for November is largely above median.

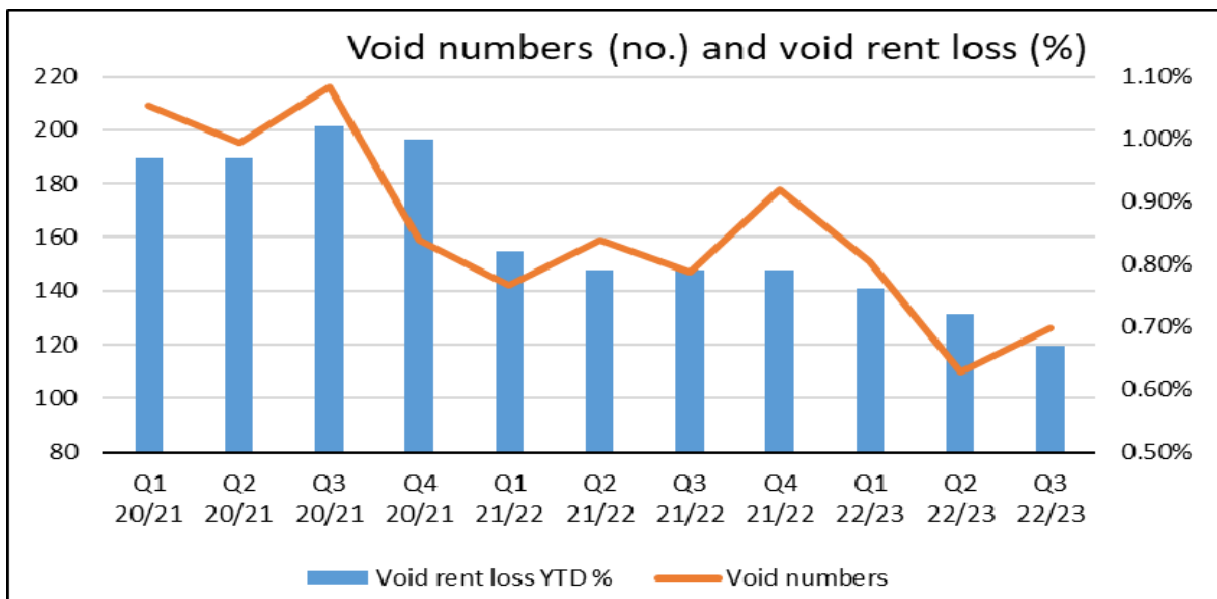
3. KPI commentary

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

Target **0.50%**
Q3 22 YTD performance **0.67%** **WORSE THAN TARGET – RED**

	Q3 22/23	Q2 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Void rent loss YTD %	0.67%	0.72%	0.76%	0.79%	0.79%	0.79%	0.82%	1.00%	1.02%	0.97%	0.97%
Target %	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Void numbers	126	110	151	178	147	159	142	159	216	195	209

The table above shows the KPI and void numbers by Quarter. The KPI target during this period has been 0.50%, equating to approximately 110 void properties. Although the KPI has been red since April 2020 (the start of the first lockdown period), it is considered a very challenging target and current performance would still be a top quartile position when benchmarked nationally, not just with our peers. Improvements have been made steadily in the period since and the graph below plots the data to try to reflect this and shows that this is the best performance for some time.



The number of voids held at the end of Quarter 3 shows a slight increase to 126 compared to the previous quarter. This figure includes eight non-lettable voids, consisting of the following:

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

Cumulative performance remains the same as the previous month at 0.67%. The Christmas closure period has had an unavoidable negative impact on performance, which has contributed to the increase in the number of voids held. At the time of writing, the total number of relets at 922 continues to exceed the total number of terminations of 883, this is a key factor, to ensure an improvement in performance.

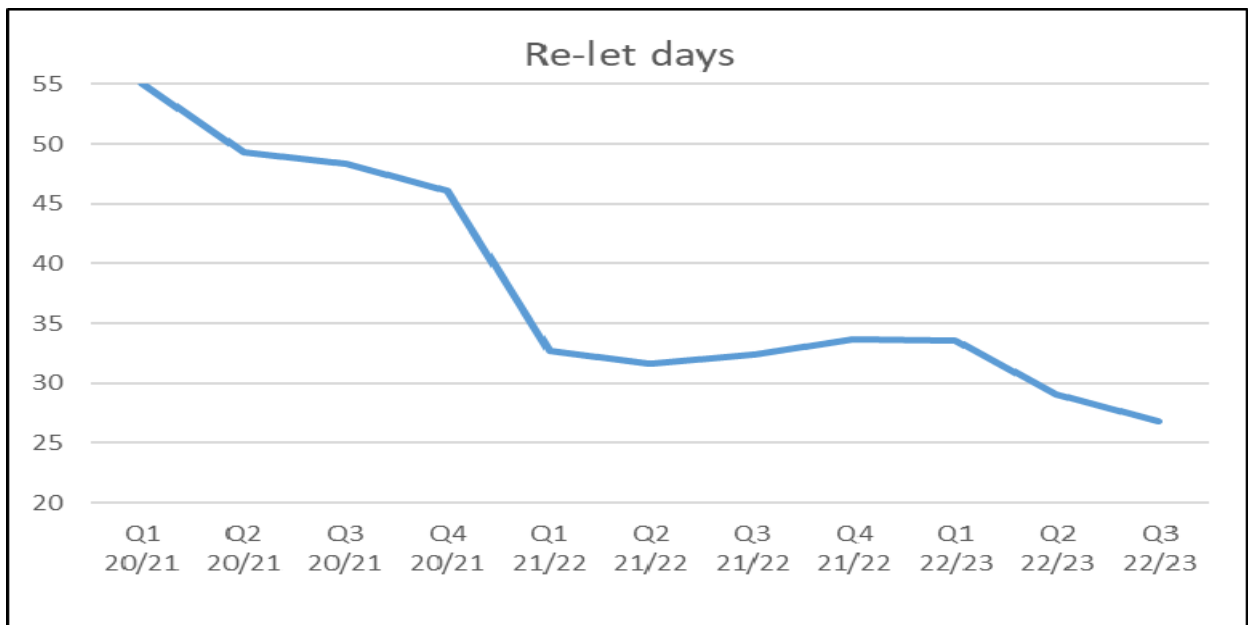
It is pleasing however to show that performance end for Q3 at 0.67% shows an improvement when comparing to the end of Q2 of 0.72%.

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

Target **20.0 days**
Q3 22 YTD performance **26.9 days** **WORSE THAN TARGET – RED**

	Q3 22/23	Q2 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Re-let days	26.9	29.1	33.6	33.7	32.4	31.6	32.7	46.1	48.3	49.3	55.1

As with Void Rent Loss above, although the KPI has been red for some time, improvements are being made as the data is reflected graphically below and the move towards the 20 day target.



In-month performance for December shows a slight decline at 23.9 days, when comparing to November of 23.7 days, this remains below target. However, it is pleasing to see that cumulative performance shows an improvement for the 7th consecutive month standing at 26.9 days.

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

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

Target **0.07%**
Nov 22 * performance **0.10%** **WORSE THAN TARGET – RED**

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

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

The table below summarises the interactions and complaints upheld to the end of November for five financial years:

	Interactions	Complaints	Upheld	% upheld against interactions	Not upheld as % of all complaints	Upheld as % of all complaints
22/23	243,249	872	250	0.103%	72%	28%
21/22	248,317	769	280	0.113%	64%	36%
20/21	238,662	681	160	0.067%	61%	19%
19/20	269,926	707	158	0.059%	78%	22%
18/19	231,087	770	164	0.071%	79%	21%

In November 2022, we received 146 complaints, which is an increase in the number of complaints received compared to November last year (+10). Volumes of complaints have increased in November by 38% on the previous month, this trend follows the previous year where there was a 51% increase in complaints from October to November 2021.

In-month, the number of complaints upheld has decreased by 35 from 2021. 63 complaints were upheld in November 2021, compared to 28 in November 2022. Upheld complaints have increased by seven compared to the previous month of October 2022.

The main theme for upheld complaints in November relate to time taken to complete a repair.

We analyse the percentage of complaints upheld against all customer transactions. This provides us with a picture of our customer's dissatisfaction and enables us to drill down further into the relevant service areas. The in-month information for November 2022 shows that we are just over our 0.07% target, achieving 0.09%, which in turn reduces the cumulative YTD position to 0.103%.

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

Profiled target	5.80 days	
Q3 22 YTD performance	8.41 days	WORSE THAN TARGET – RED

December saw 1.31 days absence per FTE against a target of 0.65. This represents an increase on last month (which saw 1.13 days) and the highest monthly absence of this financial year. This provides a YTD figure of 8.41 days per FTE and a projected year end outturn of 11.69 days per FTE which is marginally better than last month's figure (11.80).

This month Housing and Customer Services account for the highest proportion of absence with 1.60 days per FTE followed by Property Services with 1.27 days. Corporate and Exec Services remain under target.

YTD Stress, depression and anxiety remain the highest reason for absence accounting for 29% of all absence followed by Musculo-Skeletal (MSK) (18.8% YTD and 174.52 days this month) and then Infection and virus (18.5% and 171.07 days this month).

Covid related absence saw another all-time low this month accounting for only 16.95 days (1.8%) which is the lowest number in 12 months. Potentially this could be due to a lack of testing and symptoms requiring time off work being considered infection and virus which given the shift in national guidance to respiratory illness would be entirely likely and appropriate.

For December, stress related absence accounts for a total of 252.85 days (27.3%) which is marginally lower than November's figure, which was the highest in twelve months. This is linked to a number of specific long-term cases all of which are being carefully managed.

Short Term sickness continues to drive up the number of sickness cases. All cases continue to be managed in line with the attendance management procedures. EMT have now signed off in principle changes for the attendance management policy, which is now out for consultation and closes in January.

3.5. KPI14 a: WoW Participants – Number of residents helped in to training or education

Profiled target **59**
Q3 22 YTD performance **35** **WORSE THAN TARGET – RED**

This KPI remains significantly under target at the end of Q3 with 35 participants vs a target of 59.

We have reported previously that the scheme is facing challenges due to the buoyant employment market – those who formally may have signed up are not doing so and are instead going straight into employment. We are also facing challenges with converting the attendance of those at the information sessions (which are typically oversubscribed and high) to those attending for day 1 of the course. This could be due to a raft of reasons but could also link back to the high employment rates and ready availability of entry-level jobs. Overall, we are seeing an all-time low in sign up to our WOW scheme offer similar to levels we saw during covid, for context the last five years figures are below:

Year	Numbers
2018/19	125
2019/20	123
2020/21 (Covid)	64
2021/22	71
2022/23 YTD	47

November saw one multi-skill course start with 13 participants (out of a possible 33 participants who came along for the information day). In September, we started a cleaning WOW with nine participants out a possible 24 who expressed an interest.

For the remainder of the financial year we expect to run one further WOW cohort including in the region of eleven attendees, we should see total participation for the WOW support and learn courses at 46 for the financial year which is still predicted below target but these figures should be read alongside the employment figures in the next KPI.

Next financial year we have merged the two KPIs in for residents into work and training this gives us further flexibility to provide the right support where it is needed (i.e. where the employment market is high then our focus can be more tailored to employment offers and support rather than training, and vice versa in the event that the market shifts).

These figures are despite the fact we have widened out criteria for those we accept to the scheme to non SLHD tenants

Annual KPIs

The annual STAR survey for 2022/23 is complete and results were received in early September 2022. All of the survey results were analysed in detail and presented to numerous groups from September 2022 onwards, including P&I Committee, EMT, Heads of Service (HOS) and Senior Management Team (SMT). Numerous actions have been developed to address the fall in performance. The two indicators have been included in Q2 and Q3 reporting.

3.6. KPI 16 : Tenant satisfaction with overall service

Target	87.0%	
2022/23 Performance	81.3%	WORSE THAN TARGET – RED

The Overall satisfaction results have fallen to 81.3% from the previous year's survey result of 84.8%. Detailed analysis of comments received from the survey has been undertaken and numerous actions developed. This includes Customer Excellence training, introduction of a new 'One Voice' Forum to effectively listen to tenant views and a TRIP review of Anti-Social Behaviour (ASB), among others.

Recent benchmarking reports show that tenant satisfaction levels across the country have seen falls in general compared to previous year, and are now at 81%, so our results are just above this.

3.7. KPI 18 : Tenant satisfaction with property condition %

Target	89.0%	
2022/23 Performance	75.7%	WORSE THAN TARGET – RED

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

As with KPI16 and all other survey results, detailed analysis of comments received has been undertaken and actions developed. This includes numerous actions, some of which have been incorporated in to the work of the ongoing Repairs Excellence Board, and includes changes to categories of repairs, new ways of working and new performance measures.

Louise Robson
Governance Service Manager
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Appendix A – Quarter 3 2022 KPI dashboard

Appendix B – Housemark benchmarking summaries October and November 2022

St Leger Homes of Doncaster Performance Dashboard 31 December 2022

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

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



Annual KPIs

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

Tenant satisfaction levels – Overall STAR %

81.3% ↓

Target

X **87.0%**

Tenant satisfaction levels – Property condition STAR %

75.7% ↓

Target

X **89.4%**

Benchmarking - Housemark monthly pulse survey results – November 22 and October 22

NOVEMBER 22 Housemark pulse survey benchmarking						
Measure	Q1	peers		SLHD	quartile	Polarity
		Median	Q3			
Nov-22 Current tenant arrears at the end of the month (%)	3.90%	4.37%	5.50%	2.93%	Q1	Lower is Better
Nov-22 No. of social housing lettings in the month as a % of units	0.53%	0.45%	0.38%	0.54%	Q1	Higher is Better
Nov-22 No. of emergency repairs in month per 1,000 units	61.1	92.7	140.3	66.6	Q2	Lower is Better
Nov-22 No. of non-emergency repairs in month per 1,000 units	164.7	192.3	232.9	191.7	Q2	Lower is Better
Nov-22 No. of dwellings vacant but available to let at m/end as % of units	0.41%	0.72%	1.18%	0.51%	Q2	Lower is Better
Nov-22 % of homes with a valid gas safety certificate	100.00%	99.94%	99.88%	99.99%	Q2	Higher is Better
Nov-22 No. of new ASB cases reported per 1000 units	1.78	4.59	5.92	4.70	Q3	Lower is Better
Nov-22 % of complaints resolved within timescale in month	99.0%	84.0%	67.0%	53.0%	Q4	Higher is Better
Nov-22 % of working days lost to sickness absence in month	4.81%	5.00%	5.69%	6.13%	Q4	Lower is Better
Nov-22 No. of formal complaints received in month per 1,000 units	2.1	2.2	2.8	7.3	Q4	Lower is Better

OCTOBER 22 Housemark pulse survey benchmarking						
Measure	Q1	peers		SLHD	quartile	Polarity
		Median	Q3			
Oct-22 No. of emergency repairs in month per 1,000 units	37.5	88.7	127.5	25.0	Q1	Lower is Better
Oct-22 Current tenant arrears at the end of the month (%)	3.83%	4.27%	5.01%	2.80%	Q1	Lower is Better
Oct-22 No. of social housing lettings in the month as a % of units	0.53%	0.48%	0.39%	0.51%	Q2	Higher is Better
Oct-22 No. of non-emergency repairs in month per 1,000 units	157.5	199.2	234.7	187.6	Q2	Lower is Better
Oct-22 No. of dwellings vacant but available to let at m/end as % of units	0.40%	0.81%	1.22%	0.55%	Q2	Lower is Better
Oct-22 % of homes with a valid gas safety certificate	100.00%	99.96%	99.88%	99.99%	Q2	Higher is Better
Oct-22 % of complaints resolved within timescale in month	89.0%	81.0%	69.0%	73.0%	Q3	Higher is Better
Oct-22 % of working days lost to sickness absence in month	4.00%	4.93%	5.65%	5.65%	Q3	Lower is Better
Oct-22 No. of new ASB cases reported per 1000 units	1.75	4.76	5.58	5.65	Q4	Lower is Better
Oct-22 No. of formal complaints received in month per 1,000 units	2.0	2.6	3.1	5.3	Q4	Lower is Better

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

- Date** : 2 February 2023
- Item** : 10
- Subject** : Safety & Compliance Performance Report
- Presented by** : Chris Margrave
Director of Property Services
- Prepared by** : Laura Dougan
Health, Safety and Compliance
Service Manager
- Purpose** : Provide an update on all areas of compliance, occupational and building safety health, compliance performance.

Recommendation :

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

Company Number 05564649
A Company Limited by Guarantee
Registered in England

To the Board of St Leger Homes of Doncaster

Agenda Item No. 10
Date: 2 February 2023

1. Report Title

1.1 Safety and Compliance Performance Report – December 2023

2. Gas

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

The number of properties requiring an annual gas service is shown in table one below. The programme is delivered between February and the end of October each year, using the MOT style anniversary.

Total number of properties on the Internal Service Provider (ISP) gas servicing programme	18,939
Total number of properties remaining on the programme	0
Total number of validated properties on programme (C365)	17,620

2.2 All properties on the 2022 delivery programme have been completed. A reconciliation of the programme is now taking place to provide assurance that all properties which require a gas service have received one and that there is evidence available to support this.

2.3 The LGSRs are also being validated by the Gas and Mechanical Compliance Officer as they are uploaded onto C365. It is aimed to have all the LGSRs validated and on C365 by the end of January 2023.

2.4 Carbon Monoxide Detection Compliance

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

2.5 As of the end of December 2022 –

- 18,898 LGSRs have been checked in total
- 41 properties left to visit by ISP

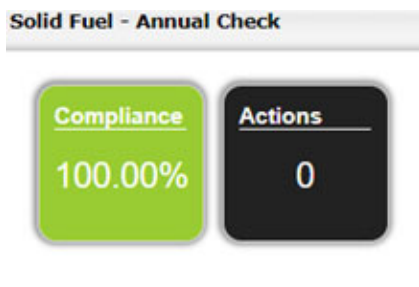
2.6 Attempts to access the 41 properties are taking place by ISP. The 18,898 have had evidence collected and triangulated from 2021-22 available LGSRs, information held within Open Housing and information gathered from completed stock condition surveys.

Any outstanding properties will be targeted during the 2023 gas servicing programme.

The Head of Asset Management and Head of Building Safety are identifying the properties which the CO detection to be replaced during the 2023 gas servicing programme and future years programmes.

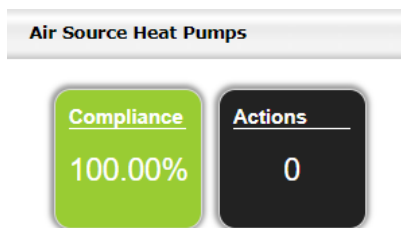
2.7 **Solid Fuel service compliance**

There are currently 87 properties, which have a solid fuel-burning appliance within the property; these are all in compliance. Previously we had 91 and four properties have had the solid fuel heating appliance removed. Generally solid fuel heating appliances are removed from properties when they are void. Residents of the properties with solid fuel burning appliances are being contacted offering alternative fuel supplies to eliminate the presence of solid fuel burning appliances in SLHD properties.



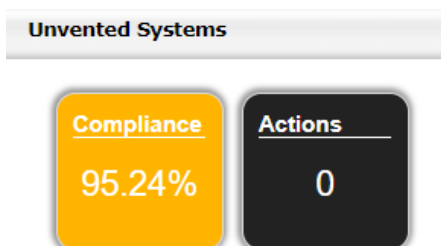
2.8 **Air Source Heat Pumps (ASHP) compliance**

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



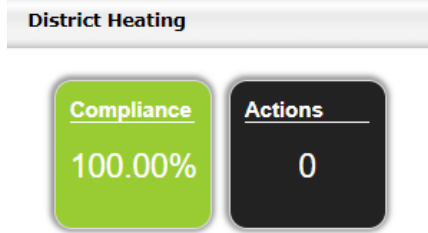
2.9 **Unvented Systems Compliance**

Currently there are 42 confirmed sites where unvented cylinders are present. However as part of the gas policy review the frequency period for service visit is going to be reviewed. 2 properties are out of compliance due to tenant access issues. The ISP are working with Housing Management on accessing these.



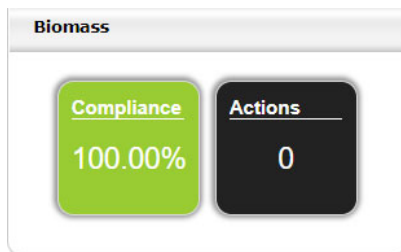
2.10 **District Heating Compliance**

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



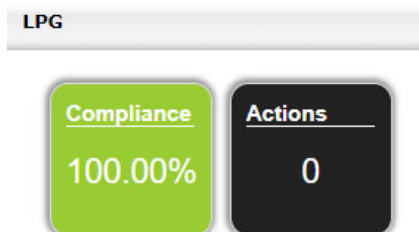
2.11 Biomass Compliance

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



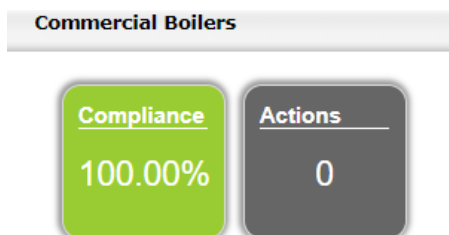
2.12 LPG Compliance

All 13 LPG properties are compliant.



2.13 Commercial Boilers Compliance

The 4 commercial boilers we have, over two sites, are both in compliance.



3. Electrical Safety

3.1 Electrical Installation Condition Reports (EICR) Programme

Historically St Leger Homes has performed electrical condition testing in all properties on a 10-year cycle in line with statutory requirements. In April 2018 a programme began to move properties to 5 year testing in line with good practice.

3.2 Tables 2 and 3: EICR Programme 2022/2023

There are 2,715 residential properties which require the EICR to be completed between 1st April 2022 to March 31st 2023. Table 2 demonstrates performance against the programme. The programme is profiled over a 12 month period and table 2 demonstrates we are currently behind programme. SLHD are working with Doncaster Council Procurement in order to compliantly secure electrical contractors to bring us back on programme. However, it is not likely to be back on programme by March 2023 due to contractor capacity and allowing time for compliant procurement.

Table 2 – Residential Properties				
Total numbers EICRs completed in December 2022 by ISP	53			
Total numbers EICRs completed in December 2022 by External Service Provider (ESP)	68			
Total number of properties on 2022-23 programme	2,715	Completed to date -	1,548	↓
Total number of properties on programme	19,946			
Total number of properties with a 5 year EICR	14,354 (72.02%)			
Total number of properties out of compliance with an EICR over 5 years old	5,561 (27.89%)*			
Total number of properties out of compliance with an EICR over 10 years old	23 (0.11%)			

*- 4,834 have been passed to ESP

Table 3 - Communal EICRs				
Total numbers EICRs completed in December 2022	1			
Total number of properties on 2022-23 programme	56	Completed to date	20	↓
Total number of properties on programme	405			
Total number of properties with a 5 year EICR	401 (99.01%)			
Total number of properties out of compliance with programme	4 (0.99%)			

Table 3 shows that there are 56 communal properties which require the EICR to be completed between 1st April 2022 to March 31st 2023. The programme is profiled over a 12 month period table 3b demonstrates we are currently behind programme. However, the ISP are working with Doncaster Council Procurement in order to secure electrical contractors to bring us back on programme

3.3 There are 4 communals which are out of compliance. 2 relate to access issues on G&T caravan sites (they cover the whole site). The other 2 are communal areas in flats where certification cannot be confirmed. Revisits are being rearranged however there is a delay due to system issues raising a job.

3.4 Table 4: EICRs over 10 years old

Total number of properties out of compliance with an EICR over 10 years old	23
Included within the 23 the total number that are void properties	0
Included with the 23 the number of properties where the EICR has been completed and we are awaiting EICR certificates	10
On original list of properties with EICRs over 10 years (October 2021 11 properties)	1 (10 of the original 11 have been completed)

3.5 Proposals have been provided to EMT to assist in gaining access to properties that have traditionally been difficult to access. This includes when residents contact the Customer Access Team agreeing non-emergency repairs only take place at the same time as the EICR is scheduled. An example of a solicitors letter which is sent to residents reminding them of their responsibilities to allow access to the property has been shared with the legal team of DMBC. The legal team have reviewed and agreed that this can be used to gain access to overdue properties and they will assist with the process.

4. **Fire Safety**

4.1 Fire Risk Assessment (FRA) and Fire Risk Action Programme

Table 5: FRA Programme compliance

Total numbers FRA completed in December 2022	33
Total numbers FRA with an anniversary date in December 2022	3
Total number of properties on programme	504
Total number of properties with a compliant FRA	504 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

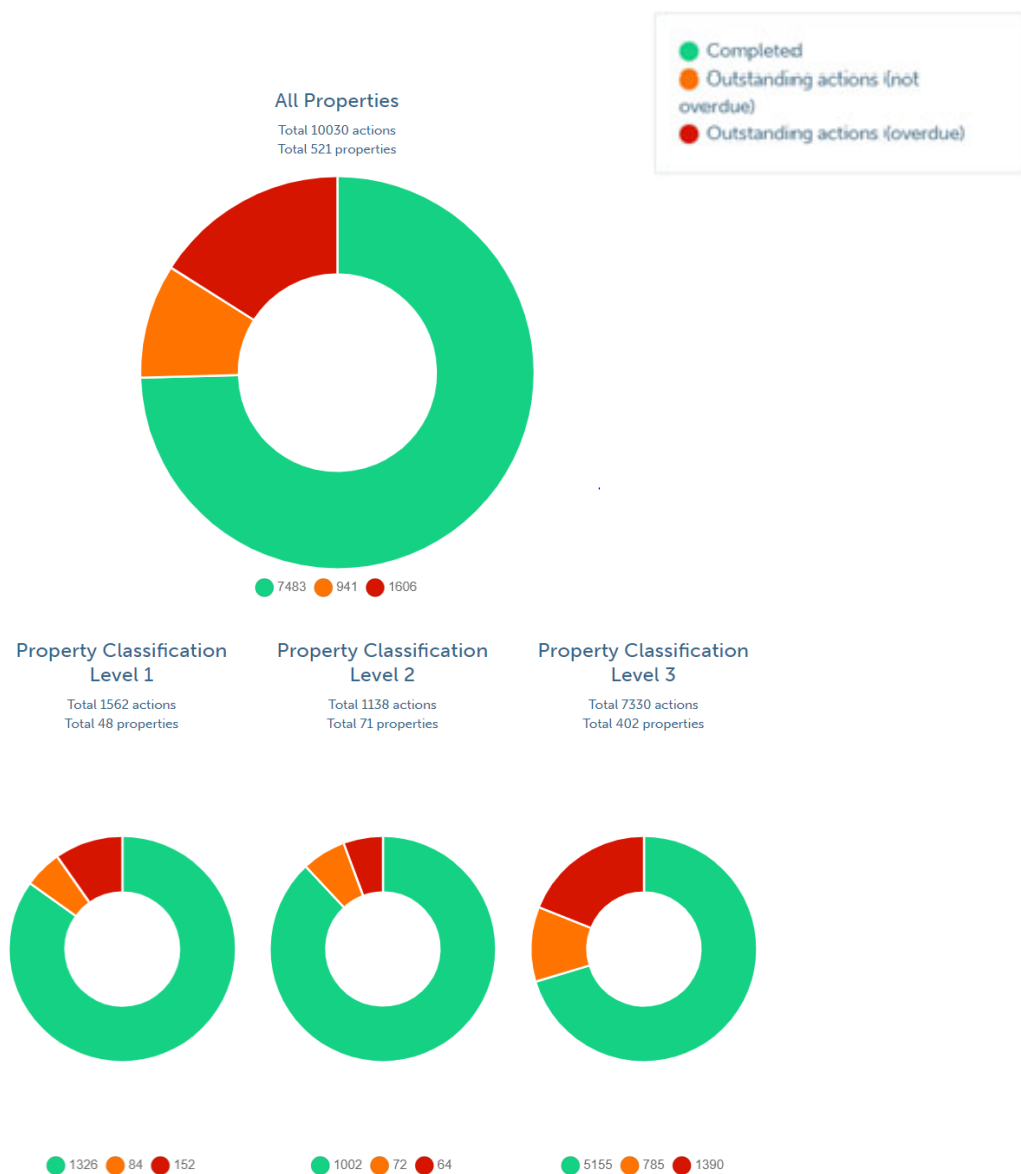
4.2 The FRA programme has been smoothed out over 3 years, which explains the difference in table 5 in the numbers completed and due, to control and plan the programme along with any subsequent actions. The second year of the programme started in April 2022.

4.3 A new FRA contract with Savills was compliantly procured starting in December 2022. This is for up to 2 years with break clauses if required. During the contract the Compliance Team will be reviewing the programme and the opportunity to bring lower risk FRAs in house.

4.4 FRA Actions

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

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





4.5 In total 10,030 actions have been identified through FRAs. 7,483 actions have been completed leaving 2,547 actions open. Of these 1,606 actions are overdue. All 1,606

have forensically reviewed to put timescales against these for completion where possible. This piece of work was discussed at the Building Safety Group with Doncaster Council and a report presented to EMT with proposals for a programme of work. Further discussion will take place at Building Safety and Compliance Committee.

4.6 The proposed programme of work would address all existing actions building by building on a risk basis. This is proposed over 10 years. EMT agreed the principles and investment for this.



4.7 Table 6: FRA Level one actions and progress

Level one buildings include high-rise buildings and specialised housing inline with the specialist housing guide. There are 236 open actions currently on level 1. 84 are in progress and 152 are overdue. 73 relate to project work at Jubilee Court, Milton Court and Heartswood. Works have started at Jubilee with full completion by April 23. Works will then commence at Milton subject to funding and a procurement exercise.

	October	November	December	Trend of Performance of month
Cumulative Total Completed	1,212	1,323	1,326	
In Progress	62	43	84	
Overdue	227	142	152	

4.8 Table 7: FRA Level two actions and progress

Level two buildings include communal halls, caravan sites, low rises (dependent on storeys / number of flats), offices. There are 136 actions open currently on level 2. 72 are in progress and 64 are overdue. 15 relate to actions that could be completed as part of a communal upgrade programme planned over a number of years.

	October	November	December	Trend of Performance of month
Cumulative Total Completed	978	999	1,002	
In Progress	79	86	72	
Overdue	39	40	64	

4.9 Table 8: FRA Level three actions and progress

Level three buildings include low-rise blocks (dependent on storeys / number of flats. There are 2,175 actions open currently on level 3. 785 are in progress and 1,390 are overdue. 1,284 relate to actions that could be completed as part of a communal upgrade programme planned over a number of years.

	October	November	December	Trend of Performance of month
Cumulative Total Completed	5,042	5,057	5,155	
In Progress	2,065	806	785	↓
Overdue	1,274	1,278	1,390	↑

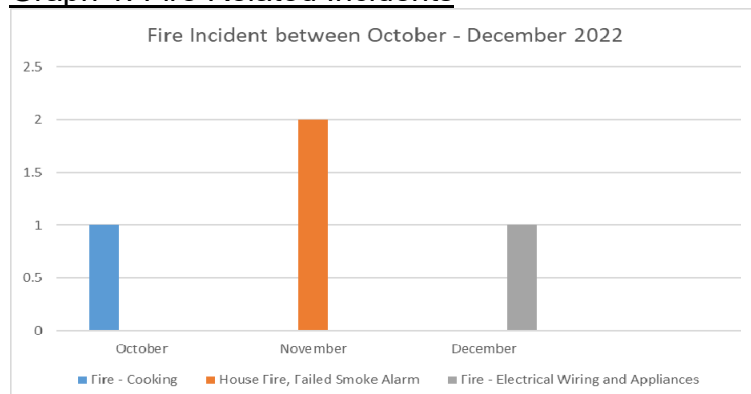
4.10 Residential Site Fire Barriers

To maintain safe separation distance between plots on residential caravan sites a project is ongoing to install fire barriers or consider an alternative plan B option. Planning approval is being pursued; flood risk assessments have been provided as part of the request. Concerns over planning application and resident concerns have been discussed with the Building Safety Group at Doncaster Council. Plans of escape routes for sites have been drafted to assist with responses to public health questions.

4.11 Building Safety External Façade Update

The ESP, Wates, are onsite at Balby Bridge. Mast climbers are in place on Sandbeck House and Firbeck House. The EWI has been stripped completely from Sandbeck House and the structural survey has been completed the report with any remedial actions is expected before the end of January 2023. Work has commenced on the removal of the EWI from Firbeck House and the structural engineer is booked for the middle of February 2023. Coordinated site visits are taking place between the SLH H&S Team and Wates H&S team. Monthly progress meetings are held between key stakeholders and Wates Contractors to monitor progress against programme and raise any concerns that may cause a delay to the delivery of the scheme.

4.12 Graph 1: Fire Related Incidents



4.13 Graph 1 shows the number of fire related incidents reported within the last quarter. These trends will continue to be monitored and any fires in level 1 residential buildings result in a notification paper to go to relevant committees and EMT.

5. Asbestos

5.1 Table 9: Compliance Reporting Reinspection Programme

Total number of properties on reinspection programme	554
Total number of properties with a compliant reinspection	554 (100%)
Total number of properties out of compliance with programme	0 (00.00%)

5.2 We continue to look for opportunities to gather more data from surveys in properties to recoup information not migrated to C365. Increased survey contractor and asbestos officer capacity is supporting this process without detriment to operational delivery. 3,643 surveys have been completed so far this financial year over all work streams. 6,684 properties (25.09%) now have valid asbestos information on C365. This is a 1.94% increase on the previous report.

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

5.4 The schemes for next financial year 2023/24 are being prepared by the Asset Team to send to the Asbestos Team and the asbestos survey contractors have made provision to start these January 2023.

6. Water Management

6.1 Table 10: Compliance Reporting Legionella Risk Assessments (LRA) Programme

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

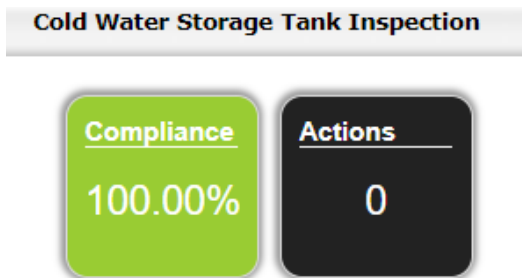
6.2 LRAs are showing at 100% on C365 with 375 actions requiring remedial work; no change from the previous report. A recommendation management system has been created for the ISP to act on. As remedial work is carried out the management system is updated by the Mechanical Team Leader for the Water and Lifts Compliance Officer to close the actions down on 365.



6.3 Water Systems Monitoring Activities

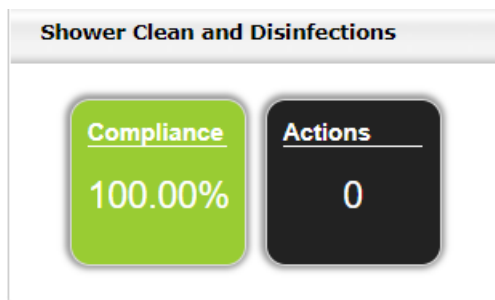
6.4 **Cold Water Storage Tank (CWST) Inspections**

CWST are inspected every 6 months and are currently showing at 100%. The CWST cannot be isolated at two properties so samples have been taken as a replacement with certification provided as evidence on C365. As part of the review of the Water Hygiene Policy it is being proposed by the water and lifts compliance officer to change these inspections to annual in line with the legislation which will produce a cost saving.



6.5 **Shower Cleans and Disinfections**

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

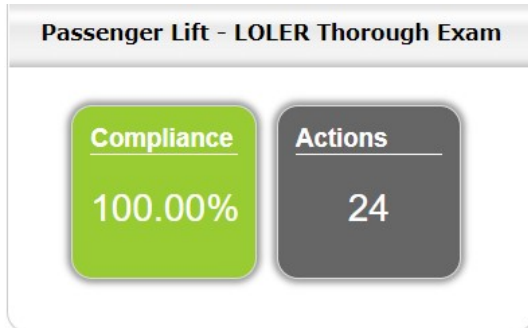


7. **Lift and Lifting Equipment (LOLER) Management Programme**

7.1 Table 11: Compliance reporting on LOLER passenger lift programme

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

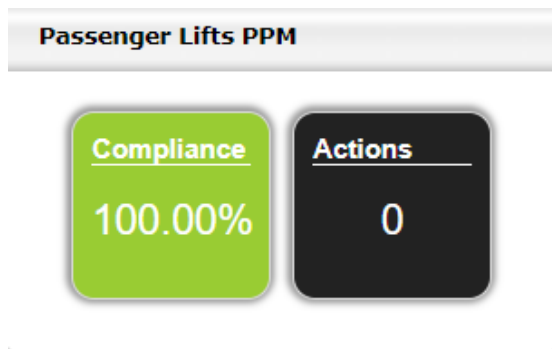
7.2 6 monthly LOLER thorough examination programme has been migrated into C365 which allows programme delivery and compliance performance to be tracked. The Water and Lifts Compliance Officer has direct access to the insurers portal to upload certification onto C365. There is also the support of a specialist lift safety consultant in ensuring programme delivery is compliant.



7.3 The 24 actions will be closed off when the next 6 monthly thorough examination is completed and confirms the defects are no longer on the report.

7.4 **Passenger Lift Planned Maintenance Programme**

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

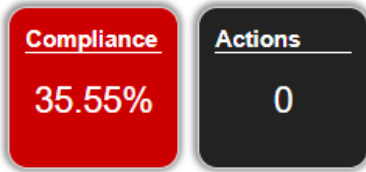


7.5 Residential Lifting Equipment

7.6 **Residential LOLER Thorough Inspections**

The Water and Lifts Compliance Officer is carrying out a data validation exercise for all our residential properties that have lifting equipment (such as hoists and stair lifts). These properties are being migrated to C365 and are being validated as they go on. There are currently 633 properties on programme. There are ongoing access issues for engineers. Strengthening access requirements and recording access attempts is being included in the upcoming Insurance tender.

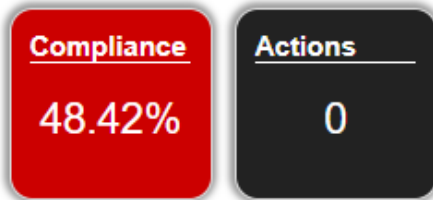
Residential LOLER Thorough Inspection



7.7 Residential Planned Preventative Maintenance Programme

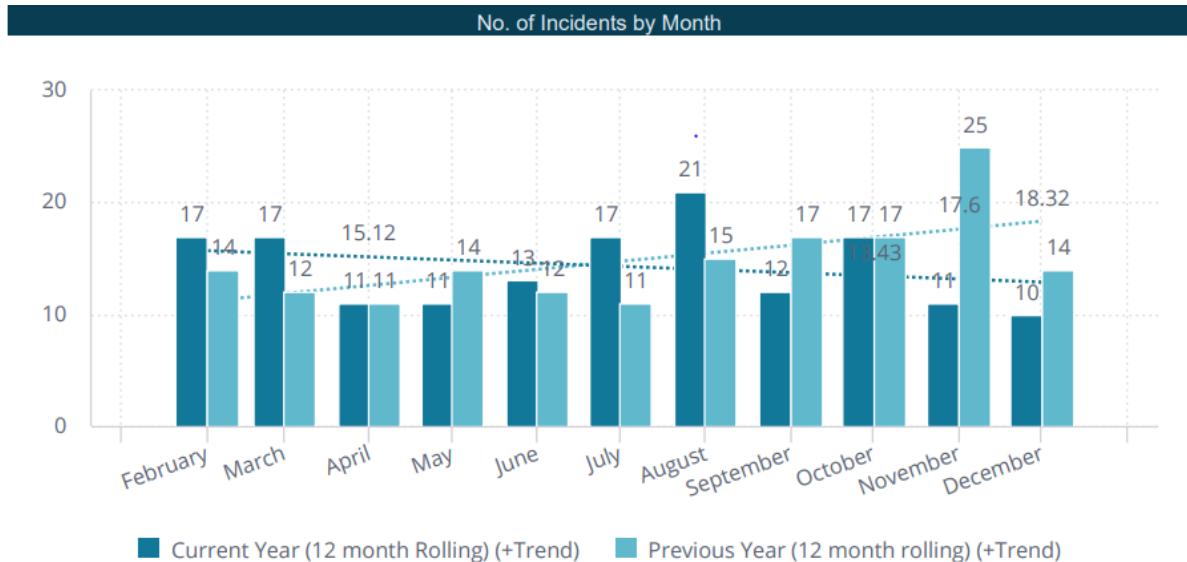
The Water and Lifts Compliance Officer receives reports from the Contractor (Wessex) after the PPM is complete; these do not come through in a timely manner (received every 3 months via our Lift Consultants). The compliance is improving but not in real time. This contract is due to be retendered in March 2023 and how we receive this information will be considered within this.

Residential PPM



8. RIDDOR, Incidents and Accident Update

8.1 Graph 2: Accident and incident data over rolling year



8.2 Graph 2 shows the accident and incident performance over a rolling year recorded via the EVOTIX accident reporting system. In December there were 10 incidents reported these are broken down into –

- 2 accident injuries

- 6 Violence & Aggression
- 1 Fire - Electrical Wiring and Appliances
- 1 Not work related – non employee

The H&S team will work with teams around types of incidents to report and classifications that can be use.

8.3 No RIDDORs were reported in December.

9. Consolidated Action Plan

9.1 6 actions were closed during December and none are overdue. The consolidated action plan is available in the Convene document library if Board Members wish to review it.

10. Damp, Mould and Condensation (DMC)

10.1 Since the tragic events at Rochdale the business have received higher than average number of contacts relating damp, mould and condensation. The Property Services directorate are considering a resource to deal with these issues which will be presented in a future paper to EMT, which may also impact on the Tenancy Support Team in Housing and Customer Services Directorate.

10.2 All resident information has been updated and published on the website. CAT continue to triage contacts received and are sharing these with relevant teams.

10.3 Since 1 December 2021, 1,664 customer requests have been made for a repairs inspection to a tenant's home, covering 1,335 properties, where the word 'damp' is contained a description of the reported issue; 454 inspections were raised between 1 October 2022 to date. The number of complaints received around DMC in September October 2022 were 2 in both months, however there were 21 complaints received in November 2022 and 17 in December 2022.

10.4 As of 4th January 2023 378 appointments are awaiting an inspector to visit; these are following customer contacts. Prior to the Christmas break extra inspection capacity had been put in place with 88 visits completed. There are plans to look at creating this interim capacity again until a more permanent solution can be made.

10.5 Stock condition surveys are a proactive mechanism being used to assess property condition. Of the rolling programme of stock condition surveys carried out (48% of properties have been completed in the last 5 years) no category 1 hazards, where the potential for most serious harm is identified, relating to DMC.

10.6 723 category 2 hazards in respect of damp and mould have been identified in the last 12 months (541 slight and 182 moderate). This equates to 3.6% of the total housing stock and 7.6% of the properties surveyed for stock condition within the last 5 years. These properties still meet the decent homes standard. These properties are being inspected further, with appropriate interventions put in place as required to address any issues including resident education.

10.7 A DMC working group has been set up and they will be looking to formulate the

organisations response to the recommendations contained within the spotlight report and actions moving forward.

10.8 Future performance reports will include monthly ratios of calls received by Customer Access Team received during the month and the percentage of those which relate to DMC.

11. Link to Risk Register/Any New Risks

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

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

12. Procurement

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

12.2 Passive fire works contracts have recently been awarded initially for surveying elements with the next stage of the delivery of safety critical works for overdue actions in all levels of buildings.

13. VFM Considerations

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

14. Financial Implications

14.1 There is budget provision available within SLHD to carry out all the necessary and regular checks (fire risk assessments, gas safety and solid fuel checks, electrical testing, legionella, lift inspections and asbestos surveys). There are no budgetary pressures to note at this stage although external contractors have been used to carry out electrical tests due to vacancies in SLH inhouse trade teams

14.2 There are a number of budgets within SLHD and in the capital programme to address the issues arising out of these checks. The table below summarises the Draft outturn position for the year ended 31 March 2023:

	Budget £000s	Draft Outturn £000s	Variance £000s
Heating conversions/upgrades	2,163	2,163	0
Electrical planned works	698	698	0
Mechanical planned works	60	60	0
Fire safety works	2,002	1,700	-302

Asbestos Surveys and removal	700	700	0
Total	5,623	5,321	-302

- 14.3 These are the budgets for 2022/23 and are the second year of an approved four year capital programme. They are reviewed and updated regularly to ensure that they are sufficient to address all the issues arising
- 14.4 The Fire Safety Works forecast has been revised to reflect the amount of works issued to the contractor and include the enabling works associated with the Milton Court scheme. The £402k funding will be slipped into 2023/24.
- 14.5 The £300k Heating and Conversions is an additional charge for inflation not budgeted for due to the Natfed SOR rates being charged at -10%.
- 14.6 The Electrical Planned works is now expecting to be £168k under budget due to the original contractor terminating and the procuring a new contractor has taken longer than anticipated.
- 14.7 All schemes noted are currently on track to spend the entire allocated budget by 31st March 2023.

15. Legal Implications

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

16. Risks

- 16.1 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.

17. Health, Safety & Compliance Implications

- 17.1 Within the report.

18. IT Implications

- 18.1 The implementation process for C365, a dedicated compliance software solution is ongoing. This will better enable SLHD to manage its legal obligations in respect of compliance by automating servicing, inspection and risk assessment cycles, and providing a central repository for any resultant actions. It will enable 'live' performance management of compliance and eliminate the need for manual record keeping through

spreadsheets, which is currently commonplace for many areas of compliance.

19. Consultation

19.1 Not applicable.

20. Diversity

20.1 Not applicable.

21. Communication Requirements

21.1 Not applicable.

23. Equality Analysis (new/revised Policies)

23.1 Not applicable.

24. Environmental Impact

24.1 Not applicable.

25. Report Author, Position, Contact Details

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 2 February 2023

Item : 11

Subject : Q3 Revenue Monitoring Report
2022/23

Presented by : Julie Crook
Director of Corporate Services

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

Purpose : To inform St Leger Homes of
Doncaster (SLHD) Board of the
projected revenue income and
expenditure for 2022/23 and the actual
and committed income and
expenditure to date as at 31 December
2022.

Recommendation :

For Board to note the Revenue Monitoring report as at 31 December 2022 and the projected outturn for the financial year 2022/23.

Company Number 05564649

A Company Limited by Guarantee Registered in England

To : SLHD Board

Agenda Item No.11

Date: 2 February 2023

1. Report title

1.1. Q3 Revenue Monitoring Report 2022/23.

2. Purpose

2.1. To report income and expenditure to 31 December 2022, projected for 2022/23, variances to the approved budget and related commentary.

3. Executive Summary

3.1. At Quarter 3 of 2022/23, an **overall Deficit is projected for the year of £1.038m, comprising HRA £1.052m and a surplus in Housing Options of £14k.**

3.2. However, this includes a number of significant and unique variances and is before any adjustments for related, additional Management Fee income that should be approved and received in Q4.

3.3. After adjusting for this income, an **overall Surplus is projected for the year of £255k, comprising a HRA £93k surplus and Housing Options £162k surplus.**

3.4. The projected deficit is largely due to inflation (£172k net figure) and a pay award (£973k / 7%) that is over and above what was budgeted (2%). The additional management fee is for these exceptional increases.

3.5. The table below summarises the projected position at Q3 by Directorate, with additional rows to show the positions before and after adjusting for inflation and management fee. The Q3 position also includes a £1.35m SOR inflation adjustment relating to capital income (noted in 5.14 – 5.18 below) that will reduce pay and non pay inflation costs. The position as at Q2 has been included underneath to enable full comparison of the movements in the projections.

	Housing	Corporate	Asset M'ment	Property	HRA	Gen Fund	SLHD
	£k	£k	£k	£k	£k	£k	£k
Q3 / period 9 Projections	646	-46	245	207	1,052	-14	1,038
Management Fee – net inflation	-306	-65	-591	790	-172	-86	-258
Management Fee - pay award	-369	-68	-78	-458	-973	-62	-1,035
TRUE Q3/Period 9-surplus/deficit	-29	-179	-424	539	-93	-162	-255
<i>Q2 / period 6 Projections</i>	<i>593</i>	<i>-27</i>	<i>696</i>	<i>995</i>	<i>2,257</i>	<i>204</i>	<i>2,461</i>
<i>Management Fee – net inflation</i>	<i>-220</i>	<i>0</i>	<i>-890</i>	<i>-433</i>	<i>-1,553</i>	<i>-86</i>	<i>-1,639</i>
<i>Management Fee - pay award</i>	<i>-302</i>	<i>-102</i>	<i>-100</i>	<i>-538</i>	<i>-1,042</i>	<i>-72</i>	<i>-1,114</i>
TRUE Q2/period 6 -surplus/deficit	71	-129	-294	24	-338	46	-292

- 3.6. In summary, the TRUE projected HRA deficit of £93k has reduced from £338k projected at Q2, largely due to a reduction in capital income.
- 3.7. General Fund activities are less affected by inflation but the TRUE projected position of £162k is an improvement on Quarter 2's £46k, largely due to increased recovery rates on Housing Benefit.
- 3.8. The key risk from the above is that on income of more than £50m, it remains an extremely, and increasingly tight position. Robust budgetary control is imperative.

4. **Forward look to 2023/24 and 2024/25 challenges**

- 4.1. DC have targeted £1m of savings from SLHD over three years and during the year to date, substantial consideration has been given to this target, additional pressures and potential savings this year and also 2023/24 and 2024/25.
- 4.2. The Finance Team have been working with all budget holders and at this stage have identified some budget savings which could be delivered in 2023/24 and in 2024/25.
- 4.3. Budget pressures this year are detailed below and unfortunately there will also be budget pressures emerging in the next two years but all of these have not yet been identified or quantified.
- 4.4. In summary, a significant amount of work is ongoing to finalise the 23/24 budget. The Management Fee income figures will be confirmed by the Council shortly and we have a small number of savings still to identify.

5. **Pay Award implications**

- 5.1. The pay award of £1,925 per employee equates to an average of 7% and is greater than the budgeted 2%. This total cost of the estimate pay award over and above this year's budgeted figure equates to £1.31m (£1.24m HRA and £62k GF).
- 5.2. Also, the 2% budgeted increase for 2022/23 is on top of the assumed increase of 2.75% for 2021/22, but only 1.75% was received in 2021/22, so the pay budget this year is £273k overfunded. This has been projected and the net effect for additional funding required is £1.035m.
- 5.3. The true salaries variance, ie. due to vacant posts and staff movements, is summarised below by extracting the pay award distortions.

<u>Salary Variances</u>	Housing	Corporate	Property	Asset & HS	HRA 22/23 variance	Housing Options 22/23 variance	SLHD TOTAL
	£k	£k	£k	£k	£k	£k	£k
Salaries Projected variances	313	-15	23	-439	-118	546	428
Pay award addl. mgmt. fee	-369	-68	-458	-78	-973	-62	-1,035
TRUE Salaries variance	-56	-83	-435	-517	-1,091	484	-607

- 5.4. For HRA operations, the TRUE salaries variance would be a saving of £1,091k. £352k of this underspend is utilised on agency staff (see below), but the true HRA surplus at £93k means that there are overspends in other areas, primarily to address Covid backlogs, and these are being monitored very closely.
- 5.5. The pay award has a much smaller impact on General Fund operations and the above overspend is due to additional posts that are being funded by a separate additional management fee or funding from other sources, eg grant funding.

Inflation

- 5.6. Inflation is causing the largest non-pay cost variances – mainly on Utilities, Materials, Contractors and Fuel. Increased expenditure totalling £1.9m is projected (see below) and is higher than the £1.55m projected at Q2.
- 5.7. £1.19m is currently projected on utility budgets of which £943k relates to the District Heating schemes. This represents inflation at around 384% for gas from April and a further 7.7% (£53k) increase from October, and 112% for electricity, both much higher than originally budgeted.
- 5.8. As a result, tenants on District Heating at Balby Bridge, Ennerdale and Milton Court were informed in November of increased charges commencing from December, and forecasts for income have increased by £377k. This will offset some of the additional gas inflation cost of £885k on District Heating schemes (as shown in the table below). The full benefit of the increased charges to tenants will be seen next year as the schemes move towards covering their costs.
- 5.9. Materials, skips and contractors are subject to inflationary pressures that are over and above the budgeted increase linked to RPI/CPI. This is due to the soaring utility and fuel prices that are the biggest factors in the increase in supplier costs.
- 5.10. Vehicle fuel prices increased significantly since the start of the financial year peaking in mid-July. Prices have started to reduce slowly but there is still an inflationary cost pressure to the company of £50k.
- 5.11. The SOR Inflation adjustment on capital income of £1.35m, noted in 5.14 – 5.18 below, will offset the majority of the inflation costs associated with the delivery of capital works.
- 5.12. The overall impact of inflation on **HRA operations** is summarised here:

<u>Description</u>	<u>£k</u>
Gas	925
Electricity	198
Materials	470
Fuel	50
Skips	29
Contractors	49
SLAs	154
Other (IT, Postage)	24
Additional costs total	1,899
District heating Income adjustment	-377
Additional funding (To be confirmed)	-1,522
Surplus and Deficit impact	0

5.13. Utility costs within **GF operations** are also not immune to the impact of inflation and additional management fee will be requested to cover the projected £86k overspend to budget.

Management fee / SOR inflation

5.14. In addition to the above inflation pressures, a one off inflation adjustment has been projected on both Management Fee and Capital income, but has zero impact on the surplus position.

5.15. For the past two years, SLHD capital works have been charged to DMBC at 'NatFed SOR minus 10%' to be consistent with the charges levied by J Tomlinson Limited (JTL), SLHD's main maintenance contractor over this period.

5.16. However, JTL have recently withdrawn from this contract as the inflationary pressures they have experienced have meant they could not cost effectively deliver their services at the agreed rates.

5.17. As a result, SLHD has also reviewed the inflationary increases incurred in delivering services and levels expenditure on the related budgets, to calculate an overall average impact over the past two years. This summarised below.

	<u>21/22</u>	<u>22/23</u>	<u>comments</u>
Labour	2%	4%	pay award
Materials	10%	15%	materials inflation
Overhead	5%	10%	average
	5.5%	9.0%	Average impact overall

5.18. In summary, the average inflation impact is nearly 15%, which when applied to the capital works delivered by SLHD to DMBC over the two years **equates to £1.35m**. A one off adjustment has therefore been incorporated in capital income, and has zero impact on the bottom line.

6. Budget pressures – 2022/23 assumptions

6.1. The table below summarises material variances and where these are occurring compared to the '£zero' budget at Q2 and compared to Q3.

	HRA	HRA	Housing Options	Housing Options
	Q2 22/23 projected variance £k	Q3 22/23 projected variance £k	Q2 22/23 projected variance £k	Q3 22/23 projected variance £k
<u>Variances</u>				
<u>Expenditure</u>				
Salaries (see note 3.3)	95	-118	687	546
Temporary staff	298	352	172	240
Utilities	1,134	1,188	86	86
Fuel	50	50	0	0
Materials	178	267	0	0
Supplies & Services	42	23	130	142
SLAs	-107	42	-29	-28
Private Rent Incentives	0	0	254	254
B&B and Security	0	0	63	330
External Contractors	668	812	0	0
Net Others	-23	61	0	-20
<u>Income</u>				
Capital Income	-70	-1,110	0	0
Other Income	-8	-514	-498	-903
Additional Mgmt. Fee	0	0	-661	-661
Surplus(-) / Deficit	2,257	1,052	204	-14
<i>WTE vacant posts (no.)</i>	71.7	75.7	2.5	1.0

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

HRA Operations

6.2. The projections table above contains a number of large budget pressures.

6.3. The main HRA variances projected for the year are in the following areas :

- Salary costs; £118k under budget – as detailed above and vacant posts;
- Temporary staff: £352k (897%) over budget to cover for vacant posts and additional requirements;
- Utilities; £1,188k over budget due to
 - A 384% inflation increase (budgeted 55%) for gas;
 - Further 7.7% increase on Gas from October totalling £53k;
 - Electricity budgeted increase by 38%, now expected to be 112%.
- Fuel; £50k budget pressure based on price increases;
- Contractors; £812k over budget. Due to vacancies, work outsourced such as electrical testing, scheduled repairs and standard void works;

- SLAs: £42k over budget, mainly due agreed inflationary increases of an estimated 4% (£154k) to be charged in Q4, and a pressure of £40k on the Legal SLA as a result of disrepair claims and complex cases. These pressures are offset in part by an expected £85k saving on the ICT SLA, largely due to Civic relocation, and £47k on Strategic Asset SLA due to a vacancy in DMBC and lower demand for work carried out for SLHD;
- Recharges to capital;
 - £1.35m additional income for SOR inflation as above.
 - £350k shortfall on internal re-inclusions due to sickness and vacancies in the workforce,
 - £150k reduction in major void works (£100k further reduction this month) due to reliance on contractors (mainly electrical works);
 - £270k reduction this month on planned smoke alarm/heat detector replacements due to electricians being transferred over to repairs to manage the high demand and backlog of works.
 - An additional £210k income on planned works mainly on acquisitions and Communal Hall refurbs.
 - £100k increase this month on heating installs. M&E team on track to achieve additional £100k budgeted for contractors to carry out.
 - additional income of £220k unbudgeted improvement works from Fire Risk Assessments recommendations have been done in house;
 - Therefore, a net £240k reduced income has been projected.
- Other Income; £514k additional income forecast, mainly £443k related to District Heating charges to tenants (£353k) effective from 12 December, and recharges (£90k) internally and to DMBC.

General Fund

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

<u>Description</u>	<u>£k</u>
Additional Posts	846
Private Rent Sector Housing Initiatives	253
Temp Accommodation & Security Saving (net of HB)	-118
Additional costs total	981
Additional Management Fee income	-661
RSI & Other Grants	-320
Surplus and Deficit impact	0

6.5. The main Housing Options variances projected for the year are:

- Employee related costs : £786k over budget – comprising
 - management fee funded posts totalling £489k
 - grant funded posts totalling £297k. The forecast includes additional grant income recently agreed for new posts approved to March 23 for the Accommodating Ex-Offenders and Ukraine projects
 - Includes estimated impact of new pay award offer of £62k;
 - All temporary posts are now recruited to.
- Utilities: £86k over budget due to inflation;
- Supplies & Services: £729k over budget, partially funded from additional management fee and additional Housing Benefit recovery. This includes

- £253k to support initiatives to work with the Private Rented Sector (PRS) which will facilitate access to additional accommodation units
- a forecast overspend of £364k on hotel accommodation and security which is a significant increase on the Q2 projection, although numbers in hotel accommodation are now starting to reduce, and the overall net forecast after recovery of Housing Benefit has reduced due to an increase in the projected recovery rate from the budgeted 65% to an forecast of 85%
- Hotel security, albeit at reduced levels, is still in place at one hotel due to continued high numbers. Any SWEP related security in Q4 will be charged to available RSI grant funding;
- A forecast overspend of £50k for site clearance at the White Towers caravan site;
- Also included is £60k Winter Plan expenditure, funded by additional RSI funding.
- Management Fee: £661k additional recovery plan income (see 4.4);
- Other income: £904k additional income;
 - £294k Rough Sleeper Initiative (RSI) grant
 - £60k Winter Plan Funding (RSI)
 - £51k Accommodating Ex-Offenders Grant, including new posts approved to March 2023
 - £486k additional Housing Benefit for increased forecast for hotel accommodation and improved HB recovery rate;
 - £12k DC funding for post supporting the Ukraine project to March.

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

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

Housing and Customer Services:

7.2. As at period 9, the directorate is projecting a £646k deficit which reduces to £29k surplus after assumed additional Management Fees. Other pressures include an increased forecast for District Heating internal recharges and is offset by corresponding income in the Property Services directorate, with zero impact on the overall bottom line for the company. A £40k pressure is expected on the Legal SLA budget due to costs associated with disrepair claims and a number of complex cases.

Corporate Services:

7.3. At period 9, the Corporate Services directorate have identified a £25k pressure on the training budget due to safety/statutory training requirements identified in the training plan. There are no other significant budget pressures at this point.

Property Services: Asset Management Services

7.4. The Asset Management Team and Health & Safety are currently holding 13.1 vacant posts with two senior posts becoming vacant in January and February. The use of external services may be required until these two posts are filled. Six posts will not be filled this financial year.

- 7.5. There are increasing enquiries and cases of damp, mould and condensation (DMC) across properties in the borough and this is causing strain on resources throughout Property Services. Surveyors have had to prioritise DMC cases and 500 stock condition surveys will need to be outsourced to Savills. A dedicated DMC team is currently being drafted and submitted to EMT for approval and it is anticipated that the four new posts will be recruited to by the end of the financial year.
- 7.6. The dilapidation costs resulting from relocation of staff from St Leger Court (SLC) and St Leger House (SLH) to the Civic Building are still being finalised, but there is an additional budget pressure of £44k currently projected.
- 7.7. The Disrepair budget is already projecting £15k cost pressure, but currently there are 76 live cases with 8 court cases that if unsuccessful will increase legal and compensation costs further. The increase in cases has had an impact on the legal SLA budget held in Housing Services (see note 7.2)
- 7.8. The External Contractor budget is reporting a saving of £67k. The budget of £130k is specifically for cladding maintenance on high rise blocks, but due to disputes with the contractors who installed the cladding, the budget is being utilised with associated costs for expert witness samples and laboratory checks.
- 7.9. There are no other material changes from the position projected at this stage.

Property Services: Building Services

- 7.10. There is still a large number of vacant posts within Property Services (see below). Numbers continue to reduce slightly, but there are difficulties in filling Electricians and there are currently ten vacant Electrician posts. This has resulted in Contractors required for voids and for EICR tests to cover the shortfall. Also, Electricians have been transferred from planned capital works on smoke and heat detectors to increase resource in repairs to cope with high demand and backlogs. This has resulted in loss of capital income to the company of £270k.
- 7.11. Agency staff, overtime and staff transfers internally are continually being utilised to cover certain posts and to ensure essential delivery targets are met.
- 7.12. Due to vacancies, some works have been passed to contractors to ensure delivery and performance targets are met. These include electrical testing, scheduled repairs and standard void works. The scheduled repairs work of £240k has recently started in the New Year and reassurances have been given that the works will be complete by the end of the financial year.
- 7.13. Further to the issues on vacancies the internal re-inclusion capital works are now projecting to be £270k income short of the budget target. This is also down to lost time to sickness as well as vacant posts and difficulty recruiting to agency staff.
- 7.14. Lettable void numbers are significantly lower than this time last year and at a manageable level. Overtime has continued to keep numbers down and the costs incurred have resulted in a projection of £185k for the year. Ongoing Electrician vacancies has meant the continued reliance on external contractors support to maintain low void numbers and re-let times.

- 7.15. The table below shows repairs orders and void numbers after nine months, and comparatives from earlier years. The mix of repairs has changed as all gas repairs are now classed as emergency and not urgent, so from Q2 there is a spike in emergency repairs and a reduction in urgent orders.

<u>Year to date repairs orders</u> – 9 months	Dec-22 no.	Dec-21 no.	Dec-20 no.
Emergency Orders	18,777	10,308	6,746
Urgent Orders	18,723	22,759	23,495
Routine Orders	11,059	12,033	10,646
Scheduled Orders	6,544	6,495	6,867
Total	55,103	51,595	47,754
<u>Voids</u>			
Terminations – <u>Year to date</u>	860	847	936
Lettings – <u>Year to date</u>	907	838	n/k
Lettable voids <u>at month end</u>	118	140	199
Non lettable <u>at month end</u>	8	2	20
Earmarked for demolition	0	5	0
Gross voids <u>at month end</u>	126	147	219

General Fund Housing Options:

- 7.16. The Housing Options service is still experiencing overwhelming high demand for services with circa 2,000 requests for service a month and a high number of customers per day claiming ‘homeless tonight’. Homeless tonight presentations has reduced by 40% over the last month due to more staff, better case management and the new front end service, reducing failure demand significantly. However, it still remains a pressure on the service, impacting on the use of hotel accommodation.
- 7.17. The service has been awarded additional funding from the Council to deliver a transformation project and also funding from DLUHC via the Rough Sleeper Initiative (RSI). It is estimated that the proposed solution will take 12 months from the date of implementation to address the backlog of cases. The additional funding covers two main areas;
- 20.5 FTE additional temporary staff members for a period of 12 months at a cost of £846k, focusing on prevention work and dealing with cases before they become homeless or at the relief stage; and
 - Additional funding of £253k to support initiatives to work with the private rented sector which will facilitate access to the much needed additional accommodation units and be used as prevention to people becoming homeless.
- 7.18. All temporary additional posts have now been filled, however there are two grant funded posts that have recently become vacant, and existing staff are to be allocated against this to maximise the available grant funding.

- 7.19. The cost of emergency hotel accommodation and security is still high and over budget, although there has been a consistent fall in Q3 compared to the peak in Q2. Housing Benefit recovery rates are improving steadily. They are currently projected at the 85% compared to the budgeted 65%
- 7.20. Unbudgeted costs of £50k have been incurred at the White Towers caravan site due to fly tipping, including site clearance and CCTV costs.

Employees:

- 7.21. The largest projected variance is in salary related costs and totals a £1.01m 'overspend' – mainly £428k 'over' on salary costs and £592k over on temporary staff costs. The sections above detail the unique circumstances behind most of this variance, ie. pay award assumptions. However, there are currently 76.7 WTE posts vacant which equates to a 9.4% vacancy factor (VF). The budget assumes a 4% VF, equivalent to around 33 WTEs.

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

* includes 9 WOW posts

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

8. Recommendation

- 8.1. For Board to note the Revenue Monitoring report as at 31 December 2022 and the projected outturn for the financial year 2022/23.

9. Procurement

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

10. Value For Money

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

11. Financial Implications

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

12. Legal implications

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

13. Risks

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

14. IT Implications

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

15. Consultation

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

16. Equality and Diversity

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

17. Communication

17.1. There are no communication requirements arising from this report

18. Environmental

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

Report author

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Budget Monitoring Working Papers 2022/23 Budget

Appendices 1, 2 and 3 – Revenue summaries for SLHD, HRA and General Fund

HEADS OF SERVICE COMMENTARY

1. Housing and Customer Services

- 1.1. At the end of December 2022, the Housing and Customer Services Directorate is projecting a **deficit of £646k**, reducing to a **£29k surplus** assuming additional management fee income for inflationary pressures.

Housing Management

- 1.2. Aside from the variances due to increased salaries and utilities costs, the overall budget at the end of Quarter 3 remains stable with most forecasts remaining within or under budget apart from inflationary pressures.
- 1.3. All vacancies for the Housing Management service area have been checked and challenged and are all in the process of being recruited to or are included in the Housing Management review. There has been an increase in the use of Agency staff to cover Caretaker roles and a G&T Housing officer following difficulties in recruiting to these roles. However, the Caretaker agency staff have proven very reliable and are applying for the permanent roles, which will be concluded in the next few weeks. After further discussions with HR, the G&T Officer role is to be re-advertised with a redefined JD and advertising regime.
- 1.4. Premises Expenses are a pressure area showing a significant projected overspend due to the increase in utility costs. Forecasts are based on last year's usage and this year's prices and we may begin to see more staff starting to work in offices through the winter months to avoid using heating and electricity at home. We will need to closely monitor usage compared to last year.
- 1.5. Legal SLA costs are still predicting on overspend of around £40k currently due to increased casework and complexity of cases. A review is currently being undertaken to look at these costs which also include an increasing number of disrepair claims being defended. This will also look at how the income is apportioned when legal costs for disrepair claims are successfully recovered.

Customer Services

- 1.6. No major concerns to report at this point in the budget year. There is no expenditure showing against SLAs to date and this is currently being reviewed.

Choice Based Lettings

- 1.7. Salary overspend due to pay award settlement paid in P9 and previously agreed funding for secondments to support the review of the Allocations Policy and Abritas/Capita replacement. Turnover of staff has remained low and therefore savings from unfilled posts have not materialised to date.

2. Corporate Services

- 2.1. At the end of Q3 2022/23, the Corporate Services Directorate is projecting a **surplus of £46k**, including the inflationary pressure estimated at £133k. **The adjusted surplus would be £179k.**

Human Resources & Organisational Development (HR&OD)

- 2.2. The HR&OD budget remains underspent against profiled budget year to date however this is in the main due to the fact that a number of learning activities planned are likely to occur in the latter part of the year – for example Customer Excellence learning. Once these costs are realised this will significantly change the budget position reducing the underspend. We do remain mindful of the ongoing budget position for spend on training, particularly as new learning requirements continue to emerge, work is ongoing to determine what training needs to happen in this financial year, and a pressure of £25k has been reported.

Financial Services

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

ICT & Business Excellence

- 2.4. Due to the rationalisation and reduction of servers as a result of TOP, along with the reduced infrastructure/network charges as a result of moving from St Leger Court and St Leger House to the Civic Quarter, the SLA is lower than originally estimated.
- 2.5. There will be an overspend on the postage budget as letter printing has been centralised and a number of ad-hoc batch letter requests have been received. The overspend is expected to be in the region of £20k.
- 2.6. Supplies and Services will include a number of in year procurements for hardware and software solutions but is expected to be within budget.

3. Asset Management Services

- 3.1. The service area is currently forecasting an end of year surplus of £167k. This is consistent with the forecast last month. The forecast surplus is predominantly due to ongoing vacant posts across the department. Recruitment continues, and for some posts has proven successful (admin). However, challenges with filling the more technical vacancies remain (in particular construction project manager positions, Commercial Service Manager, Senior QS and the Environment and Sustainability Manager role).
- 3.2. Other issues to note are:
- The rise in utility costs for buildings and fluctuating fuel costs for vehicle fleet present a continuing potential risk/budget pressure for the service area.
 - A further potential risk is future rental costs for Shaw Lane. A rent review is currently (still) underway and the proposed amounts from the landlord are significantly higher than current rental values. Doncaster Council Assets Team are supporting SLHD in these continuing negotiations.

- A budget for the appointment of a specialist advisor / consultant to advise on options for the removal of gas at Intake high rise will be required if this option is to be explored further. This will be in the region of £70k. The hope is to commission this late in Quarter 4.
- The need to replace the aging CCTV at Shaw Lane has meant that the repairs budget for the year for the building will overspend.
- A temporary reduction in the service offer for the Assets SLA has seen the overall forecast spend for SLAs reduce. However, moving forward to the 2023/24 financial year, there may be a need to increase refuse collection provision to some communal halls due to welfare use and complaints from users, thus potentially increasing this SLA cost. This is currently being explored.
- Whilst SLHD has successfully defended and won some recent disrepair cases, there has also been the need to settle some cases where the legal costs have run into several thousand pounds per case. The number of disrepair cases has increased this year, (currently 70 cases received to date compared with 49 last year), and are proving more difficult to defend given the link with delayed repairs during the pandemic. It is anticipated that recent media attention regarding damp, mould and condensation will also see a further increase in cases over the coming months. Consequently, the disrepair budget forecast has been increased to reflect this and may need to be increased further.
- Skip usage at Shaw Lane has increased, with more teams seemingly using the provision, thus increasing central costs (but reducing service area costs).

4. Building, Health & Safety Compliance

In summary the key issues to note are

- 4.1. External Maintenance contractors – the contract for the provision of Fire Risk Assessments through Savills has been renewed for two years with a break clause after one year or 18months. The costs have changed for the fire risk assessment and we are having to pay an annual fee of £15k for the use of Risk Hub.
- 4.2. The contract for the remedial fire risk actions at Milton court is being put together to repeat the project from Jubilee Court. Enabling works have started with the provision of the new drawings and plans, asbestos surveys and pre construction information.
- 4.3. The key contributing factor to the forecast underspend position is the continuing number of staffing vacancies within the team against the approved budget. The increased demand for asbestos surveys has resulted in the need to keep the agency member of staff. This resource is being funded from the current vacancies within the team. Recruitment continues with good progress. These are covered in more detail below:
- 4.4. Staffing – the Health & Safety Advisor post is not likely to be recruited to this financial year whilst we consider a possible career graded route from a succession planning pool. One of the Building Safety Surveyor roles will be advertised this financial year but an appointment is not expected during this financial year. The other Building Safety Surveyor role will be recruited to following the completion of the Assets structure review.

4.5. There are a no emerging potential budget pressures.

Appendix D

5. Property Services

- 5.1. **Overall**- the deficit for R&M has increased by £208k from Period 8, to £207k.
- 5.2. After adjusting for additional management fee income, the true position is a **deficit of £539k**
- 5.3. **Staffing costs**- have increased by £32k mainly due to overtime predominately on voids
- 5.4. **Materials** –projections have been reduced due to capital income reducing overall.
- 5.5. **Contractors** – projections have been increased mainly due to continued reliance on electrical void works and ad-hoc responsive contractor works, as we have less in house resources to address current demand
- 5.6. **Capital Income**- sees a net reduction overall of £160k; Voids has reduced by £100k due to additional contractor works, planned smoke/heats has been reduced by £270k, due to resources transferring to repairs from January to meet high demand and backlog of electrical works, there has also been a positive £110k increase on external planned works, a £100k increase on heating replacements due to capacity to do more in-house reducing our reliance on some contractors.
- 5.7. **Risks** – There remains the ongoing risks on inflation, availability of resources and the need for additional contractors for the delivery of works across our services. Delivering our anticipated income on capital schemes also remains a risk due to these additional pressures.

6. Non Building Services

- 6.1. District Heating budgets and the Utility pressure is due to Gas prices set by Corona exceeding what was expected at budget setting from a 55% increase to 384% based on the external influences causing real volatility in the market. There has been a further increase from October of 7.7% and have been factored in this month's projections. District heating income forecasts have increased by £443k, £353k relates to the increase charge to tenants from 12/12/22 that will offset approximately 40% of the gas increase in this year, whilst £90k is based on recharges to other services including DMBC.
- 6.2. Electricity budgets also under pressure in line with external influences budgeted 38% increase, but projected to be 112%.

7. General Fund Housing Options

- 7.1. The Housing Options service is projecting a **surplus of £14k** at Q3, including the impact of the additional pay award, estimated at £62k, utilities inflation of £86k, and the site clearance at White Towers, £50k. All other variances are funded from additional management fee. The adjusted forecast surplus after additional management fee for pay award and inflationary pressures is **£162k**
- 7.2. The projected overspend with regards premises is due to 2 main reasons:
- Payment of utilities for G&T sites
 - Payment of utilities for temporary accommodation (TA) – this is reducing due to changeover of responsibilities to customers under the new licence agreements and will be completed for all customers from next financial year
- 7.3. The utilities inflationary pressures for G&T sites/TA is due to 22/23 YPO prices far exceeding the inflation we included at 22/23 budget setting. This is also due to the fact that St Leger Homes pay for utility usage for tenants in TA, which should be funded directly by the tenants.
- 7.4. Supplies and Services includes a cost of £250k for private rented sector (PRS) incentive costs, this is offset by the projected reduction in B&B as a result of higher use of PRS accommodation.

Actions to address

- 7.5. **Premises:** Ensure all TA agreements are on new licence by end of financial year
- 7.6. **Supplies and Services / Employees:** The service has been awarded additional funding from the Council to deliver a transformation project and also funding from DLUHC via the Rough Sleeper Initiative (RSI). It is estimated that the proposed solution will take 12 months from the date of implementation to address the backlog of cases. Additional funding will cover two main areas;
- 20.5 FTE additional temporary staff members for a period of 12 months (seven of these posts are funded from RSI grant funding and will continue to be funded for a further two years from that approved grant allocation) at a cost of £846k. These staff will primarily focus on prevention work and dealing with cases before they become homeless or at the relief stage; and
 - Additional funding, £254k to support initiatives to work with the private rented sector which will facilitate access to the much needed additional accommodation units and be used as prevention to people becoming homeless.
- 7.7. The additional posts have now been recruited to and after a period of induction and training is fully operational. Staff have been deployed into key roles to ensure the development of the prevention agenda, access into the private rented sector and reduction of emergency B&B accommodation. Targets have been set to decrease high cost accommodation and we are already seeing positive progress with reductions in customer response times, case management and levels and move on.

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

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2022 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	29,134	21,850	22,505	655	30,145	1,011	3%
Premises Expenses	2,228	1,670	1,873	203	3,548	1,320	59%
Transport	2,463	1,850	1,910	60	2,515	52	2%
Supplies & Services	4,215	3,160	3,374	214	4,965	750	18%
Materials-Buildings Services	6,188	4,640	4,916	276	6,455	267	4%
Service Level Agreements	4,017	3,010	2,295	-715	4,031	14	0%
Total Management Expenditure	48,244	36,180	36,873	693	51,658	3,414	7%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,291	970	1,325	355	2,103	812	63%
External Maintenance Contractors (Capital)	674	510	157	-353	674	0	0%
Total Maintenance Expenditure	1,965	1,480	1,482	2	2,777	812	41%
Gross Expenditure	50,209	37,660	38,355	695	54,435	4,226	8%
Income							
Management Fee - HRA	-34,206	-25,650	-25,655	-5	-34,206	0	0%
Management Fee - General Fund	-2,088	-1,570	-1,566	4	-2,749	-661	32%
Recharges to Capital Schemes (In House)	-10,585	-7,940	-8,677	-737	-11,695	-1,110	10%
Recharges to Capital Schemes (Contractors)	-674	-510	-157	353	-674	0	0%
Other Income	-2,656	-1,990	-1,908	82	-4,073	-1,417	53%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-50,209	-37,660	-37,962	-302	-53,398	-3,188	6%
Surplus(-) / Deficit	0	0	393	393	1,038	1,038	-

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

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2022 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	28,028	21,020	21,150	130	28,254	226	1%
Premises Expenses	1,422	1,070	1,634	564	2,678	1,256	88%
Transport	2,463	1,850	1,910	60	2,515	52	2%
Supplies & Services	2,987	2,240	1,960	-280	3,007	20	1%
Materials-Buildings Services	6,188	4,640	4,916	276	6,455	267	4%
Service Level Agreements	3,965	2,970	2,306	-664	4,007	42	1%
Total Management Expenditure	45,053	33,790	33,876	86	46,915	1,863	4%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	1,291	970	1,325	355	2,103	812	63%
External Maintenance Contractors (Capital)	674	510	157	-353	674	0	0%
Total Maintenance Expenditure	1,965	1,480	1,482	2	2,777	812	41%
Gross Expenditure	47,018	35,270	35,358	88	49,693	2,675	6%
Income							
Management Fee - HRA	-34,206	-25,650	-25,655	-5	-34,206	0	0%
Management Fee - General Fund	0	0	0	0	0	0	-
Recharges to Capital Schemes (In House)	-10,585	-7,940	-8,677	-737	-11,695	-1,110	10%
Recharges to Capital Schemes (Contractors)	-674	-510	-157	353	-674	0	0%
Other Income	-1,552	-1,160	-881	279	-2,066	-514	33%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-47,018	-35,260	-35,369	-109	-48,641	-1,624	3%
Surplus(-) / Deficit	0	10	-11	-21	1,052	1,052	-

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

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2022 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
Management Expenditure							
Employee Expenses	1,105	830	1,355	525	1,891	786	71%
Premises Expenses	806	600	239	-361	870	64	8%
Transport	0	0	0	0	0	0	-
Supplies & Services	1,228	920	1,414	494	1,958	729	59%
Materials-Buildings Services	0	0	0	0	0	0	-
Service Level Agreements	52	40	-11	-51	24	-28	-54%
Total Management Expenditure	3,192	2,390	2,997	607	4,743	1,551	49%
Maintenance Expenditure							
External Maintenance Contractors (Revenue)	0	0	0	0	0	0	-
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
Total Maintenance Expenditure	0	0	0	0	0	0	-
Gross Expenditure	3,192	2,390	2,997	607	4,743	1,551	49%
Income							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-2,088	-1,570	-1,566	4	-2,749	-661	32%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	0	0	0	-
Other Income	-1,104	-830	-1,026	-196	-2,007	-904	82%
Direct Charge to HRA	0	0	0	0	0	0	-
Total Income	-3,192	-2,400	-2,593	-193	-4,756	-1,565	49%
Surplus(-) / Deficit	0	-10	405	415	-14	-14	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 2 February 2023

Item : 12

Subject : Q3 Capital Monitoring Report
2022/23

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

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

Recommendation:

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

Company Number 05564649
A Company Limited by Guarantee
Registered in England

To: **SLHD Board**

Agenda Item No. 12
Date: 2 February 2023

1. Report Title

1.1 Q3 Capital Monitoring Report 2022/23 as at 30th November 2022.

2. Executive Summary

2.1 The reported projections at Q3 show the planned, in-year spend on the Housing Capital Programme would be £30.69m, an underspend to the revised budget of £0.43m.

2.2 The forecast spend includes a one-off adjustment totalling £1.35m relating to inflationary increases across the elements of the programme delivered by the in-house teams (SLHD repairs service).
The adjusted spend projection for the delivery of the programme, excluding this adjustment would be £29.34m, an underspend to the revised budget of £1.78m.

3. Purpose

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

5. Background - Housing Capital Programme 2022/23

5.1 The Housing Capital Programme for 2022/23, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £30.69m is an under-spend of £0.43m from the budgeted spend of £31.12m. The forecast spend includes a one-off adjustment totalling £1.35m relating to inflationary increases across the elements of the programme delivered by the in-house teams.

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

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

- 5.3 SLHD manage the finances for the whole of the housing capital programme.
- 5.4 The Council approved a four year Housing Capital Programme on 28th February 2022, totalling £204m across the four years. The main priorities of the programme in 2022/23 are:
- Council House Build Programme.
 - Council House Improvement and Maintenance Programme.
 - Fire Safety Improvements.
 - Electrical Works.
 - Energy Efficiency Works.
 - Residential Site Improvements.
 - Net Zero Carbon.

6. Expenditure Variances

- 6.1 The following paragraphs give explanations of expenditure variances as shown in Appendix A. Following consultation with Audit & Risk 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 £22.88m against resources of £23.49m, an under-spend of £0.61m. The forecast spend includes a one-off adjustment totalling £1.35m relating to inflationary increases across the programme. The adjusted spend projection for the delivery of the programme, excluding this adjustment would be £21.54m, an underspend to the revised budget of £1.96m.
- 6.3 For the past two years, SLHD capital works have been charged at 'NatFed SOR minus 10%' to be consistent with the charges levied by J Tomlinson Limited (JTL), SLHD's main maintenance contractor over this period. However, JTL have recently withdrawn from this contract. As a result, SLHD has also reviewed the inflationary increases incurred in delivering services and the levels of expenditure on the related budgets, to calculate an overall average impact over the past two years. A one off adjustment of £1.35m has been applied to reflect these increases, £0.40m of which relates to void works, £0.30m of which relates to heating conversions / upgrades and £0.65m of which relates to the internal / external works carried out by the In house team.
- 6.4 £0.40m, 15%, over budget, Void Works
- The forecast overspend is because of the £400k, one off inflationary adjustment being applied. There are no reported changes to the delivery forecasts.

6.5 £0.08m, 3%, over budget, Mechanical and Electrical Improvements

£300k, Heating Conversions / Upgrades.
Inflationary adjustment applied as detailed above.

(£198k), Electrical Planned Works Contractors.
The anticipated delivery of the consumer units installations has been revised pending a replacement contractor for J Tomlinson being sourced.

(£20k), Mechanical Planned Works.
The forecast has been reduced as any further costs are expected to be minimal.

6.6 (£0.04m, 3%, under budget), Internal Works

£ 63k, Scheduled Elemental Works
£127k, In House Reinclusions
£ 60k, Electrical Upgrades
£250k, Total Inflationary adjustments applied as detailed above.

(£250k), In House Reinclusions.
The forecast spend has been reduced to reflect resources being temporarily reassigned onto communal hall related works. Vacancies and sickness within the team has also contributed to the reduction.

(£40k), Contractor Internal Works.
The forecast has been reduced as the number of expected in-year referrals to contractors is minimal.

6.7 (£0.66m, 7%, under budget), External Works

£400k, External Planned Maintenance (In house).
Inflationary adjustment applied as detailed above.

(£700k), External Planned Maintenance Contractor.
The forecast has been adjusted to reflect a revision to the level of works to be delivered by the contractor.

(£254k), Structural Works.
The planned works on the bin stores on the Balby Bridge estate have been delayed pending a fully worked up scheme being developed. It is unlikely there will be any costs incurred this year.

(£106k), Shops and Flats.
The forecast has been revised to reflect a reduction in the anticipated in-year spend.

6.7 (£0.05m, 48%, under budget), IT Improvements

The forecast has been reduced to reflect the expected minimal in-year spend on both the Abris choice based letting module and the website replacements.

6.8 (£0.13m, 42%, under budget), Caravan Site Improvements

(£125k) Gypsy & Traveller Sites

The forecast has been reduced as the only anticipated in-year spend will be on consultants and any planning fees. Planning is due to be submitted in the next few weeks so it is highly unlikely that any construction activity will commence this financial year.

7. DMBC Managed Schemes

7.1 The element of the capital programme managed by DMBC is forecast to outturn at £7.80m against resources of £7.62m, an over-spend of £0.18m.

7.2 There are no reportable variances.

8. Future Plans / Work In Progress.

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

9. Procurement

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

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

10. VFM Considerations

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

11. Financial Implications

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

12. Legal Implications

12.1 There are no legal implications arising from this report.

13. Risks

13.1 Risk implications are implicit in the report. DMBC's Capital Programme budget was £38.38m to deliver a number of priorities, primarily building new affordable homes, improving, and maintaining existing housing stock.

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

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

14. IT Implications

14.1 Not applicable.

15. Consultation

15.1 All Budget holders and EMT.

16. Diversity

16.1 There are no diversity issues arising from this report.

17. Communication Requirements

17.1 There are no communication requirements arising from this report.

18. Equality Impact Assessment (New / Revised Policies)

18.1 Not Applicable

19. Environmental Impact

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

20. Report Author, Position, Contact Details

20.1 David Henderson
Management Accountant 01302 737987

21. Background Papers

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

Summary of Housing Capital Programme 2022/23 as at 30th November 2022

	Original Estimate - Approved Programme £000	Revised Budget (Approved Qtr2) £000	Forecast Outturn £000	Variance Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,750	2,750	3,150	400
Mechanical and Electrical Improvements	2,921	2,921	3,003	82
Fire Safety Works	1,507	1,700	1,600	(100)
Internal Works	1,727	1,647	1,607	(40)
External Works	12,296	9,710	9,050	(660)
Environmental Works	2,009	2,175	2,051	(124)
IT Improvements	500	95	50	(45)
Acquisitions	373	420	420	0
Acquisition Refurbishments	-	170	170	0
Caravan Site Improvements	1,340	300	175	(125)
Assistance Loans	360	11	11	0
Demolition HRA	70	95	95	0
Sub-Total	27,353	23,494	22,882	(612)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,100	2,200	100
Council House New Build	8,687	5,253	5,333	80
Affordable Housing	88	211	211	0
Demolitions	54	59	59	0
Sub-Total	11,029	7,623	7,803	180
Overall Housing Programme Total	38,382	31,117	30,685	(432)
Funding				
Major Repairs Reserve / Depreciation	19,870	17,428	19,907	2,479
Revenue Contribution - HRA	9,271	6,420	6,314	(106)
Usable Capital Receipts	2,203	838	713	(125)
Section 106	88	211	211	0
Prudential Borrowing	6,950	3,410	-	(3,410)
Grants	-	2,810	3,540	730
Under(-) / Over Commitments	38,382	31,117	30,685	(432)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2022/23 as at 30th November 2022

	Original Estimate - Approved Programme	Revised Budget (Approved Qtr2)	Forecast Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,750	2,750	3,150	400
Mechanical and Electrical Improvements	2,921	2,921	3,003	82
Fire Safety Works	1,507	1,700	1,600	(100)
Internal Works	1,727	1,647	1,607	(40)
External Works	12,296	9,710	9,050	(660)
Environmental Works	2,009	2,175	2,051	(124)
IT Improvements	500	95	50	(45)
Acquisitions	373	420	420	0
Acquisition Refurbishment	0	170	170	0
Demolition HRA	70	95	95	0
Sub-Total	25,653	23,183	22,696	(487)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	2,100	2,200	100
Council House New Build	8,687	5,253	5,333	80
Sub-Total	10,887	7,353	7,533	180
Overall Housing Programme Total	36,540	30,536	30,229	(307)
Funding				
Major Repairs Reserve / Depreciation	19,870	17,428	19,907	2,479
Revenue Contribution - HRA	9,271	6,420	6,314	(106)
Usable Capital Receipts	449	468	468	0
Prudential Borrowing	6,950	3,410	0	(3,410)
Grants	0	2,810	3,540	730
Under(-) / Over Commitments	36,540	30,536	30,229	(307)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2022/23 as at 30th November 2022

	Original Estimate - Approved Programme £000	Revised Budget (Approved Qtr2 £000)	Forecast Outturn £000	Variance - Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	1,340	300	175	(125)
Assistance Loans	360	11	11	0
Sub-Total	1,700	311	186	(125)
DMBC Managed Schemes				
Affordable Housing	88	211	211	0
Demolitions	54	59	59	0
Sub-Total	142	270	270	0
Overall Housing Programme Total	1,842	581	456	(125)
Funding				
Usable Capital Receipts	1,754	370	245	(125)
Section 106	88	211	211	0
Under(-) / Over Commitments	1,842	581	456	(125)
Percentage Funded	100%	100%	100%	

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance
Action Required:	Board Members note the contents of the report and accompanying Appendix and consider the recommendations included.
Item:	13
Prepared by:	Louise Robson Governance Service Manager
Date:	2 February 2023

1. Background

- 1.1 Organisations and their Boards across all sectors should aim to achieve a set of standards in order to be well governed
- 1.2 The National Housing Federation (NHF) Code of Governance was presented at Board Strategic planning day in July 2021 and a further update was given to Board in November 2022.

The NHF code was completely rewritten and restructured in 2020 to reflect a changing world and emerging issues within the operating environment and the sector. Now, more than ever, there is a need to protect the interests of the communities that social housing providers serve, and an increasing importance to be accountable to residents.

The 2020 NHF Code of Governance focuses on the importance of the views of and being accountable to residents / tenants, ensures there is a robust oversight of measures to keep residents, customers & staff safe and also ensures Board have a firm grip on risk and testing risk scenarios. At its heart are four core principles, which shape the content of the code, each with a set of requirements for organisations to adopt:

- Mission and Values
- Strategy and delivery
- Board effectiveness
- Control and assurance

- 1.3 In July 2021, Board were presented with other examples of Governance Codes, however Board asked the Executive Management Team (EMT) to draft a plan for adoption of the NHF Code and to clarify where St Leger were already compliant and highlight any gaps that needed addressing in order to comply
- 1.4 In July 2021, Board did not formally adopt the NHF Code of Governance.

2. Current Position

- 2.1 A gap analysis and self-assessment has been completed against the NHF Code of Governance with clear evidence being sought to ensure St Leger Homes complies with all sections of the code.
- 2.2 A review of the code has been undertaken by EMT, alongside the Governance Service Manager, and suggestions / challenges have been made to evidence each section.
- 2.3 Please see **Appendix A** which includes 3 worksheets:
 - A summary worksheet showing compliance
 - An evidence worksheet showing what evidence we have gathered to show compliance with each section of the code and
 - An action plan worksheet for all sections of the code where we are non-compliant showing the action required, clear owners and timescales to track progress on the journey to ensure full compliance.
- 2.4 Evidence gathering has commenced and at present, based on the suggestions and evidence collected, out of 133 sections, the self-assessment shows we are:
 - Compliant in 94
 - Partially Compliant in 13
 - Not compliant in 10
 - (16 sections of the code are not applicable to us)
- 2.5 For the 23 sections that we are not or are partially compliant in:
 - Two of the non-compliance sections are not unfavourable, they just mean the situations haven't ever arisen and therefore we cannot currently evidence to say we comply (e.g. *Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters*).
 - Nine of the sections need short to medium term operational actions to ensure compliance (e.g. introduction of a new policy or procedure or updating our web pages).
 - 12 of the sections need medium to longer-term strategic decisions or consideration for fundamental changes (e.g. considerations about tenure of members of the Board and a new way of assessing the performance and behaviours of all Board members).

The majority of the actions sit in **Principle 3: Board Effectiveness** - The organisation is led by a skilled and diverse board, which regularly reviews and capably manages its own performance and effectiveness, and ensures that it complies with this code.

3. Recommendations

- 3.1 Board are asked to formally adopt the NHF code of Governance.
- 3.2 Board are asked to review all sections of **Appendix A** to see if they agree with the determination, evidence or actions that need to be taken.
- 3.3 For those sections where we are not compliant or partially compliant, Board are asked to make any further suggestions for actions or evidence that could be collected to evidence compliance.

4. Next steps

- 4.1 Once the code is formally adopted, the action plan will be updated based on any further recommendations and suggestions from Board. The updated evidence worksheet and action plan will then be added to the Board forward plan and reviewed on an annual basis.

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

5. Report Author

5.1 Louise Robson
Governance Service Manager
(862866)

Status as at January 2023	
Yes	94
Partial	13
No	10
N/A	16
Total	133

Code of Governance 2020: compliance checklist

Principle	Section of the code	Compliance	Evidence / updates Q4 2022	Evidence collected	
and values and through these embeds within the organisation resident focus, inclusion, and stability.	1.1 Mission: the board leads the organisation in pursuit of achieving its social purpose. The board sets the organisation’s mission and values, and regularly reviews and reaffirms their relevance.				
	1.2 Resident focus: the needs and safety of the organisation’s current and future residents and other customers are placed at the heart of the board’s decision-making.				
		(1) There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision-making.	Yes	We have Tenant Board Members We have a Tenant Voice Strategy and new Tenant Voice Model included in the strategy (on the website for visibility) TRIP recommendation reports that go to P&I and TRIP members attend Board as observers Service standard reviews Consultation is a header on all Board and committee reports to ensure policies and strategies or changes to services have been influenced by customer feedback (see minutes - strategies Inc. comms strategy for evidence of this to name just one) Tenant voice quarterly reports to P&I	Completed- evidence in folder/attached
		(2) The board has access to insight into the views and needs of the organisation’s residents and other customers (including insight into their concerns and complaints) and uses this to inform decisions where appropriate.	Yes	Regular updates such as Customer Involvement quarterly report to P&I, Customer complaints, Appeals panel updates, TRIP reports, STAR Survey, Transactional Surveys - all through to Board/Committee’s. Board Minutes and strategic planning away days. Balanced score cards - all tenant feedback in one place - strategy and policy reviews as above -challenges about tenant voice at all committees when reviewing strategies (BSC 18.6.21 as an example)	Completed- evidence in folder/attached
		(3) There are policies in place which reflect that the safety of residents and other customers (as well as that of the workforce and the wider public) is an overriding priority, and the board receives reports annually on their operation.	Yes	Building Safety Committee (BSC) created, new policies and are signed off by board - full list of policies and strategies and updates that Board receives and approved after update report sept 22 , Anthony is an independent advisor to upskill the board. Behaviours framework, receive regular H&S reports, Board review and approve the H&S Policy. Meet 31/3/2021 - Impact of Building Safety Bill and Other Legislation as an example of evidence.	Completed- evidence in folder/attached
		(4) The organisation regularly reports to its residents on how its commitments to resident focus have been delivered.	Yes	HouseProud has regular articles from TRIP and outcomes from large scale consultations and launches of strategies, Tenant voice strategy launch, website pages on performance, service standards, social statement, complaints reports, social media posts, annual review, P&I reports on customer involvement - you said we did page.	Completed- evidence in folder/attached
	1.3 The board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation’s activities, as well as in its own composition. It has policies and statements which meaningfully demonstrate this commitment, and sets priorities and objectives for the organisation to achieve.				
		(1) The board seeks regular assurance about how these commitments and objectives are being delivered in practice, and tracks progress against the priorities it has set.	Yes	Board have received EDI training We have changed the recruitment process for new members Request for new EDI dashboard discussed at Board on 3.2.2022 E&P review documents and action plan - annual EDI strategy updates and review	Completed- evidence in folder/attached
		(2) The organisation annually publishes information about its work to deliver these commitments and objectives, and the progress it has made.	Yes	Board approve the annual gender pay report, the annual EDI report and our fairness statement Board review and minute E&D strategy action plan progress.	Completed- evidence in folder/attached
	1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.				
		(1) The board leads by example and promotes the culture of the organisation.	Yes	Blank copy of 2022 self assessment for appraisals that all Board members complete to score against their values and behaviours Culture report on Board meeting 3.2, Agenda Item 7 - minutes of discussion on 7.4 meeting Board away day presentation and minutes in CEO report	Completed- evidence in folder/attached - can evidence via observation of Board Meeting as well

Principle 1: Mission and values The board sets and actively drives the organisation's social purpose, mission and integrity, openness and accountability

(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Partial	Board receive and review Complaints information, alongside this there has been an away day session and culture update documents . E&P Minutes can be used as evidence where culture is discussed on a regular basis. Board members give out some of the annual staff awards (staff Focus articles) - attend other staff events such as Q&A sessions or staff conference and Tenants choice awards. Chair of Board doing work shadowing in November/ December 2022 for CAT in Shaw Lane and visit to staff members working in CIVIC as well. GAP - Do Board Members review compliments - see action plan	See Action plan
1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.			
1) The board adopts a formal code of conduct to which all its members adhere.	No	GAP - Board need a code of couct.	See Action plan
(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest.	Partial	There isn't a policy and procedure. All board members sign an acceptance of duties and responsibilities form. At meetings there is a standard 'declarations of interest' agenda item and the minutes and evidence of this is all on the website. GAP - Code of Conduct for Board members could remedy this - see action plan	See Action plan
(3) There is a publicly available register for board and committee member declarations of interest which is reported on annually to the board	Yes	There isn't a register but it is documented at each Board Meeting and these are available on the website	Completed- evidence in folder/attached
(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	We cant find any evidence of this happening? - this is not a bad no at the moment. GAP - see action plan for regular reviewing of this code and for new code of conduct	See Action plan
(5) In case of a fundamental or ongoing material conflict, the board determines whether the person concerned should cease to be a board member.	Yes	JNightingale became a tenant so was replaced on the board - Removal from companies house emails and email from DR to JN to say thank you - the email eludes to the fact she is now a tenant	Completed- evidence in folder/attached
1.6 Accountability: the board operates openly and transparently, and demonstrates accountability to key stakeholders including residents, other customers, and partner statutory bodies.			
(1) The board publishes information annually about the organisation's activities, performance and plans for future improvements which is accessible to its key stakeholders, and covers the matters referred to in this code.	Yes	ADP - developed with Board and is submitted to Board regularly and is documented in minutes on web see agenda item 10 on 3/2/22, agenda item 8 on 7/4/22 and agenda item 10 on 26/5/22. The Chair launches the annual review and does an introductory piece to the HP annual review edition	Completed- evidence in folder/attached
(2) The organisation systematically identifies and regularly communicates with its key stakeholders and receives feedback about their views. In doing so it has regard to the communication needs of the diverse groups and communities it serves.	Yes	This is about us as an organisation, not necessarily as a Board. STAR, transactional Surveys, Staff Pulse surveys - all of which are reported to Board Also send tenant newsletter in different formats and communicate with tenants in various formats at their request. Letter to everyone for board member vacancy - comms strategy and EDI review / approval and action plan updates? Customer involvement reports and TV strategy as evidenced in first section. Complaints reporting to Board and on web	Completed- evidence in folder/attached
(3) Opportunities and information are provided for residents and other customers independently to scrutinise the work of the organisation and to hold it to account, and the board reviews these arrangements regularly to ensure that they remain fit for purpose.	Yes	Trip report into P&I committee TRIP attend board as observers tenant Exec board, cabinet, scrutiny, OLB, Building safety group and sub group, High rise forum, appeals panel, wider consultations for strategies and allocations policy - use diagram from TV strategy	Completed- evidence in folder/attached
(4) The organisation publishes clear and up-to-date information about its board members, committees, and governance	Yes	Website is clearly set out and up to date	Completed- evidence in folder/attached
(5) The organisation responds in a considered, open and transparent way to requests for information about its work, activities, and decisions made by the board, where it cannot provide certain information it gives clear reasons as to why this is the case.	Yes	We follow FOI and DPA requests within the set timescales. Included in annual customer focus reports to Board and now separate quarterly reporting on DP/FOI to A&R committee (was previously reported quarterly to P&I)	Completed- evidence in folder/attached
(6) The role of shareholders in the governance of the organisation is documented and understood.	Yes	Scheme of delegation to clearly sets out accountability of everyone.	Completed- evidence in folder/attached
(7) Organisations with open shareholding publish their policy for admission of shareholders.	N/A		

Princ	1.7 Reputation and trust: the board takes into account in its actions and decisions the importance of maintaining trust in the organisation and upholding its reputation	Yes	Regularly review the risk register - in board papers and minutes. (presented 7/4, minutes 26/5 agenda item 10) Consider the organisation when looking at commercialisation options - notes from Board strategic planning day in 2020 for reputational risks alongside commercialisation report	Completed- evidence in folder/attached
	2.1 Strategy, resources and plans: the board sets the organisation's overall direction and strategy in line with its charitable, community benefit or other constitutional purposes			
nd remain viable and sustainable, and exercises demonstrable and effective oversight of their	(1) The board sets financially sustainable plans to ensure that the organisation has the resources it needs to deliver its strategy	Yes	New VFM strategy presented Nov 2022 combined with action plan VFM statement presented Dec 22 We provide services and added value to the Council to ensure we remain as an ALMO Corporate plan that we consult on and Board are involved in development and approve it Board sets a 3 year budget and there are links into the ADP	Completed- evidence in folder/attached
	(2) The board gives specific consideration in setting such plans to value for money, financial sustainability; carbon neutrality and environmental sustainability; and social sustainability.	Yes	The 30 year plan is the Council's plan and not approved by SLHD Board. SLHD Board gives consideration to these though - they are ongoing and we also contribute and feed into council strategies. Development of environmental strategy to support need for carbon neutral. Board received Asset Management linking to Council's 30 year plan - 5/8/21 strategies presented. 7/10/21 minutes of discussions	Completed- evidence in folder/attached
	2.2 Structures: organisational and governance structures support the delivery of the organisation's social purpose and strategic objectives.			
	(1) Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose.	Yes	Current structure with committees was reviewed in last 4 years. - Governance arrangements are reviewed regularly to ensure it is fit for purpose. TOR are reviews and updated - see reports in folder as per below evidence	Completed- evidence in folder/attached
	(2) The board considers regularly whether the organisation's purpose could be better achieved through changes to its group, governance or staffing structures.	Yes	Current Mem and Arts and Management Agreement doesn't allow us to consider the organisations purpose however have been involved in setting the vision, mission and corporate plan. If changes are more than 10% of staff this is a shareholder decision, not a decision for Board. E&P recommended any changes to EMT structure to DMBC. Creation of new BSC Committee. Reviewed to set up separate committees, reviews compositions and functions of committees - delegated and scheme of delegation and they receive information about new structures (i.e. H&S)	Completed- evidence in folder/attached
	2.3 Working with others: within the organisation's overall corporate strategy (or associated strategies and plans) there is consideration given to whether and how active cooperation, collaboration, joint working or partnership with other organisations could enable it to deliver its social purpose and strategies more effectively and economically			
	2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.			
	(1) The responsibilities of, and delegations to, the chief executive are clearly set out.	Yes	Evidenced in the Full scheme of delegation	Completed- evidence in folder/attached
	(2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required.	Yes	Any changes to the CEO salary requires approval by the Council A contract of employment is in place. - The remuneration package is reviewed and approved by Employment and People Committee for the org, not CEO?	Completed- evidence in folder/attached
	(3) The chief executive's remuneration package is set at a level which is proportionate to the organisation's size, complexity, level of risk, and resources; it is also aligned with the organisation's social purpose and wider reputation.	Yes	No evidence found to say this is a yes? Was this included in any benchmarking?	Julie to produce evidence if requested
(4) If the chief executive's contract is to be determined, any extra contractual severance payments or benefits are approved by the board with the reasons, costs and reputational risks clearly minuted.	No	Council would need to approve this - This is not a bad NO , this would need to be completed by the council. Demonstrate by scheme of delegation which is saved in the folder	Completed- evidence in folder/attached	
(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Partial	DR due to discuss this with the Chair and to consider methodology. Proposal that CEO appraisal will be led by Chair and includes E&P Cttee. Proposal that Vice Chair will lead on Chair appraisal. Consideration being given to involve Cllr Glyn Jones as Housing Portfolio Holder. GAP - We need a report to make this a formal arrangement - see action plan	See Action plan	
2.5 Workforce: the board ensures that its workforce policies and practices support the success of the organisation and reflect its values and its commitments to equality, diversity and inclusion.				

The board sets ambitions, plans and strategies which enable the organisation to fulfil its social purpose and delivery.

(1) The board has access to insight into the views of staff, such that their opinions and needs are understood, and influence the board's decisions as appropriate.	Yes	Pulse survey feedback - goes to E&P. Outcomes of staff survey annually, Board are invited to staff conference Minutes of meeting showing Pulse results on 7/4 following it being presented on 3/2. People strategy updates presented 26/5. Chair 's update - meets with director and CEX. Board members attended staff Q&A sessions	Completed- evidence in folder/attached
(2) The board determines a strategy for remuneration of the workforce which is aligned to the organisation's size and complexity, and to its purpose and values.	Yes	Very limited as we follow LA green book structure and the pay award is the NJC pay award. Anything that affects more than 10% of staff requires Council decision, anything under 10% of staff this is reasonable level for Board consideration. Job Evaluation - Board approved the project. Board approve the Pay Policy which includes the market supplement policy. Pay and Benefits Discussed at E&P 17.5.22 Minutes saved in folder (agenda item 8)	Completed- evidence in folder/attached
(3) The board has policies on the safety and wellbeing of its workforce and reviews their effectiveness.	Yes	The Health, Safety and wellbeing strategy was separated in 2020 and the wellbeing priority was incorporated into the people strategy. Board approve the H&S policy and fire management policies. Board approved and received updates on the Health, Safety and Wellbeing strategy - new strategy being written for approval in 2023. Board review Pulse surveys and employee feedback - evidenced in a number of minutes saved in the folder - see minutes from BSC lots of questions asked about staff awareness and effectiveness	Completed- evidence in folder/attached
2.6 Performance: the board has demonstrable oversight of the organisation's performance.			
(1) The board exercises active and regular oversight of delivery of strategies and plans. This includes scrutinising key operational and finance performance information, and information concerning resident insights and satisfaction.	Yes	Board receive regular updates on the ADP, monthly updates on performance, finance and H&S updates. P&I receive on TV strategy. P&I also receives Customer focus (complaints) also update on transactional and STAR tenant surveys - each new strategy has an action pan that is reviewed by Board or relevant	Completed- evidence in folder/attached
(2) The board has assurance that the reports it receives provide an accurate picture of performance.	Yes	We are audited and have internal audit programme. performance is are presented to every Board and quarterly to P&I for service standards Housemark complete verification on our performance and services. There is internal challenge around key issues by Head of service, EMT, Council challenge through OLB. Also external verification such as gas safe, British safety council, CSE, SHIFT, ISO 45001 - see challenge at BSC 21.7.22 "can we be assured about the numbers of properties on each programme? - gave examples of where service numbers were different from the previous committee meetings report."	Completed- evidence in folder/attached
2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission.	N/A		
(1) Where the group parent is not a registered provider, formal arrangements are in place to ensure that any registered provider subsidiaries remain compliant with their own charitable or community benefit purposes, and with regulatory requirements.	N/A		
(2) Where a subsidiary is to be or has been established, the benefits, risks and relationship are reviewed by the board of the parent beforehand and thereafter regularly.	N/A		
(3) The board of a parent organisation in a group structure has the responsibility and the reserve powers to direct, and if necessary, intervene in the governance of its subsidiaries.	N/A		
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A		
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A		
(5) The board of the parent approved the group's plans and budgets, and holds the board of each subsidiary accountable for the delivery of its objectives.	N/A		

Principle 2: Strategy and delivery -	(6) The board of the parent considers and determines whether and how this code should apply to each of its subsidiaries	N/A		
	(7) Where, within a group, there are people who serve on more than one board, there is guidance and documentation to set out how board members must deal with their overlapping responsibilities and any resulting conflicts of interest.	N/A		
	(8) Where there is, within a group, a single or common board which governs more than one organisation, the organisation has documented how its meetings will be conducted, serviced and minuted.	N/A		
	2.8 Joint ventures and partnerships: organisations that set up joint ventures or partnership vehicles with external counterparties ensure that these are in support of their mission and objectives.	N/A		
	(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A		
	(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A		
		3.1 Roles and responsibilities: the statutory and governance roles and responsibilities of the board, of its individual members, office holders and of others who work to the board are clearly set out.		
(1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness.	Yes	Board cant appoint - Mem and Arts that it's a Mayoral appointment - Mem and Arts and Scheme of Delegation saved	Completed- evidence in folder/attached	
(2) The chair of the board does not chair and is not a member of the committee responsible for audit, nor does the chair of the board chair the committee responsible for remuneration.	Yes	Board Chair also chairs E&P however E&P are not responsible for remuneration. All staff on agreed national pay structure - staff pay is delegated to Doncaster Council and EMT to do HOS, council were asked for salary approval for CEO but not Board. Delegated to EMT and anything from EMT is a council decision	Completed- evidence in folder/attached	
(3) Where there are executive board members, the board formally records and publishes policies about the role they play on the board and committees, and makes clear those matters for which they must leave the meeting, or not participate in debate or decision-making.	Yes	Within scheme of delegation the Executive Board Member does not have voting rights and the Company Secretary ensures this.	Completed- evidence in folder/attached	
(4) The roles of chair of the board and standing committees (and those of vice chair or senior independent director as applicable) are not held by an executive.	Yes	Board structure on our website - CEO as an attendee not present as a board member for some meets - evidenced in minutes saved.	Completed- evidence in folder/attached	
(5) Executives are not members of the committees responsible for nominations, remuneration or audit.	Yes	The Chief Executive attends Employment and People Committee as an officer, not a Board Member. E&P Minutes 17.5.22 as an example shows DR as an attendee not present as a Board Member	Completed- evidence in folder/attached	
(6) There is a clear, documented framework setting out delegations to staff, committees and subsidiaries.	Yes	Mem and Arts, scheme of delegation and TOR's	Completed- evidence in folder/attached	
	3.2 Functions of the board: there is a record of the essential functions and other matters which are reserved for board decision and cannot be delegated. In addition to matters set out in law, statute, regulations and in the			
(1) Setting and ensuring compliance with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success;	Yes	Corporate plan link attached. Starting consultation now for 2024 corporate plan and have evidence in the folder.	Completed- evidence in folder/attached	
(2) Establishing a culture that is positive, focused on the needs of current and future residents, other customers and other key stakeholders, and embeds equality, diversity and inclusion in the organisation;	Yes	E&D training for our board, E&D section in board reports, EDI annual and quarterly reporting	Completed- evidence in folder/attached	
(3) Ensuring the organisation operates effectively, efficiently and economically;	Yes	Minutes of all meetings include performance and budgets. VFM annual statement presented Dec 22, annual review presented, social statement presented	Completed- evidence in folder/attached	

nsures that it complies with this code.

(4) Providing oversight, support, direction and constructive challenge to the organisation's chief executive and other executives;	Yes	Challenge can be evidenced through meeting minutes - sample list of queries and challenges pulled together in one document. See committee minutes with sections highlighted for challenge and questions.	Completed- evidence in folder/attached
(5) Appointing and, if necessary, dismissing the chief executive;	Yes	Board are involved in the appointment, interview notes for Dave or panel of people involved for Dave and roles and titles? Interview notes from Chair as evidence - also showing other board member taking lead in asking questions.	Completed- evidence in folder/attached
(6) Satisfying itself as to the integrity of financial information, and setting and approving each year's budget, business plan and annual accounts prior to publication;	Yes	Board receive and approve financial information, 3 yr. budgets, corporate plan, KPI's and ADP - Meeting on 26/5 all the information was presented 7/7 shown minutes they were discussed.	Completed- evidence in folder/attached
(7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff;	Yes	Scheme of delegation is reviewed as and when required	Completed- evidence in folder/attached
(8) Establishing and overseeing control and risk management frameworks in order to safeguard the assets, compliance and reputation of the organisation;	Yes	Board receive risk register on regular cycle - Strategic risk register on agenda 3/2/2022 minutes show it was discussed in meeting on 7/4/21	Completed- evidence in folder/attached
(9) Holding to account the organisation's subsidiary boards, committees and senior staff for the exercise of any powers delegated to them.	Yes	Audit committee review and approve annual audit plan Adopting a new reporting template to sit in front of Committee minutes when submitted to Board Changes to policies are reported to Board - action plans to all strategies are regularly presented Performance reports and CEO reports and ADP progress Key decision made highlighted on each board minutes not just annually	Completed- evidence in folder/attached
3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.			
(1) The organisation determines, documents and regularly reviews the board composition best suited to its needs; in the case of a group subsidiary, this may be a matter for the group parent.	Yes	The Council review our Governance and they recommend a change in the board composition. In 2013, the Council made changes to the Board to change from a 5,5,5 to a 3,3,3 and agreeing the CEO becomes a board member - both decisions made separately. This was also set out in chief exec report Regular governance training every two years (July 22) Considered composition twice in last year when vacancies arose.	Completed- evidence in folder/attached
(2) The board has between five and 12 members, including and co-optees and executive members.	Yes	Current structure - Evidence displayed on our website	Completed- evidence in folder/attached
(3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting.	Yes	Chief exec is a board member and doesn't have a vote	Completed- evidence in folder/attached
(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	We have a vice chair but is this documented in their JD - No.GAP - We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed and it is documented and evidenced they take part in the appraisal process of the chair? - See action plan	See Action plan
3.4 Board election, selection and appointment: the board has a diverse membership with the collective skills and attributes needed to govern effectively.			
(1) The board understands, states and regularly reviews the collective skills and attributes it requires to be effective.	Yes	Board appraisal process in place and evidence of skills and attributes. Training plan and forward plan also saved.	Completed- evidence in folder/attached
(2) Prospective board and committee members undergo an open and merit- based assessment process to establish their suitability. Where the organisation's constitution provides for one or more board members to be nominated by an external body, or directly elected, the organisation ensures that those coming forward have the necessary attributes and qualities, and that they are aware of the responsibilities of the role, including those of exercising independent judgement.	Yes	Application and interview process for tenant and independent Members - applications, shortlisting interview notes and scoring for recent round	Completed- evidence in folder/attached

se board which regularly reviews and capably manages its own performance and effectiveness, and e

(3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion.	Yes	At the AGM, we have an opportunity to consider whether we let Members stand down and recruit keeping diversity in mind when re-recruiting. Council Board Members are nominated by the Council.	Completed- evidence in folder/attached
(4) People with direct lived experience of (or particular insight into) the communities served by the organisation are meaningfully engaged in governance structures.	Yes	We have 3 tenant board members with lived in experience- all Board members receive insight into community feedback as demonstrated earlier.	Completed- evidence in folder/attached
(5) Shareholders who are not board members are supported and informed to play their proper constitutional role in the organisation's governance and in particular in the election of board members.	Yes	This relates to Council officers - when we make any appointments to Board members, the mem and arts require approval by the Council (Housing portfolio Holder) in OLB minutes 14.9.22	Completed- evidence in folder/attached
(6) The organisation annually publishes information about the appointment of new board members, and about the diversity, skills and attributes of all the board members.	Yes	HP articles and press releases when new member are appointed Our Website contains a full biography for all Board Members so the need for an annual report is not needed. This includes skills and attributes and is updated as and when new board members are appointed.	Completed- evidence in folder/attached
3.5 Committees: committees are established where the board determines that they will enable it to exercise more effective scrutiny, control or oversight of particular areas of the organisation's activity.			
(1) Each committee has formally recorded terms of reference approved by the board, and reports regularly to the board on its work and the exercise of any delegated authority.	Yes	All have TOR and reviewed every year. Annual report for each committee is reported to Board annually	Completed- evidence in folder/attached
(2) The membership of committees is determined on the basis of the skills, attributes and diverse characteristics which the board determines are appropriate.	Yes	Limited number of board members - Training programme in place- review composition and need for committees and diversity and attributes required - check minutes. Dave wrote a report and check CEO reports -OLB minutes 14.9.22 Board working with Housing Diversity Network to look at diversity	Completed- evidence in folder/attached
3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is:			
(1) Permitted by law and by the organisation's own constitution;	Yes	Yes, and reviewed by our solicitors - in Mem and arts	Completed- evidence in folder/attached
(2) Agreed by the board as being in the best interests of the organisation;	Yes	Not agreed by Board, but approved by Shareholder In our Scheme Of Delegation / Mem and Arts	Completed- evidence in folder/attached
(3) Aligned with the organisation's social purpose and wider reputation;	Yes	It is and recently agreed that increases are in line with pay award of staff to ensure it is in proportion and is agreed by the shareholder.	Completed- evidence in folder/attached
(4) Proportionate to the organisation's size, complexity, level of risk and resources;	Yes	We are a management company and therefore no assets. Benchmarked against other organisations and Chair.	Completed- evidence in folder/attached
(5) Linked to the role's responsibilities, against which performance is reviewed;	Partial	Need to review as part of reviewing E&P Committee membership? Need to consider whether all Board Members are a member of a committee meeting. rate of pay for chair and vice chair and other board members paid the same and performance discussed at annual appraisal - GAP - Review committee structures during 2023 - see action plan.	See Action plan
(6) Regularly reviewed, drawing on external advice as necessary;	Yes	Need to ensure this is reviewed regularly - It was reviewed in 2022/ 23 and covered in the financial statements and CEO report in next year (2023/24)	Just need the physical evidence in our folder please?
(7) Disclosed in the organisation's annual financial statements.	No	Reviewed in 2022/23. GAP - will be included in next year (2022/23) financial statements and in CEO reports, see action plan	See action plan
3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately			

Principle 3 :Board Effectiveness - The organisation is led by a skilled and diverse

(1) The board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required.	Yes	We do not have a strategy, but there is a process for each category standing down, however this is not linked to skills and attributes required. Regular reports from CEO medium term plans renew when opportunity arises. Ongoing set out in Mem and arts board itself only has control over 7/11 appointments. Advert for recent member was led by the need for the person standing down i.e. financial or general - No strategy but review the skills of the board annually. Culture report from CEO on Board make up	Completed- evidence in folder/attached
(2) Where a member is at the end of a term of office and is eligible for reappointment, this is subject to considering the member's performance and skills, and the needs of the board.	Yes	Culture report from CEO on Board make up Board members standing down can re apply and compete with other board members - Steve Lyons applied again after stepping down. When a new vacancy arises the skills and gaps needed will be advertised for (i.e. next time we will be asking or someone with housing experience)	Completed- evidence in folder/attached
(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	SLHD is 9. GAP - If we want to remain at 9 and not move to 6 we need to document why.	See action plan
(4) A member who has left the board is not re-appointed for at least three years.	Yes	Detailed within mem and arts - saved as evidence	Completed- evidence in folder/attached
(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Need conversation about Council board members and difference set of rules with other 'No' section above. GAP - If we want to remain at 9 need conversation about Council board members and document why.	See action plan
3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.			
(1) The board has appointed (and is responsible for the removal of) a company secretary who is accessible to all board and committee members and accountable to the board for advising on governance matters.	Yes	Director of corporate services is responsible for this post and listed on companies house. All duties of company secretary are laid out in the code of governance framework.	Completed- evidence in folder/attached
(2) Board and committee meetings are quorate.	Yes	Inc. in all minutes	Completed- evidence in folder/attached
(3) Scheduled board and committee meetings are based on agendas and documents circulated well in advance. Decisions and the main reasons for them are recorded in the minutes.	Yes	Papers are circulated 7 days in advance. There is a forward plan considered on a regular basis. All decisions are recorded.	Completed- evidence in folder/attached
(4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements.	Yes	TOR for Board is included in there - no special Board meetings have taken place in past couple of years.	Completed- evidence in folder/attached
(5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate.	Yes	Board regularly use Microsoft teams, civic is DDA compliant. TM visually impaired so given a laptop with a touch screen to enlarge font - email to test Teams function so meets could continue during Covid	Completed- evidence in folder/attached
(6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute.	Yes	We know we do this but is hard to evident - found some emails to make sure everyone was comfortable using teams during Covid - Convene training as well.	Completed- evidence in folder/attached
(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	No	Attendance criteria? Duties acceptance Document? GAP - Code of Conduct for Board members could remedy this - see action plan	See action plan
3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.			
(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	Partial for this time - Requires strengthening through recruitment and appraisal process. will be ongoing and will need to consider what evidence we can produce to demonstrate compliance of the full Board and not individuals - have included the Appraisal effectiveness form - critical friend to evaluate some Board Meetings GAP - arrange a full board appraisal on how board works collectively - see action plan	See Action plan

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

	4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed.	Yes	All are originally reviewed by Board and an annual review of all key documents is conducted and presented to EMT	Completed- evidence in folder/attached
ively manages the risks faced by the organisation, and obtains robust assurance that controls are obligations are being delivered, and that the organisation is financially viable.	4.1 Audit: the board has formal and transparent arrangements ensuring that the organisation is financially viable and maintains both a sound system of internal audit and controls and an appropriate relationship with its external			
	(1) The board can have confidence in the information it receives and there are robust internal controls and systems for business and control assurance in place which are reviewed annually.	Yes	Use Councils Internal Audit, and Independent external audit. This is also part of audit of financial statements included in evidence file which Board approve.	Completed- evidence in folder/attached
	(2) There is a committee primarily responsible for audit, and there are arrangements for effective internal control assurance and audit functions.	Yes	Audit and Risk committee in place and evidence on our website.	Completed- evidence in folder/attached
	(3) The organisation's external auditors are independent and effective, and their appointment is reviewed at least every six years.	Yes	Reviewed more regularly than 6 years but We have a service level agreement SLA following a full procurement process. Contact is for 2 yrs. +1+1.	Completed- evidence in folder/attached
	4.2 Audit committee: a committee exercises independent scrutiny and challenge to provide the board with assurance.			
	(1) The committee responsible for audit meets regularly and its minutes are available to the board.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	Completed- evidence in folder/attached
	(2) The committee exercises oversight of the internal and external audit functions.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder. Q2 2022 IA A&R report in the folder as well. Audit committee forward plan.	Completed- evidence in folder/attached
	(3) The committee annually meets with the external auditors with only non- executives present.	Yes	Twice Yearly - Execs ARE NOT present and it is minuted. Slightly different arrangements for meetings on teams. Chair of Audit, IA and EA can verify this and it is in the minutes. Chair of A&R emails all committee members to see if they want to raise anything and this is minuted.	Completed- evidence in folder/attached
	(4) The chair of the committee is a member of the board and regularly reports to it.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	Completed- evidence in folder/attached
	(5) The membership of the committee includes at least one person with recent and relevant financial experience, proportionate to the size and complexity of the organisation.	Yes	Chair of A&R was a former group director of a local charity organisation (renew Leeds limited) and therefore has the proportionate skills and experience needed.	Completed- evidence in folder/attached
	4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place.			
	(1) The board may delegate the detailed scrutiny and evaluation of risk to a committee.	Yes	Scheme of Delegation	Completed- evidence in folder/attached
	(2) The board has a suitable risk management framework in place; it understands the organisation's risk profile and the effectiveness of key controls.	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes	Completed- evidence in folder/attached
	(3) The board establishes and documents its appetite for the risks the organisation faces in pursuit of its strategy.	Yes	Risk section in financial statements/annual report section.	Completed- evidence in folder/attached
	(4) The board ensures that the organisation is resilient to the risks it may face, with appropriate mitigations and a suitably comprehensive, tested and up-to-date business continuity plan.	Yes	Reviewed. Audit and Risk are responsible for reviewing annually in March - Minutes of A&R attached?	Completed- evidence in folder/attached
(5) The board includes members with skills and experience appropriate to the level and type of risks faced by the organisation.	Yes	We can stipulate the skills we required (accountant, tenants, HR etc..) adverts reflect the skills we need when recruiting	Completed- evidence in folder/attached	
(6) The board regularly reviews the risks the organisation faces and how they are being managed; this includes the risks associated with activities carried out by subsidiaries or partnership vehicles.	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes.	Completed- evidence in folder/attached	

Principle 4: Control and assurance - The board actions are effective, that plans and compliance	(7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place.	N/A		
	(8) The organisation's annual report includes a statement about the risk management work of the board, including its understanding of principal and emerging risks and how these are being managed or mitigated.	Yes	In the financial statements each year - includes a risk statement	completed- evidence in folder/attached
	4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements.			
	(1) The board has a robust internal control framework and has regular assurance about the effectiveness of key controls including controls to ensure compliance.	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates and financial statements.	Completed- evidence in folder/attached
	(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Partial	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates - cannot find any reports on safeguarding? GAP - Do Board Members review safeguarding - see action plan	See Action plan
	(3) The board publishes an annual statement setting out its approach to compliance and internal control.	Yes	In the financial statement - Approved by the Board, signed by the Chair and the External Auditors. This is published on our website.	Completed- evidence in folder/attached
	4.5 Whistleblowing and confidential concerns: there are clear and well- publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns with a designated non-executive			
	(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Partial	The organisational one is out of date, last approved 2019 was due for approval April 2022 - new date approved at EMT for review by Q4 2022. GAP - update and approve the policy - see action plan	See Action plan
	(2) The board (or an appropriate committee) regularly receives an account of matters raised under these policies, and actions taken in response.	Yes	A&R receive the fraud report and whistleblowing is included in this report	Completed- evidence in folder/attached
	(3) If a board member has concerns about the board or the organisation that cannot be resolved, these concerns are shared with the board and formally recorded.	Yes	No evidence this has ever happened and will be addressed in new Board code of conduct.	Just need the physical evidence in our folder

Code of Governance: Action plan

Principle	Section of the code	Compliance	Owner	Action	Date to be completed (Financial year)
Principle 1: Mission and values The board sets and actively drives the organisation's social purpose, mission and values and through these embeds within the organisation resident focus, inclusion, integrity, openness and accountability.	1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.				
	(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Partial	M McEgan	Compliments to be included in the quarterly customer focus presentation to P&I and annual presentation for Board	Q4 2022/23
	1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.				
	(1) The board adopts a formal code of conduct to which all its members adhere.	No	Board	Produce a new code of conduct for Board Members	Q1 2023/24
	(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest.	Partial	J Crook and Board	Produce a new code of conduct for Board Members	Q1 2023/24
	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	Board	We cant find any evidence of this happening? This needs to be regularly reviewed and updated by Board if and when evidence arises	Ongoing
	2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.				
	(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Partial	D Richmond	We need a report to make this a formal arrangement. DR due to discuss this with the Chair and to consider methodology.	Q1 2023/24
	3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.				
	(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	J Crook and Chair of the Board	We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed.	Q2 2023/24
3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee					
(5) Linked to the role's responsibilities, against which performance is reviewed;	Partial	J Crook / D Richmond	Review committee structures during 2023. Need to consider whether all Board Members are a member of a committee meeting.	Q2 2023/24	
(7) Disclosed in the organisation's annual financial statements.	No	J Crook	To be included in next years financial statements and in CEO reports	Non complaint until 2022/23	
3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the					
(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	Board and DC	If we want to remain at 9 and not move to 6 we need to document why and ensure there is a good succession plan in place to address this. There is also no maximum term for Council board members.	Q2 2023/24	
(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Board and DC	Need conversation about Council board members and difference set of rules with other 'No' section above	Q2 2023/24	
3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.					
(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	No	J Crook and Board	Produce a new code of conduct for Board Members	Q1 2023/24	
3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.					
(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	J Crook	Arrange a full board appraisal on how board works collectively and invite a critical friend to evaluate some Board Meetings	Q2 2023/24	
(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Partial	Board	Invite a critical friend to evaluate some Board Meetings. What further can Board member suggest for evidence to strengthen this section?	Q2 2023/24	
(f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions;	No	J Crook	A new template to be devised for decisions/ actions / challenges to be produced for clarity following all meetings	Q1 2023/24	
(g) Compliance with this code and legal duties.	No	Board	Once adopted review compliance with this code on an annual basis	Q4 2023/24	
(2) These matters are regularly and formally reviewed.	No	J Crook	Board appraisal of Board performance to be arranged - critical friend could facilitate	Q3 2023/24	
(3) All new board and committee members receive a full induction.	Partial	J Crook	Create a new induction checklist similar to new employees	Q1 2023/24	
3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two					
(2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes.	Partial	J Crook	Produce a new code of conduct for Board Members	Q1 2023/24	
3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.					
(2) Where a statement of non-compliance is needed it sets out: (a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and (b) Summary plans for the achievement of compliance, if applicable.	Yes	J Crook	Once adopted, review compliance with this code on an annual basis	Q4 2023/24	
	Yes	J Crook	Once adopted, review compliance with this code on an annual basis	Q4 2023/24	
4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place.					
(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Partial	M McEgan / D Richmond	Annual safeguarding report to be added to Board meeting	Q4 2022/23	
4.5 Whistleblowing and confidential concerns: there are clear and well- publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns					
(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Partial	J Crook and Board	Update and approve the policy	Q4 2022/23	

Principle 2: Strategic and delivery - The board sets objectives, plans and the organisation to fulfil its social purpose and remain successful, innovative and effective oversight of their delivery.

Principle 3 - Board Effectiveness - The organisation is led by a skilled and diverse board which regularly reviews and capably manages its own performance and effectiveness, and ensures that it complies with this code.

Principle 4: Governance - The board actively manages the risks faced by the organisation, and obtains robust assurance that controls are effective. The board ensures compliance obligations are being delivered, and that the organisation is financially viable.



Corporate Plan Feedback – Round 1



St Leger Homes of Doncaster

Presented by Dave Richmond
Chief Executive
February 2023

Context and Background



The Corporate Plan is a key strategic document, determining the critical and aspirational requirements for the organisation.

The current Corporate plan expires in 2024 and therefore a new one is needed to run from 2024-2029.

The Board approved a phased plan to research, consult and produce a new Corporate Plan.

Phase one focused on research and consultation on two key questions:

- What will change in the next 5 years that we need to be aware of?**
- What are the areas you would like to see covered in the new corporate plan?**

Consultation has taken place through out December 2022 and January 2023.

Key elements of a good Corporate Plan



The purpose of the Corporate Plan is to ensure that as an organisation, we are clear about the key objectives for the business taking into account the needs of our customers and stakeholders, the challenges and opportunities we face and the capacity we have to meet our objectives.

The plan sets the tone for how we do business and gives direction to all subordinate strategies and plans.

Specifically the plan will:



Current Corporate Plan



The existing corporate plan comprises of:

- A Mission:
“Provide homes in neighbourhoods people are proud to live in”
- The ‘FEEL’ Values originating from the initial inception of the company:



- Four strategic objectives:



Each of which is supported by a series of intended actions and the means to measure progress.

Consequently it is expected that the new plan will be structured in a similar way.

Progress since November 2022



The following slides highlight the findings from phase one of the plan following research consultation with the following:

- **Stakeholders, including Doncaster Council senior managers via meetings and Doncaster Councillors via a survey.**
- **Approx. 5,000 St Leger Homes tenants via telephone surveys and focus groups**
- **St Leger Homes staff via the St Leger Homes Colleague Festival**
- **The Doncaster Borough Strategy and Strategic Housing Strategy**
- **Doncaster economic strategy**
- **South Yorkshire Integrated care strategy.**
- **The Better Social Housing Review – Conducted by NHF and CIH**
- **Current Legislation and updates from the Regulator of Social Housing**
- **Housing and Local Government Ombudsman reports**
- **Research on the ongoing cost of living crisis and climate change agendas**



Corporate Plan



Summary of key themes affecting Tenants

Demographic changes with an ageing population - more vulnerable tenants physically, mentally and financially.

The need / demand for more social housing and different types of housing.

Cost of living / social deprivation / fuel poverty / foodbanks.

Emerging new technology and increase in the use of AI and Digital self-service.

Tenant Voice - Keep listening to tenants feedback, concerns and issues and make plans to improve when and where appropriate.

Health, Safety and Wellbeing.

Round 1 Feedback



Summary of key themes affecting Staff

Stretching budgets and resources (including public sector pay. Increase In turnover of staff due to public sector pay not matching cost of living and also harder to recruit to posts).

Ageing workforce / skills gap and lack of staff resources and succession planning.

Reward and recognition.

Health, Safety and Wellbeing.

Performance, Values and Behaviours.



Corporate Plan

Round 1 Feedback



Summary of key themes affecting Properties

- Green agenda / carbon neutral for ways of working, stock, and materials (Climate change).
- Increase in disrepair claims and decrease in stock condition both inside and out of properties.
- The need for energy efficient homes, reducing damp, mould and condensation.
- Confidence in building safety and compliance.
- Investment in current stock to maintain decency and meet aspirations.



Summary of key themes affecting our Business

- Emerging new technology – drones, air source heat pumps, AI.
- Green agenda / carbon neutral for ways of working, stock, fleet and materials.
- Improving communication with stakeholders, staff and with tenants.
- Regulation and inspection regime.
- A Learning organisation which learns from all sources of information including complaints, demand and tenants requests.



Summary of key themes affecting Partnerships

- Contributing to the Borough Plan with effective partnership working across the public and Voluntary, Community and Faith (VCF) sectors.
- Ensuring a strategic alignment with the private rented sector.
- Assistance with poverty issues and vulnerable groups.
- Education, skills and economic regeneration.
- Carbon zero .
- Understanding where we can contribute to the regeneration of neighbourhoods.

Main Themes



New Values and Behaviours



Extensive work has been undertaken to consider the organisation's culture and in particular the skills and behaviours we require of our staff at differing levels of the organisation.

From here the 4Ps (Pride, Performance, People, Progress) have naturally emerged and have been used to group the new skills and behaviours.

They happen to be value type words and as part of the draft corporate plan, proposals will be presented to consider whether they could be appropriate to adopt as the organisations new values.

The model was designed with the 4 P's in mind. Below is the model cross referenced with the Chartered Institute of Housing Professional Standards.

New Values and Behaviours



What are the next steps?



- **Between March – May 2023 further consultation will place on the on 1st round of feedback and themes.**
- **1st draft of the corporate plan by July 2023.**
- **August and September – Consult on the 1st draft of the Corporate Plan.**
- **Final and fully designed 2024-2029 Corporate Plan signed off in Board 2023.**
- **Final sign off by the council by March 2024.**

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Repairs Excellence Phase 2 Update - One Repairs Service Exception Report
Action Required:	For information
Item:	15
Prepared by:	Chris Margrave, Director of Property Services
Date:	2 February 2023

1. Introduction

1.1 The purpose of the One Repairs Service Exception Report is to provide Board with a summary of the implementation plan for the One Repairs Service Phase 2 activities within the Excellence programme. It will be used to advise board and EMT where decisions are required to make an informed decision based on intelligence and data.

2. One Repairs Service

2.1 In 2013 SLHD split the repairs service into two parts; responsive and scheduled repairs. The objectives set out in the report of 2013 to separate the service are no longer fit for purpose.

2.2 The demand for our responsive repairs service has increased by 20% post lockdown. We are not alone; industry wide we are seeing a high demand for repairs and most organisations are responding to this increase by prioritising responsive repairs above scheduled and planned work. There is significant dissatisfaction from our customers concerning the time taken to complete responsive repairs, and this is further compounded when tenants are having to wait for a scheduled repair.

2.3 In reality both responsive and scheduled repairs are just repairs, however it is important to note that responsive repairs include those categorised as right to repair or pose a significant health and safety risk to person or property.

2.4 As a result we propose to combine the repairs service once again. In doing so consideration will be given to vulnerability, where it is clear that a vulnerability exists, then priority will be given to that tenant. The proposal to merge these two services together provides SLHD with the opportunity to align existing resources, streamline process and maximise efficiencies to provide a better service to our tenants. It will also provide the resource to prioritise higher risk responsive repairs

2.5 It is practical and efficient for all trades to complete a blend of responsive and scheduled

repairs in addition to emergencies and attend today's. It is also far better for customers, they will not be passed from one part of the repairs service to the other. The trade operative will liaise with a dedicated works planner to take ownership of their own diaries through an interactive process with the tenant, and will be able to offer further appointments where necessary. So the trades person the customer first meets will be the one who will complete their job.

3. Programme Managers Update

3.1 Merging of Responsive and Scheduled Repairs.

The plan is to merge responsive and scheduled repairs from the 1st February 2023 to allow the service to focus on the highest priority repairs. Demand for repairs should have decreased, however this is not the reality and we need to merge the services earlier than we planned in our phase 2 of the Excellence Programme.

3.2 This was dependent on a number of key deliverables and considerations, which have now taken place;

- Consultation with managers in property services has taken place and this has proved popular with all concerned. There is clear support for this action with agreement that the current process and procedure for separating the repairs is not as effective as planned.
- Further consultation with trade groups took place on the 18th January 2023, this provided a forum for trades to raise any concerns they have with the merger and on-board both trade teams into the one repairs service.
- Consultation with our tenant groups took place on 20st January 2023. A significant amount of the feedback in relation to scheduled repairs has already come through our tenant groups and our complaints process. A clear lack of understanding as to why tenants have to wait for (mainly) scheduled repairs has been shared through these groups. It is also clear from our tenant's feedback that the time taken to complete a responsive repair is also creating dissatisfaction.

3.3 Timeframe for the change.

To enable the merger to take place we need to pause the majority of our scheduled repairs service for 2 months. All of the tenants effected by this will be written to so that we can explain why we are pausing their repair. A significant majority of the repairs are non-essential low priority repairs and shouldn't be taking a higher priority over responsive repairs, emergencies and attend today's repairs.

3.4 One Repairs Service

Our plan is to direct the resource from scheduled repairs to create The One Repairs service. All operatives will be trained to follow the Repairs Excellence contact protocol to minimise no access.

3.5 Responsive repairs will be completed wherever possible on the appointment day maintaining and improving our high percentage of right first time repairs. If the repairs cannot be completed due to requiring non-standard materials or the repair requires additional works, the trade operative will contact the works planner, agree an appointment date and confirm directly with the tenant. This new appointment may be some weeks into the future dependant on the tenant's commitments. However this approach benefits the tenant in that they know who will be doing their repair and when, it also improves our repairs efficiency as the work will not be passed off to another trades person who isn't familiar with the job or met the tenant.

- 3.6 As the same operative will attend to complete the repair on the appointment date, this prevents the duplication of measures and misdiagnosis of repairs. One person taking ownership; One Repairs Service.
- 3.7 One of the strategic objectives for Phase 2 is to realise a significant reduction in out of hour's repairs activity and offer a quantifiable financial saving to the organisation. This aligns to the organisations commitments to sustainable, efficient and value for money service.
- 3.8 In order to realise this, it is our intention that all appointed responsive repairs including attend todays and emergencies will be attended to in the normal working day, not roll over to the evening emergency out of hour's service. The costs associated with our out of hour's service are significant and attending to jobs rolled over into the emergency call out service from the day attracts a substantial premium. The current budget provision for out of hours call out service is £600k. However, this has been expected to exceed the current position for 22/23. The existing process is expensive and inefficient and does not complete the repair first time in most cases, adding additional cost for us and frustration for the tenant.
- 3.9 By reducing the amount of jobs rolled over into the emergency out of hour's service, additional time will be created in One Repairs Service operatives diaries to ensure they have the capacity to attend to emergencies throughout the day. This will deliver a significant reduction in costs associated with the emergency call out service and will provide a more structured and efficient approach to day time repairs.
- 3.10 Not all scheduled repairs have appointment dates, the current process is to inform tenants each month when their scheduled repair is going to be undertaken as we don't use the diary system for scheduled repairs. This will make the transition easier as most tenants don't have a fixed date for their scheduled repair.
- 3.11 It is envisaged that during the 2 month pause period for scheduled repairs some of the held scheduled jobs will be filtered into the diaries as capacity increases and the backlog of responsive repairs is controlled. All of the remaining scheduled repairs will be analysed and the highest priority will be appointed into diaries first. This will allocate a specific
- 3.12 In addition, we will have the capacity to attend to the highest priority repairs quicker and more effectively. Tenants will be more engaged with throughout the process of completing their repair with more control over timeframes and appointments.
- 3.13 The Programme Board will continue to monitor the risks, issues, measurable benefits and outcomes in Phase 2, further highlight reports detailing this information will be provided to Board, EMT and P&I as the programme progresses through the Phase 2 activity.

**Contact Officer: Chris Margrave
Director of Property Services**

St. Leger Homes of Doncaster Limited
BUILDING SAFETY & COMPLIANCE COMMITTEE MEETING

Thursday 24 November 2022 at 10am

Present

Dave Wilkinson (DW), Trevor Mason (TM), Steve Lyons (SL), Cllr Phil Cole (PC).

In Attendance

Chris Margrave (CM) - Director of Property Services, Danny Boardman (DB) - Head of Building Safety, Jordan Rowe - Electrical Compliance Officer, Maxine Johnson (MJ) - Executive Support Officer.

Also in Attendance

Anthony Brown (AB) – Specialist Independent Advisor (SIA), Louise Robson – Governance Service Manager.

ACTION

- | | | |
|-----------|---|--|
| 1. | Apologies and Quorum | |
| 1.1 | No apologies were received and the meeting was quorate. | |
| 1.2 | It was noted that Louise Robson, Governance Service Manager was in attendance as an observer. | |
| 2. | Declarations of Interest by Board Members | |
| 2.1 | There were no declarations made. | |
| 3. | Minutes of the meeting held on 30 September 2022 and matters arising | |
| | The minutes of the meeting held on 30 September 2022 were approved. | |
| 4. | Safety & Compliance Activity report | |
| 4.1 | The Head of Building Safety gave assurance that in terms of LGSR compliance the organisation was in a really good position with 1 outstanding property whereby a warrant was shortly being served.

Lots of work was being done around CO detection the process used was to triangulate information from the 2021 and 2022 LGSR servicing program the information currently held on Open Housing and the information collected during the Stock Condition Surveys (SCS) as of the end of October 2022 –there were 125 properties which required a physical visit to collect the data. However since the report had been published, this number has significantly reduced with only approximately 64 to check. There was a real confidence in the data and likelihood that | |

the remaining properties would have detection installed

- 4.2 The Specialist Independent Advisor (SIA) queried, when checking are you able to understand which are hard wired and battery?

The Head of Building Safety confirmed this was the case and we are testing that they are working too. The Specialist Independent Advisor asked once the renewals programme was approved at Board, if this could be fed back into committee.

- 4.3 FRA Fire safety

The Director of Property Services advised all of the remaining actions from fire risk assessments have been prioritised due to their risk. This has enabled the team to create a proposed ten year programme. The programme created was to test the temperature of a ten year programme and take some pressure away from the frequent conversations around overdue actions with Doncaster Council (DC). Approximately £23m would be needed to complete all of the actions over the lifetime of the ten year programme which would be shared with Building Safety Group, providing DC with a much better understanding.

- 4.4 The Specialist Independent Advisor asked has this approach been endorsed by Savills? And has the organisation liaised with the insurers/stakeholders? He said the Fire Risk assessor needs to fully understand the programme to make reference to it.

Action: Head of Building Safety to consider dialogue with insurers and consultation with stakeholders before taking the 10 year proposal to Board for consideration.

DB

The Director of Property Services added we did offer to DC to accelerate to a 5 year programme not only was it not financially viable, but also in terms of mobilising projects to be able to close actions down.

- 4.5 Referring to point 4.6 of the report the Specialist Independent Advisor commented the 1540 overdue actions had been 'forensically' been reviewed. He said can you take me through that process?

The Head of Building Safety advised that along with himself, the Health Safety & Compliance Service Manager and Compliance Officers met in person to systematically review each action line by line and analyse the data.

- 4.6 The Chair asked in terms of residential site barriers – Could we explain what the plan B was that mentioned?

The Head of Building Safety advised it was a fire suppression system that creates a water curtain in the event of a fire. It's used in different countries but not used widely in this country. The costs were in the region of £1.2m plus civil works. This was the preferred option as opposed to concrete barriers due to the concerns raised by the residents of the sites and the impact they believe the barriers would

have on their quality of life. .

It was noted the proposals would be taken to the Building Safety Group.

4.7 Members noted that the EWI programme at Balby Bridge had slippage however the contract was being closely managed by SLH via monthly site progress meetings.

4.8 **Members noted the Safety & Compliance report.**

5. Subject Matter Expert – Electrical, Jordan Rowe

5.1 The Electrical Compliance Officer gave a brief overview of his current role and priorities that included the electrical compliance dashboard on C365.

5.2 The Chair asked, what does an Electrical Installation Condition Report (EICR) inspection involve?

The Electrical Compliance Officer advised;

Each test generally takes around 2 and a half – 3 hours to complete.

Once gaining access into the property the Electrician would ask the tenant to show them around the property whilst pointing out any sockets/switches that there are, and whether there is broken accessories or problems they have had.

The Electrician would then make their way to the fuse board and start the physical test and writing out the test sheet at the same time. Each individual Electrician will do the test order in a specific way to themselves, and there is not specific way that it must be done, only a recommended way, to which they generally follow.

The tests consist of “Dead” and “Live” tests. These tests consist of;

- Continuity of protective conductors, including main and supplementary bonding
- Continuity of ring final circuit conductors
- Insulation resistance
- Polarity test
- Earth fault loop impedance
- Prospective fault current
- RCD test
- Functional test

Once the test has been completed, and any faults have been identified. Dependant if there is time left on the job, the Electrician would then carry out any of the C2 remedials that have been identified, all C1 remedials have to be made safe/repared at the time of the test. If there is no time left on the job the Electrician would follow the correct procedures in booking the remedials in to get resolved.

5.3 Referring to the Safety & Compliance Performance report at point 3.3, the Specialist Independent Advisor raised concern at the amount of EICRs completed to date on the 2022/23 programme. He asked are you confident you will have completed the programme by year end?

The Director of Property Services responded we are confident we are going to work as hard as we can. We have set our in-house workforce a target, however we are looking for contractor(s) support to pick up the remainder. Ideally we would like to do a direct award via a contract, what is important to us is that we award a quality contractor.

5.4 The Chair enquired – how do you quality check?

The Electrical Compliance Officer advised the contractor has a quality surveyor who passes the certificate to SLH. This is then checked by an Electrical Team Leader (second line of defence) before being passed to the Electrical Compliance Officer for review (third line of defence).

Morgan and Lambert are employed as Electrical Quality Control Auditors to carry out a variety of inspections on electrical works. Members noted that certificates can be downloaded direct from their portal in regards to quality control.

Action: Specialist Independent Advisor requested that a list of property addresses out of compliance (EICR over 10 years old) is included in future reporting.

DB

5.5 The Specialist Independent Advisor asked – in regards to new tenancies, do we do an EICR inspection each time?

The Electrical Compliance Officer confirmed this was the case.

6. **Joint Safety Committee minutes (12 Oct 22)**

6.1 The Chair paid reference to the recent media release advising of the tragic circumstances around the case managed by Rochdale Boroughwide Housing. He highlighted language barrier was one of the issues identified.

The Director of Property Services advised that the organisation had been proactive in that it had a damp and mould working group in place that had already met to review process and procedures. Resources had been redirected to proactively inspect approximately 250 known cases.

He said this week had seen a significant spike in calls into the Customer Access Team, SLH had some really good information for tenants on its website in regards to damp, mould and condensation.

The Director of Property Services advised it's my responsibility to respond to the Regulator of Social Housing in respect of their recent correspondence regarding damp, mould and condensation. A response was currently being drafted in order to meet the deadline of 19 December 2022.

The Chair asked for SLH to link up with Rupert Suckling – Director of Public Health’s team to ensure there is a joined up approach, and health visitors are involved.

6.2 A discussion ensued and it was agreed:

Action: Damp & Mould meeting to be held in the new year (one hour, single agenda item), to update members on the outcomes of the prioritised inspections and response to the Regulator of Social Housing.

**MJ/CM
/DB**

7. High Rise Engagement Group mins

7.1 Balby Bridge (25 Aug 22)

Members noted the minutes.

7.2 Intake (25 Aug 22)

Members noted the minutes.

8. Date and Time of Next Meeting

8.1 Wednesday 25 January 2023

Matters Arising from the previous minutes

Building Safety & Compliance - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
1.	May-22	9.6	Safety & Compliance Activity Report Future reporting number of fires in all properties.	Contained within the next full quarterly report.	Y	DB
2.	Sep-22	3.2	Safety & Compliance Activity Report <u>No Access - Court Costs</u> Review court costs so they are passed onto tenants and not picked up by SLH.	Currently being reviewed by Housing Management teams.	In progress	DB
3.	Sep-22	4.2	<u>No Access - Stage 4</u> Future reporting to list properties with service date and whether level 1 priority.	Head of Building Safety to include in report at next BS&C Cttee.		DB

4.	Sep-22	4.3	<u>Electrical By-pass Example</u> Enforcement example with outcomes to the next meeting	Head of Building Safety advised Housing Services colleagues haven't carried out enforcement of an electrical bypass to be able to provide an example. If one occurs in the future, feedback will be provided then and action taken if any.	Y	DB
5.	Sep-22	4.5	<u>Self – Disconnection</u> a. Number of properties on a prepayment. b. Summary of any known 'self-disconnection' cases.	Head of Building Safety advised that a list of properties where disconnection is requested by the tenant is shared with Housing Management colleagues by the Repairs & Maintenance team, so safeguarding & tenant welfare can be considered and addressed.	Y	DB
6.	Sep-22	4.6	<u>Table 7 – Properties with an EICR in excess of 10 years</u> Suggestion of additional column for hoarders, also include communal areas.	EMT requested addresses removed from the performance report. Head of Building Safety to provide list of properties as an appendices to future BSC Cttee.	Y	DB
7.	Sep-22	5.2	Consolidated Action Plan <u>Suggested improvements to the report & action plan</u> Detailed at 5.2 in the minutes.	Copy of the overall plan to be appended to the Safety & Compliance report as an	Y	DB

				appendices for BS&C Cttee.		
8.	Sep-22	7.1	<p>CO2 update BN</p> <p><u>Regulatory Information</u> Circulate the regulators current position, clarify timescales.</p>	Head of Building Safety & Head of Asset Management 2023/24 CO replacement programme.	N	DB
9.	Sep-22	7.3	<p><u>Tenants with Hearing Impairments</u></p> <ul style="list-style-type: none"> • Location of detector • Guidance sheet <p>Further detail in the minutes.</p>	Head of Building Safety confirmed that devices do have visual and audio able warning aids. Device to be brought to the next meeting.	Y	DB
10.	Sep-22	7.4	<p><u>Tenant Awareness</u></p> <ul style="list-style-type: none"> • Social Media • Tenant sign-up information pack – guidance sheet <p>Further detail in the minutes.</p>	CO detector leaflet to be circulated to BS&C members by Head of Building Safety.	N	DB
11.	Sep-22	10.2	<p>Asbestos Compliance</p> <p>FAQs sheet sent to tenants to address any concerns prior to an asbestos survey to be circulated to members</p>		Y	RP/DB
12.	Sep-22	10.3	<p><u>Management Surveys in Domestic Properties – 14%</u></p> <p>Develop a plan of how to increase the percentage.</p>	% of domestic properties surveyed included in performance report additional information being gathered at every opportunity through heating and fan replacement programme.	Y	RP/DB

13.	Sep-22	11.1	<p>Asbestos Incident Review</p> <p>a. Recommendations/lessons learnt to be added to the consolidated action plan.</p> <p>b. Legal position on the asbestos information we provide to tenants.</p> <p>c. Consider why wasn't this a breach of tenancy.</p>	<p>Actions added to Consolidated Action Plan by Head of Building Safety.</p> <p>Links to 5.2 above.</p>	Y	DB
14.	Sep-22	14.1	<p>JSC mins 14.07.22</p> <p><u>Statutory Training Statistics (%)</u> Percentage of staff who have completed this training, to be provided at the next meeting.</p>	<p>Head of Building Safety advised he had recently received information from the Head of HR & OD and would share it with members.</p>	Y	DB
15.	Sep-22	15.1	<p>High Rise Forum mins 25.5.22</p> <p><u>Tea/Coffee/Soup provision</u> Suggested for the next forum meeting to increase attendees.</p>		Y	DB/GS
16.	Sep-22	15.2	<p><u>Fire Safety Booklet and Building Safety Plans</u></p> <p>SIA requested a copy.</p>	<p>Head of Building Safety to provide to the SIA.</p>	N	DB
17.	Sep-22	16.2	<p>Committee Strategy</p> <p>Future considerations – verbal update at the next meeting.</p>	<p>Agreement reached to continue with the Building Safety & Compliance Committee.</p>	Y	CM
18.	Nov'22	4.4	<p>FRA Fire Safety – 10yr Programme</p> <p>Head of Building Safety to consider dialogue with insurers and consultation with stakeholders before taking the 10 year proposal to Board for consideration.</p>	<p>10yr proposal discussed with Building Safety Grp (DMBC) stakeholders including – SYFRS in attendance at meeting.</p>	Y	DB

				EMT paper scheduled for 13.12.22.		
19.	Nov'22	5.4	<p>EICRs Over 10yrs</p> <p>SIA requested that a list of property addresses out of compliance (EICR over 10 years old) is included in future reporting.</p>	Links to 4.6 above.	Y	DB
20.	Nov'22	6.2	<p>Damp & Mould Meeting</p> <p>Damp & Mould meeting to be held in the new year, to update members on the outcomes of the prioritised inspections and response to the Regulator of Social Housing.</p>	Arranged for 12.01.23.	Y	MJ

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

Tuesday 29 November 2022 at 9.00am

Present

Dave Wilkinson (Chair), Susan Jones, Councillor Joe Blackham. Milcah Walusimbi

In Attendance

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

ACTION

- | | |
|---|-----------------|
| 1. Apologies and Quorum | |
| 1.1 There were no apologies received. 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 13 September 2022 and matters arising | |
| 3.1 The minutes of the previous meeting were agreed as a true record with the following matters arising. | |
| 3.2 From Item: 7.18 – Staff Survey Feedback – Mental Health First Aiders
The Head of HR and OD confirmed there are currently 7 mental health first aiders / first contact officers across the business with plans to review the full wellbeing strategy when this provision will be reviewed.

A Member asked whether First Aiders were paid? The Head of HR and OD advised that whilst first aiders are paid, mental health first aiders were not paid and something she wanted to consider. | |
| 3.3 From Item: 10 – Committee Forward Plan
The Head of HR and OD agreed to provide an update on Organisational Culture through summer 2023. | SM / LGH |
| 4. <u>EDI Dashboard</u> | |
| 4.1 The Head of HR and OD presented Q2 data comparing previous quarter information for both colleagues and customers. It was noted the detail shows some positive movement in terms of employee and customers in all areas of diversity. | |
| 4.2 It was reported that there has been a slight challenge in the number of tenants and employees reporting their diversity to us and it is recognised we need to do more in this area to increase reporting. The Head of HR | |

and OD reassured Committee that a number of actions were being put in place to address this:-

Employees – all new employees are being asked to provide their information. Whilst this is not mandatory, and people do not have to disclose this information, they will have to advise that they are not disclosing it. This is being progressed through the system providers at Rotherham

Customers – It is recognised we potentially don't spend much time asking this of our customers. There is some training planned with the sign up team in order we can commence collecting this at the early stage of a tenancy. It is hoped that this form of human intervention will help improve the information we hold.

4.3 A Board Member asked about the lack of women moving into trades post? The Head of HR and OD responded that a 'Women in Construction' group has been established internally that meets on a quarterly basis.

It was noted that during National Apprentice Week in February we are organising a special webinar which will have real focus about women in construction/trades and will be delivered specifically to women and the parents of women.

The Head of HR and OD advised that we continue to struggle with attracting women in trades roles, so we are taking the opportunity to concentrate resources in this area in terms of attracting females into the construction industry reviewing our communication material and methods.

A member asked if we experience problems recruiting to apprentice positions? The Head of HR and OD responded that we are well over-subscribed in all trade apprentice positions we advertise.

A Member asked, in terms of women in construction, are we out of line in terms of our benchmarking with other organisations? The Head of HR and OD advised that in terms of trades teams, we are very much on a level, however we still have a low representation of women in senior positions at St Leger Homes, at the current time.

The Chair asked if the Chief Executive was satisfied we are doing everything we can in this area? The Chief Executive responded that he was satisfied that the teams were considering all avenues.

A Member suggested developing a future leaders programme for younger employees to be actively encouraged to join as a management development opportunity as a way to increase numbers of females into senior roles.

4.4 **Committee noted the Q2 EDI Dashboard.**

5. **Performance Management Update**

5.1 The Head of HR and OD presented the performance management update

advising of some pertinent points:-

- Rollout of PDP's with 100% completion rate in 2021. PDP window for 2022 is currently open and it is hoped we can achieve the same this year.
- Lots of communication has taken place throughout the workforce and with managers about importance of holding 1:1 / checks ins, PDP's, and with regular communication with employees.
- New process for electronic logging of the PDP's this year.

5.2 The Chair asked if there were any checks in place to ensure the PDP was not just becoming a tick box exercise? The Head of HR and OD commented that there were no checks in place at present, however it feels that 1:1 check ins are taking place across the business more now and advised that conversations are happening with Head of Service to try and ensure 1:1's are taking place, however it is recognised that more learning is needed in this area at Team Leader level. She also stated that we cannot guarantee feedback from the pulse data that quality conversations are taking place.

The Head of HR and OD further advised Committee about a short term solution in terms of performance management is to try and encourage team leaders to performance manage in a better way, and in the longer term look at alternative packages that we could procure. It was noted that the Head of HR and OD was working with DMBC Technical Governance Board about a type of software, however they have asked that we look at existing software to see if there is a work around rather than purchasing another expensive system.

It was noted that in terms of 2022 PDP's, the window for completion opened at the beginning of October, and at the last check 25/30% had been returned. There have been offers from the HR and OD team to attend team meetings with a view to helping explain what quality conversations in PDP's should look like, in addition, managers have also had training.

The Head of HR and OD ended by stating that on reviewing outcomes of the February 2022 Pulse Survey, we need confidence that quality 1:1 / PDP's are happening and that currently it is definitely not where it needs to be.

5.3 The Chief Executive advised that following results from the October pulse survey, he is organising monthly dip checks into 1:1's, as a way to check that they are happening. He explained that he is wanting to see the evidence they are taking place, with sensitive information redacted.

5.4 A Member asked if there was anything happening within Property Services in order that 1:1/checks ins were happening?

The Head of HR and OD responded that conversations about the process

had taken place with all managers within Property Services managers, however it has been made clear that whilst 1:1 line manager training has taken place, some 1:1's/check ins are still not taking place as some managers have still not got the confidence to hold these types of conversations with their team members.

To resolve this, it was noted that some further, practical training specifically for line managers within property services was being designed for delivery before Christmas, which will involve the launch of a specifically tailored 1:1 form which will act as a tool and prompt for specific conversations.

- 5.5 The Chair asked whether Managers have been equipped to be able to tackle any examples of bad behaviour?

The Head of HR and OD advised that Managers have the tools and support available to them, however, there may be a lack of confidence to tackle bad behaviour. She advised that this should have been addressed in some way through the First Line Manager Training which had been delivered throughout the organisation, however this may not have happened with every Manager, and something she was concentrating on at the moment.

The Chief Executive advised that the Director of Property Services was considering how we can deliver the Performance Management Framework within Property Services with suggestions of some form of peer performance management to make sure the conversation is more meaningful to the operative and specific trade.

A Member commented on experience of having examples of 'unwanted behaviours' within a competency framework which was helpful and worked well for the more practical roles. There was agreement that this is something that should be explored.

- 5.6 **Committee noted the update provided and agreed for the Head of HR and OD to explore potential of detailing 'unwanted behaviours' within the performance management/competency framework.**

SMo

6. People Development Framework

- 6.1 The Head of HR and OD provided detail of progress on the design of a People Development Framework. This included:-

- Enhanced behaviours being developed through a number of colleague and management forums.
- First Line Managers programme review begun with planned launch in 2023.
- PDP process is embedded and it is hoped we can replicate 2021 100% completion in 2022.
- Planning and talent mapping has begun.

- 6.2 The Committee considered progress of the three specific areas of the framework:-
- Training needs analysis and agile performance management –

development underway

- Succession and talent planning – activity is in place and ongoing, but there is understanding that we have a long way to go.

6.3 Enhanced Behaviours

Committee considered the behaviour framework agreeing this is where any unwanted behaviours can be added.

The Head of HR and OD advised 8 Skills have been identified that sit within 4 themes with each skill having a set of up to 5 behaviours within.

It was noted that the Enhanced Behaviour Framework will be launched at staff conference on 6th and 7th December, with a high level of activity planned to move them forwards after that, including encouraging all colleagues to understand them, and to be able to live and breathe them which will be the most difficult task.

6.4 **Committee received and noted the progress update provided.**

7. Pay Award

7.1 The Head of HR and OD provided Committee with a verbal update on the pay award agreed recently.

It was noted that the pay award was for employees on green book terms and conditions, for which the vast majority of the workforce was on. It was noted that only trade apprentices were still placed on red book terms and conditions.

It was noted that the Unions had come to an agreement with Government which means that £1,925 will be added to every spinal column point below Chief Officer level, along with an additional days leave from 2023/24 onwards. This will be back dated from April 2022 with the backdated pay being processed through December payroll.

The Head of HR and OD advised that the red book pay deal has yet to be agreed, and whilst historically trade apprentices have always been on red book terms and conditions this was something that she was considering with a view to moving them over to green book terms and conditions.

7.2 It was noted that alongside the pay award, Executive Management Team were also in discussions with Unions about what else we can be doing to improve pay and benefits. It was also noted that Unions have specifically asked if SLHD can step out of the current local agreement to increase pay for certain roles. Which SLHD have confirmed that they will not.

As part of these considerations, trading of annual leave had been considered and appetite for buying and selling leave within the workforce has been explored, however on review the logistics it was found that it would be too complicated and potentially un-sustainable. Therefore a decision was made not to pursue it further which has been communicated to colleagues across the business.

7.3 The Head of HR and OD advised of plans to publish a Total Rewards Statement for everyone which will detail individual total reward which will include Pay and Pension, along with other benefits available. It was noted that the statements will be issue in early 2023 for the previous calendar year.

The Head of HR and OD agreed to share a version of what will be shared with staff.

SM

8. Colleague Engagement Activity Update

8.1 The Head of HR and OD provided detail and update on all colleague activity that has taken place across the business. It was proposed that an update is provided as a standing agenda item.

8.2 It was noted that there is regular communication and dialogue across the whole workforce through the year and these arrangements will take place on an annual basis:-

Pulse Survey – will be conducted twice yearly and the survey towards the end of the year will include benchmarking questions around satisfaction amongst others. It was noted that the latest survey conducted in October had the highest number of completions.

EMT Q&A sessions - will also be conducted twice yearly. It was noted that these sessions have been well received and have high levels of engagement.

Annual face to face staff conference – will be held annual and will include St Leger Awards. For 2022 this is being held on 6/7th December with a theme of 'Everybody Counts' with key activities within the sessions focussing on looking backwards at our achievements, a forward look at the review of the Corporate Plan, celebrating colleagues with St Leger Stars, a launch of the enhanced behaviours and a launch of Customer Excellence learning which will be externally delivered.

8.3 **Committee received the update and approved the suggestion to the standard agenda item at future Committee meetings.**

LGH

9. Pulse Survey Feedback

9.1 The Head of HR and OD shared the high level raw data that is being worked on, following the closure of the latest survey which was open for 3 weeks throughout October.

- 526 responses received which represents 65% of workforce, the highest response rate yet.
- A significant proportion of responses were from within Property Services where the away day was utilised for trades to complete the survey.
- 22 colleagues are still saying they work from home as their

permanent base. This should not be the case and will be looked into further.

- *Line managers completing the survey* – There are still some Managers that have not completed the survey and we need to understand the reasons why.
- *120 colleagues are saying that they have not had a 1:1 in the last 6 months or longer* - We have seen a small positive movement in this category with an increase in positive responses from within Property Services which may be the reason for this, however there is more to understand in this area.
- *Line Manager is great role model to SLHD values* – This is linked to the People Strategy and the response puts us in a positive place
- *The Workforce feels involved in decisions made* – We are in a good position with the workforce feeling involved.
- *Meaningful conversations are being held with Managers* – A good proportion of the workforce say yes, which needs to be considered alongside the questions in relation to 1:1's.
- *Pay is comparable* – A significant number of people don't feel that pay is comparable with lots of comments where people feel underpaid compared to other organisations. More work is required in this area to consider other benefits that can enhance pay.
- *Satisfied with total reward package* – Response were 50/50 and it is recognised there is more work to do on this. The Head of HR and OD confirmed that there is significant, overwhelming feedback that trades staff particularly are not happy.
- *My wellbeing at work* - Employees feel that wellbeing is important to the organisation, particularly mental wellbeing and feel managers see mental health as important. The Head of HR and OD commented that this feedback will help to drive wellbeing activities.

Benefits of working with SLHD

- *Appetite within the workforce to buy and sell annual leave* – The Head of HR and OD advised that this had previously been discussed and that the arrangements would be complicated to manage and therefore it has been decided not to progress this further.
- *Salary sacrifice* – looking at other options to enhance the offer to the workforce.
- *Medicash* – planning to communicate more about utilising medicash, with a stall at staff conference, and HR colleagues attending team meeting to help individuals access to the Medicash app and utilise the benefits available.
- *Overall satisfaction* – This question is asked every year. With 80% being satisfied overall with SLHD, this shows a small drop of 3%, however we are still on target.
- *How likely are you to recommend SLHD (Net Promoter Score question)* - The Head of HR and OD advised that the NPS is not a typical measure of employment, with anything up to and including 6 is a detractor & 9/10 is a promoter. It was noted that the NPS has gone down again and is a minus figure. This doesn't sit well with the 80% satisfaction score and there is a commitment to reviewing this

question in the future.

- 9.2 Committee noted these positive results and that they show the interactions we are having with the workforce are getting the intended results and congratulated the Chief Executive, Head of HR and OD and the Leadership Team for the 80% overall Satisfaction.

The Chief Executive reminded Committee of the drive within Property Services to complete the survey, and that despite this, the increased response rate has not reduced satisfaction levels. This is also despite the changes happening within Property Services.

- 9.3 **Committee noted the high level feedback.**

10. Committee Forward Plan

- 10.1 The Chief Executive reminded Committee of conversations at October Board in relation to the current Committee Structure which is under review and will be reported formally at April Board.

He advised that the proposal may include the recommendation that Building Safety & Compliance Committee is not folded due to the positive work it is driving, and that Employment & People is only held as and when required to try and reduce the number of Committees that Board Members a members of.

- 10.2 **Committee Members noted the current position and that the February 2023 meeting of the Committee had been cancelled as a result.**

11. Any Other Business

- 11.1 There was no other business to raise.

12. Date and Time of Next Meeting

16 May 2023