

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

**To be held at 2pm on Thursday 3 October 2024
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

AGENDA

12.30 – 13.30 – Pre-Board presentation on Introduction of Electrical Vehicles

13:30 – 14:00 – Lunch

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

For Approval

- | | | | |
|---|--|-----------|-----------------|
| 5 | Data Smart Strategy | M Haughey | Enclosed |
| 6 | Safeguarding Children and Adults Annual Report for 2022-23 | M McEgan | Enclosed |
| 7 | ICT Strategy Update | M Haughey | Enclosed |

For Information

- | | | | |
|----|--|----------------|-----------------|
| 8 | Health & Safety Highlight & Dashboard Update Strategy | L Winterbottom | Enclosed |
| 9 | Annual report on 5 year programme of Electrical testing/Re-wires | L Winterbottom | Enclosed |
| 10 | Annual Asset and Stock Condition Update | L Winterbottom | Enclosed |
| 11 | KPI Performance | C Margrave | Enclosed |
| 12 | Allocations & Mutual Exchange Update | M McEgan | Enclosed |
| 13 | Annual Development Plan Update | C Margrave | Enclosed |

Reports for noting only

- | | | | |
|----|--|--|-----------------|
| 14 | Committee Annual Reports | | |
| | • Audit & Risk Committee | | Enclosed |
| | • Building Safety and Compliance Committee | | Enclosed |
| | • Employment and People Committee | | Enclosed |
| | • Performance and Improvement Committee | | Enclosed |
| 15 | Date of next meeting – 5 December 2024 | | |

Board Decision Summary

Meeting:	St Leger Homes Board
Date of meeting:	1 August 2024
Chair:	Dave Wilkinson
<p>The Board approved:-</p> <p><u>Agenda Item 4</u> – Chair and Chief Executive’s update</p> <ul style="list-style-type: none"> • <u>Employment & People Cttee</u> <ul style="list-style-type: none"> ○ Approved the proposal that Employment & People Cttee meet twice a year. • <u>Performance & Improvement (P&I) Cttee</u> <ul style="list-style-type: none"> ○ Approved the proposal that for P&I Cttee to become a more customer focused group. Terms of Reference and membership to be discussed with the Chair and appropriate members. Discussions to also include a review of the name. ○ Approved the proposal for the co-opting of 2 members from One Voice Forum, the Tenant Scrutiny Panel or the Get Involved Group, to enable the effective succession planning for this Committee. <p><u>Agenda Item 5</u> – Financial Statements</p> <ul style="list-style-type: none"> • Approved the financial statements, Letter of Representation and noted the contents of the Auditors’ Management Letter for the year ended 31 March 2024. <p><u>Agenda Item 6</u> – Equality, Diversity and Inclusion (EDI) Policy</p> <ul style="list-style-type: none"> • Approved the draft policy with the inclusion of care leavers as a protected characteristic. 	
<p>The Board requested:-</p> <p><u>Agenda Item 6</u> – Equality, Diversity and Inclusion (EDI) Policy</p> <ul style="list-style-type: none"> • Requested the inclusion of care leavers as a protected characteristic. <p><u>Agenda Item 9</u> – Capital Monitoring Q1 - Council House New Build Programme</p> <ul style="list-style-type: none"> • Requested further detail of the Council House New Build Programme at future meetings; the number of builds with a detailed progress update. 	
<p>The Board received:-</p> <p><u>Agenda Item 4</u> – Chair and Chief Executives update <u>Agenda Item 7</u> – KPI Performance Q1 <u>Agenda Item 8</u> – Revenue Monitoring Q1 <u>Agenda Item 9</u> – Capital Monitoring Q1 <u>Agenda Item 10</u> – Committee minutes:</p> <ul style="list-style-type: none"> - Employment & People Committee – 30 April 2024 - Building Safety & Compliance Committee – 9 May 2024 - Performance & Improvement Committee – 16 May 2024 - Audit & Risk Committee – 8 July 2024 	

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
91	Apr-24	5.6	Budget Approval Board suggested that the Director of Corporate Services to consider including information around the cost of regulation in HouseProud.	During August Board JCR explained the organisation was fully committed to improving services for its tenants therefore in part had decided not to put the cost of regulation in HouseProud.	Y	JCR
101	Aug-24	4.2.2	P&I Cttee Board agreed the proposal for the co-opting of 2 members from OVF, TSP or GIG to enable effective succession planning of the Committee.			MMc
102	Aug-24	8.5	REVENUE MONITORING Q1 - DISREPAIR CLAIMS The Chief Executive agreed to include a piece in the Chair & Chief Executive report at the next Board meeting. This was following one member commenting on the number of active disrepair cases continuing to rise.	Is included in the CEO report at October Board	Y	CM
103	Aug-24	9.2	CAPITAL MONITORING Q1 - COUNCIL HOUSE NEW BUILD PROGRAMME One member asked for further detail of the Council House New Build Programme at future meetings; the number of builds with a detailed progress update. The Director of Corporate Services agreed to provide this information on the assumption it wasnt commercially sensitive.			JCR

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

1 August 2024, 14.00hrs - Civic

Present:

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

Also In Attendance:

Mark McEgan (Director of Housing and Customer Services), Julie Crook (Director of Corporate Services), Maxine Johnson minutes.

City of Doncaster Council (CDC)

Yvonne Fox – Interim Assistant Director of Housing, CDC.

Members of the Public/Observers:

John Kelly, Brenda Lennon – Tenant Scrutiny Panel.

		Action
1	Apologies and Quorum	
1.1	Apologies were received from Sarah Vause and Cllr Phil Cole.	
1.2	The Chair welcomed both Brenda Lennon and John Kelly members of the Tenant Scrutiny Panel to the meeting as observers.	
2	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3a	Matters arising and action log from previous meetings	
3a.1	Board noted updates against outstanding actions. <u>No. 91 – Budget Approval</u> – The Director of Corporate Services explained the organisation was fully committed to improving services for its tenants therefore in part had decided not to put the cost of regulation in HouseProud.	
3b	Ratification of minutes from the meeting held on 1 June 2024	

3b.1	The Board agreed the minutes from the meeting held on were an accurate reflection of discussions.	
4.	Chair and Chief Executive's Update	
4.1	<u>National Federation of ALMOs (NFA) Board</u> The Chief Executive congratulated the Chair on his successful appointment to the Board and advised of his attendance to the first NFA Away Day in Birmingham on Thursday 11 th July.	
4.2	<u>Committees of the Board</u> As detailed at point 5.2 of the report the Chief Executive proposed a number of minor changes to Committee arrangements:	
4.2.1	A. <u>Employment & People Committee</u> Proposal to meet on a twice a year basis to give enhanced focus to that area of the business rather than on an ad hoc basis. Board agreed Employment & People Committee meet twice a year.	
4.2.2	B. <u>Performance & Improvement Committee</u> i) Proposal for Performance & Improvement Committee to become a more customer focused group. Detailed terms of reference and membership of the Committee will be discussed with the Chair and appropriate members of the Committee. These discussions will also include a review of the name. ii) Proposal for the co-opting of 2 members from One Voice Forum, the Tenant Scrutiny Panel or the Get Involved Group, to enable the effective succession planning for this Committee. Board agreed to the above two proposals.	MMc
4.3	<u>Board Member Recruitment</u> Members were drawn to point 5.3 of the report which detailed the organisations recruitment process for tenant and independent board members and were asked to note the progress to date and future plans.	
4.4	<u>Changes to Memorandum & Articles of Association (Mem & Arts)</u>	

	<p>Members noted the proposal by the Shareholder that there will be a minor change to the Mem & Arts at the next Annual General Meeting (AGM).</p> <p>This change will see the maximum term for the Chair of the Board change from 6 years to 9 years. The details are yet to be finalised, but it is likely that the change will allow the term to be extended on an annual basis by 1 year and be a maximum of 9 in total.</p> <p>The Chief Executive added I think it is key that we offer as much stability to the board as possible, in the regulatory regime and potential for inspection this change and the recruitment mentioned earlier will provide us with continuity and stability required for the best outcome possible. It was noted that we also need to mindful that the Board had adopted the NHF Code of Governance which states that the maximum term for Board Members should be nine years. The Board reiterated what they had previously agreed, that it is a balance and the key thing is that we have the best Board Members possible.</p>	
4.5	<p><u>National Issues</u></p> <p>The Chief Executive advised that included in the report was the potential for Government to make changes to the right to buy scheme, he added so far this year RTB figures have been low and has the potential to remain that way for the rest of the year. Taking this into account as well as the acquisitions programme fully underway we are likely to see a positive impact on overall stock numbers. He advised last year's RTB figure was 96, in this current year the figure currently stands at 19.</p> <p>He went on to say consideration for the future of carbon zero including retrofit improvements needs to be given. Decent Homes 2 and Awaab's Law and the demand for service all feature in the consultation with government and a call for clarity of how these will be funded.</p> <p>He highlighted guidance within the report in respect of the Employment Rights Bill and how this could affect the organisation.</p>	
4.6	<p><u>Operational Issues - Repairs Backlog</u></p> <p>Members were reminded of the challenges faced by SLH in dealing with the repairs backlog. He advised the regulator is mindful of the demand that organisations are facing but still require assurance that they are dealing with the highest priority repairs first. He reported that whilst some organisations have maintained the split in responsive and scheduled repairs, SLH have merged these services.</p> <p>He went onto say SLH have a plan to complete the remaining 2,656 repairs.</p>	

	<p>One member asked if SLH was prepared for the proposals contained within Awaab's Law? The Chief Executive advised that the newly appointed Director of Property Services would be starting with the organisation shortly when a review of process to meet the proposals would be carried out.</p> <p>Another member asked if Awaab's Law would extend to private sector housing? It was noted yes this was the case and could be a risk to St Leger Lettings as some providers may decide to exit the Private Rented Sector.</p>	
4.7	<p><u>Reputational Issues</u></p> <p><u>Housing 2024</u></p> <p>The Chief Executive was pleased to inform Board that tenant board member Milcah Walusimbi attended and presented at this year's housing conference. Milcah had formed part of a panel discussing how tenants could add value to governance of an organisation.</p>	
4.8	<p><u>House Build Programme</u></p> <p>One member commented that the house build programme centred on each local authority having a local plan in place and asked, where do we stand with the plan?</p> <p>The Interim Assistant Director for Housing, CDC advised we have met with Homes England who have indicated they are looking to fund schemes, they are reviewing what sites CDC have available, all options and any potential barriers going forward. She said we are looking at doing phase 3 and can share with Board the detail once we have it. We are waiting to hear changes from government in terms of funding and percentages, hopefully we will have further detail in the next few months.</p> <p>The Chief Executive added any changes from government will not impact immediately.</p>	
4.9	<p>The Chief Executive updated the Board on a round table event he had attended the previous evening where Fiona McGregor, the Chief Executive, Regulator of Social Housing had been present. The discussion had centred around the learning from the inspections so far and the first year of collecting the TSM data.</p>	
4.10	<p>Board noted the report and approved the proposals at point 5.2 in relation to minor changes to Employment & People and Performance & Improvement Committees.</p>	
5.	<p>Financial Statements</p>	

5.1	<p>The Director of Corporate Services led on the report the purpose of which is to present the Financial Statements of the Company and Letter of Representation for the year ended 31 March 2024 for approval by the Board and Auditors' Management Letter for noting by the Board.</p> <p>It was noted the Financial Statements underwent extensive review by Audit and Risk Committee on 8 July 2024 and were recommended to Board for approval.</p> <p>The Director of Corporate Services drew members attention to point 4.3 of the report reminding them of their responsibilities as Directors.</p>	
5.2	<p>Members were advised that external auditors Beever and Struthers have not identified any adjustments which are necessary to the financial statements. In their audit report they present a clean audit report and that the accounts show a true and fair view of the financial position for the year.</p> <p>It was noted the management accounts for the financial year 2023/24 presented to the Board in May 2024, reported that SLH made a surplus outturn of £0.343million against a £zero, balanced budget where original budgeted income and expenditure each totalled £60.774m</p>	
5.3	<p>The Chair asked whether SLH was happy with the services provided by Beever & Struthers external auditors?</p> <p>The Director of Corporate Services confirmed she was, adding it is good practice to rotate the auditors which Beever & Struthers have done this year (and in previous years), supporting an even more robust audit.</p>	
5.4	<p><u>Pension fund valuation</u></p> <p>She explained the results of the last full triennial valuation report became available at the end of 2022. This shows the whole fund is now in surplus for the first time in many years, and the St Leger Homes element of the fund remains in surplus.</p>	
5.5	<p>A member suggested that the Organisation should look to influence the discussions at the next valuation, with the potential to reduce employer contribution rates as the fund was in surplus.</p> <p>The Director of Corporate Services explained that SYPA and the actuaries initially meet with the four South Yorkshire Councils to discuss contribution rates. The next step is a meeting with large employers (the category we fall in to) and we would attend that meeting and consider all available options. It was also confirmed that</p>	

	SLH receives a written guarantee from CDC in relation to any pension deficits and they will only make that guarantee if we implement the contribution rates as recommended by SYPA and the actuaries.	
5.6	Another member asked if there were any reasons why there had been a shift from a significant deficit to a significant surplus within a few years? It was noted there had been a change of actuary plus a reflection of the changes in the national and global economies.	
5.7	The Chair thanked the Director of Corporate Services and the team for their hard work in obtaining another successful and clean audit report.	
5.8	Board approved the financial statements, Letter of Representation and noted the contents of the Auditors' Management Letter for the year ended 31 March 2024.	
6.	Equality, Diversity and Inclusion (EDI) Policy	
6.1	The Director of Corporate Services explained that the organisation does not currently have an EDI policy in place. Some years ago, the decision was taken to remove the policy in favour of a fairness and inclusion statement. During the Housing Diversity Network (HND) peer review in May 2023 a recommendation was made to introduce a policy. Further information from the Housing Ombudsman has made it clear that there is an expectation for organisations to have a policy in place and whilst the content of the policy is not entirely dissimilar to the commitments set out in the fairness statement, it is right that we now introduce a policy.	
6.2	One member asked if a gap analysis had been carried out? The Director of Corporate Services advised that improvements had been identified with regards to recruitment data collected from applicants during the recruitment process. Also, collection of data from tenants, in addition to how we use that data to make informed decisions to improve our services.	
6.3	Referring to point 5.2.1 of the draft policy the Chair highlighted that care leavers wasn't included in the list of protected characteristics and asked for them to be included.	
6.4	Board approved the draft policy with the inclusion of care leavers as a protected characteristic.	
7.	KPI Performance Q1	

7.1	<p>The Director of Corporate Services led on the report which provided board members with a brief commentary for those KPIs where their target are not being met.</p> <p><u>KPI 2 : Void Rent Loss - VRL (lettable voids)</u></p> <p>Members noted the total number of voids held at the end of June showing an increase at 162, which consisted of 127 lettable voids; 30 acquisitions, of which, 8 are properties at St Georges Court; and 5 non lettable voids. As a result, this has affected the VRL in-month performance for June showing a slight decline at 0.94% when compared to May's 0.92% and April's 0.81%.</p> <p>One member sought clarification why this indicator was reported when there were influencing factors out of the control of the organisation. It was noted that this indicator was reported to HouseMark and confirmed VRL is money lost from the Housing Revenue Account (HRA). Therefore, by reporting on this indicator SLH was providing full transparency.</p>	
7.2	<p><u>KPI 6 : Stage 1 and 2 Complaints relative to the size of the landlord (per 1000 properties)</u></p> <p>Members noted for the TSM KPI, a total of 319 complaints were received from residents - 286 Stage 1 and 33 Stage 2. All complaints totalled 403, comprising 367 Stage 1 and 36 Stage 2.</p> <p><u>KPI 7 : Complaints responded to within target timescale</u></p> <p>It was worthy of note to members that although the number of complaints had increased, the organisation was responding to complaints more quickly.</p>	
7.3	<p><u>KPI 14 – Average number of nights in hotel accommodation</u></p> <p>One member asked if the 21 days target for hotel accommodation was a local target or a legal requirement?</p> <p>The Director of Housing and Customer Services confirmed it was a local target.</p>	
7.4	<p>Board noted the KPI Performance Q1 briefing note.</p>	
8.	<p>Revenue Monitoring Q1 2024/25</p>	
8.1	<p>The Director of Corporate Services drew members attention to the executive summary on page 1 of the report and advised of an overall deficit is projected for the year of £304k, comprising a surplus on HRA activities of £235k and a deficit of £539k on General Fund activities.</p>	

	<p>However, referring to the table at point 3.3 she explained it should be noted that the projections include the projected positive impact of the pay award which has been projected at £251k. This will need to be repaid to CDC and therefore the projected overall deficit would be £555k. All of this is General Fund related as HRA activities are projecting a breakeven position.</p>	
8.2	<p><u>Hotel and Temporary Accommodation</u></p> <p>One member referred to point 8.4 of the report which summarised the budgeted and projected costs, related income and net positions of hotel and temporary accommodation placements. He asked what are CDC doing to try and reduce the costs?</p> <p>The Director of Housing and Customer Services explained this was a national issue for local authorities up and down the country advising CDC had been excellent in their response to helping SLH deal with this budget pressure. Extra resources had been received and a practical action plan developed and put in place.</p> <p>The Interim Assistant Director of Housing, CDC added that nationally we are seeing the highest number of people in temporary accommodation since records began. Unfortunately, we are having to make use of what resources we have until there are changes in central government policies. She added a full review of the Homelessness service was currently underway with a new strategy being developed that included a focus on prevention and supporting people in their tenancies.</p> <p>One member commented that he was pleased to hear that prevention was a focus within the strategy and was given assurance by this approach.</p>	
8.3	<p>Another member asked if there were any issues in receiving the housing benefit refund?</p> <p>The Director of Corporate Services advised that the organisation doesn't receive 100% refunds and there has been some administrative errors that has an impact on the bottom line. However, SLH now have a contract in place for hotels and from the beginning of June should start to see process improvements and associated increase in refunds, she added we are also having successes on backdated cases.</p>	
8.4	<p>The Chair suggested for better insight into the Homelessness service any board members may wish to take up the opportunity of a job shadow.</p>	
8.5	<p><u>Disrepair Claims</u></p>	

	One member commented on the number of active disrepair cases continuing to rise. The Chief Executive agreed to include a piece in the Chair & Chief Executive report at the next board meeting.	CM
8.6	Board noted the revenue monitoring Q1 2024/25 report.	
9.	Capital Monitoring – Q1 2024/25	
9.1	<p>The Director of Corporate Resources advised the reported projections at Q1 show the planned, in-year spend on the Housing Capital Programme would be £61.74m, a variance of £9.29m against the £52.45m revised budget.</p> <p>The vast majority of this overspend, £9.03m is not an overspend but accelerated delivery of the Council House New Build Programme and the funding has been brought forward from 2025/26 to fund this.</p> <p>She then drew members attention to appendices A-C where further analysis could be found.</p>	
9.2	<p><u>Council House New Build Programme</u></p> <p>One member asked for further detail of the Council House New Build Programme at future meetings; the number of builds with a detailed progress update.</p> <p>The Director of Corporate Services agreed to provide this level of detail on the assumption the information wasn't commercially sensitive.</p>	JCr
9.3	<p><u>Adaptations for Disabled</u></p> <p>One member asked for further clarity to point 13.2 of the report – adaptations for disabled. It was noted the forecast spend has not been revised for this report however, there is a significant risk that the budget figure may be exceeded due to an increased demand for the service.</p> <p>The Director of Corporate Services explained this scheme was managed by CDC and confirmed that in the report SLH was raising it as a financial risk.</p> <p>Another member highlighted the need for adaptations across private and social housing is increasing due to an ageing population. Lots of work was being carried out to review the service area within CDC and various funding streams available.</p> <p>The Interim Assistant Director for Housing, CDC, advised adaptations are paid for by the HRA and administered via the capital programme</p>	

	<p>however, assessments are done by CDC assessors. Additionally, the policy hasn't been reviewed for a number of years and costs have escalated. Therefore, a review of the service area was underway. It was noted that Kathryn Anderson-Bratt – CDC Service Director, Integration & Partnerships was responsible for this service area.</p> <p>The Director of Corporate Services explained in previous years we have had fund overspends at year end, as future budget decisions are made we will work with CDC colleagues to try and get the budget figures correct rather than deal with it after the event.</p>	
9.4	Board noted the Capital Monitoring Q1 2024/2025 report.	
10.	Committee Minutes	
10.1	<p><u>Employment & People Committee – 30 April 2024</u></p> <p>Noted.</p>	
10.2	<p><u>Building Safety & Compliance Committee – 9 May 2024</u></p> <p>Noted.</p>	
10.3	<p><u>Performance & Improvement Committee – 16 May 2024</u></p> <p>Noted.</p>	
10.4	<p><u>Audit & Risk Committee – 8 July 2024</u></p> <p>The Chair of Audit & Risk commended the work done by the Director of Corporate Services and the team, commenting on the clean audit.</p>	
	Date of next meeting	
	3 October 2024	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 03 October 2024

Item : 05

Subject : DataSMART Strategy 2024-27

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Lauren McLaughlin
Change Manager

Purpose : The purpose of this document is for Board to approve the new DataSMART Strategy 2024-2027 and note the rationale for the strategy.

Recommendation:

The Board to approve the new DataSMART Strategy 2024-27 and the year one action plan.

1. Report Title

- 1.1 DataSMART Strategy 2024-27

2. Executive Summary

- 2.1 This is a new strategy that aims to improve both the quality of our data and how we use our data. With a motif of **Secure, Managed, Accurate, Reliable and Trusted**, the strategy will enable us to make more informed and intelligent decisions that are in line with our mission statement, while providing satisfaction to both our customers and stakeholders.

- 2.2 The strategy outlines the purpose and the review process we will follow to ensure our data meets the quality standards we expect and describes the methods for maintaining data integrity in the future. To do this the strategy is based and organised on industry recognised themes: People and Culture, Processes, Systems, Governance, and Operational Management & Analytics.

- 2.3 The strategy is not a statutory requirement, but it is informed by the Housing Ombudsman's Spotlight on Knowledge and Information Management (KIM) recommendations.

- 2.4 The strategy will have a dedicated DataSMART Board, with a clear governance and oversight role, to support the implementation and monitoring of the annual action plan.

3. Purpose

- 3.1 The purpose of this document is for Board to approve the new DataSMART Strategy 2024-2027 and note the rationale for the strategy.

4. Recommendation

- 4.1 It is recommended that the Board approve the new DataSMART Strategy 2024-2027 and the year one action plan.

5. Background

- 5.1 Good quality data is essential for any social housing providers to deliver high-quality services, comply with regulatory standards, and achieve their strategic objectives.

- 5.2 However, good data alone is not enough. We need a data strategy to ensure that we collect, manage, analyse, and use data in a consistent, reliable, and ethical way. While we currently have satisfactory data collection methods and processes, our current data management practices are not consistent throughout the organisation.
- 5.3 Through the introduction of the DataSMART Strategy we aim to increase the trust in our data, implement more rigorous data oversight processes and checks and also exhibit consistent end user training. This will be achieved by performing structured reviews against datasets prioritised by the DataSMART Project Board.
- 5.4 There will be barriers to every dataset we review, technical and cultural, but it's essential to tackle these challenges and make use of data opportunities to enhance our operational efficiency and effectiveness. To assist in this each dataset review will follow a formal approach to ensure a consistent and comprehensive review is performed and will be done with the Information Asset Owner (IAO) for the data being reviewed. It is essential the 'owner' of any dataset is involved from the outset.
- 5.5 Therefore, we have developed the DataSMART Strategy 2024-2027, which is aligned with our Corporate Plan and due to the fast moving pace of change, includes an annual action plan.
- 5.6 The strategy and annual action plan will be overseen and monitored by the DataSMART Project Board, who will in turn report progress to our Digital Transformation Board and EMT through a highlight report.
- 5.7 The progress against the annual action plans will be reported to Board along with the new action plan for the following 12 months.
- 5.8 This report includes;
- DataSMART Strategy 2024-2027 at Appendix A
 - Year one action plan at Appendix B and
 - Equality Impact Assessment at Appendix C.

6. Next Steps

- 6.1 Following Board approval we will proceed with the following steps:

Communicate the DataSMART Strategy 2024-2027 and the Year 1 Action Plan 2024-25 to all staff and stakeholders.

Work with relevant corporate teams to initiate data quality improvement initiatives prioritised by the DataSMART Project Board.

Monitor and report on the strategy's progress and performance and conduct regular data audits and reviews.

Annual update to Board on progress against the action plan and approval of the action plan for the following year.

7. Procurement

- 7.1 There are no procurement issues directly related to the production of the strategy.

8. VFM Considerations

- 8.1 Specific actions in the annual DataSMART action plan will be progressed as projects and where appropriate will include VFM considerations.

9. Financial Implications

- 9.1 There are no financial implications directly related to the DataSMART Strategy 2024 – 2027, however there are likely to be some financial investments that are required to deliver the actions within the annual action plan.
- 9.2 These actions will be progressed as formal projects and will include a full assessment of the financial implications and will be reported through the Digital Transformation Board to EMT who will consider these alongside the wider company priorities for resources.

10. Legal Implications

- 10.1 There are no legal implications directly related to the production of the strategy.

11. Risks

- 11.1 To do nothing and not fulfil the action plan would mean the Housing Ombudsman's Knowledge and Information Management (KIM) recommendations would not be met.

12. Health, Safety & Compliance Implications

- 12.1 There are no Health, Safety & Compliance implications directly related to the new DataSMART Strategy

13. IT Implications

- 13.1 The new DataSMART Strategy and annual action plan will ultimately result in ICT implications, and the team will work closely with the areas under review.

14. Consultation

- 14.1 Whilst developing the DataSMART Strategy and the annual action plan, consultation has taken place with Heads of Service (HoS). As the attendees of the Digital Transformation Board (DTB), it was important to get their views and ensure it is in line with Delivery Plans and existing strategies.

15. Diversity

- 15.1 There are no diversity implications directly related to the production of the Strategy.

16. Communication Requirements

- 16.1 A communications plan will be developed in conjunction with the Communications Team to promote the strategy once approved.

17. Equality Impact Analysis (new/revised Policies)

17.1 See appendix C

18. Environmental Impact

18.1 There is no environmental impact from any proposals detailed in the strategy.

19. Report Author, Position, Contact Details

19.1 Lauren McLaughlin, Change Manager
Lauren.mclaughlin@stlegerhomes.co.uk

20. Background Papers

20.1 The report to P&I committee on KIM will be included here if there was one (to be confirmed).

KIM report from Housing Ombudsman.

Secure

Managed

Reliable



DataSMART Strategy 2024 - 2027

A strategy to transform how we use our data to make better, smarter decisions

Accurate

Trusteed

INTRODUCTION

Data is essential for social housing providers to deliver high-quality services, comply with regulatory standards and achieve their strategic objectives.

Data can help us understand the needs and preferences of our residents, improve our operational efficiency and effectiveness and demonstrate our value and impact to our stakeholders.

However, data alone is not enough. We need a data strategy to ensure that we collect, manage, analyse and use data in a consistent, reliable and ethical way.



OUR VISION AND MISSION



Our Vision

- Trust in data to inform decision-making
- Target services and communicate effectively
- Improve customer experience
- Deploy resources efficiently

Our Mission

- Improve the quality of our data
- Transform how we use data
- Make better, smarter decisions
- Build a more sustainable future

CONTEXT - WHERE
DO WE WANT TO
BE?



Consistency in training

Trust in data

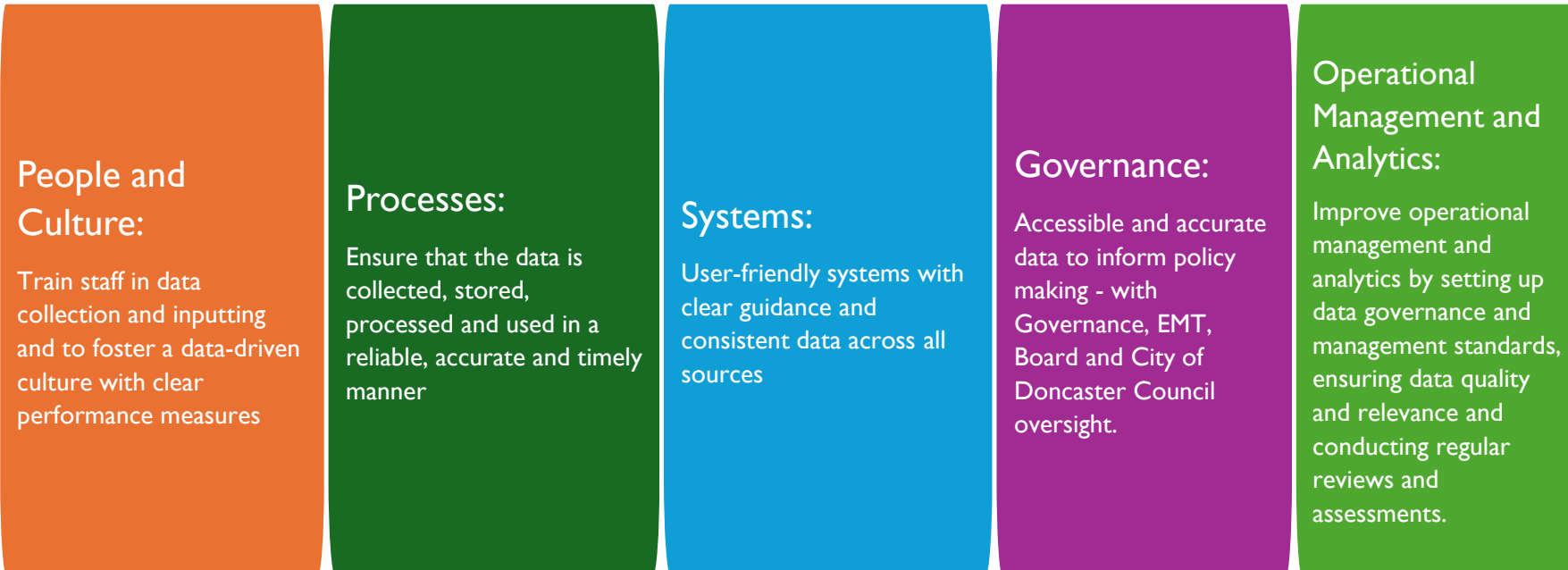
Rigorous data oversight

5 DATASMART STRATEGY THEMES

The housing ombudsman's **SPOTLIGHT ON Knowledge and Information Management (KIM)** report outlines specific actions with regards to data in terms of how data is: • created • stored • used, and • shared.

The recommendations also mandate that we should have a clear governance role for data and use it to plan and perform well.

With this in mind, the **DataSMART Strategy** has been developed with 5 key themes:



People and Culture: Train staff in data collection and inputting and to foster a data-driven culture with clear performance measures

How We Aim To Achieve This:

- Staff to be trained in effective collection and inputting of data.
- Information at induction as standard.
- Emphasis as a whole organisation on the importance of accurate collection and inputting of data.
- Promote a data driven culture.
- Define, establish and incorporate Data responsibilities into all staff Check-Ins by way of performance management measures appropriate to role.

Why We Want To Do This:

- Promote a data-driven culture across the organisation.
- Emphasise the importance and benefits of accurate and timely data collection and inputting for the organisation's performance, accountability and decision-making.

How We Will Measure Our Success:

- The number and percentage of staff who complete training courses and modules.
- The level of satisfaction and confidence of staff in collecting and inputting data, as measured by surveys and feedback forms.
- Establishing regular data-related communication and collaboration channels across the organisation, such as data newsletters, data forums, data champions and data working groups.
- Incorporating data responsibilities into the performance management system, such as setting data-related objectives, conducting data check-ins, providing data feedback and recognising data achievements.
- Recognising staff who demonstrate excellence and improvement in data collection and inputting skills and culture.

Processes: Ensure that the data is collected, stored, processed and used in a reliable, accurate and timely manner

How We Aim To Achieve This:

- Manage and maintain all the organisations data sets, locations, data owners and data champions in an Information Asset Register.
- A consistent approach enabling good organisation-wide data flows.
- Trust in the data accuracy and acceptable data quality clearly defined.
- Data errors are corrected in real time, upfront.
- Silo working removed, so data is subject to the same processes and clearly defined values for common data (i.e. 8, eight, 08).

Why We Want To Do This:

- Enhance trust and confidence in the data and its use.
- Improve efficiency and effectiveness of data processes and systems.
- Reduce costs and risks associated with data errors, inconsistencies and breaches.
- Support compliance with legal and regulatory requirements for data protection and privacy.
- Enable better analysis, reporting and insights from the data.
- Facilitate collaboration and communication among data stakeholders and users.

How We Will Measure Our Success:

- Monitoring the frequency and severity of data errors and measuring the time and resources required to correct them, as well as the potential consequences or risks of using inaccurate or outdated data.
- Checking the compliance and alignment of the data values with the defined standards or rules and ensuring that there are no discrepancies or ambiguities in the data representation or interpretation.
- Conducting data audits or reviews to assess the consistency, accuracy and quality of the data across the organisation and identifying any gaps or issues that need to be addressed. Collecting and analysing feedback from data users and stakeholders on their trust and satisfaction with the data and evaluating the impact of the data on their decision-making and performance.

Systems: User-friendly systems with clear guidance and training, and consistent data across all sources

How We Aim To Achieve This:

- All systems are easy to navigate. New staff to be given comprehensive training on all systems with user guides/video's etc.
- Single version of the truth.

Why We Want To Do This:

- We want our systems to be easy to navigate, so that we can access the information we need quickly and efficiently.
- We want to provide comprehensive training and support for new staff on all systems, so that they can use them confidently and effectively.
- We want to ensure that our systems have a single version of the truth, so that we can avoid data inconsistencies and errors.

How We Will Measure Our Success:

- Monitoring and reporting on the performance of the data systems and processes against the established data quality standards and criteria and highlighting any areas of improvement or best practice.
- Developing and implementing data quality metrics and indicators that align with the organisational goals and objectives and reflect the needs and expectations of the data users and stakeholders.
- Implementing and evaluating data quality improvement initiatives and projects that address the root causes of data quality issues and enhance the reliability and usability of the data.

Governance: Accessible and accurate data to inform policy making - with Governance, EMT, Board and City of Doncaster Council oversight.

How We Aim To Achieve This:

- Ensure accurate data is easily accessed in order to inform policy.
- Governance oversight role established.
- Add a section in the SLHD Board report templates to include data (*how are we using the data to drive the decision*).

Why We Want To Do This:

- The organisation wants to improve the quality and accessibility of its data for policy analysis and decision making:
 - **Data accessibility:** The organisation aims to reduce the time and effort needed to access and retrieve the relevant data from various sources and platforms.
 - **Governance oversight:** The organisation plans to establish a regular and systematic process of data audits, reviews and feedback, led by a governance body or committee that has the authority and expertise to oversee the data management and use.
 - **Data implications:** The organisation intends to include a dedicated data section in its reports and documents that discusses the data sources, methods, limitations and implications of the data analysis and findings. This is because the organisation seeks clarity on how data informs the policy recommendations, actions and decisions.

How We Will Measure Our Success:

- **Data accessibility:** Tracking the number and frequency of data requests, the time and effort spent on data retrieval and preparation and the user satisfaction with the data quality and availability.
- **Governance oversight:** Monitoring the compliance and adherence to the data governance policies and standards, the outcomes and impacts of the data audits, reviews and feedback and the roles and responsibilities of the governance body or committee.
- **Data implications:** Evaluating the quality and clarity of the data implications section in the reports and documents, the relevance and usefulness of the data analysis and findings for policy making and the feedback and recognition from the stakeholders and partners

Operational Management and Analytics: Improve operational management and analytics by setting up management standards, ensuring data quality and relevance and conducting regular reviews and assessments.

How We Aim To Achieve This:

- Establish consistent data management, by implementing tools, processes and procedures.
- Establish the review process (audits, compliance checks, risks, benchmarking).

Why We Want To Do This:

- We want to always have informative, accurate data to hand which will enable managers to performance manage their service area using robust information and delivering fair outcomes.

How We Will Measure Our Success:

- The availability and quality of data across the organisation, assessed by the frequency, timeliness, accuracy, completeness and relevance of the data sources and reports.
- The adoption and usage of data management tools, processes and procedures, measured by the number, type and frequency of data requests, queries, issues and incidents, as well as the feedback and satisfaction of the data users and stakeholders.
- The effectiveness and efficiency of the data oversight role, evaluated by the alignment, coordination and communication of the data policies, standards and practices across the organisation, as well as the identification, mitigation and reporting of the data risks and opportunities.

St Leger Homes of Doncaster's
Values: Progress, Performance,
Pride and People

Corporate Plan 2024-2029:

Providing homes in neighbourhoods where people are proud to live

DataSMART Strategy 2024-2027:

To revolutionise how we use our data to make better smarter decisions.

5 Data Strategy Themes:

People and Culture:

Train staff in data collection and inputting, and to foster a data-driven culture with clear performance measures

Processes:

Ensure that the data is collected, stored, processed and used in a reliable, accurate, and timely manner

Systems:

User-friendly systems with clear guidance and training and consistent data across all sources

Governance:

Accessible and accurate data for policy making, with governance oversight and data implications reporting

Operational Management and Analytics:

Improve operational management and analytics by setting up data management standards, ensuring data quality and relevance and conducting regular reviews and assessments.

DataSMART Strategy Year 1 Action Plan, 2024-25.

Secure, Managed, Accurate, Reliable, Trusted.

Theme	Objectives	Action	Responsible	Timescale
People and Culture	Promote a data-driven culture across the organisation.	Re-affirm all Information Asset Owners and update the Information Asset Register.	Governance Service Manager / Business Transformation	Jan 25
		Set up guidance in respect of the role of an Information Asset Owner – what does it mean and what does the role entail.	Governance Service Manager / Business Transformation	Jan 25
		Establish business area Information Asset Assistants and record in the Information Asset Register.	Information Asset Owners	Jan 25
		Set up guidance in respect of the role of an Information Asset Assistant – what does it mean and what does the role entail.	Governance Service Manager / Business Transformation	Jan 25
		Increase awareness of DataSMART and the importance of data throughout the organisation, by implementing guidance on the intranet and via targeted communications such as videos, emails, FAQs and EMT communications.	Business Transformation / Communications	Ongoing
		Work with the new systems trainer to identify and define training delivery under the DataSMART Program.	Business Transformation / Head of HR & OD	Mar 25
Processes	Implement and manage a data matrix of all data that must be collected as a social housing provider.	Working with Information Asset Owners, establish and maintain a matrix of all primary data, which is then subject to rigorous and timely review by the relevant information asset owner and the basis for which it is collected.	Governance Service Manager / Information Asset Owners	Jul 25
		Working with Information Asset Owners establish and maintain clear owners in terms of reporting requirements.	Governance Service Manager / Information Asset Owners	May 25

Theme	Objectives	Action	Responsible	Timescale
	Implement an end-to-end dataset review process.	Communicate the end to end process with information asset owners and champions and wider organisation.	Business Transformation Service Manager	Dec 24
	Implement a guide to data cleansing.	Communicate with Information Asset Owners, Information Asset Assistants.	Business Transformation Service Manager	Dec 24
	Undertake dataset cleansing in year 1: Tenant Data: <ul style="list-style-type: none"> How many tenants have we got? Protected characteristics EDI 	Conduct a data gap analysis of the dataset. Determine where the data gaps are and implement processes and procedures for collection and maintenance.	Change Manager / Head of Housing Management / Head of Customer Services / Head of HR & OD	May 25
Systems	Trusted corporate systems that staff use efficiently and effectively, representing a single version of the truth.	Identify the systems and user groups required to gather feedback to understand the needs, preferences, and constraints of those systems.	Head of HR & OD / Head of ICT & BT / All Heads of Service	Mar 25
Governance	Establish a clear governance and oversight role for data, to ensure Information Asset Owners are accountable for their data.	Incorporate into the quarterly governance meetings held with the Governance Service Manager and Heads of Service.	Governance Service Manager	Apr 25
	Conduct an appraisal of the Information Asset Register to ensure it remains fit for purpose.	Review the Information Asset Register, benchmark against others to establish best practise and include a section capturing how the owners will assure the data quality.	Governance Service Manager / Business Transformation	Mar 25
	Support the Information Asset Owners to maintain the organisations Information Asset Register as a live document that is subject to timely and rigorous review.	Regularly review the Information Asset Register as part of the quarterly governance meetings held with the Governance Service Manager and Heads of Service.	Governance Service Manager / Heads of Service	Apr 25
	Make data implications a part of all our reports where a decision is required.	Add a section in all SLHD report templates to include data (<i>how are we using the data to drive the decision</i>).	Director of Corporate Services	Nov 24
Operational Management and Analytics	Establish the data review processes for all data projects.	Business Assurance to work with the nominated Change Manager on all data projects and conduct data reviews as part of the stage 1 project discovery phase.	Business Assurance / Business Transformation	Oct 25

Theme	Objectives	Action	Responsible	Timescale
		This will baseline the data and inform the scope of each project.		

Equality Analysis

1.Name of Officer Submitting Analysis

Lauren McLaughlin

2.Policy, Strategy or Function

Strategy

3.Service Area or Directorate.

Corporate Services

4.Who is the Lead Manager & others involved in analysis

Julie Crook, Mark Haughey, Rebecca Rowbottom and Louise Robson

5.Date of Equality Analysis.

2024-08-21

6.What type of policy, service or function is this and what is its main purpose?

DataSMART Strategy 2024-27

Data is essential for social housing providers to deliver high-quality services, comply with regulatory standards, and achieve their strategic objectives.

However, data alone is not enough. We need a data strategy to ensure that we collect, manage, analyse, and use data in a consistent, reliable, and ethical way.

Our current data management practices are not optimal. We face challenges such as a lack of consistency in training, a lack of trust in data, and a lack of data oversight.

We need to address these challenges and leverage the opportunities that data offers to improve our operational efficiency and effectiveness and demonstrate our value and impact to our stakeholders.

Therefore, we have developed the Data Strategy 2024-2027, which is aligned with our Corporate Plan and our values of Progress, Performance, Pride, and People.

7.Who will this policy, service or function affect? Colleagues, Tenants and/or individual

Colleagues

8.Who is this policy, service or function intended to help/benefit?

This is a new strategy that aims to revolutionise how we use our data to make better, smarter decisions that align with our Corporate Plan and deliver value and satisfaction to our customers and stakeholders.

The strategy is based on five key themes: People and Culture, Processes, Systems, Governance, and Operational Management and Analytics.

The strategy is not a statutory requirement, but it is informed by the Housing Ombudsman's Spotlight on Knowledge and Information Management (KIM) recommendations, as well as the upcoming inspection regime and regulation.

The strategy will have a clear governance and oversight role, as well as a dedicated DataSMART Board to support the implementation and monitoring of the action plan.

9. Please provide the details and key findings from any consultations that have been carried out with staff, customers, stakeholders, partners or other interested parties

Workshops held in 2022 show that staff perception is that SLHDs data could be much improved and that it is in places out of date, duplicated or missing.

10. List below any evidence, data or sources of information you have used to help you assess impact on any communities, groups and individuals

I have researched many data strategies and amongst many sources, have read Nicola Askham's work. She is a widely respected data governance expert.

11. With over 10% of our customers and 3.28% of colleagues being from an Ethnic Minority, How does this policy / strategy or service affect those customers in a POSITIVE or NEGATIVE way?

Positive, as the aim of the strategy is to hold accurate trustworthy data.
Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

12. 26% of our customers and 2.71% of colleagues are disabled. What POSITIVE or NEGATIVE impact will there be on those customers once this policy / strategy or service is adopted?

Positive, as the aim of the strategy is to hold accurate trustworthy data.
Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

13. Both our Customers 70.86% and our colleagues 27% are - in the majority - older, and we know that this can affect a number of things including potential health, communication requirements and disability. How does your Policy, strategy or service improvement impact people who are older in a POSITIVE or NEGATIVE way?

Positive, as the aim of the strategy is to hold accurate trustworthy data. Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

14. Whilst it is difficult to establish how many of our customers or colleagues are pregnant or on maternity, it is a protected characteristic and as such needs some thought around as to how this policy, strategy or service improvement will affect those people protected by the Equality Act. Thinking of - but not limited to - things such as entitled benefits, maternity leave, physical and digital access to services, mental health and overall health and support - How does this Policy, Strategy or Service improvement impact those users in a POSITIVE or NEGATIVE way?

Positive, as the aim of the strategy is to hold accurate trustworthy data. Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

15.The LGBTQ community make up around 1.4% of our customers and 2.57% of colleagues. With such a small number of service users, it makes that community much easier to over look, how have you ensured they have been included and what if any POSITIVE or NEGATIVE impacts will affect them in this policy / strategy or service?

Positive, as the aim of the strategy is to hold accurate trustworthy data. Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

16.Religion can play an important part in peoples daily lives, what, if any, POSITIVE or NEGATIVE impacts arise for those customers that are members of that community from this policy / strategy or service?

Positive, as the aim of the strategy is to hold accurate trustworthy data. Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

17.Thinking about Gender, does this Policy Strategy or Service Improvement affect one Gender more disproportionately than another - for example does this change affect only Men negatively or does this only affect people on the path to gender re-assignment?

No.

18.With relationships playing a huge part in our lives, Marriage and Civil Partnership as a protected characteristic is more important than ever. Given that the vast majority of people in the borough are in a relationship, how does this strategy, policy or service improvement POSITIVELY or NEGATIVELY affect those people that are either married or in a Civil Partnership?

Positive, as the aim of the strategy is to hold accurate trustworthy data. Good data enables SLHD to make decisions based on fact for the benefit of all tenants.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 03 October 2024

Item : 06

Subject: : Safeguarding Children & Adults
Annual Report 2023-24

Presented by : Mark McEgan, Director of Housing
and Customer Services

Prepared by : Julie Jablonski Housing
Safeguarding Partnership Manager

Purpose : The purpose of this report is for
Board to approve the SLHD
Safeguarding Children & Adults
Report 2023-24.

Recommendation:

Board is requested to approve the SLHD Safeguarding Children and Adults
Annual report for 2023–24.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 06
Date: 03 October 2024**

1. Report Title

1.1 Safeguarding Children & Adults Annual Report 2023-24

2. Executive Summary

2.1 The SLHD Safeguarding Children & Adults Annual report 2023-24 provides information on safeguarding activity and demonstrates successful outcomes using a partnership approach.

3. Purpose

3.1 The purpose of this report is for Board to formally accept and approve the Safeguarding Children & Adults Annual report for 2023. The annual report also provides an opportunity to reflect on where we need to focus our efforts in the year ahead and recognise our achievements from the previous year in preventing harm and safeguarding our employees, tenants, their families and communities.

4. Recommendation

4.1 It is recommended that Board approve the contents of the SLHD Safeguarding Children & Adults Report for 2023-24.

5. Background

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

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

The Safeguarding Children & Adults Report (appendix 1) details our safeguarding commitment along with a breakdown of safeguarding activities both strategic and operational. Also included are relevant case studies required to complete the annual self-evaluation of safeguarding activities under a framework of performance indicators. These self-evaluations

together with audit meetings between Board members and agency leads help fulfil the DSAB and DSCB statutory duty to safeguard children and adults. In addition, the report demonstrates our commitment and improved intelligence around this complex area of involvement and engagement and how we are making a difference to lives and outcomes for adults, children and families.

6. Procurement

6.1 No requirements arising from the approval of this report.

7. VFM Considerations

7.1 Supporting people in need to access the right kind of support to reduce risk and promote wellbeing and is a worthwhile investment in service delivery.

8. Financial Implications

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

9. Legal Requirements

9.1 The requirement of all agencies to safeguard and promote the wellbeing of children and adults is reflected in the statutory guidance Working Together to Safeguard Children 2023 and the Care Act 2014.

10. Risks

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

11. IT Implications

11.1 There are no IT implications

12. Legal Implications

12.1 The requirements for all agencies to safeguarding and promote the wellbeing of children & adults is reflected in the statutory guidance Working Together to Safeguard Children 2023 and the Care Act 2014

13. Consultation

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

14. Diversity & Fairness

14.1 This report contributes to achieving sustainable social, economic and environmental improvements for Doncaster and demonstrates, in action St Homes core values of putting people first, ensuring fairness and equality in service delivery and becoming a better employer.

15. Communication Requirements

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

16. Equality Analysis

16.1 N/A

17. Environmental Impact

17.1 There is no environmental impact

18. Report Author, Position, Contact Details

18.1 Julie Jablonski, Housing Safeguarding Partnership Manager, 07818276496

19. Background Papers.

19.1 Appendix 1 – SLHD Safeguarding Report 2023-24



Safeguarding Children & Adults 2023/24



Introduction

This is St Leger Homes Safeguarding annual report for 2023/24. We produce this report to demonstrate our commitment, celebrate successes and communicate our priorities for next year.

This report summarises the number of safeguarding concerns raised across the organisation and our contribution to the delivery of Doncaster's Safeguarding Boards core functions, strategic priorities and work streams during 2023/24.

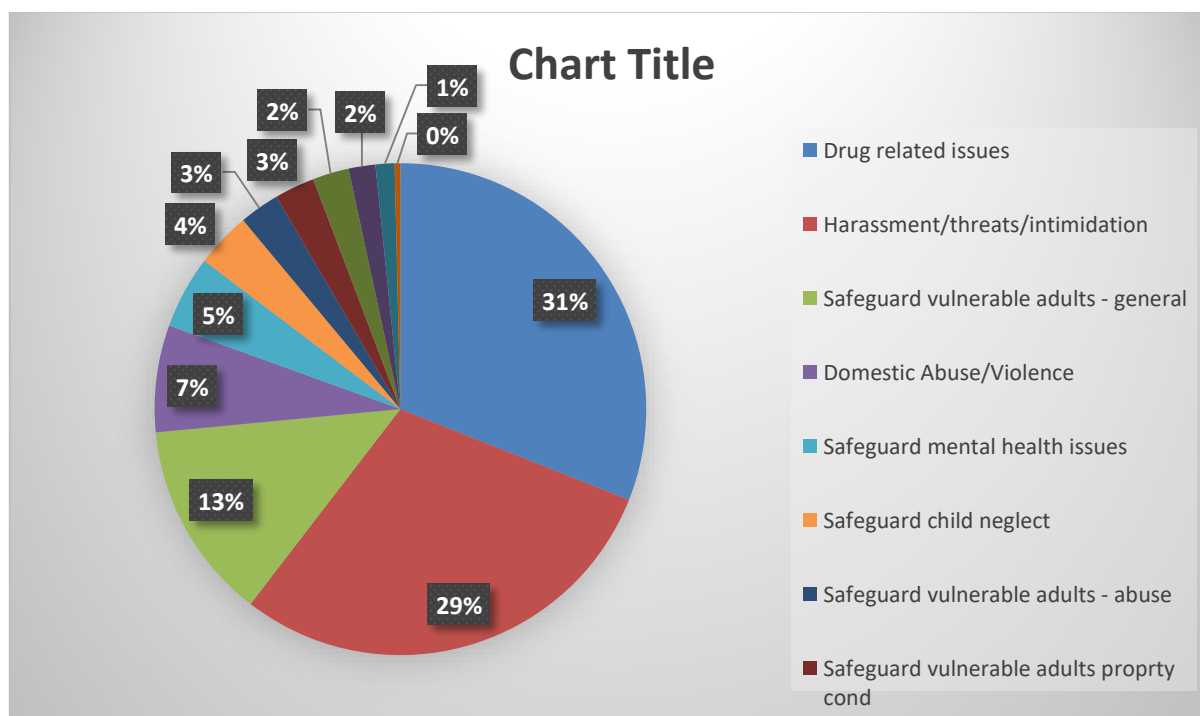
Our Commitment

In 2023 we maintained our commitment to improving early intervention and support, to prevent escalation or problems and issues children, young people and adults face by creating a team of officers to effectively manage safeguarding concerns.

The Safeguarding & Anti-Social Behaviour (SASB) Team became operational in July 2023 which increased our safeguarding offer and commitment. We have seen a significant increase in safeguarding concerns received compared to the same period the previous year, which is due to increasing demand but also the work of St Leger Homes and the SASB team to promote and identify safeguarding issues. This is testament to the team's skills, knowledge, and professional curiosity. Pleasingly, while the demand has significantly increased the number of cases resolved each month has also increased in line with this.

Safeguarding Concerns

During 2023/24 796 concerns were raised, an increase of 37.8% from the previous year (301). The chart below shows how this breaks down by category. Safeguarding due to drug related activity accounted for the most significant number of safeguarding concerns raised followed by harassment, threats, intimidation.



Drug related issues	247
Harassment/threats/intimidation	234
Safeguard vulnerable adults - general	104
Domestic Abuse/Violence	56
Safeguard mental health issues	38
Safeguard child neglect	29
Safeguard vulnerable adults - abuse	21
Safeguard vulnerable adults' property condition	21
Hoarding	19
Hate Related	14
Safeguard vulnerable adults - neglect	10
Safeguard child abuse	3
Total	796

Training

St Leger Homes has a rolling programme of Safeguarding Children & Adults training which is mandatory for all staff members. In addition, during 2023 we completed the delivery of Domestic Abuse Awareness training to all staff as part of the Domestic Abuse & Housing Alliance accreditation requirements.

In addition to our internal training programme, specialist training on a range of topics; Mental Health, Neglect, Prevent, Hate Crime, Domestic Abuse is, dependent on role, completed by staff.

Communication

Safeguarding and Domestic Abuse awareness is included in our communication campaigns and various Safeguarding Children & Adults and Domestic Abuse awareness messages have been released on our communication platforms during 2023/24 to raise awareness on topics such as Neglect, Domestic Abuse, Stalking, Coercive Control. This helps keep safeguarding concerns at the forefront of our workforce and communities and enables customers to continually see SLHD care about safeguarding issues and helps with ease of reporting.

Our Collaborative Approach

As with most things, prevention is better than cure, so having a joint, proactive approach to preventing abuse and reducing risk makes good sense both in terms of the human and operational costs. At St Leger Homes we have robust partnership working arrangements and of our referrals for support 98% were accepted by our partners, e.g., adult safeguarding, mental health services, children early help/safeguarding services. These arrangements have greatly supported the prevention of abuse and reduced risk. The 2% refused were deemed by our partner(s) not to meet the safeguarding threshold due to information or support being offered by a third party.

(A safeguarding concern is only raised where someone is at risk of harm. We always work with the adult/parent to ensure they are happy with us referring them for help and support).

Partnership Working

As a member of both the Children's and Adult's Doncaster Safeguarding Boards, St Leger Homes have contributed to the delivery of the Board's core functions, strategic priorities and work streams identified through 23/24. Each year the Boards publish an Annual Report setting out their work and achievements over the last 12 months.

St Leger Homes is also a member of various subgroups established by the Boards to complete the work streams. During 23-24 we have contributed to the strategic and operational development of Doncaster's response to Hoarding and Self Neglect, Safeguarding Adult Reviews, Ending Violence Against Women and Young Girls and the review of Domestic Abuse services, including the Multi Agency Risk Assessment Conference policy and procedures (MARAC).

As well as being a member of the Boards and subgroups, St Leger Homes sits on various task and finish groups and panels established, as and when required to manage and complete specific pieces of work, e.g., Self-Neglect Strategy, Resolving Professional Differences Protocol, MARAC Steering Group, Domestic Homicide Reviews and the support and delivery of local initiatives that promotes safeguarding and domestic abuse.

Domestic Abuse

St Leger Homes have continued to maintain the Domestic Abuse Housing Alliance (DAHA) accreditation for the second year. This nationally recognised accreditation rewards St. Leger's commitment to tackling domestic abuse.

Part of that commitment involved training 98.8% of staff in domestic abuse with the remaining new starters to complete the training during the next year.

In recognition of this achievement St. Leger were invited to present their work at the annual Housing Quality Network Conference to showcase good practice.

St Leger Homes is a core member of the Doncaster Partnership Multi Agency Risk Assessment Conference (MARAC). The MARAC is a fortnightly risk management meeting where professionals share information on high-risk cases of domestic violence and abuse and put in place a risk management plan. The housing needs of the victim and family are a fundamental part of the MARAC process.

1054 cases were heard at these MARAC meeting. This is an 18.7% increase in cases heard the previous year. 485 were linked to St Leger Homes tenancies which represents 46.1% of all cases (some were c/o addresses for victims and not where the violence/abuse occurred).

Accommodation for Victims of Domestic Abuse

Having a safe place to live is a fundamental need that many of us take for granted. Victims of domestic abuse often have to flee their home, community, and support networks to find safety for themselves and their family.

In 2023/24, 401 people approached St. Leger Homes fleeing domestic abuse and were supported to look at their housing options and ensure they had a safe place to live.

In addition, 15 families were supported to remain safely in their own home as a result of the Sanctuary Scheme a range of measures that contribute to increase safety, security and well-being of victims of domestic abuse. St Leger Homes manage and arrange all works in liaison with the victim on behalf of the partnership.

Hate Crime Reporting Centres

A number of hate crime reporting centres are spread across the city and offer an alternative reporting service for victims, should they wish to report at a location other than the police station. St Leger Homes operates one of these centres from our St James Street Office.

During 2023/24, hate crime incidents reported to the Council and the 3rd party reporting centres increased by 18.75% from the previous year. This increase reflects the other areas across South Yorkshire. The table below indicates the latest available reporting figures:

	2022 - 2023	2023 – 2024	% Change
Hate Crime	48	57	18.75%

From those reported incidents it has traditionally been the case that the strand of hate crime receiving the most reports is that of racially aggravated crime and the area of highest activity has mainly been the central area, with some crimes or incidents having a link to the night-time economy, however there was higher reporting in the outlying towns of Thorne and Mexborough during 2023-24.

Of the 57 reported hate crimes, 14 of these related to SLHD tenancies and were managed by the Safeguarding & ASB Team in conjunction with partners at SYP.

Prevent Board

Prevent is a part of the UK's counter-terrorism strategy, CONTEST. Prevent helps to protect society from terrorism by supporting people who are at risk of radicalisation and offering them appropriate interventions.

St Leger Homes is a member of the Doncaster Prevent Board which is established to deliver the responsibilities outlined within the Prevent Duty Guidance, including the Channel Duty. The Board is held quarterly and is data restricted.

Safeguarding Initiatives 2023/24

St Leger Homes supported Doncaster's safeguarding initiatives and campaigns both strategically and operationally. Below is a list of the initiatives delivered:

Safeguarding Week

This is a nationally coordinated effort where organisations came together to raise awareness about important safeguarding issues and promote health and wellbeing. Throughout the calendar week organisations, including St Leger Homes held various events and activities including a safeguarding awards event, awareness sessions on various themes and drop ins that engaged professionals and the community.

White Ribbon Campaign Against Domestic Abuse

This year's campaign was #ChangeTheStory. To raise awareness, we shared messages on social media about domestic abuse and encouraged staff to wear white ribbon badges to support the campaign.

The Domestic and Sexual Abuse Practitioner Event

This one-day practitioner event was an opportunity for partners to showcase their contribution to Doncaster's response to domestic abuse and hear from guest speakers who shared valuable insights into various current topics, such as the impact of the Domestic Abuse Act 2021, coercive control, and stalking.

Ending Violence Against Women & Girl Conference (VAWG)

This event was held as part of the Doncaster partnerships VAWG delivery plan and to ensure that all partners are working towards the national VAWG National Statement of expectations that a coordinated approach in Doncaster is working.

Cases Studies

Case 1 – Hoarding / Daily Living

When an electrical inspection could not be carried out at one of our properties due to hoarding, a case was opened by our S&ASB Officer.

Both Mr & Mrs B had severe health issues, and the property was extremely cluttered with appliances not working. We assisted Mr & Mrs B by applying for external funding for support, property clearance and new appliances and obtained ongoing support for daily living tasks.

Case 2 – Financial Gains

Following a general enquiry from a tenant regarding affordability of their television licence, a Tenancy Support Officers (TSO) contacted Mr and Mrs S and completed an assessment of their income and expenditure which led to some observations regarding eligibility for additional benefits – we assisted the tenant with benefit claims which resulted in them awarded additional benefits the same week, which also resulted in them being eligible for a free TV licence.

The TSO also discussed possible Attendance Allowance entitlement due to caring responsibilities. An application for carers allowance was processed with them.

In total the amounts gained so far for this couple are (based on a full year).

Pension Credit	1,388.92
HB amount	3,860.80
TV licence	169.50
Attendance Allowance	3,777.80
Total annual gains	9,197.02

Case 3 – Domestic Abuse

We received a report of alleged domestic abuse towards Mrs C from her neighbour. Mrs C has caring needs and could be heard by her neighbour pleading for help.

We contacted Mrs C discreetly, who informed our officer that she was suffering physical abuse from her husband. Mrs C stated that her husband also had caring needs but was caring for her and could not cope. Information from partners showed a history of support being provided but not engaging.

Following our intervention, support services are back in place and joint visits have taken place. Our officer worked up a very strong relationship with Mrs C and continues to stay in contact with her.

Case 4 – Parenting / Living Conditions

We received a concern from one of our Inspectors who had been out to visit a tenant with five young children who had reported damp in the property. While he was there, he noticed the children and two dogs were running around and the tenant did not seem to be taking much notice. At one point two of the children ran out of the front door into the road. The front and rear gardens were also a mess with tin cans, rubbish and dog faeces which the children were playing around.

Our S&ASB Officer picked this up and identified lots of coping issues in the household. Early Help Support was offered and accepted by Mrs A. Referrals to the local Children's Centre (Early Help Hub) for support and activities for her and her children and a referral to the Women Centre for parenting classes were completed.

Mrs A subsequently, with our support cleared the property and garden and these are now being maintained.

Our focus and challenges for 2023/24: -

- Contributing to the Thrive community management model to ensure increased opportunity for early intervention and assistance and to reduce the number of households reaching crisis.
- Continue to build on our collaborative approach to safeguarding children and adults and continue to be a key partner in delivering the vision for Doncaster.
- To remain visible and influential through effective engagement with other multi-agency partnerships, partner agencies, frontline practitioners, adults, young people, and children.

- Maintain our commitment to improve the quality of safeguarding and support for children, young people and families through partnership and influence.
- Ensure that early intervention and support remains a priority to prevent the escalation of problems and issues our customers face.
- Improving and strengthening our Safeguarding Service through training, communication, and awareness.
- To reduce the likelihood of children and young people being sexually exploited by supporting and working in partnership with the lead agencies – SYP & Children Services – Child Sexual Exploitation and Missing Children Team/CSE & Missing Children’s Subgroup.
- Continue to deliver the rolling programme of safeguarding and domestic abuse training that is in line with the Care Act 2014, Working Together to Safeguard Children 2018 and the Domestic Abuse Act 2021.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 03 October 2024

Item : 07

Subject : ICT Strategy and Annual Action Plan

Presented by : Mark Haughey

Prepared by : Andrew Gravill

Purpose : To provide Board with the ICT Strategy for the period 2024 to 2029 together with the annual ICT Action Plan.

Recommendation :

It is recommended that Board approves the ICT Strategy 2024 – 2029 and the annual ICT Action Plan.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 07
Date: 03 October 2024**

1. Report Title

1.1 Information, Communication and Technology (ICT) Strategy 2024 - 2029.

2. Executive Summary

2.1 The ICT Strategy 2024 – 2029 outlines the strategic direction and summaries the key aims and objectives of the St. Leger Homes ICT Service.

2.2 The ICT Strategy is a corporate strategy that supports St. Leger Homes' Corporate Plan and is essential for aligning the ICT Service with goals and objectives across the organisation.

2.3 The Strategy will be supported by an annually reviewed ICT Action Plan. An update will be provided to Board on an annual basis on progress of the previous action plan and approval of a new one for the new year.

3. Purpose

3.1 To provide Board with the ICT Strategy for the period 2024 to 2029 together with the annual ICT Action Plan.

4. Recommendation

4.1 It is recommended that Board approves the ICT Strategy 2024 – 2029 and the annual ICT Action Plan.

5. Background

5.1 The initial ICT Strategy was approved in December 2006 and has been periodically refreshed.

5.2 The current ICT Strategy for the period of 2020 – 2024 is due to expire and therefore a new ICT Strategy has been developed in line with the Corporate Plan of 2024 – 2029.

5.3 Since 2016, progress updates against the annual ICT Action Plan have been reported to EMT and Board and the proposal is for this to continue.

6. ICT Strategy 2024 – 2029 Summary

- 6.1 The new ICT Strategy, covering the period of 2024 to 2029 is attached to this report.
- 6.2 The ICT Strategy is a corporate strategy and supports the organisation's mission, strategic objectives and behaviours as documented in the Corporate Plan 2024 – 2029.
- 6.3 The ICT strategy identifies specific emerging technologies that should be considered for transforming services within St. Leger Homes during the five-year timeframe.
- 6.4 The strategy also outlines the commitments of the SLHD ICT Service as detailed by the mission statement and vision.

The mission statement and vision follow similar principles to the previous strategy but have been updated to reflect the new ambitions and priorities of the ICT Service.

Notable changes include the commitment to develop a suite of innovative and value-for-money, in-house solutions where possible, to meet the needs of the organisation.

- 6.5 The key outcome of the strategy is to provide an excellent, efficient and reliable ICT Service, with the strategy putting particular emphasis upon these key aims:
- Meet the expectations of customers
 - Meet the expectations of staff
 - Support innovation and growth
- 6.5 To achieve the key aims of the ICT Strategy, the ICT Service are committed to the following objectives:
- To deliver excellent services to Customers, with emphasis on self-service through online services
 - To support change and be an enabler to deliver efficient and effective services
 - Robust governance arrangements and compliance with Information Management and security in place
 - To support a workforce in being ICT confident and skilled, ensuring they have the solutions and equipment to provide excellent services

7. Annual ICT Action Plan

- 7.1 With technology developing at such a pace, the ICT Service will be able to react to the needs of the organisation by developing a dynamic, annual ICT Action Plan that will sit alongside this ICT Strategy. The annual action plan is designed to list actions under each of the main objectives that are outlined in the ICT Strategy.
- 7.2 ICT will provide progress updates at every Digital Transformation Board meeting and an annual review/update will be reported to EMT and Board, reflecting on progress of the planned actions and a proposed list of new actions for the forthcoming year.
- 7.3 A review of the ICT Action Plan covering the period of Oct 23 – Sept 24 is attached to this report. (Appendix B)
- 7.4 The proposed ICT Action Plan for the first year of the new ICT strategy is attached to this report. (Appendix C)

8. Procurement

- 8.1 There are no procurement issues directly related to the production of the Strategy.

9. VFM Considerations

- 9.1 Specific actions in the annual ICT Action Plan will be progressed as projects and where appropriate each of these will have a full business case which will include VFM considerations.
- 9.2 All new proposals for ICT investment will be considered through the Digital Transformation Board and the full business case will include VFM considerations.

10. Financial Implications

- 10.1 There are no financial implications directly related to the ICT Strategy 2024 – 2029, however there are likely to be some financial investments that are required to deliver the actions within the annual ICT Action Plan.
- 10.2 These actions will be progressed as formal projects and will include a full assessment of the financial implications and will be reported through the Digital Transformation Board to EMT who will consider these alongside the wider company priorities for resources and make the decision on whether the procurement can proceed.

11. Legal Implications

- 11.1 There are no legal implications directly related to the production of the strategy.

12. Risks

- 12.1 There are no risks directly related to the new ICT Strategy.
- 12.2 For all approved ICT projects, as part of the formal project management approach, there will be a project risk assessment carried out identifying the risks together with the impact and likelihood.

13. Health, Safety & Compliance Implication

- 13.1 There are no Health, Safety & Compliance implications directly related to the new ICT Strategy.

14. IT Implications

- 14.1 The new ICT Strategy and annual ICT Action Plan will impact on the delivery of the ICT Service to the organisation, as these documents outline the plans, priorities, aims and objectives for the service to work towards.

15. Consultation

- 15.1 Whilst developing the ICT Strategy and the annual ICT Action Plan, consultation has taken place with Heads of Service (HoS), as the attendees of the Digital Transformation Board (DTB), it was important to get their views and ensure it falls in line with Delivery Plans and existing strategies.
- 15.2 Consultation has also taken place with all Unions, to ensure the strategy is suitable and relevant.

16. Diversity

- 16.1 There are no diversity implications directly related to the production of the Strategy.

17. Communication Requirements

- 17.1 Once approved, the ICT Strategy will be published on the intranet and will be accessible for all staff.

18. Equality Analysis (new/revised Policies)

- 18.1 Due to the nature of this strategy, an equalities analysis was not deemed necessary.

19. Environmental Impact

- 19.1 There is no direct environmental impact from any proposals detailed in the strategy, however, ICT will work in conjunction to support the Environmental Strategy.

20. Report Author, Position, Contact Details

20.1 Andrew Gravill, ICT Service Manager, 01302 8(62954)

21. Background Papers

21.1 Appendix A – ICT Strategy 2024 - 2029

21.2 Appendix B – ICT Action Plan Oct 23-Sept 24 Review

21.3 Appendix C – ICT Action Plan 24-25

ICT Strategy 2024-2029

Prepared by Andrew Gravill, ICT Service Manager



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Introduction

Purpose of an ICT Strategy

- This is a corporate strategy that supports St. Leger Homes' Corporate Plan and is essential for aligning the ICT Service with goals and objectives across the organisation

The ICT Strategy:

- Summarises the key aims and objectives of the St. Leger Homes ICT Service
- Will support other corporate strategies and the annual development plan
- Will take account of information management and security legislation and standards
- Will have a dynamic ICT Action Plan, updated on an annual basis
- Does not include operational 'business as usual' service delivery

ICT Strategy Outcomes and Commitments

Mission Statement

“To deliver excellent, efficient and reliable ICT services whilst ensuring SLHD provide quality and value-for-money services that meet the expectations of customers and staff. Through innovation and improvement, we will provide digital solutions which are truly self-service, giving staff and customers an excellent digital-first offer.”

Vision

“To exploit ICT technologies to enhance and maximise service provision via a range of flexible and scalable ICT solutions and equipment to ensure that customers and staff have access to the information and tools that they need at a time and in a format that is appropriate to them.

ICT will be a proactive agent for change and will be fundamental to the delivery of all strategies and services, supporting the ‘invest to save’ approach to achieve long-term savings and efficiencies.

ICT will develop a suite of innovative and value-for-money, in-house solutions where possible, to meet the needs of the organisation.

Staff will have the appropriate skills and knowledge to make best use of ICT facilities and systems.”

Key Aims

The key outcomes of this Strategy are simply to provide an excellent, efficient and reliable ICT service that supports our customers, staff and St Leger's business delivery, with particular emphasis upon these key aims:



**MEET THE
EXPECTATIONS OF
CUSTOMERS**



**MEET THE
EXPECTATIONS OF
STAFF**



**SUPPORT
INNOVATION AND
CHANGE**

Meet the expectations of Customers



Our customers are at the heart of what we do, and ICT will enable traditional and innovative customer-focused services to:

- Provide a full online self-service
- Make interactions effective and efficient
- Ensure a positive customer experience

Ensure Information Management and Security protocols are in place and that all Customer data we hold is stored securely





Meet the expectations of Staff



ICT will ensure modern and reliable technology is in place for excellent service delivery:

- Staff will be allocated appropriate hardware, software and collaboration tools to fulfil their job role
- Technology will support agile-working

Develop robust and easy-to-use ICT systems:

- That are bespoke to the service area
- Allow for continuous improvements and development
- Automate manual and repetitive tasks

Remove ICT barriers from day-to-day activities

Will support the delivery of ICT training

Support Innovation and Change



ICT will play a key role in supporting change:

- Align with the Corporate Plan
- Adopt cutting-edge technologies to achieve objectives
- Deliver continuous improvement

ICT will work with the Business Transformation Team to:

- Identify technology gaps across the organisation
- Identify areas that require technical enhancement
- Provide innovative solutions that are fit for purpose

The ICT strategy has been developed with an emphasis on continual evaluation and utilisation of modern technology and solutions.

ICT have identified the following Emerging Technologies to be considered for transforming services within St. Leger Homes. These technologies could support the transition from providing Reactive services to Proactive and Predictive services.



Artificial Intelligence (AI)

Generative AI and Explainable AI are new trends

Ability to quickly create original content



Process Automation

Automate existing work activities

Remove repetitive, replicable and routine tasks



Internet of Things (IoT)

Connected devices to monitor, detect and provide optimal results

Improve customer experience, cost savings and data collection



Cloud Computing

Delivery of computing services over the Internet

Faster innovation, flexible resources and economies of scale

ICT Delivery

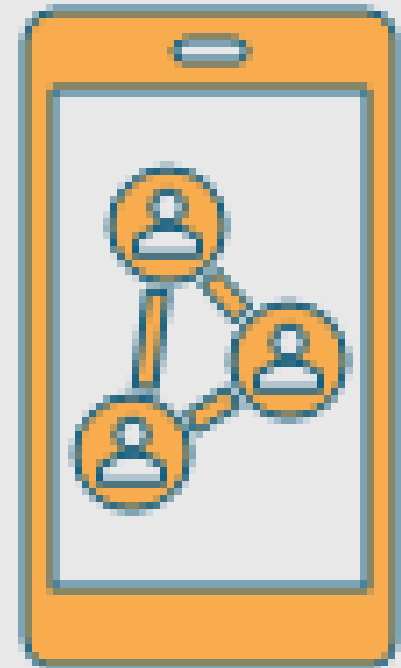
To achieve the key aims of the ICT Strategy, the ICT Service are committed to the following objectives:

- To deliver excellent services to Customers, with emphasis on self-service through online services
- To support change and be an enabler to deliver efficient and effective services
- Robust governance arrangements and compliance with Information Management and security in place
- To support a workforce in being ICT confident and skilled, ensuring they have the solutions and equipment to provide excellent services

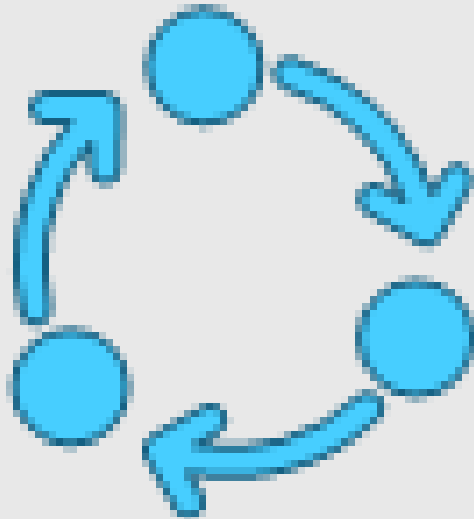


To deliver excellent services to Customers, with emphasis on self-service through online services

- Enhance and improve customer self-service functionality through online transactions and mobile technologies.
- Continuous development of our online services via the SLHD website and Tenant Portal.
- Improve performance and communications internally and externally.
- Enhance and upgrade the Housing Management Solution.
- Support Customer Access Team and single point of access approach.



To support change and be an enabler to deliver efficient and effective services



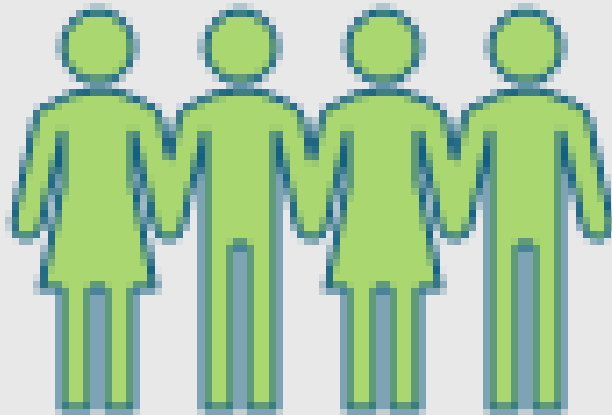
- Continual innovative development of existing technologies in the organisation that underpin the business services.
- To align and cooperate with the Business Transformation team to support the introduction of new and innovative technologies into the organisation.
- Design and develop bespoke in-house solutions to work alongside the existing Corporate Systems.
- Remove manual and repetitive transactions and provide automation.
- Ensure SLHD are customer focused while offering value-for-money and making the best of our resources.
- Enhanced performance reporting (people; assets; financial) and interrogation tools using an organisation wide Business Intelligence tool.

Robust governance arrangements and compliance with Information Management and security in place

- To use the Digital Transformation Board as the forum for receiving, reviewing and prioritising new requests for ICT investment, monitoring progress on major projects, and reviewing proposed changes to ICT policies.
- Maintain the ICT policies (ICT Acceptable Use, Document Retention and Information Security) as well as reviewing business continuity, emergency planning and the risk register.
- To periodically meet with the Cyber Security Team at CDC to discuss and review security protocols.



To support a workforce in being ICT confident and skilled, ensuring they have the solutions and equipment to provide excellent services



- ICT will issue devices from a regularly updated hardware catalogue with modern technology made available, as appropriate to the job role, with an emphasis on agile working.
- Periodic upgrades to hardware, software and solutions to ensure verified and tested up-to-date versions are utilised.
- Appropriate training, skills and knowledge being available.
- E-Learning material and online resources made available and promoted.
- ICT will support an assessment of ICT skills and knowledge to identify gaps with resources and refresher training made available.
- ICT will share guidance and emphasise the importance of Cyber Security.

Consultation and our Customers

To develop an inclusive and effective ICT Strategy, consultation has taken place with relevant stakeholders to ensure it is aligned with their needs and expectations



Our staff and customers are at the heart of the ICT Strategy



Success of the strategy is achieved by the full support from all levels of the organisation



Consultation with Heads of Service to align with Annual Delivery Plan and Service Delivery Plans



Feedback from stakeholders has been used to influence this Strategy

Monitoring and next steps

With technology developing at such a pace, realistically an ICT Strategy can only be current for a relatively short time, however this strategy will be in line with the 2024-2029 Corporate Plan.

A dynamic ICT Action Plan will be updated on an annual basis and this document will outline the operational objectives for the organisation. ICT will provide a progress update of the ICT Action Plan at every Digital Transformation Board meeting.

12 monthly reviews/updates of this action plan will be reported to EMT and SLHD Board reflecting progress against the planned actions.

ICT Action Plan Review – Oct23 – Sept24

Action	Progress	Status
1	To use modern solutions and take advantage of the opportunities of Open Housing and TotalMobile by supporting the implementation of new processes with the aim of delivering efficient and effective services in line with Business Transformation:	
	One Housing Upgrade – timescales dependant on readiness of the product	Several technical milestones have been achieved in the preparation for an upgrade from Open Housing to One Housing. This is a significant project and will follow on as an outstanding action in the new ICT Action Plan for 24-25. Ongoing
	Repairs Excellence Phase 2	No further ICT requirements and to consider this as closed in preparation for Phase 3. Completed
	Phase 3 of the Excellence Programme in Property Services	Phase 3 has been confirmed as Voids Excellence and this will follow on as an outstanding action in the new ICT Action Plan for 24-25. Ongoing
	Housing Services Journey to Excellence	ICT have been supporting the initiative as appropriate and this will follow on as an outstanding action in the new ICT Action Plan for 24-25. Ongoing
	Implement a specialised Stores & Purchasing solution	The new stores solution was successfully implemented which has resulted in an improved experience within Stores, as many actions are now able to be completed on a mobile device. Completed
	Housing Management – Mobile Working	The 2024 Keeping in Touch programme has been added to Open Housing, along with new visit types such as: Communal Areas, Estate Walks, Tenancy Intro visits, 9-month Home Visits, Pre-Transfer visits. ASB visits are to go live in early September and to be treated as business as usual (BAU). Completed
2	To be a proactive agent for change and complete a variety of ICT related actions to support corporate strategies and activities within the Forward Work Plan:	
	New communication channels. Including an Omni-Channel solution and Chat Bot via the website	After going live with a new Intranet & external website, this has opened the possibility of looking at new communication channels that integrate with these solutions as part of the Channel Shift project. The research stage is still ongoing and ICT are currently trialling a chat bot to be used internally. Ongoing
	Improve the functionality of the Tenant Portal, with an emphasis on self-service	Development has taken place for customers to schedule their own repair appointments, which is now in the Test portal. Further reviews of the portal are ongoing to explore what functionality can be added to achieve Channel Shift. This will follow on as an outstanding action in the new ICT Action Plan for 24-25. Ongoing
	Implement an automated mail processing system	ICT are actively amending each letter in OpenHousing so that it works with Hybrid Mail, this is now being treated as BAU. Completed
3	To advance and further exploit the use of technologies within the organisation, with the aim of developing cost-effective in-house solutions using Microsoft 365:	
	Support the implementation of Power BI	ICT are working with the Business Intelligence & Performance Team (BI&P) to support the migration from QLIK to Power BI. All technical elements have now been completed and the BI&P Team are now using Power BI to develop the KPI dashboard. Completed

	Replace file storage with OneDrive and SharePoint	File storage has been modernised and transferred to SharePoint. This cloud storage has many benefits including the ability to manage version history and collaborate securely and efficiently.	Completed
	Spreadsheet Rationalisation through the development of processes within Microsoft 365 to provide automation	<p>Several systems/processes have been developed by ICT to rationalise the use of spreadsheets or to provide a better service via automation. Developments that have gone live during this period include:</p> <ul style="list-style-type: none"> • Complaints app – for processing complaints and introducing automation to ensure complaints are responded to efficiently. • Keys In app – for processing ‘keys-in’ and alerting the relevant teams so that the process is completed efficiently. • Call-Out rota app – this app removes the need to keep spreadsheets up to date and also removes the need to send daily emails. • PDP app – for staff to complete a Personal Development Plan that is sent automatically to the OD Team. • Recruitment app (Agency and ATR request) • ICT Hub – a helpdesk solution has been developed for all users to report ICT issues, check system statuses and contact ICT. The introduction of the ICT Hub has created efficiencies for the ICT team, as previously we were contacted via numerous communication channels and was difficult to maintain. All staff can now track the status of the issue they have reported and ICT are able to monitor the amount of calls received on a period basis. <p>In addition to the above, several developments are currently ongoing.</p> <p>This is a significant project as we continue to identify areas for development, therefore this will follow on as an outstanding action in the new ICT Action Plan for 24-25.</p>	Ongoing
	Income Management (Arrears Profiler) – Create a solution that identifies and monitors accounts in arrears	<p>This action can be considered as complete, as a solution to monitor and manage arrears has been identified.</p> <p>ICT have developed an internal app to assist with monitoring Former Tenant Arrears (FTA’s).</p>	Completed
4	Provide knowledge and solutions to support the Organisation’s Information Asset Owners in line with the Data Strategy, ensuring we have accurate and trusted data.		
	Enable and support the Information Asset Owners to identify and cleanse datasets	Information Asset Owners have been identified using the Information Asset Register (IAR) and actions to cleanse data has been picked up as part of the DataSMART project and will follow on as an outstanding action in the new ICT Action Plan for 24-25.	Ongoing
	Ensure best use of technology to maintain data accuracy via automatic validation, reports and auditing	This action has been picked up as part of the DataSMART project and will follow on as an outstanding action in the new ICT Action Plan for 24-25.	Ongoing

ICT Action Plan. Year 1: Sept 24 – Sept 25

1	To deliver excellent services to Customers, with emphasis on self-service through online services:	
	One Housing Upgrade – upgrade the existing Housing Management System (Open Housing) to a new, redesigned, web-based version	June 2025
	Deliver ICT developments within the Housing Services Journey to Excellence project	Ongoing
	Enhance mobile working for front-facing services	Ongoing
	Channel Shift – provide a full online service for Tenants to interact with SLHD with an emphasis on self-service – Linked to the Customer Access Strategy	August 2025
2	To support change and be an enabler to deliver efficient and effective services:	
	Identify technologies to improve internal staff communication	August 2025
	Deliver ICT developments within the Voids Excellence project	August 2025
	Explore the utilisation of the Microsoft Viva Suite for internal employee engagement	March 2025
	Introduce the use of Artificial Intelligence (AI) into the organisation to enhance business processes	June 2025
	Replace manual and repetitive tasks with bespoke systems designed in Microsoft 365 to provide automation	Ongoing
3	Robust governance arrangements and compliance with Information Management and security in place:	
	In line with DataSMART, enable and support the Information Asset Owners to identify and cleanse datasets	Ongoing
	Ensure best use of technology to maintain data accuracy via automatic validation, reports and auditing	Ongoing
4	To support a workforce in being ICT confident and skilled, ensuring they have the solutions and equipment to provide excellent services:	
	To host regular User Groups, enabling staff to share best practices, seek advice, raise concerns and collaborate with ICT	Ongoing
	To create a User Guide portfolio by identifying gaps and working with Subject Matter Experts to create & maintain the guides	August 2025
	To work with L&OD and Business Transformation Team to identify training needs and support the delivery of training across the Organisation specific to ICT	August 2025

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Safety and Compliance Dashboard – August 2024
Action Required:	Members of Board are asked to consider the content of this report
Item:	08
Prepared by:	Laura Dougan Health, Safety and Compliance Service Manager Jordan Rowe Electrical Compliance Officer
Date:	03 October 2024

1. Report Title

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

2. Compliance Status Summary

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

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

2.3 Top Level Compliance

CATEGORY	COMPLIANCE	ALL PROPERTIES				
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (July)	OUT COMPLIANCE (August)
Asbestos	Asbestos Reinspections - Common Areas	100%	563	563	0	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	99.25%	402	399	5	3
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	93.11%	19,879	18,510	1,377	1,228
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	100%	1	1	1	0
Fire Safety	Fire Risk Assessment (FRA)	100%	478	478	0	0
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100%	26	26	0	0
Water Hygiene	Legionella Risk Assessment	100%	73	73	0	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	99.78%	18,811	18,771	54	40

Exceptions to Top Level Compliance

- 2.4 Electrical Installation Condition Report (EICR) Programme – Common Areas 5 year
Currently at 99.25% - There are currently 3 areas out of compliance. One of these is the depot Shaw Lane. Shaw Lane is being completed by City of Doncaster Council (CDC) we are awaiting a date to be confirmed in September. The other 2 are being completed by Internal Service Provider (ISP) we are awaiting confirmation of the completed EICR.
- 2.6 EICR Programme – Domestic 5 year
Currently at 93.11%. 1,377 properties have an EICR over 5 years old. 1,386 were outstanding from the 2023-24 programme. These are now included in the 2024-25 programme. All 1,386 are with contractors and need a consumer unit replacement as capital works.
- 2.7 There are 4,847 domestic properties requiring an EICR in 2024-25. This includes 3,461 with a date due between 1st April 2024 and 31st March 2025, and the 1,386 outstanding from previous years.
- 2.8 Two External Service Providers (ESP) are in place to deliver this programme along with ISP. To date this financial year 2,175 electrical tests have been completed.
- 2.9 The Compliance Team continue to conduct assurance checks of EICR records held on C365, as part of the ongoing transition to hold full compliance data in C365.
- 2.10 Landlords Gas Safety Record (LGSR) Programme
Currently at 99.78%. There are 40 properties that at the end of August are in stage 4 of the access process and have an LGSR past the anniversary date. The status of these are –
- 2 have had warrants sworn and are being planned in to execute in mid-September,
 - 3 are awaiting a court date,
 - 4 is with Housing Management due to access issues, condition of property and safety issues with property,
 - 1 is awaiting termination of tenancy and 3 are due to become void in September
 - The other 27 are in the no access process awaiting action. There are currently issues with the courts and getting appointments due to the Magistrates Court being closed with RAAC and applications have to go to Sheffield.

3. Other Areas of Compliance

- 3.1 For any area not showing full compliance detailed information is provided in the comments contained in sections 3.1 to 3.21.

COMPLIANCE	ALL PROPERTIES				
	COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE (July)	OUT COMPLIANCE (August)
Asbestos Survey - Dwellings	58.55%	20243	11852	8501	8391
Annual Automatic door maintenance	0.00%	5	0	5	5
Automatic Gates	0.00%	1	0	1	1

Caravan Site – Day Area & Site Card	27.59%	58	16	41	42
Caravan Site – Sockets	42.86%	140	60	80	80
Emergency Lights Annual	100.00%	116	116	0	0
Emergency Lights Monthly	0.00%	116	0	116	116
Lightning Conductors	80.00%	10	8	2	2
Automatic Opening Vents - Servicing	100.00%	4	4	0	0
Bin Chutes	66.67%	15	10	15	5
Communal Fire Door Inspection	99.17%	968	960	8	8
Domestic Fire Door Inspection	95.18%	685	652	78	33
Dry Riser	100.00%	10	10	0	0
Fire Detection & Fire Alarm Systems-Servicing	100.00%	47	47	0	0
Fire Fighting Extinguishers	80.85%	47	38	9	9
Safety Checks	100.00%	9	9	0	0
Sprinkler Systems - Planned Maintenance	100.00%	11	11	0	0
Air Conditioning	0.00%	2	0	2	2
Air Source Heat Pumps	100.00%	15	15	0	0
Biomass	100.00%	170	170	0	0
Commercial Boilers	100.00%	4	4	0	0
District Heating	100.00%	845	845	0	0
LPG	100.00%	15	15	1	0
Oil	100.00%	3	3	0	0
Solid Fuel - Annual Check	97.26%	73	71	2	2
Unvented Systems	91.49%	47	43	4	4
Passenger Lifts PPM	100.00%	26	26	0	0
Residential LOLER Thorough Inspection	29.40%	619	182	400	437
Residential PPM	20.52%	619	127	479	492
UPS	66.67%	3	2	0	1
Fixed Edge Protection	77.78%	9	7	2	2
Ventilation	88.89%	9	8	1	1
Cold Water Storage Tank Inspection	100.00%	14	14	0	0
Low Use Outlet Flush	0.00%	31	0	31	31
Shower Clean and Disinfections	100.00%	18	18	0	0

Exceptions to Other Areas of Compliance

3.2 Asbestos Surveys – Domestic

Currently at 58.36%. This information is required for work activities in domestic properties that may disturb the fabric of the building and to assist SLHD to keep our homes safe for tenants living in them and staff working in them. A forensic review of asbestos data was carried out in 2021 when we started to implement C365. This resulted in a proportion of data not being taken to C365. This asbestos information is being gathered at every opportunity through new surveys, particularly on planned schemes to increase this number. This information is valid, robust data and inputting direct into C365 by the surveying contractors with quality checks being carried out by the asbestos officers prior to surveys going live in C365.

- 3.3 Automatic Door Maintenance
Currently at 0%. This is maintenance of the automatic aids that hold doors open. A data cleanse of the information has been carried confirming that only 5 doors have the automatic aids that require maintenance. Work is now ongoing to look at contract required for these including using any contractors already available through CDC. This will be completed by end of September 2024.
- 3.4 Automatic Gates
Currently at 0% - the barrier to the car park at Shaw Lane. The manufacturer of the automatic gate recommends an annual maintenance contract. Reports have been requested from the facilities manager so evidence can be attached to C365, and assurance received that any remedial works are completed.
- 3.5 Emergency Lights Monthly
Currently at 0%. These are undertaken monthly. However, it is a manual process and due to the quantity of inspections and time receiving the reports, they fall out of compliance before received. We are working on developing a mobile form that can be uploaded from the time of inspection through C365.
- 3.6 Gypsy & Traveller Day Area & Site Card
Currently at 27.59% - 42 out of compliance. Inspections of these are ongoing. Access to these is an issue; ISP have been reminded of using support of Housing Management Team.
- 3.7 Gypsy & Traveller Sockets
Currently at 42.86% - 80 out of compliance. Inspections of these are ongoing. ISP have been reminded of using support of Housing Management Team.
- 3.8 Lightning Protection
Currently at 80% - There are 2 high rises, Methley and Hatfield, under the control of ESP as part of EWI remediation. These show as out of compliance on C365, however they have temporary lightning protection connections and we have certification confirming this.
- 3.9 Bin Chutes
Currently at 66.67% - 5 out of compliance. Inspections have been completed for all 15. 5 require remedial works following these and remain out of compliance until the works are completed. The order has been placed with the ESP and availability for them to complete is within three months.
- 3.10 Communal Fire Door Inspection
Currently at 99.17% - 8 out of compliance. These doors have been duplicated by C365 and we awaiting these to be removed this will then be 100% compliant. This has been requested to be completed by the end of September.
- 3.11 Domestic Fire Door Inspections (Flat entrance Doors)
Currently at 95.18% - 78 are out of compliance. All 78 have had cases opened for these with the housing team.
- 3.12 Fire Fighting Extinguishers
Currently at 80.85% - 9 out of compliance (within the plant rooms in highrise blocks). An order has been placed with the contractor to complete these and that is planned for 18th September.

- 3.13 Air Conditioning
Currently at 0% - there are two systems installed one at Shaw Lane and one at St James Street office. These are regularly inspected, serviced and maintained by City of Doncaster Council (CDC); however we've been unable to get evidence of this. These are now booked in to be completed in September by CDC.
- 3.14 Solid Fuel
Currently at 97.26% - there are 2 out of compliance. These are both with Housing Management teams working to gain access, these are difficult to access every year on the program. 2 removed from program due to natural gas being installed
- 3.15 Unvented Systems
Currently at 91.49% - at the end of August 4 were out of compliance. All 4 were on G&T sites. These were completed in early September and are awaiting upload on C365.
- 3.16 Residential LOLER Thorough Examination
Currently at 29.40%. The frequency of these was changed in the 2023 Lift Policy. We are working to ensure all properties have a compliant thorough examination. We are finding access to these properties is difficult and are trying to engage with the Housing Officers to aid in gaining access.
- 3.17 Residential Lift Equipment PPM
Currently at 20.52%. The frequency of these was changed in the 2023 Lift Policy. We are working to ensure all properties have PPM. We are finding access to these properties is difficult and are trying to engage with the Housing Officers to aid in gaining access.
- 3.18 Fixed Edge protection
Currently at 77.78%. 2 are out of compliance. These are Methley and Hatfield House highrise blocks. They are both currently scaffolded with the edge protection not in use. When they are accessible again and in use the inspection will be carried out.
- 3.19 Ventilation
Currently at 88.89%. The 1 out of compliance is Silverwood House. This could not be completed as planned due to high radio frequency readings on the roof; this is being addressed with the third party owners of the equipment. An inspection is being arranged to be carried out in September.
- 3.20 Low Use Outlet Flush
While this area shows as 0% on C365, we have records to show they comply. The documentation is due to become electronic as part of our digital transition. It will then be reported via C365.
- 3.21 Access for Compliance related activities
Access is an ongoing issue for a number of compliance activities. Engagement with residents and tenants takes place in different ways through leafleting properties directly, using the internet and HouseProud. Housing Management teams provide support and where required assist with taking legal action. As an organisation we need to address and standardize the process for access. Initial meetings have taken place with CDC Legal Team and the Head of Housing Management has been tasked with standardizing the process before the end of quarter 3 2024/25.

4. Fire Risk Assessment (FRA) Action Delivery

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

4.2 Work Plan Year 2 – 2024/25

There were 153 actions identified in work plan year 2. The workplan programme has been reviewed with changes as detailed in 4.3. This had led to an increase of 31 actions in year 2; this will be the new number reported on. Progress on these is monitored using the table below

Work Plan Year 2 FRA Actions			
Total in Work plan 2	Number at end of June 2024	Number at end of July 2024	Number at end of August 2024
156	125	156	148

4.3 Impacts of delay on external wall works on highrises has led to review of workplans. Communal upgrade works in highrises have been moved back on the programme. Two highrises (Sandbeck and Firbeck) have been moved to workplan year 3. To smooth the programme out 3 low rise blocks have been moved from workplan year 5 to year 2 increasing the overall number of actions.

4.4 Projects have been identified in workplan year 2 and will start with Heartswood. Surveying has been completed with works planned to start in October. Working with Procurement we are looking to carry out a tender exercise to award to a contracting partner(s) for future years works and those in workplan year 2.

4.5 3,612 actions have been completed since the ISP resource has been in place dealing with actions directly.

5. EICR Actions

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

EICR Actions			
Identified Codes	Number at end of June 2024	Number at end of July 2024	Number at end of August 2024
C1 (Immediate Remedial Action)	0	0	0
C2 (Urgent Remedial Action)	296	324	284
C3 (Improvement Recommended)	24,316	26,560	27,445
FI (Further Investigation)	33	32	24

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

6. Asbestos Reinspections Actions

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

Actions from Reinspections			
	Number at end of June 2024	Number at end of July 2024	Number at end of August 2024
Actions Total	0	0	0

7. Legionella Risk Assessments Remedials

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

LRA Remedials			
Total Number	Number at end of June 2024	Number at end of July 2024	Number at end of August 2024
High	33	19	1
Medium	99	25	10
Low	0	0	0

7.2 Evidence of completion is provided to the Compliance Team and the actions will be closed by the Compliance Officer. The high-risk actions are being completed by ISP where resources are available. The 1 remaining is in a Community House requiring removal of deadleg. This will be reviewed by the Compliance Officer and ISP by end of September. Examples of the 10 medium risk remedials being carried out include -

- Confirmation of suitability of pipework in place
- Reduction of temperatures on water cylinders

8. LOLER Thorough Examinations Defects

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

Observations are mainly recommendations and notes for future inspections. Advice is always taken from TUV-SUD SLHDs Lift Consultants before any decisions are made.

LOLER			
Defect Codes	Number at end of June 2024	Number at end of July 2024	Number at end of August 2024
R30 – to be completed within 30 days	0	0	0
R60 – to be completed within 60 days	1	1	0
R180 – to completed within 180 days	1	1	0
Observation	0	0	0

9. Actions from Annual Gas Safety Checks

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

LGSR Actions			
Code	Number at end of June 2024	Number at end of July 2024	Number at end of August 2024
At Risk	9	4	2
Immediately Dangerous	1	1	11

9.2 **At Risk.** All at risk scenarios are isolated from the gas supply and left safe with follow on repairs / actions carried out. The 2 in August were –

- 1 poor gas rate,
- 1 flue mixing

9.3 **Immediately Dangerous.** All these are capped off from the gas supply and made safe. The engineer has a duty to leave the appliance in a safe condition and has capped the gas fitting and the customer needs to address the failure. The 11 in August were –

- 5 mixing flue gases all identified by same gas engineer. These should have an at risk situation. They were fixed on site on day by ISP. Gas Team area aware and will raise this with the individual gas engineer and brief wider team.
- 1 flue incorrectly terminating,
- 1 gas meter damaged, the gas supplier were informed,
- 1 safety shut off not operating correctly,
- 1 gas escape/leak,
- 1 un-commissioned appliance. This appliance was installed by ISP during void stage. Due to the properties not having gas the appliances were left isolated. When these properties became tenanted, the gas will be uncapped and a service undertaken.
- 1 fire not working which should be at risk. Gas Team Leaders are aware and will raise with individual gas engineer. Team brief will cover unsafe situations at next team meeting.

10. Occupational Health and Safety Update

10.1 There were 2 over 7 day RIDDOR reportable accidents reported in August 2024. The Head of Building Safety determined that no Serious Untoward Incident report was required for either.

10.2 The first involved an employee involved in a motor vehicle incident. They were stationary at a roundabout in the middle lane to go straight ahead as allowed. As they pulled forward a car in the inside lane, which was a left only turn, moved into the middle lane and collided with the near side front wing, bumper, wheel arch and mirror. The collision caused the employee shock from the impact and some pain to their back. The employee attended A&E and was treated for pain from impact injuries. After a few days the pain had not improved and they reattended A&E where they were advised they had fluid on a vertebre which was causing swelling.

10.3 This was RIDDOR reported as the employees had over 7 days absent from work. The incident was investigation identified the cause due to third party hitting the vehicle.

- 10.4 The second involved an employee using ladders. After works had been completed the employee was taking ladders down. The catch to stop the hooks coming off the runs was not engaged and as the employee slid the middle section of the ladder down the top section has caught the wall allowing the hooks to lift off the run causing the section of ladder to fall and hit the employee on the back of the head /neck. The operative wasn't wearing his hard hat at the time of the incident. The employee was absent from work for over 7 days.
- 10.5 The investigation by the team leader identified that the employee did not engage the safety clips on the ladder when moving them. The employee was not wearing hard hat as required, this would not have prevented the accident but could have mitigated the severity. The employee was up to date with manual handling training and working from height training. The type of ladder was removed from use until a toolbox talk was delivered on its safe use along with PPE (hard hat) requirements on site.

11. Damp, Mould and Condensation

- 11.1 Performance measures for DMC are being developed and indicative information is provided below.
- 11.2
- **4070** customer requests for a damp inspection have been received between 2 January 2023 and 01 September 2024, relating to **3201** properties.
 - From 27 August onwards: **228** damp appointment inspections currently booked in that are still to be attended (includes some without an appointment date).
 - Earliest inspection appointment for a tenant calling in on 02 September is currently 13 September 2024 in all areas.
 - Demand for a D&M related inspections has been up and down. During Jan/Feb weekly requests were around the 60-70 mark. Early November 2023 saw a significant jump to high 90s/100s. Overall demand continues to be higher than previous years

12. Housing Health and Safety Rating System (HHSRS) Category 1 Hazards as of 06.09.2024

- 12.1 As part of the ongoing process of carrying out stock condition surveys, a range of hazards are routinely identified and reported to SLHD for follow up. These consist of severe hazards (category 1) and moderate or slight hazards (category 2).
- 12.2 As these are reported, the asset management team triage the incoming data and action accordingly. In the main this consists of raising repair jobs, arranging follow on inspections, or in some cases, following careful consideration and agreement by EMT, it may be agreed to tolerate the risk. Priority is always given to category 1 hazards, with the aim being to resolve these as soon as possible.
- 12.3 Whilst regular updates are provided to EMT on the overall numbers, types, themes and progress of all HHSRS hazards identified, a separate 'tracker' focusing on category 1 hazards has been requested, to understand how these are being addressed and any barriers to their early resolution.
- 12.4 As of 06 September 2024, there were 1,474 category 1 hazards that had been identified through stock condition surveys Phase 1 to 4. Phase 4 of the stock condition surveying programme is now complete, and no further hazards are expected to be identified through this process. A further 5 category 1 hazards have been identified since August through day-to-day repairs and planned improvement activities. This brings the total of identified category 1 hazards to 1,479.

12.5 Of the 1,479 category 1 hazards identified, 684 were still outstanding as of 06 September compared with 844 the previous month, and 795 had been resolved/completed compared with 630 the previous month.

12.6 The status of the outstanding category 1 hazards as of 06 September is as follows:

Status	Phase 1	Phase 2	Phase 3	Phase 4	General	Total
1. Future Appointment	0	0	0	3	1	4
2. Past Appointment Date	0	0	41	53	0	94
3. Job raised but no appointment	0	0	0	17	3	20
4. No contact / access / decline	5	9	62	108	0	184
5. Future Programme	0	0	49	160	0	209
6. Housing Options	0	0	1	0	0	1
7. Housing Management		1	2	0	0	3
8. LGSR check needed	0	132	5	5	0	142
9. Inspector to visit	2	2	6	1	0	11
10. Repair ongoing	2	1	0	10	0	13
11. Void	0	0	0	2	0	2
12. Gas capped	0	0	0	1	0	1
TOTAL	9	145	166	360	4	684

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

12.8 **Past Appointment Date.** These are where a job/appointment has been raised, but the date has passed but the job is still showing as outstanding. These continue to be manually checked to understand the reasons for this and appropriate action taken. This is an ongoing process, and in the main these hazards once checked, tend to move into the no access category below.

12.9 **Job raised but no appointment.** These are hazards where a job has been raised on the system, but no appointment date has yet been given. Assets team are working with repairs to get these jobs appointed as a matter of urgency.

12.10 **No Contact / Access / Decline.** These are where a repair appointment has been made to rectify the hazard, but our operative has not been able to gain access following our call ahead process. These jobs will all need re-raising. Assets team have written to all customers where there has been no access to date. This process will continue as and when new no access issue occurs. These will continue to be followed up until access can be gained. This will require support from housing management.

12.11 **Future Programme.** This mainly relates to where there is working smoke detection in place, but it has passed its expiry date. EMT previously agreed that these hazards would be tolerated until the end of Phase 4 stock condition surveying programme, and then placed into a replacement scheme later in 2024. As phase 4 stock condition programme has now just concluded, this will now be followed up.

- 12.12 **Housing Options.** This relates to a hazard identified within temporary accommodation that requires the support of housing options team to address.
- 12.13 **Housing Management.** These relate to issues that have been referred to housing management to address. These usually relate to internal condition of the property.
- 12.14 **LGSR check.** These relate to the need to check recent LGSRs for the presence of CO detectors.
- 12.15 **Inspector to Visit.** These relate to hazards where a further visit by an inspector is needed to either ascertain the best way to address the hazard, or to confirm that the action taken to date has addressed the hazard.
- 12.16 **Repair Ongoing.** These relate to jobs that are more complex and might require multiple trades or stages of work and where this has commenced, but further works are still required to fully address and remove the hazard.
- 12.17 **Void.** These relate to properties which are now void and where the expectation is that the hazard will be removed during the voids process.
- 12.18 **Gas Capped.** This relates to an excess cold hazard where the tenant has had their gas capped, thus limiting the ability to heat their home. It has been agreed that 6 monthly visits will be conducted by housing management, to offer support and check if there is a change in circumstance.

13. Report Author, Position, Contact Details

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

Company limited by guarantee registered in England

Company Number 05564649

BOARD

REPORT

Date : 03 October 2024

Item : 09

Subject : Electrical EICR update

Presented by : Lee Winterbottom – Director of
Property Services

Prepared by : Mark Coogan – Head of Repairs and
Maintenance

Purpose : To provide Board with an update on
the EICR programme

Recommendation: Board are requested to note the
changes.

Company Number 05564649
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**To the Chair and Members of the
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No: 09
Date: 03 October 2024**

1. Report Title

1.1 Electrical EICR update.

2. Executive Summary

2.1 This paper provides an update on our Electrical Inspection Condition Report (EICR) programme, as we move to a full 5-year cycle from 2024/25 from the previous 10-year programme as a 5-year timeframe is best practice in the sector.

2.2 Our remaining 10-year property with an invalid EICR was in Grange Road Campsall. It was completed earlier this month after many attempts to gain access, including using the courts to grant us an injunction for access, via breaching the tenancy agreement. Our Housing colleagues worked very closely with the tenant and his support advocates, who eventually allowed us access to undertake the EICR test.

2.2 This now establishes a 5-year delivery cycle of the programme from 2024/25, and our approach to how we will maintain the programme, which is explained below.

2.3 Our monthly performance against the EICR programme, detailing compliance with a valid EICR certificate, is provided through our monthly Health, Safety and Compliance Report, that is provided to EMT and the Building Safety & Compliance Committee.

3. Purpose

3.1 To provide Board with an update on the EICR programme.

4. Recommendation

4.1 Board are requested to note the report.

5. Background

5.1 Our delivery of the EICR programme has a number of elements that support its delivery and uses both internal and external contractor resources. These elements include the Metal Consumer Unit (CU) replacement program that has capital funding delivered by three contractors, void properties where we replace a CU if it has not already been replaced on the programme and undertake a full EICR to all voids, delivered in-house. Then the EICR only

programme which is revenue funded with a mix of in-house and contractor delivery.

- 5.2 Our original plan in 2019 was always to move to a full 5-year EICR cycle and follow sector best practice by 2024, using data from our housing management system, Compliance 365 and stock condition survey data to ensure we were pro-actively prioritising our homes for EICRs on a risk basis and age of certification.
- 5.3 Prior to the pandemic outbreak during 2020/21, we delivered around 4000 EICRs in house annually. Following a brief pause during the lockdown period, when we restarted the programme, we then found it increasingly difficult to recruit to our in-house electrical team, which is still the case.
- 5.4 To ensure we could deliver the EICR programme and attain a 5-year programme, we supplemented our in-house resource with contractors. We also chose to align the EICRs with our (CU) replacement programme, which was over 10-year period. This allowed us to accelerate the programme including the pandemic backlog. This means that we get to replace an upgraded metal CU as per the revised regulations and undertake an EICR at the same time, keeping us on programme.
- 5.5 From 2029 the Capital CU replacement programme will be completed and from then on, will revert to an EICR programme only. The table below indicates the future 5-year EICR programme using Compliance 365 data for valid certification of our current 19908 stock holding.

2024/25	Year 1		5264
2025/26	Year 2		441
2026/27	Year 3		3724
2027/28	Year 4		3535
2028/29	Year 5		6944
			19908

The above programme is based on the revised 5-year anniversary date of the EICR; however, we will look to smooth out the aid future years with the CU replacement programme to provide a smoother annual programme from 2030 to align resources and budget provision.

- 5.6 As a point of reference around our performance, we completed 5719 EICRs during 2023/24 with a mix of CU replacements and voids. From the 5264 EICRs due this year, we have delivered 1703 with contractors and an additional 142 from voids, as at the end of August 2024, and remain on track to deliver the programme.

5.7 Our current performance against the EICR programme stands at **91%**, as we work towards 100%, by driving the programme through CU replacement, voids, and delivery of the EICR programme.

6. Procurement

6.1 There are no specific implications as the CU programme was tendered through CDC procurement.

7. VFM Considerations

7.1 The CU/EICR costs were market tested.

8. Financial Implications

8.1 There are no specific financial implications as our budgets already account for the Capital and Revenue streams for CU/EICRs.

9. Legal Implications

9.1 As a Landlord we have duty to comply with numerous legislative requirements such as:-

- Tenant & Landlord Act,
- The Housing Act.
- Defective Premises Act.
- Fit for Habitation Act.

10. Risks

10.1 Compliance with valid EICR certification, monitored monthly

11. Health, Safety & Compliance Implication

11.1 There is no specific Health, Safety & Compliance implications as the work completed is subject to existing controls such as but not limited to; electrical regulations, Risk Assessment's, Safe System of Work requirements and Control of Asbestos Regulation.

12. IT Implications

12.1 There are no specific IT implications.

13. Consultation

13.1 Consultation Is not required for this report

14. Diversity

14.1 There are no specific implications.

15. Communication Requirements

15.1 To ensure that Board Members are aware of our EICR performance.

16. Equality Analysis (new/revised Policies)

16.1 No specific implications.

17. Environmental Impact

17.1 No specific implications.

Report Author, Position

Mark Coogan
Head of Repairs and Maintenance

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 03 October 2024

Item : 10

Subject : Stock Condition Annual Update (2024)

Presented by : Christine Tolson
Head of Asset Management

Prepared by : Christine Tolson
Head of Asset Management

Purpose : To present Board with an update on the stock condition surveying programme and the outcomes and information arising from the condition surveys carried out to date.

Recommendation:

Board is asked to note the latest position in relation to the stock condition surveying programme and the findings arising from the surveys completed to date.

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

**Agenda Item No. 12
Date: 03 October 2024**

1. Report Title

1.1 Stock Condition Annual Update (2024)

2. Executive Summary

2.1 On behalf of City of Doncaster Council (CDC), SLHD continues to coordinate an ongoing stock condition surveying programme. As of 13 August 2024, 68% of the housing stock had received a stock condition survey in the last 5 years.

2.2 Following the latest round of stock condition surveys, to maintain decency it is forecast that c.£969m of investment will be required across the housing portfolio over the next 30 years. This does not include full provision for anticipated changes to the proposed new decent homes standard (through decent homes 2), or other types of investment currently funded through the capital programme (for example adaptations, communal hall and shop investment, acquisitions or new build).

2.3 If investment to achieve the ambition of net zero carbon is also included, the forecast investment need increases significantly to £1.433 billion. It has been previously acknowledged that this level of investment associated with achieving net zero carbon will be extremely challenging without changes to the current funding regime.

2.4 Excluding category 1 Housing Health and Safety Rating System (HHSRS) hazards and based purely on the latest round of stock condition surveys, less than 1% of the housing stock was found to be non-decent. However, overall, including category 1 hazards and all data available, the non-decency rate as at the end of Q1 was 5.03%.

2.5 Based solely on the properties surveyed by Savills, approximately 60% of the housing stock currently has an EPC below C. However, 57% of those properties below EPC C are within 5 SAP points of achieving this rating and are therefore only likely to require minimal investment.

2.6 As expected, and as shown at Appendix 1 of Savills' report, years 6-10 of the 30-year investment programme shows a significant increase in investment need, reflecting the time since the previous decency investment programme and minimal external upgrades carried out across the housing stock. As this was already anticipated, provision had already been made in the existing capital programme for this increase.

2.7 Findings from the stock condition surveys have confirmed our anticipated view that further work will be required to smooth out future investment programmes, particularly in relation to energy efficiency works, kitchen and roofing replacement programmes. This will now continue to be further progressed.

3. Purpose

3.1 The purpose of this report is to present Board with an update on the stock condition surveying programme and the outcomes and information arising from the condition surveys carried out to date.

4. Recommendation

4.1 Board is asked to note the latest position in relation to the stock condition surveying programme and the findings arising from the surveys completed to date.

5. Background

5.1 Purpose of the stock condition surveying programme

As part of the current Asset Management Strategy, the aim is that every domestic property within the housing revenue account portfolio receives a physical full stock condition survey every five years as a minimum.

5.2 By carrying out a minimum of five-yearly full stock condition surveys, the ongoing condition of each property can be assessed. In turn this ensures that any HHSRS hazards can be identified, and appropriate arrangements made for these to be rectified, ensuring that tenants can continue to live in homes that are safe and free from significant hazards.

5.3 Five-yearly surveying also assists in monitoring how individual major property components (such as kitchens, bathrooms, boilers, roofs, walls, windows etc) are performing in comparison with minimum expected lifespans. It also enables an assessment to be made to ensure that the housing stock continues to meet the decent homes standard. This information can then be used to inform future investment programmes and assist with mid to long term investment and financial planning to ensure properties continue to meet decency.

5.4 Historically, most of the stock condition surveys were carried out by SLHD in-house surveyors. However, since late 2021, due to in-house capacity issues and conflicting priorities, most stock condition surveys have been carried out by Savills on behalf of SLHD/CDC.

5.5 To supplement the information captured through the formal stock condition surveying programme, condition data is also captured through other, every day, interactions with customers and the housing stock. This is covered in more detail at section 6.9.

6. Stock Condition Surveying Programme

6.1 Current Position

As of 13 August 2024, 68% of the housing stock (13,461 properties) had received a physical stock condition survey in the last 5 years. Since late 2021, Savills have completed 12,181 surveys, the remainder have been completed in house. The overall picture, year by year, is noted below.

Years Old	Financial Year of Survey	Number of Surveys Completed	Percentage Completed
1	24-25	4,073	20%
2	23-24	2,058	10%
3	22-23	2,970	15%
4	21-22	3,677	18%
5	20-21	683	3%
Total Last 5 Years		13,461	68%
Total More than 5 Years Old		6,451	32%
Total Number of Properties		19,912*	

**Please note that the overall stock number will change regularly as properties are sold, demolished, or acquired. This means that the stock number used in this report may change slightly from section to section, based on the date when the information was captured for that part of the report.*

6.2 Future Stock Condition Surveying Programme

Plans are in place to continue to complete a minimum of 4,000 full stock condition surveys per year via an external provider. This strategy will mean that SLHD will expect to achieve 100% of properties having received a physical stock condition survey within 5 years by summer 2028. This is based on the following, and takes into account properties that have already received a survey, but will subsequently fall out of the five yearly cycle (and will need to be revisited) as part of the ongoing programme:

Financial Year	Opening balance of completed surveys within last 5 financial years as of 1 April (A)	Planned no. of new surveys to be completed (B)	No. of properties now falling outside of the 5 years (C)	No. of surveys now with a survey within 5 years (A+B-C)	% of stock with a SCS in the previous 5 years (based on current stock levels)
2024/25	9,388	4,000	N/A	13,461 (a)	68%
2025/26	13,461	4,000	684	16,777 (e)	84%
2026/27	16,777	4,000	3,679	17,098 (e)	86%
2027/28	17,098	4,000	2,974	18,124 (e)	91%
2028/29	18,124	4,000	2,055	19,912 (e)	100%

(a) = actual number completed (e) estimated number completed

- 6.3 The above table assumes one physical visit to each property every 5 years. More regular surveys may be required for some properties, this requires further consideration as part of the current review of the Asset Management Strategy. Any increase in frequency of surveys to a proportion of properties would mean it would take longer to reach 100% if the planned rate of 4,000 per year is maintained.
- 6.4 Moving forward, where possible, SLHD will seek to accelerate the stock condition surveying programme by utilising in-house resources to carry out surveys in addition to those carried out by an external provider. The anticipated main route to achieving this will be through surveys of void properties and it is hoped that this can be introduced by late Q3 or early Q4 of the current financial year.
- 6.5 To date, gaining access to carry out condition surveys has not been an issue, and typically Savills have achieved access to around 85% of properties on their programme. This has been helped by the fact they have had alternate addresses available if required to achieve the target of 4,000 annual surveys. As the programme grows closer to 100% completion, access may become more challenging. Where ongoing no-access occurs in future, SLHD will need to satisfy itself that there are no customer vulnerabilities that may be contributing to this, and appropriate action taken to support the tenant and to secure access should this be the case. Cross-referencing with customer profile data, rent information, repairs history and compliance related access will be helpful in determining this, and will form part of the approach that SLHD intends to adopt should no access for stock condition surveys become an issue.
- 6.6 Data Accuracy and Validation
Surveys conducted by Savills are subject to a rigorous data validation process. This includes c.5% of properties being reinspected in addition to desk-top based electronic data validation to assess for any anomalies.
- 6.7 Given most of the recent surveys have been completed by Savills, this provides further assurance that the stock condition data, which drives future investment and financial planning, is robust, accurate and can be relied upon.
- 6.8 As SLHD seeks to increase the number of surveys it completes in-house moving forward (as mentioned at 6.4), it will also be necessary to introduce a data validation process similar to that employed by Savills. Consideration will need to be given as to whether this will be undertaken internally or externally. The current thought process is that this will be completed internally but by a separate person/team. This will be finalised prior to the rolling out of further in-house surveying.
- 6.9 Supplementary Condition Information
Whilst stock condition surveys form the core of our ongoing assessment and understanding of property condition, they are not the sole mechanism for gathering this information. In between programmed stock condition surveys other information, gathered through day-to-day interactions and delivery of services,

such as responsive repairs, cyclical maintenance (e.g. gas and electrical servicing programmes), 'Keep In Touch' visits and customer feedback (complaints, disrepair claims, compliments and enquiries), also forms an integral part of gathering property condition data.

- 6.10 Currently this information is mainly fed back individually via email to a central inbox managed by the Assets Team, and through discussions at various meetings across the business. This relies upon a manual process to collate and analyse this data to subsequently inform future investment. Investigations are currently underway to explore how to streamline and if possible automate this process, including the potential use of Artificial Intelligence (AI) software, to enable the analysis and interpretation of this data to become more efficient and consistent.

7. Stock Condition Survey Findings (to date)

- 7.1 Attached at Appendix 1 is the main part of the report prepared by Savills that captures the findings to date from the 12,181 stock condition surveys they have completed. Appendices from the Savills report relating to operational detail such as schedule of rates have been deliberately omitted, enabling Board to focus on the key strategic messages falling out of the surveying programme. Please note that the Savills report does not include the additional data relating to 1,280 older surveys completed in house. Whilst the report provided by Savills does include reference to achieving net zero carbon, it has already been acknowledged that it will not be possible to achieve this without changes to the current funding regime. Therefore, the key information to note from Savills report are the costs and implications associated with component replacement costs and maintaining decency. In summary, the key points to note are as follows:

7.2 General Condition and identification of hazards

Savills noted that the projected profile of spend for capital works is typical for an organisation which invested in internal capital component replacements to meet the decent homes target deadlines.

- 7.3 Excluding any properties where category 1 hazards were identified, less than 1% of the properties surveyed failed the decent homes standard.
- 7.4 In the most recent round of stock condition surveys (phase 4 only), 746 category 1 hazards were identified out of just over 4,000 surveys. This equates to approximately 18% of the properties surveyed.
- 7.5 The largest proportion of the 746 category 1 hazards (83%) are because of non-compliance with The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022. Despite both smoke and carbon monoxides alarms having been previously fitted and subsequently verified during gas servicing programmes, the stock condition surveys found that these had been removed or were defective and, in most instances, this had not been reported to SLHD. Savills advise that based on their experience, this is typical across other housing providers.

7.6 Future Investment

Given the time that has elapsed since the first properties received decent homes improvement works, alongside expected lifecycle replacement dates, there will need to be a significant increase in investment for internal improvement works, particularly in relation to kitchens from year 6. Whilst this will be a big change from current on-site delivery, this shift had been anticipated and was already factored into the 10-year capital programme. Early preparations have also already begun in relation to potential additional contractor support to help deliver this increased investment should this be required.

- 7.7 In years 6-10, stock condition data shows that there will also be a potential need for increased investment in relation to electrical re-wiring. Whilst partial re-wiring has been undertaken historically as part of kitchen and bathroom upgrades, and there has been upgrades to consumer units, there has been no specific re-wiring programme for some time. However, SLHD will continue to rely on the results of the five-year electrical testing programme to determine whether full re-wires are in fact required, as opposed to relying upon the visual inspection undertaken as part of the stock condition surveying process. This is a more evidenced based method to determine investment. Some financial provision will therefore still likely be required for re-wiring, but it is anticipated that this will be significantly less than currently indicated by Savills following the stock condition surveys. It is also important to note that given the disruptive nature of re-wiring programmes, this type of investment programme can be unpopular with tenants and historically there have been some challenges around access for this type of work.
- 7.8 Previous investment through the decent homes programme, with the exception of some door and window upgrades, focused predominantly on internal improvements. Many properties within the stock currently have the original roof. Consequently, years 6-10 will also see a significant increased need for investment in external improvements, particularly roofs. This is also reflected by the number and type of repairs that we are seeing coming through from customers. Again, this was already anticipated and funding allocated in the 10-year capital programme.
- 7.9 Historically, limited investment has been made in relation to the upgrading of external areas, such as boundary walls and fencing. Previous environmental investment focused on the installation of new fencing (where there was none), rather than replacement of existing boundary treatments. Taking this into account, there is an increased investment need for these types of improvements from year 6 onwards to upgrade existing boundary treatments.
- 7.10 Similarly, there has been limited historic investment in the improvement of paths and other paved areas within the curtilage of properties. This is reflected in the number of category 2 'falls on a level' hazards that have been identified during the stock condition survey programme to date. The culmination of this is the need for more investment for these types of work from year 6.
- 7.11 As outlined in the energy efficiency section below, in order to achieve EPC C across the stock by 2030, there will need to be a shift in investment from a sole focus on solid wall properties (and the installation of external wall insulation), to

include the remainder of the housing stock and the delivery of other energy efficiency measures such as cavity wall insulation upgrades, loft insulation top-ups and energy efficient lighting, alongside further pilots exploring whole house retrofit and low carbon heating. Again, this was expected and financial provision made in the capital programme for this.

- 7.12 The forecast profile of investment need over the next 30 years is uneven and is therefore potentially unrealistic in terms of both cash flow and availability of internal and contractor resources to deliver these improvements. Consequently, it is inevitable that some degree of 'smoothing' will be required.
- 7.13 Energy Efficiency and Net Zero Carbon
When carrying out the stock condition surveys, Savills also completed an Energy Performance Certificate (EPC) for each property inspected. Based purely on the properties surveyed by Savills, this identified 7,385 properties with an EPC below C. This equates to approximately 60% of the stock surveyed by Savills. Typical levels in other housing providers are closer to 30% below EPC C. However, 4,174 of the 7,385 properties are within 5 sap points of EPC C, (5 points is also the margin of error on SAP), and therefore only minimal investment is likely to be required to bring these properties to EPC C. It is anticipated that the achievement of a minimum of EPC C by 2030 will become a national target, most likely incorporated within the new decency standard.
- 7.14 In addition to utilising EPC information, SLHD also directly monitor SAP performance through the use of an IT system called Parity. It is this information that is used to report against the KPI. Parity uses asset component data to estimate the SAP rating for each property rather than a physical assessment that is undertaken when carrying out an EPC (which can be subjective). This enables an estimated SAP rating to be calculated for all properties and not just those that have received an EPC. As the parity system is new, SLHD have not yet reported using this system and the first report is expected at the end of Q2. Given the information is gathered using a different methodology, it is inevitable that the performance reporting from Parity will differ slightly from actual EPCs, and this should be taken into account when considering and comparing both sets of data going forward. Using the data from both collation methods will provide a rounded overall view of current energy performance across the housing stock.
- 7.15 Regardless of the data set used, to achieve EPC by 2030 across the whole stock will need to see a change in investment from a sole focus on solid wall properties to now encompassing traditional and other cavity wall properties and a broader range of energy efficiency methods. This was already anticipated and work has already commenced on formulating this investment programme, albeit this is still in the early stages of development.
- 7.16 Within the Savills report attached at Appendix 1, (see section 4.1.5) it is noted that roughly one third of forecast investment in the next 5 years relates to heating. The report goes on to say that in the context of achieving zero carbon and EPC C, that consideration may be needed as to whether to continue to adopt an approach of like for like replacement, or whether alternate technology for heating should be pursued. In line with our existing environmental strategy, where the approach is

on fabric first to reduce energy demand, the current plan is to continue, in the main or for the short-term at least, with like for like replacements (i.e. gas boilers). There will be some limited exceptions to this where there are plans to pilot alternate technologies in a smaller number of properties as part of targeted retrofit programmes. A feasibility study for the potential removal of gas boilers in high-rise accommodation is also underway. This feasibility study, along with the other alternate heating pilots will guide our approach to heating replacements in the mid to longer-term.

7.17 The Savills report also includes a number of recommendations which are extracted from the 2021/22 Net Zero Carbon report they also prepared (4.2.2 of the Savills report). Many of these recommendations are still relevant and now require further consideration and follow up as part of the refresh of the Environmental Strategy and Asset Management Strategy.

7.18 Investment Cost

The forecast costs for maintaining decency over the next 30 years and delivering net zero carbon is £1.433 billion. This equates to a cost of £72k per property. To maintain decency, and excluding net zero carbon, the forecast cost is £969m. This equates to a cost per property of £49k. These figures are in line with Savills benchmarking against other housing providers.

Decent Homes 2

7.19 It is expected that further consultation on the proposals for Decent Homes 2 will be published later in 2024 with a view to the implementation of the new standard in 2025. Once there is clarity on the final proposals, this will need to be reviewed to see if there are any further investment and financial implications to the 30-year plan presented in this report.

8. Next Steps

8.1 The findings from the stock condition surveys are in line with expectations and reflect provision that had already been made in the Council's 10-year capital investment programme. The Savills report also confirms that the volume of surveys is sufficient to enable the production of robust business plan. This provides further assurances that the planned investment programme is fit for purpose and reflects asset condition.

8.2 Whilst budgetary provision has already been made in the 10-year capital programme for a broader range of investment in relation to energy efficiency improvements, further work is now required to refine the detail behind this investment to facilitate the achievement of EPC C by 2030 across the housing stock.

8.3 As already noted, the stock condition surveys have confirmed expectations that investment need around internal upgrades (mainly kitchens), and external improvements (mainly roofs) will increase from year 6. Whilst the existing capital programme already made provision for this, further consideration should be given to start bringing some of this investment forward to help smooth the delivery of this investment. Given the demand on repairs, links with damp and mould, and

impact on energy efficiency, any acceleration of investment in external improvements could only provide positive outcomes. Equally, feedback, particularly through our voids process, is indicating that in isolated properties, kitchens are not lasting as long as we would hope and expect. Kitchen condition is also a common enquiry (and sometimes complaint) from tenants. Therefore, beginning the process of gearing up to commence a larger scale kitchen upgrade programme in the next 1-2 years would also seem sensible, bringing works forward and helping smooth out delivery.

- 8.4 Whilst a general 20% uplift has been applied to the costings Savills previously produced in relation to net zero carbon to give an indicative cost at today's rates, Savills have suggested that the earlier work they completed on net zero carbon be revisited and properly updated. This work will also support the identification of investment to achieve EPC C across the housing stock. This will be discussed with CDC as part of the current review of the Asset Management and Environmental Strategies.
- 8.5 The overall costs of maintaining decency remain on par with previous forecasting, with the stock condition surveys confirming expectations and previous financial and investment planning. However, it is acknowledged that decent homes affordability will need to be revisited once the full details of Decent Homes 2 are confirmed.
- 8.6 The costs of achieving net zero carbon are however much more challenging and it is unlikely fully achievable without changes to the current funding regime. This will require further consideration by the Council and will need to factor in the current review of the Asset Management and Environmental Strategies.
- 8.7 The programme of stock condition surveys will continue as planned. Primarily this will be through surveys carried out by an external provider, with the next round expected to commence in April 2025 through to August 2025. Additionally, as previously noted, work to increase the number of surveys carried out in house will also continue, with the aim to carry out stock condition surveys whilst properties are void from no later than Q4 2024/25. As noted in this report, wider condition data gathered through day-to-day business interactions will also continue to be gathered and steps taken to formalise and evidence how this data also informs investment decisions.

9. Procurement

- 9.1 The appointment of an external contractor to carry out stock condition surveys has been undertaken in accordance with relevant financial and procurement rules, leading to a compliant contract being in place.
- 9.2 In terms of investment delivery, where possible improvement works are carried out by SLHD's in-house workforce. Where this is not possible, works are contracted out to suitable contractors through a compliant route to market, in-keeping with internal financial and procurement rules, ensuring best value by the use of market tested rates.

10. VFM Considerations

- 10.1 Most stock condition surveys are currently carried out by an external provider, which comes at a considerable cost. However, the advantage of this approach is that the external provider has access to a large number of surveyors and can therefore easily meet the minimum target of 4,000 surveys per annum, thus ensuring that the planned programme of stock condition surveys is delivered.
- 10.2 The use of an external provider also provides a degree of independence, which in conjunction with the data validation process they adopt, provides assurance in terms of data integrity and quality. As a national provider of surveys, they can also offer insight and benchmarking against other providers, which would not be possible if surveys were completed solely in-house.
- 10.3 SLHD is taking steps to increase the number of surveys carried out in house, including working towards the completion of stock condition surveys whilst properties are void. SLHD is also investing in Building Surveyor Apprenticeships as part of its long-term plan to enhance in-house surveying capacity and expertise.

11. Financial Implications

- 11.1 The Council approved a 10-year capital programme in February 2024 (attached at Appendix 2).

It was recognised in that programme that investment needed to increase significantly from 2025/26 onwards but the precise areas for that investment were not known as we were waiting for information from the stock condition surveys.

The capital programme for future years will be updated as part of the budget process to reflect the revised investment requirements.

- 11.2 The HRA Business Plan will now be updated with this revised stock condition data, this piece of work is scheduled for October 2024.

12. Legal Implications

- 12.1 SLHD and City of Doncaster Council have a duty to ensure that the housing stock is safe and complies with all relevant health, safety and compliance legislation. There is also a requirement to ensure that all properties within the housing portfolio meet the Government's Decent Homes standard. In the most serious of cases failure to comply with health, safety and compliance legislation could lead to prosecution. Additionally, failure to provide safe and decent housing could lead to the requirement to self-report to the Housing Regulator and for the Council to receive an unfavourable judgement following a statutory inspection.

13. Risks

- 13.1 It is expected that landlords have up to date stock condition information based on physical inspections of properties within the portfolio. Failure to achieve this

would mean that the consumer standards for social housing are not met.

13.2 Without adequate and up to date stock condition information, landlords cannot be certain that the homes they provide remain decent and free from significant hazards. It can also lead to poor financial and investment planning decisions.

13.3 City of Doncaster Council and SLHD continue to work together to mitigate against these risks through facilitating an ongoing stock condition surveying programme, as outlined in this report, and then utilising this information to inform future investment planning and financial decision-making. To date 68% of the stock has received a physical stock condition survey in the last 5 years and there is a robust plan in place to achieve 100%. Savills have confirmed that the volume of surveys completed to date is sufficient to enable the production of robust business plan.

14. Health, Safety & Compliance Implications

14.1 During each stock condition survey, a light touch HHSRS assessment is undertaken. This identifies any severe (category 1) or moderate/slight (category 2) hazards. These are frequently reported back to SLHD (category 1 hazards are usually reported daily) and action is immediately taken to assess the incoming notifications and take appropriate action to remediate the hazard. Progress of these hazards is continually monitored and reported. Failure to address the identified hazards in a reasonable timescale increases the risk to tenants and could lead to potential harm.

15. IT Implications

15.1 Component data arising from stock condition surveys is currently stored in Open Housing. Whilst this system adequately meets needs, there are improvements that could be made, particularly in relation to the recording of HHSRS hazards which is currently undertaken separately, and the route to addressing this is currently being explored.

16. Consultation

16.1 Within the quarterly Assets Performance Report, updates have been provided to SLHD Building Safety Committee and CDC on the general progress of the stock condition surveying programme. This report is the first formal report into the findings arising from the stock condition surveys and will now be discussed with CDC. Going forward, this report will be updated and reported annually.

16.2 Further discussions are now required with CDC in relation to the findings to date and direction provided to SLHD in relation to the specific points and suggestions made throughout this report.

17. Diversity

17.1 The light touch HHSRS assessment carried out as part of the stock condition surveys do take into account the impact of hazards on the most vulnerable groups. In turn this will impact on the hazard rating given, meaning that hazards

that might have a significant impact on certain groups, for example elderly or children under 5, are taken into account when allocating a risk rating.

18. Communication Requirements

- 18.1 The stock condition summary report produced by Savills will be shared with CDC. This will ensure full awareness of current stock condition and challenges around longer-term investment affordability. It will also facilitate a further discussion around future investment priorities.
- 18.2 Any changes to the planned investment programme following consideration of the findings, will also need to be publicised and shared with customers as appropriate.

19. Equality Analysis (new/revised Policies)

- 19.1 Not applicable for this report.

20. Environmental Impact

- 20.1 There are no direct environmental implications arising from the stock condition surveying programme, although future investment, particularly around energy efficiency improvements should have a positive impact on the environment by reducing energy demand across the housing stock.

21. Report Author, Position, Contact Details

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22. Background Papers

- 22.1 Appendix 1 – Savills Stock Condition Report September 2024 (Part Report)
Appendix 2 – Approved 10-year Capital Programme

St Leger Homes

Stock Condition Survey Report

September 2024

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St Leger Homes Stock Condition Survey

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APPENDICES

Appendix 1	Summary of 30 Year Costs
Appendix 2	Major Works Elemental Costs
Appendix 3	Schedule of Rates and Life Cycles
Appendix 4	Net Zero Carbon Summary Costs
Appendix 5	Limitations of Survey

1.0 EXECUTIVE SUMMARY

- 1.1 St Leger Homes is an Arms Length Management Organisation, or 'ALMO', created by Doncaster Council in 2005. St Leger Homes delivered a £300 million decent homes programme, involving internal and exterior improvements, which we understand was completed in 2015. Since then, it has continued to maintain the properties to meet the Government's Decent Homes Standard.
- 1.2 All housing providers in the UK now face the challenge of achieving the Government's net zero ambition. To do this St Leger appointed Savills in 2021 to carry out annual stock condition survey, with the ambition of achieving 100% access over 5 years. The purpose of the survey is to assess the future capex repairs and maintenance liabilities and energy surveys and to model the cost of the overarching ambition of zero carbon.
- 1.3 In accordance with these instructions, we have undertaken a stock condition survey of your housing stock, the main objectives of the exercise were:
- a. To provide accurate and statistically reliable information concerning repairs and maintenance, as well as improvement costs forecast over a 30 year term;
 - b. To collect, validate and report upon attribute and condition information about the stock, for the purpose of improving existing records and future maintenance planning;
 - c. To establish a methodology upon which further surveys may be undertaken in the future to supplement this survey exercise;
 - d. To provide accessible, reliable and easily maintainable planning data for future repairs, maintenance and improvement programmes;
 - e. To assess the properties in accordance with the Decent Homes Standard;
 - f. Assess the energy performance of the housing portfolio;

- 1.4 The total stock which has been the subject of our assessment, is the core stock as at April 2024 of 19,916 properties and, to date, we have surveyed 12,181 (61%) dwellings. This volume of surveys is sufficient to enable the production of robust business plan information and detailed investment plans.
- 1.5 The surveying work started in November 2021 with the current phase finishing in July 2024. The last round of surveys completed was 4,068 properties. All survey data has been loaded onto our computer system and has been analysed in order to produce the results contained within this report.
- 1.6 The findings of the survey demonstrate that previous investment programs, particularly following the formation of the ALMO, have included the replacement of bathrooms, kitchens, boilers, rewiring, windows and doors. Due to the life expectancy of these components they will need to be replaced in the short to medium term. The profile of spend for capital works is typical for an organisation which invested in internal capital component replacements, to meet the Decent Homes target deadlines. Due to the life cycle of the components, they are now coming up for replacement. Kitchens are a particular example, combined with a predominantly post war stock which has had minimum spend on the external components and boundary treatment.
- 1.7 The external fabric has not been a priority and limited work has been undertaken in this regard. The average age of a property in the housing portfolio is approximately 60 to 70 years. We have modelled a 30 year forecast and, at the end of this period, the average age of the housing portfolio will be over 90 to 100 years old. It is therefore inevitable that greater expenditure will be required to the fabric and external areas.
- 1.8 The work identified as part of the stock condition survey has been priced by means of a schedule of rates. The rates we have adopted reflect those which St Leger are currently experiencing. It should be noted that we have seen a considerable increase in costs for repairs and maintenance and as a result, these costs are impacting on the affordability of the business plan. These costs increases are being experienced by all housing providers and the wider construction sector.

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- 1.9 In terms of life cycles, we have applied industry standard life cycles in our calculations.
- 1.10 Savills was separately commissioned in 2021 to model the cost for the portfolio to archive zero carbon, as far as practically possible to do so. The findings from this study can be found at **Appendix 4**. As stated at item 1.8 above, for this reason, we have updated these cost by 20% to reflect current market prices however, we would recommend an updated zero carbon modelling exercise be undertaken as the technology and prices have moved significantly over the last couple of years.
- 1.11 We understand St Leger's target is to achieve net zero by 2040. We have therefore modelled the costs annually from year 6 onwards, on an apportioned basis for 10 years thereafter. We have used year 6 as the starting point for these works, as it will take time to establish this programme.
- 1.12 Inevitably, there is duplication with some of the survey components and the zero carbon works e.g., boilers, windows, wall finish etc. Where this is the case, we have taken these costs out of the gross zero carbon costs to avoid duplication.
- 1.13 We have assessed the properties against the Government's Decent Homes Standard (DHS) and less than 1% of the properties surveyed in the recent phase of surveys fail the standard. We identified a number of Cat 1 hazards (see section 8.2) which were reported at the time of the survey. We understand that these are in the process, or have been remedied, and have therefore been excluded from the above DHS statistics.
- 1.14 A summary of our 30 year costs to keep the properties at the Decent Homes Standard is at **Appendix 2** of this report. The total cost per property over the 30 years is £49k per property which is in line with our benchmark.
- 1.15 The net additional amount to achieve zero carbon is included at **Appendix 4** of this report which equates to a cost per property of £20k which is again in line with our bench mark.

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- 1.16 The total expenditure over 30 years for maintaining the properties to the decent homes standard and achieving zero carbon is at **Appendix 1** of this report, this totals £1,433 billion which equates to a cost of £72k per property, which is in line with our benchmarks.
- 1.17 All figures quoted in this report reflect today's price base and make no allowance for future inflation. They also exclude any allowance for administration costs, revenue costs, management costs or professional fees. They do however allow for preliminaries. The costs assume the retention of 19,916 properties for the complete 30 year profile. Any adjustments in relation to right to buys, inflation etc., need to be made in the Business Plan.
- 1.18 We have divided the costs into five year bands over the next 30 years. The profile of expenditure for the capital programme is in line with expectation at this stage of the organisation's development. Our costs are based on raw survey data and inevitably, result in a very uneven profile of expenditure.

2.0 INTRODUCTION

- 2.1 In 2021 St Leger appointed Savills to carry an annual stock condition survey, with the ambition of achieving 100% access over 5 years. To date, we have surveyed just over 60% of the properties. Access has not been an issue, as we have alternative addresses to try if we are unable to access a property. For future phases of surveys, access will become more difficult as the pool of alternative address decreases. Typically, we get into circa 85% of properties. The Regulator of Social Housing has stated that for those properties that have not had a survey, the Housing Provider must satisfy themselves that there are not any vulnerability issues in those properties. Looking at the repairs history, rents, difficult to gain access for gas or electrical inspections are helpful in this regard.
- 2.2 We worked with St Leger Homes to obtain the information we required, such as address lists, location plans, details of construction types, etc. An address list of properties was provided by St Leger Homes and great reliance has therefore been placed upon the contents. The core housing stock totals 19,916 properties.
- 2.3 The primary purpose of the Stock Condition Survey has been to assess the cost of the work required to maintain the properties to the current Decent Homes Standard, over the next 30 years. We have also worked with St Leger to identify the costs to meet the Government's Zero Carbon ambitions by 2050 but acknowledge that St Legers ambition is a 2040 target so this is what we have modelled for the purposes of the costings.
- 2.4 A summary of all costs is included at **Appendix 1**, an elemental cost break down for capital works is included at **Appendix 2** and a cost breakdown for the net zero carbon works at **Appendix 4**.

3.0 METHODOLOGY

3.1 The Survey Team

3.1.1 The Savills team specialising in planned maintenance and stock condition surveys undertook the survey. The team of surveyors, all of whom are Chartered Surveyors, or staff of similar standing, have extensive experience in mass survey projects and were fully briefed on the requirements of the survey before any inspections were carried out on site. The survey team was based locally whilst the onsite inspections were carried out.

3.2 Quality Control

3.2.1 Prior to survey commencement, we agreed the data to collect. The information was gathered on handhelds and entered into our computer database for it to be validated.

3.2.2 In addition to a comprehensive briefing of all surveyors prior to commencing the inspections, debriefing meetings were held with all surveyors at the end of each day to enable queries to be dealt with immediately. Spot checks were also made on site of completed surveys, to check compliance with the agreed methodology.

3.3 Validation of Data

3.3.1 Typically, 5% of properties are re-inspected as part of the quality control exercise. Once the data from site has been signed off, the data is loaded onto our computer database and extensive validation is undertaken electronically to check for anomalies and inconsistencies. Checking the accuracy and quality of source data before using, importing or otherwise processing data is a critical part of the process.

4.0 REPAIR CATEGORIES

4.1 Programme Renewals

- 4.1.1 These are defined as “the provision, which should be adequate to cover the periodic overhaul/ refurbishment / renewal of the building components and landlords’ fixtures and fittings, to keep the property in accordance with the Decent Homes Standard.
- 4.1.2 All building elements have a natural life expectancy, at the end of which they have to be replaced.
- 4.1.3 Our surveyors used their professional judgement to establish when a building component requires replacement and inserted the appropriate year on the survey form. For older building components or those which we believed to have a limited remaining life, our assessment was based on the condition as found on site during our survey. For newer components the standard life cycles were recorded by the surveyor.
- 4.1.4 We have only recorded those items that will require renewal within the next 30 years and those items falling outside that period have not been subject to a replacement cost within our report.
- 4.1.5 The findings from the survey broadly support that components are lasting in line with their life cycle. The profile of spend is similar to that of an organisation that has had the benefit of additional investment via an ALMO. Roughly a third of the expenditure in the first 5 years relates to heating and in the context of achieving Zero Carbon and SAP C, see section 4.2 and 7.0 respectively, consideration needs to be given to as to whether or not you would replace like for like or consider an alternative technology for heating.

4.2 Zero Carbon

4.2.1 In 2021 Savills was commissioned to model the cost for the portfolio to archive zero carbon, as far as practically possible to do so. The summary costings from this study can be found at **Appendix 4**. We have uplifted the cost by 20% to reflect current market prices however, we would recommend an updated zero carbon modelling exercise be undertaken as the technology and prices have moved significantly over the last couple of years.

4.2.2 We have also highlighted below the recommendations from the 2021 report:

- Model the stock NPVs to determine financial performance in light of the zero carbon standard and confirm the long term future to support the levels of investment required. It should be borne in mind, that this represents a significant investment in stock that will be expected to have a life in excess of 50+ years.
- For marginal and negative performing stock, undertake option appraisals to determine their future and confirm whether investment is to go ahead.
- Review difficult to treat properties and determine appropriate solutions.
- For stock with a long term sustainable future, develop a new holistic and sustainable investment plan that reflects both normal stock investment, EPC C and zero carbon work. As option appraisals are completed of poor performing stock, this stock should be added to the investment plan. as appropriate.
- Review all zero carbon work components in relation to life cycle replacements of existing components.
- Undertake detailed design surveys across the stock to identify technical suitability for zero carbon measures.

-
- Explore and trial technical solutions across building archetypes to ensure suitability and affordability. This could involve localised scheme upgrades designed to inform the wider strategy.
 - Review affordability and explore funding.
 - Embark on the implementation of improvement measures to selected sustainable pilot properties/blocks/estates that reflect the wider agreed strategy and, build up a level of expertise internally, as well as a supply chain. St Leger Homes may also wish to explore some proprietary solutions currently available for wall insulation, such as Energiesprong, Matilda's Blanket and TCosy by Beattie Passive. Obtain resident feedback.
 - Consult with tenants and leaseholders.
 - Consider affordability, leaseholder implications and funding opportunities as funding becomes available. Agree and confirm long term funding that permits the whole stock to be upgraded.
 - Develop a long term implementation and procurement strategy that reflects the investment plan and budget availability. A suggested implementation plan would adopt a 2 stage approach of fabric measures, followed by heating replacement with timings determined by existing condition. However, an alternative whole house approach may also be suitable, depending on circumstances. Regardless, EPC C by 2030 must be achieved.
 - Gear up to commence programme delivery from say 2023 @ circa 1,200 dwellings per year until 2039/2040.
 - Monitor the extent of grid decarbonisation and develop a strategy over period 2035-40 to offset the residual emissions as Stage 3. Installation of renewables such as solar PV to offset the residual emissions.

4.2.3 The work identified as part of the zero carbon study has been priced by adopting a schedule of rates. These rates were provided by St Leger and have been uplifted by 20%. These costs have been extrapolated to whole stock and a summary of these costs is contained in **Appendix 4**. All costs are exclusive of Professional Fees, VAT, Management and Administration costs, Leaseholders and are based on today's prices. Costs are inclusive of preliminaries.

4.2.4 We understand St Leger's target is to achieve net zero by 2040. We have therefore modelled the costs annually from year 6 onwards, on a apportioned basis for 10 years thereafter. We have used year 6 as the starting point for these works, as it will take time to establish this programme.

4.2.5 Inevitably, there is duplication with some of the survey components and the zero carbon works e.g., boilers, windows, wall finish etc. Where this is the case, we have deducted these costs out of the gross costs to achieve Zero Carbon from year 6 onwards to avoid duplication. The Zero Carbon costs is therefore expressed as the net cost to achieve Zero Carbon.

4.3 Contingency Major Repairs

4.3.1 Contingency major repairs are defined as repairs of a kind, which cannot be specifically foreseen and may arise from latent defects in construction. We have allowed a provision of 5% on catch-up repairs, improvements and programmed renewals over the 30-year period.

4.3.2 The allowance is specifically in respect of unforeseen work that has not been identified elsewhere in the survey but, from both our experience and that of St Leger, can be predicted as likely to occur. Examples include, but are not limited to, cavity wall tie failure, uninsured subsidence/settlement, general structural defects, drainage failure and latent defects in construction.

5.0 LEVELS OF PRICING

- 5.1 The work recorded as part of the Stock Condition Survey has been priced using a Schedule of Rates, a copy of which is included at **Appendix 3**. The rates we have adopted reflect those which St Leger are currently experiencing. It should be noted that we have seen a considerable increase in costs for repairs and maintenance and, as a result, these costs are impacting on the affordability of the business plan. The costs increases over the last few years are causing affordability issues for all housing providers in the sector.

6.0 DETAILED COSTS

- 6.1 A summary of our 30 year cost projections is included at **Appendix 1** of this report, which is based on a stock total of 19,916 properties and the retention of these properties for the next 30 years. Adjustments will need to be made in the Business Plan in respect of Right to Buys over the period. Our costs reflect today's price base and do not include any provision for future inflation. All costs are exclusive of Professional Fees, VAT, Management and Administration costs, Leaseholders, revenue and are based on today's prices. Costs are inclusive of preliminaries.
- 6.2 A summary of our 30 year costs to keep the properties at the Decent Homes Standard is at **Appendix 2** of this report. The total cost per property over the 30 years is £49k per property which is in line with our benchmark.
- 6.3 The net additional amount to achieve zero carbon is included at **Appendix 4** of this report which equates to a cost per property of £20k which is again in line with our benchmark.

7.0 ENERGY ASSESSMENT

- 7.1 Savills completed an energy survey in accordance with the BRE publication, The Government's Standard Assessment Procedure for Energy Rating of Dwellings. Standard Assessment Procedure (SAP) was developed by the Building Research Establishment (BRE) for the former Department of the Environment in 1992, as a tool to help deliver its energy efficiency policies. The SAP methodology is based on the BRE Domestic Energy Model (BREDEM), which provides a framework for calculating the energy consumption of dwellings.
- 7.2 In 1994 SAP was cited in Part L of the Building Regulations as a means of assessing dwelling performance. RdSAP was introduced in 2005 as a lower cost method of assessing the energy performance of existing dwellings. SAP, RdSAP and BREDEM are used to underpin the delivery of a number of key energy and environmental policy initiatives including zero carbon homes.
- 7.3 RdSAP works by assessing how much energy a dwelling will consume, when delivering a defined level of comfort and service provision. The assessment is based on standardised assumptions for occupancy and behaviour. This enables a like-for-like comparison of dwelling performance. Related factors, such as fuel costs and emissions of carbon dioxide (CO₂), can be determined from the assessment.
- 7.4 RdSAP quantifies a dwelling's performance in terms of: energy use per unit floor area, a fuel-cost-based energy efficiency rating (the SAP Rating) and emissions of CO₂ (the Environmental Impact Rating). These indicators of performance are based on estimates of annual energy consumption for the provision of space heating, domestic hot water, lighting and ventilation. Other SAP outputs include an estimate of appliance energy use, the potential for overheating in the summer and the resultant cooling load. The SAP rating is based on a scale of 0 to 100, 0 being very inefficient and 100 would be a positive contributor.

7.5 We set out below a summary of the RdSAP results by score and banding, based on all surveys to date.

SAP Score	Number of Properties	Banding
92+	10	SAP A
81 to 91	184	SAP B
69 to 80	4,602	SAP C
55 to 68	6,992	SAP D
39 to 54	381	SAP E
21 to 38	7	SAP F
1 to 20	5	SAP G

7.6 St Leger Homes has set a target to achieve a minimum SAP C for every property by 2030. The current number of properties below a SAP C is 7,385 which equates to approximately 60%. By comparison, the sector average is circa 30% and therefore, this is high in the context of the sector. However, there are 4,174 properties (57%) that are within 5 SAP points of a SAP C and therefore, minimal investment may be needed to bring these properties up to a SAP C. There is however a significant challenge for St Leger to achieve its ambition of SAP C by 2030. We would recommend a separate piece of work is commissioned to look at the costs and timings of the work required to achieve SAP C for all properties by 2030.

8.0 DECENT HOMES ASSESSMENT

8.1 As part of our survey we have made an assessment of the level of non-decency in the housing stock. A summary of which is set out in the tables below. Please note that these figures only relate to the recent phase of surveys of 4,068 properties, as we understand anything reported in previous survey repairs have been carried out. These figures also exclude any Housing Health and Safety Rating System Category 1 fails, as these were reported at the time of the inspection and we understand the repairs are in the process of being carried out.

	Count
Number of Dwelling Failures	35
Number of Dwellings left Decent	4,030
Total Number of Dwellings	4,065
Percentage of Failures	1%

		Count	Cost
Key Component	Boiler	9	£22,000
	Chimneys	0	£0
	External Doors	0	£0
	External Wall Finishes	0	£0
	Roof Covering	4	£24,000
	Windows	0	£0
	Wiring	0	£0
	Total	13	£46,000
Non-Key Component	Bathroom	0	£0
	Central Heating System	0	£0
	Kitchen	0	£0
	Total	0	£0
Modern Facilities	Bathroom Over 30 Years Old	9	£41,146
	Kitchen Inadequate Space	9	£63,000
	Kitchen Over 20 Years Old	9	£57,366
	Total	27	£161,512
Thermal Comfort	Inefficient Heating	13	£58,500
	Total	13	£58,500
Total		53	£266,012

8.2 A decent home, as described by Central Government, is one which is wind and weather tight, warm and has modern facilities. In order for a social landlord to achieve this aim any individual dwelling must meet the following criteria:

a) Housing Health and Safety Rating System

This was introduced in 2006 and sets a minimum standard for housing. As discussed, in general terms the Housing Health and Safety Rating System (HHSRS) provides a way that hazards can be assessed. There are 29 in total. If a hazard is a serious and immediate risk to a person's health and safety, this is known as a Category 1 hazard. If a hazard is less serious or less urgent, this is known as a Category 2 hazard. From our survey a Category 1 hazard is classed as 'Severe' and a Category 2 hazard can be classed as 'Moderate' or 'Slight'.

The HHSRS is designed for Environmental Health Officers as a method of calculation and used as evidence to enforce measures against private sector landlords. When the HHSRS was first issued and included as Criterion A within the Decent Homes Standard, this caused many problems, as to do a full scoring calculation on all 29 hazards had massive cost and time implications. The DETR, which is one of the many previous incarnations of DLUHC, produced a guidance note that introduced the indicative method for stock condition surveys and has been used ever since.

The table below shows how the two relate to each other and in relation to Decent Homes. A failure would be deemed as serious under the indicative method, or in excess of 1,000 using the full scoring method.

Full HHSRS Scoring		Category Classification	Indicative Method	Decent Homes
A	5000+	Category 1	Severe	Fail
B	2,000-4,999			
C	1,000-1,999			
D	500-999	Category 2	Moderate	Pass
E	200-499	Category 2	Slight	Pass

We set out below a summary of the HHSRS survey finding from the last phase of surveys. As noted at the beginning of the section, these have not been included in the decent homes figures, as the hazards were reported at the time of the inspection and we understand the repairs have been commissioned.

Hazard	Cat 2		Cat 1	Total
	Slight	Moderate	Severe	
Damp/mould	422	315	54	791
Structural failure	141	46	23	210
Electric hazards	2	106	45	153
Falls on level	210	5	0	215
Ergonomics	24	11	3	38
Hot surfaces	50	4	0	54
Sanitation/drainage	16	33	0	49
Falls on stairs/steps	6	42	0	48
Carbon monoxide - Detectors	1,775	0	175	1,950
Fire - Detectors	0	11	441	452
Entry by intruders	15	10	0	25
Excessive cold	70	4	4	78
Hygiene/pests/refuse	5	14	0	19
Falls from bath	15	0	0	15
Falls between levels	0	59	0	59
Asbestos	14	0	0	14
Fire - NOT Detector Related	1	22	1	24
Food safety	0	2	0	2
Carbon monoxide - NOT Detector Related	1	0	0	1
Overcrowding	0	5	0	5
Inadequate lighting	9	3	0	12
Total	2,776	692	746	4,214

Whilst we have not included Category 1 hazards as a Decent Homes fail, the 746 Cat 1's would represent 18% failure rate. Of these, 616 (83%) are because of non-compliance with The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022, which come into force on 1st October 2022. The Legislation states that, all relevant landlords must:

1. Ensure at least one smoke alarm is equipped on each storey of their home, where there is a room used as living accommodation. This has been a legal requirement in the private rented sector since 2015.
2. Ensure a carbon monoxide alarm is installed in any room used as living accommodation which contains a fixed combustion appliance (excluding gas cookers).

3. Ensure smoke alarms and carbon monoxide alarms are repaired or replaced once informed and found that they are faulty.

The requirements are enforced by local authorities, who can impose a fine of up to £5,000 where a landlord fails to comply with a remedial notice.

Based on our experience with working with other Housing Providers, this is a common theme and broadly an 18% failure rates for HHSRS is typical of what we seeing for other housing providers. The failure rate is higher than in previous rounds of stock condition surveys due to the Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022, if you are in breach of the regulation then you do not meet the Government regulatory Decent Homes standard.

The Key point here is to ensure that those that are identified are rectified, and we would also recommend that the specification for the annual gas servicing / electrical testing program is reviewed to ensure this check is carried out, particularly for those properties we have not inspected.

The other significant contributor of Cat 1 hazards can be summarised below, which in the context of the sector is typical.

Hazard	Number	Percentage
Damp and Mould	54	1.32%
Structural	23	0.56%
Electrical	45	1.10%

b) It is a reasonable state of repair

Dwellings that fail this criteria are those elements such as roofs, rewires, boilers etc that are **old** (i.e. their age exceeds their life cycle) **and in poor condition** (i.e. identified by the surveyor as needing replacement or a major repair).

The elements listed within this criteria are sub-divided into two sections, namely key components and non-key components. Failure of a single key component will fail the dwelling completely, whereas the non-key components require two or more failures to make the property non-decent.

c) It has reasonably modern facilities and services

The guidance lists six points of failure and any individual dwelling must fail on three or more items to be deemed as non-decent.

d) It provides a reasonable degree of thermal comfort

This criterion requires dwellings to have both effective insulation and efficient heating. A number of tenants have been offered central heating but have refused the work, which is a common problem for organisations trying to achieve decent homes compliance.

8.3 The Decent Homes Standard has been under review for several years. In the Social Housing White Paper, published in November 2020, the Government committed to review the Decent Homes Standard, and in their 2022 Levelling Up White Paper they went further, committing to halve the number of non-decent rented homes by 2030.

8.4 There have been multiple previous rounds of the review. In 2021, the Government gathered feedback on whether the current standard is suitable for the social housing sector and where it may need to be updated to set modernised minimum quality standards. In 2022 it consulted on applying the Decent Homes Standard to the private rented sector.

8.5 Whilst the Government has issued draft consultation documents on options for the new standard, it is yet to issue anything formally and has been plagued by delays. We understand however, that the Ministry of Housing Communities and Local Government (MHCLG) is looking to consult with the sector this Autumn with a view to a new standard being published in 2025. This will need to be reviewed to see if there are any additional financial implications for St Leger.

9.0 LIMITATIONS OF SURVEY

- 9.1 The inspections and report are subject to the limitations set out at **Appendix 5**. These do not go beyond those of normal surveying practice.

APPENDIX 1

SUMMARY OF 30 YEAR COSTS

St Leger Homes
Summary of 30 Year Costs

Programmed Renewals							
Element	Years 1 to 5	Years 6 to 10	Years 11 to 15	Years 16 to 20	Years 21 to 25	Years 26 to 30	Total
Programme renewals	£32,316,937	£262,386,434	£230,418,817	£199,031,000	£92,450,047	£152,549,697	£969,152,931
Net Zero Carbon	£0	£198,060,759	£198,060,759	£0	£0	£0	£396,121,518
Contingency @ 5%	£1,615,847	£23,022,360	£21,423,979	£9,951,550	£4,622,502	£7,627,485	£68,263,722
Grand Total	£33,932,784	£483,469,552	£449,903,555	£208,982,550	£97,072,549	£160,177,182	£1,433,538,172
Total Per Annum	£6,786,557	£96,693,910	£89,980,711	£41,796,510	£19,414,510	£32,035,436	£47,784,606

All costs are exclusive of Professional Fees, VAT, management and administration costs and are based on today's prices. Costs are inclusive of preliminaries.

Total number of tenanted properties	19,916
Average cost per property	£71,979
Price date	Apr-24

APPENDIX 4

SUMMARY COST FOR ACHIVING ZERO CARBON

Zero Carbon Costs

Component Description	Extrapolated Costs
Air Source Heat Pump: Air - Water, MSC	£148,983,522
External wall insulation (EWI), filled cavity walls	£113,340,322
New windows - PVCu frames (Whole unit U=1.2)	£98,761,613
100 mm PU beneath exposed floor (and re-line)	£68,190,186
Install centralised MEV	£49,468,504
200 mm mineral fibre between joists (on mesh) and seal suspended timber floor	£39,651,289
Ground source heat pump; Heat distribution CIBSE compliant, MSC	£38,132,635
New proprietary insulated external door and frame (U=1.0) to outside	£36,388,820
Dual immersion cylinder (210 l, 80 mm insuln.), heat pump compatible	£23,119,572
Large Radiators (lower flow temperature)	£18,750,218
100 mm mineral fibre (between/over joists in loft, top up insulation)	£15,400,728
Intermediate scaffold - external walls, windows or single storey dwellings (low rise)	£10,752,033
Full scaffold to front and back of houses / maisonettes	£9,256,933
Add thermostatic radiator valves (TRVs)	£6,818,261
Corridor: Dry lining - thermal board (PU) 100 mm +12.5mm plasterboard	£5,907,961
Programmable Wireless Room Thermostat (Honeywell)	£5,544,840
100 mm PU on concrete slab and refinish, etc.	£5,088,304
200 mm PU on flat roof and refinish	£4,708,471
New CH+DHW programmer (two zones)	£4,580,520
New proprietary insulated door and frame (U=1.0) to corridor - flats	£4,236,959
Cavity fill (Party walls)	£3,886,375
100 mm PU on concrete slab and refinish, etc.	£3,121,015
Take out secondary heating	£2,849,842
200 mm PU on flat roof and refinish	£2,815,534
Pipe Lagging - House / Maisonette	£2,572,618
Proprietary insulated loft hatch	£2,530,685
Pipe Lagging - Bungalow / Flat	£2,248,982
Boarded loft space (3 sq.m)	£1,261,386
Scaffolding - EWI, windows in single storey dwellings (high rise)	£926,367
Low Energy Light Bulb(s)	£263,136
Total	£729,557,633

APPENDIX 5 LIMITATIONS OF SURVEY

LIMITATIONS OF SURVEY

- 1 Repairs and replacements have been costed on a “like for like” replacement basis, with improvements and contingency works dealt with as a separate exercise where they do not clearly form part of the repair process. In the event of remedial works requiring vacation of the property, no allowance has been made in the costings for such relocation.
- 2 Savills have not undertaken structural surveys of the properties and have not inspected woodwork or other parts of the structure, which were covered, unexposed or inaccessible. It is therefore not possible to report that such parts are free from defects.
- 3 Inspections have not been made of flues, ducts, voids or any similarly enclosed areas, access to which was not readily available at the time of our inspection and we are therefore unable to report that such areas remain free from defect.
- 4 No specific inspection or specialist testing has been undertaken to establish whether high alumina cement concrete, calcium chloride additives, woodwall slab permanent formwork construction, asbestos or other deleterious materials are present within the construction.
- 5 No samples have been taken nor any analysis made of the sulphate content of the load bearing sub-soil adjacent to the foundations.
- 6 No testing of electrical, mechanical, water, drainage, air conditioning, lifts or other services have been undertaken by Savills.
- 7 Savills have not made any formal enquiries in respect of existing user rights, town planning and road widening, legal interests, fire certificates, effluent agreements, party wall agreements, prescriptive rights, easements, wayleaves, statutory consents or contaminated land.
- 8 Our total aggregate liability to you in connection with the performance of the Stock Condition Survey or otherwise (howsoever it arises and whether under this letter or agreement collateral to this) shall in no circumstances exceed £5m. For the avoidance of doubt, we shall not be liable for any indirect loss, including but not limited to loss of: profit, business, contracts, revenues or anticipated savings or any special, indirect or consequential damage of any nature whatsoever.
- 9 We have not included in our calculations any costs or fees incurred which might arise from the application of the Party Wall Act 1996.
10. Savills has endeavoured to categorise all Housing Health and Safety Rating System (HHSRS) hazards, to enable the customer to prioritise these effectively however, it remains for each customer to review the assessment outcomes and to determine the most appropriate timescale for completion of the remedial actions so as to ensure legal compliance.

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Period 5 ended 31 August 2024 KPI dashboard
Action Required:	For information
Item:	11
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	03 October 2024

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of period 5 : 31 August 2024, and brief commentary for those KPIs where their target are not being met.
- 1.2. Appendices are attached as follows:
 - A : KPI dashboard 31 August 2024; and
 - B : Latest Housemark monthly pulse surveys - July and June.

2. Executive summary

- 2.1. 40 KPIs were agreed with City of Doncaster Council (CDC) at the start of the 2024/25 financial year, comprising the Tenant Satisfaction Measures (TSM) that are required by the Regulator for Social Housing, plus other SLHD operational KPIs. **Appendix A** details each KPI measured at end of August, with comparatives.
- 2.2. Of the 40 KPIs, thirteen are measured annually – one being the energy efficiency KPI and the other twelve are the customer satisfaction TSMs undertake through tenant perception surveys throughout the year. Three are measured quarterly.
- 2.3. The table below summarises the KPIs with comparatives from earlier years. At the end of August, 14 of the 21 KPIs being measured at month end were met or were within agreed tolerances of target.

KPIs	Aug 24/25	Jul 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Green (meeting target)	12	12	13	9	9	8	4	6	7	5	6
Amber (within tolerance)	2	2	3	6	3	3	1	4	1	2	1
Red (not meeting target)	10	10	11	6	8	9	9	6	7	8	6
No target (homelessness)	-	-	-	-	-	-	-	2	2	2	2
Annual/quarterly/not avbl	16	16	13	1*	2	2	4	1*	2	2	4
Total	40	40	40	22	22	22	18	19	19	19	19

* data unavailable

- 2.4. In addition to the above 40 KPIs agreed with CDC, two further SLHD Board annual KPIs have been set to measure (1) employee satisfaction with SLHD as an employer – target 80%, and (2) employee turnover – target 15%. Employee satisfaction will be measured through staff surveys at various points in the year and reported when results become available. Employee turnover will be reported quarterly and for Q1 stood at 1.2%, which is better than the YTD target of 3.75%.

3. KPI commentary

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

Target **0.70%**
August 24/25 YTD performance **0.86%** **WORSE THAN TARGET – RED**

The KPI of 0.70% equates to approximately 140 lettable void properties.

	Aug 24/25	Jul 24/25	Q1 24/25	Q4 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Void rent loss YTD %	0.86%	0.82%	0.82%	0.68%	0.68%	0.70%	0.73%	0.67%	0.67%	0.72%	0.76%
Target %	0.70%	0.70%	0.70%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
<u>Lettable</u> void numbers	128	136	127	102	108	79	122	127	118	92	133
Total void numbers	166	174	162	125	113	98	132	133	126	110	151

The total number of voids (166) held at the end of August is at similar levels for July (174) and June (162), but higher than the year end figure of 125. The total figure consists of the following;

- 128 lettable voids;
- 31 acquisitions, of which, eight are properties at St George's Court; and
- 7 non-lettable voids.

Void Rent Loss (VRL) in-month performance for August shows a decline at 1.04% when compared recent months that have ranged between 0.94% (July) and 0.81% (April).

As a result, the YTD KPI shows a decline at 0.86% compared to previous months.

An increase in the number of acquisitions and eight of the properties purchased at St George's Court have contributed to the increase. The number of voids received which require major work is also showing an increase.

Although the number of terminations shows a slight reduction at 480 when comparing to the same period for the previous year of 503, the number of boiler replacements, full central heating replacements and kitchen replacements shows continues to show an increase. As a result of this, the volume of work required and time in repair increases too.

Bi-weekly voids meeting take place with colleagues from HomeChoice and Housing Management. All voids are reviewed and information is shared to ensure properties can be repaired and re-let at the earliest opportunity.

3.2. KPI4 : Average number of nights in hotel accommodation

Target **21 days**
August 24/25 YTD performance **36 days** **WORSE THAN TARGET – RED**

This is a new KPI for 24/25 replacing the number of placements in hotels at the end of the month.

Whilst marginally higher this month the long-term average number of nights is reducing along with the overall number of households in hotels and total number of room nights paid. The average hotel stay was two days longer than July but eight fewer than in June. This was due to some of our longest stayers moving on from hotels.

16 families with children were in hotels for an average of 25 nights – six fewer than last month. Zero households with children stayed in hotels for over six weeks.

An action plan is in place to reduce Temporary Accommodation (TA), including weekly performance clinics chaired by service managers, with an escalation to HOS to remove any blockages. This will reduce the number of nights as the more challenging cases are placed.

3.3. KPI 6 : Stage 1 and 2 Complaints relative to the size of the landlord (per 1000 properties)

The Housing Ombudsman code quotes: ‘High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.’

This TSM reports complaints from ‘residents’ who are tenants and leaseholders only. SLHD also measures all complaints received, regardless of who the complainant is.

The table below therefore reports both the TSM KPI and the SLHD indicator for all complaints to show the differences and to also indicate how they compare to target.

	KPI target August 24/25	TSM August 24/25	<u>‘Residents’ only</u>	SLHD August 24/25	<u>All</u> complaints
Stage 1 complaints	18.5	22.0	WORSE THAN TARGET	31.1	WORSE THAN TARGET
Stage 2 complaints	1.5	2.6	WORSE THAN TARGET	3.5	WORSE THAN TARGET
Stage 1&2 complaints	20.0	24.6	WORSE THAN TARGET	34.6	WORSE THAN TARGET

For the residents only TSM KPI , a total of 481 complaints were received from residents - 439 Stage 1 and 52 Stage 2.

All complaints totalled 688, comprising 618 Stage 1 and 70 Stage 2, and all were received fairly evenly throughout the quarter.

For the KPI target to have been met at the end of August, less than 400 complaints should have been received.

There are a number of possible reasons why complaints are high.

- We have increased publicity on how to complain via social media, posters in communal areas and TV screen in Civic reception;
- Changes in regulation - Housing Ombudsman Code. We log complaints where customers express any dissatisfaction, they do not have to say the word 'complaint';
- We now log member enquiries that express a dissatisfaction or have previously been raised, as a Stage 1 complaint.

For Stage 2, we have increased awareness on how to escalate to the next stage if the complainant is not satisfied.

We have had an increase in pre-determination enquiries from the Housing Ombudsman requesting that we investigated a referred complaint to their office from the complainant under our Stage 2 procedures.

We have engaged with the Tenant Scrutiny Panel to scrutinise complaint responses and whether we are dealing with complaints in accordance with our policy and the Housing Ombudsman’s Complaints Code.

The majority of complaints are again due to four main themes, in order; policy, time taken, staffing and service delivery.

3.4. KPI 10 : Percentage of Emergency and Non Emergency Repairs completed within target timescales

Completed within timescale:	Target	August 24/25 YTD Performance	
Emergency repairs	95%	65.9%	WORSE THAN TARGET
Non-emergency repairs	85%	77.3%	WORSE THAN TARGET
Emergency & Non-emergency repairs	88%	69.5%	WORSE THAN TARGET

Depending on the nature of the repair, SLHD has two targets for:

- Emergency Repairs – 2 hours and 24 hours: and
- Non-Emergency Repairs – 5 working days and 20 working days.

Month on month performance remains disappointing but stable and is improving slowly. Due to demand on the repairs service and the volume of work already in calendars there is very little immediate availability to re-arrange follow on works or appoint works when first contacted. This leads to work often being planned beyond the required completion dates with no possibility of completing within timescale.

There have been encouraging signs seen in the next available appointment information, especially in the plumbing and electrical calendars, however this would be expected during the quieter summer period and may not be maintained into the busier winter period. Presently cleansing the backlog of repairs, these don’t impact on performance as they are not yet in calendar but when completed will allow for improved planning.

The number of outstanding backlog of repairs has now reduced to 1,550.

Daily analysis is ongoing with CAT and ARC in an attempt to reduce the number of ‘attend today’ (A2D) and call out repairs.

3.5. KPI11 : % of of Properties with a Valid LGSR Certificate

Target	100.00%	
August 24/25 YTD performance	99.79%	WORSE THAN TARGET – RED

There are 40 properties that at the end of August are in stage 4 of the access process and have an LGSR past the anniversary date.

The status of these are : five have warrants sworn/awaiting a court date, four are with housing management, four are awaiting becoming void and 27 are in the ‘no access’ process awaiting action at Doncaster Magistrates Court. Although not having a certificate, we are still compliant legislatively as they are all in the court process.

There are issues getting appointments due to restricted opening at Doncaster Magistrates Court due to RACC concrete issues.

3.6. KPI17 : % of Local Revenue and Capital Expenditure

Target	70%	
August 24/25 YTD performance	34%	WORSE THAN TARGET – RED

140 suppliers received payment in the month, similar to levels in previous months, ranging from £860k to less than £10. 50 of these were within Doncaster.

Wates were again the largest receiver of funds with the £860k, which was 3 times more than the next supplier at £270k. Payments to Wates accounted for 28% of the total payments of £3.07m. The top 10 suppliers received 70% / £2.1m of spend in the month but only 4 were within Doncaster.

If Wates were a Doncaster based supplier, the YTD KPI would be 66% and within tolerances of target.

The picture was slightly better for Y&H. 90% of spend was with just 20 suppliers and 17 of these were within the region. In total, 92 suppliers receiving payment were in Y&H. The YTD PI remains at 61%. Wates remains the largest influencer on both the KPI and Y&H PI.

The main actions for this KPI are to source, wherever possible, Doncaster based suppliers, and if not, then Yorkshire based. This isn't always possible and for 23/24 and 24/25 YTD the KPI not meeting target is primarily due to one contractor, but this is unavoidable due to the nature of the works on the high-rise buildings.

The KPI is skewed by the disproportionate level of spend that is Capital in nature due to addressing specific high-rise issues. Going forward, the KPI will reflect spend of a Revenue nature only and as at end of August the KPI using just Revenue spend would have been 59%. At the end of Q1 it would have been 61%.

Report author
Nigel Feirn

Appendix A KPI Dashboard Period 5 ending 31 August 2024
Appendix B Latest Housemark monthly pulse surveys

KPI	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Aug-24 Target	Year End Target
KPI 1 % of current rent arrears against annual debit	2.81%	2.77%	2.71%	2.79%	2.89%	3.15%	3.00%
KPI 2 Void Rent Loss	0.65%	0.77%	0.83%	0.82%	0.86%	0.70%	0.70%
KPI 3 Relet time for Standard Voids	27.0	24.8	24.5	24.9	24.9	24 Days	24 Days
KPI 4 Average Nights in Hotel Accommodations	34.8	38.8	39.1	36.4	35.7	21 Days	21 Days
KPI 5 Percentage of Settled Accommodation at Prevention Stage	39.0%	44.2%	45.4%	45.2%	45.1%	30.00%	30.0%
KPI 6 Complaints Stage 1 & 2 per 1000 Homes	6.5	13.6	20.2	27.9	34.6	20.0	50
KPI 6a Stage 1 Complaints per 1000 Homes	6.2	12.4	18.4	25.1	31.1	18.5	46.3
KPI 6b Stage 2 Complaints per 1000 Homes	0.3	1.2	1.8	2.8	3.5	1.5	3.7
KPI 7 Stage 1 & 2 Complaints Completed within Timescale	n/a	100.0%	99.3%	98.8%	99.1%	92.3%	92.3%
KPI 7a Stage 1 Complaints Completed within Timescale	n/a	100.0%	99.6%	98.9%	99.2%	92.3%	92.3%
KPI 7b Stage 2 Complaints Completed within Timescale	n/a	100.0%	96.0%	97.2%	98.2%	92.3%	92.3%
KPI 8 Percentage of Tenancy Sustained Post Support	100.0%	99.2%	98.9%	99.2%	99.1%	97.3%	97.3%
KPI 9 First Visit Complete	93.9%	94.0%	94.3%	94.3%	94.6%	94.0%	94.0%
KPI 10 Percentage of Emergency & Non-Emergency Repairs Completed on Time	66.9%	67.9%	68.1%	68.6%	69.5%	88.0%	88.0%
KPI 10a Non-Emergency Repairs Completed On Time	78.7%	78.2%	77.9%	77.6%	77.3%	85.0%	85.0%
KPI 10b Emergency Repairs Completed On Time	59.9%	62.5%	63.4%	64.4%	65.9%	95.0%	95.0%
KPI 11 Percentage of Properties with a Valid LGSR Certificate	99.97%	99.79%	99.78%	99.71%	99.79%	100.0%	100.0%
KPI 12 Percentage of Non-Domestic Properties with a Valid Fire Risk Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
KPI 13 Percentage of Non-Domestic Properties Requiring Asbestos Reinspection	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
KPI 14 Percentage of Properties with valid LRA	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
KPI 15 Percentage of Properties with a Passenger Lift with a Valid LOLER Exam	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
KPI 16 Number of Days Lost to Sickness per FTE	11.1	11.1	10.8	10.8	10.8	10	10
KPI 17 Percentage of Local Capital & Revenue Expenditure	32.6%	38.7%	36.6%	34.5%	33.7%	70.0%	70.0%
KPI 18 ASB Per 1000 Properties	4.6	10.9	16.2	22.5	27.8	28.3	60

1. Direction of travel (DoT) is against performance in the previous quarter. ↑ = Improving, ↔ = No Change, ↓ = Declining

2. Targets are for the end of the year performance unless indicated otherwise (ytd = cumulative year to date)

3. Key	Meeting/better than target	Within tolerance of target	Not meeting/worse than target
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Month	Housemark pulse survey benchmarking - IN MONTH performance	Q1	Median	Q3	SLHD	quartile
Jul-24	Average re-let time in days (standard re-lets)	27.8	45.5	69.9	25.8	Q1
Jul-24	Voluntary staff turnover (%)	0.50%	0.90%	1.40%	0.74%	Q2
Jul-24	Responsive repairs completed per 1,000 properties	317.1	257.3	215.3	264.8	Q2
Jul-24	'True' current tenant arrears (%)	2.13%	2.85%	3.80%	2.83%	Q2
Jul-24	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.0%	91.8%	75.8%	97.5%	Q2
Jul-24	Dwellings vacant but available to let (%)	0.30%	0.60%	0.98%	0.86%	Q3
Jul-24	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	3.38	5.21	7.98	7.70	Q3
Jul-24	New ASB cases reported per 1,000 properties	1.84	3.57	6.77	6.20	Q3
Jul-24	Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.82%	99.70%	Q4
Jul-24	Responsive repairs completed within target timescale (%)	93.1%	86.3%	77.1%	68.7%	Q4
Jul-24	Working days lost to sickness absence (%)	2.5%	3.7%	4.8%	5.0%	Q4
Jul-24	Domestic properties with EICR certificates up to five years old (%)	99.83%	99.22%	95.81%	93.07%	Q4
Jul-24	Customer contact received via digital channels (%)	44.6%	33.4%	20.8%	no data	
Jul-24	Satisfaction with the overall service their landlord provides - perception (%)	80.6%	76.1%	70.6%	no data	
Jul-24	Satisfaction with repairs - transactional (%)	92.7%	89.0%	82.9%	no data	
Jun-24	Voluntary staff turnover (%)	0.45%	0.85%	1.34%	0.37%	Q1
Jun-24	Average re-let time in days (standard re-lets)	30.8	44.7	69.0	22.9	Q1
Jun-24	Responsive repairs completed per 1,000 properties	277.5	230.3	196.2	257.7	Q2
Jun-24	'True' current tenant arrears (%)	2.07%	2.80%	3.82%	2.74%	Q2
Jun-24	Stage 1 and Stage 2 complaints resolved within timescale (%)	100.0%	93.5%	74.8%	94.7%	Q2
Jun-24	Dwellings vacant but available to let (%)	0.23%	0.56%	0.99%	0.74%	Q3
Jun-24	Formal Stage 1 and Stage 2 complaints received per 1,000 properties	2.80	4.68	6.76	6.60	Q3
Jun-24	New ASB cases reported per 1,000 properties	1.83	3.25	5.94	5.40	Q3
Jun-24	Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.83%	99.70%	Q4
Jun-24	Responsive repairs completed within target timescale (%)	92.3%	83.3%	74.6%	68.5%	Q4
Jun-24	Working days lost to sickness absence (%)	2.6%	3.5%	4.4%	4.8%	Q4
Jun-24	Domestic properties with EICR certificates up to five years old (%)	99.83%	99.19%	95.92%	91.83%	Q4
Jun-24	Customer contact received via digital channels (%)	46.8%	36.5%	19.6%	no data	
Jun-24	Satisfaction with the overall service their landlord provides - perception (%)	82.7%	76.0%	67.9%	no data	
Jun-24	Satisfaction with repairs - transactional (%)	92.2%	87.8%	82.2%	no data	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 03 October 2024

Item : 12

Subject : Housing Allocation and Mutual Exchange Data 2023/24

Presented by : Mark McEgan, Director of Housing and Customer Services

Prepared by : Andrea Jarratt, Access and Allocations Service Manager

Purpose : To note the allocations and mutual exchange data 2023/24

Recommendation:

That Board note the baseline data for Housing Allocations and Mutual Exchange 2023/24.

1. Report Title

1.1 Housing Allocation and Mutual Exchange data 2023/24.

2. Executive Summary

2.1 In response to the published Consumer Standard (Tenancy), a review of the insight data shared with the Council has been undertaken. This report sets out the review of the Access to Homes Housing Allocations and Mutual Exchange insight data delivered by the St Leger HomeChoice Team on behalf of CDC. This report confirms current high-level information collected and the outturn for 2023/24.

Headline data confirms.

- Although numbers on the Housing Register are consistent there is an increase in applicants in priority bands
- Demand continues to outstrip supply for family and single person general needs housing.
- 68% of properties were let to applicants in the highest housing need in the Platinum and Gold Bands.
- Turnover of family houses remains under 400 for the last 3 years post 2019/20
- 100% of mutual exchanges were processed within the 42 day time period

3. Purpose

3.1 To establish formalised content and frequency of reporting on Housing Allocations and Mutual Exchange, formalising governance arrangements and to report the 2023/24 outturn to establish a baseline.

4. Recommendation

4.1 That Board note the baseline data for Housing Allocations and Mutual Exchange 2023/24.

5. Background

5.1 The report follows best practice in being open and transparent by reporting on housing supply and demand. Information is also with the Strategic Housing Function within the City of Doncaster Council by providing regular information on the following:

- Active Housing applicants
- Housed applicants
- Areas of Preference

5.2 This information contains information relating to the current demand on Doncaster Council's Housing Register versus those rehoused. Headline information is published on SLHD Home Choice Website to assist customers to make informed decisions about their housing options. Historically we have not reported on Mutual Exchange information, so this is new. Mutual exchanges are governed by legislation under the Housing Act 1985 and are therefore separate to the Housing Allocations Policy which is framed within Part VI and Part VII of the 1996 Housing Act.

6. Data

6.1 It is proposed that the data highlighted in the table below will be reported on an Annual basis in June with the previous year's outturn data.

6.2

Area	Data Narrative
Demand	No of applicants on Housing Register by Band and Household Type
	Percentage bidding by band
	Insight: Variances of above
	No. of Tenants on transfer list
	No of Care leavers including those bidding
	No. (%) of BME/Protected characteristics applications on waiting & transfer lists.
	Total Active report
	Areas of Preference report
Supply	Total number of lettings by property type
	*Total number of acquisitions by property type
	*Total number of new builds by property type
Allocations	Total no of new lettings by Band
	Variances of above
	Total number of lettings by geographical area (N, SW, E, Central)
	No. (%) of BME/Protected characteristic groups rehoused.
	Total Housed report
Registered Providers	**Nomination Returns
Mutual Exchange	Number Applications Received
	Total number of completed exchanges
	Variances of above
	% Decision made within 42 days

*These reports are in development

** We are working with Registered Providers and CDC Strategic Housing to enable them to provide completed returns

7. Current Position 2023/24 Outturn

7.1 The out turn in 2023/24 is included in **Appendix A** with commentary. Due to a system change in 2023/24, some data is limited and only available for Q2, 3 and 4.

8. Procurement

8.1 Not applicable.

9. VFM Considerations

9.1 The above information will relate to the best use of housing stock.

10. Financial Implications

10.1 Not applicable.

11. Legal Implications

12.1 Not applicable.

12. Risks

12.1 Non-compliance with the Customer Standard could result in Regulator of Social Housing (RSH) imposing sanctions on the Council.

12.2 All gaps present a risk of non-compliance, and this report covers an identified gap in the tenancy Standard.

13. Health, Safety & Compliance Implication

13.1 No Health and Safety impacts.

14. IT Implications

14.1 Not applicable

15. Consultation

15.1 Not applicable

16. Diversity

16.1 The review of the Allocations Policy 2022 included a comprehensive Due Regard Statement.

17. Communication Requirements

17.1 Not applicable.

18. Equality Analysis (new/revised Policies)

18.1 Not applicable as this is not a new or revised policy.

19. Environmental Impact

19.1 Not applicable.

20. Report Author, Position, Contact Details

20.1 Andrea Jarratt, SLHD Access and Allocations Service Manager
andrea.jarratt@stlegerhomes.co.uk Tel 01302 737176

21. Background Papers

22.1 Appendix A Outturn Position 2023/24

Appendix A Outturn data 2023/24

Demand

Number of applicants on Housing Register by Band and Household Type

Commentary: Number of household applicants on the Housing Register have fallen from 9,043 following a review in 2023 to currently 7,651. The number of applicants in housing need in priority bands has increased. Household demand is predominantly from families and single people with 49.82% families with dependent children and 40.11% single person households in comparison with 2021/22 where single households were the predominant group.

Household /Band	Single Applicant	Couple	2 Adults	3 Adults	Single Applicant + Access children	H/hold +1 Child	H/hold +2 Child'	H/hold +3 Child'	H/hold +4 Child'	H/hold 5 or more Child'	Total	% Of Total Register
Platinum	175	14	2	0	0	97	57	47	11	13	416	5.44%
Gold	432	105	14	0	1	219	154	82	41	45	1093	14.29%
Silver	506	108	7	2	0	291	220	153	60	32	1379	18.02%
Bronze	1422	302	21	6	3	887	595	228	74	25	3563	46.57%
General	141	84	4	0	0	40	24	11	2	0	306	4.00%
Transfer	393	89	7	0	1	151	155	61	28	9	894	11.68%
Total	3069	702	55	8	5	1685	1205	582	216	124	7651	100%
% Of Total Register	40.11%	9.18%	0.72%	0.1%	0.07%	22.02%	15.75%	7.61%	2.82%	1.62%		100%

Percentage bidding by band

Commentary: This represents bidding activity within Q2-4. We are working within Access to Homes to increase bidding of homeless households. Overall, 45% of applicants were actively placing bids on advertised properties.

2023/24

Band	No. on Housing Register	Bidding during Q2-Q4	% of band bidding
Platinum	416	268	64.42%
Gold	1093	625	57.18%
Silver	1379	734	53.22%
Bronze	3563	1410	39.57%
Transfer	894	316	35.34%
General	306	77	25.16%
Total	7651	3430	44.83%

No. of Tenants on transfer list

Commentary: This represents current tenants who have no assessed housing need to move. Those who have an assessed housing need are included in the bands of the Housing Register and assessed under the Housing Allocations Policy. The likelihood of being rehoused is limited to lower demand age designated accommodation. The number is consistent with 2022/23.

2023/24

Transfer list	894
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No of Care leavers including bidding

Commentary: Cases are reviewed every 6 weeks with CDC Children's Services, and also identified for Direct Match under existing protocols. Bidding is limited due to lack of stock and turnover in areas of choice and use of Direct Match.

2023/24

No. of Care leavers in Gold band	No. Bidding 2023/24 Q2-Q4	% Bidding 2023/24 Q2-Q4
121	46	38.01%

Supply

Total number of SLHD lettings by property type

Commentary: The number of houses and bungalows relet remain consistent with 2022/23 with a 9% reduction in flats in 2023/24.

2023/24	Property Type					
	House	Bungalow	Flat	Maisonette	Bedsit	Total
No. of properties	342	408	292	13	2	1057

Allocations

Total no of new SLHD lettings by Band

Commentary: Of the total SLHD properties let in 2023/24 68% were allocated to applicants with the highest housing need in the Platinum and Gold Bands which is consistent with the previous year at 67.39%

2023/24	Band						
	Platinum	Gold	Silver	Bronze	Transfer	General	Total
No. of properties	365	358	105	179	44	6	1057

Total number of SLHD lettings by Property Type and Housing Management Area

2023/24

Area	House	Bungalow	Flat	Maisonette	Bedsit	Total
Central	80	106	113	7	2	308
North	123*	96	71	0	0	290
East	63	92	32	0	0	187
South West	76	114	76	6	0	272
Total	342	408	292	13	2	1057

*includes new build

Mutual Exchange

Mutual exchange – 2023/24

Commentary: 100% of all mutual exchanges that completed were processed in the 42 day time period.

Number of applications received	321
Number of exchanges completed	111
Number of exchanges refused/withdrawn/cancelled	159
% of completed exchanges approved in 42 days	100%

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) 2024/25 Update
Action Required:	For information
Item:	13
Prepared by:	Mark Haughey - Head of ICT & Transformation
Date:	03 October 2024

1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2024/25. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2024/25 ADP proposes a number of key developmental activities or "actions" aligned to the vision set out in the SLHD Corporate Plan 2024 to 2029.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

2. Background

- 2.1. The ADP has been developed from the Corporate Plan 2024 to 2029.
- 2.2. The Corporate Plan 2024 to 2029 aims to deliver our vision of "providing homes in neighbourhoods where people are proud to live in" through our four priority themes of People, Homes, Communities and Partnership.
- 2.3. The Corporate Plan sets out the aims to be delivered over the five-year period. Each year the aims for each theme will be reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes.
- 2.4. The ADP is agreed each year, following extensive consultation, to ensure it is in line and delivers the aims of the Corporate Plan 2024 to 2029. Each ADP action has a timescale and a responsible officer.

3. 2024/25 ADP

- 3.1. The 2024/25 ADP at **Appendix A** contains individual actions relating to the Corporate Plan aims and includes those actions brought forward from the previous year.
- 3.2. A snapshot on the progress of the actions are as follows:

Directorate	Number of 2024/25 ADP Actions
Housing Services	4 actions of which:- 4 are on track
Property Services	11 actions of which:- 9 are on track 2 are on amber
Corporate Services	6 actions of which:- 5 are on track 1 is amber

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

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

- Case management within Housing Options continues to improve with the numbers placed in Hotel Accommodation dropping and the numbers in SLHD Temporary Accommodation (TA) stabilised with average length of stay reduced. The number of 'new' Rough Sleepers continues to reduce year on year.
- All planned stock condition surveys for 2024/25 (Phase 4) were completed during Q2. 68% of the stock has now received a physical stock condition survey in the last 5 years.
- Project Board established to review the recruitment process and an initial action to review the desired 'to be' recruitment process to be completed soon.
- DataSMART project board established with the Strategy and 1st year action plan agreed at EMT and going to Board.
- People Strategy 2024-29 approved in June 2024 and currently on track to deliver the action plan.
- Accessible Housing Register (AHR) mobilised to empower more customers to directly bid for properties with low level adaptations appropriate for their needs.

3.5. There are three actions that are not on track.

- A4 - Undertake the review of remaining high-rise buildings - CDC have been informed and an initial high-level discussion has taken place but this project may be impacted by the outcome of a legal case.
- A9 - Upgrade OpenHousing to OneHousing – The planned upgrade is yet to be scheduled in and delayed due to the need to change the underlying database.
- A12 - Review the Customer Access Strategy - The review of the existing portal has commenced but may slip as Capita have advised they are in the process of developing a new portal that we will want to consider.

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 - 2024/25 ADP

Appendix A

Ref	Service area	ADP Actions			Objective of Action	Date	Q2 Status	Q2 Commentary
		2024/25	Corporate Plan Theme	Owner				
A1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 5 work streams.	People	HoATH	Prevent and reduce homelessness in the City and make best use of available housing stock within social, supported, and private rented stock. · To Empower Customers to self-serve and reduce avoidable contacts through (Digital) Online Triage Portals for Home Options (J2E) and HomeChoice. Empower customers before proceeding with Full application. · To Prevent Homelessness due to relationship breakdown through access to a Mediation Service. · To contribute to the Development & subsequent Delivery aspects of the NEW Homelessness & RS Strategy/Action Plan. · To deliver greater VFM and sustainability for the Prevention Fund Budget - Credit Union (Bonds RIA).	Mar-25	Green	On Track - Case management continues to improve with the majority opened in the prevention stage. Number placed in Hotel Accommodation continues on a downward trajectory. Numbers in SLHD Temporary Accommodation (TA) is stabilised and average length of stay is reduced. Website and Advice Aid to be central to a communication plan. Number of 'new' Rough Sleepers continues to reduce year on year.
A2	Housing Management	Review Locality Model with Team Doncaster to deliver outcomes for residents	Partnerships	HoHM	Work in partnership with CDC and SSDP to review the outcomes and structure of the current localities model including assessment of resources.	Mar-25	Green	On track - The new Thrive model is now at the 'Shape and Learn' stage with a pilot now commenced in the North area. The new model is split into 4 geographical areas (mirrors SLHD) and the following themes under each area: My Neighbourhood, My Family, My Work and Skills, My Environment, My Education, My Health and Wellbeing. The pilot will run through October and then an evaluation before full roll out. Alongside the pilot, work is still ongoing for the rollout around 5 Capability Workstreams: Delivery Model, Leadership and Co-ordination, Relational Practice, Ward Member community leadership, Prevention and Early Intervention. St Leger Homes are involved in the whole process and all workstreams and a key delivery partner.
A3	Repairs	Repairs Excellence project continues to deliver improvements and we look at other gains and expand on the previous programme. Out of hours review and voids will be in Phase 3.	People	HoRM	Continue the review of the service to include out of hours provision, voids service and overall performance.	Mar-25	Green	On track- The backlog piece of work is on track to complete the works October. The out of hours project has started with HR support, the project will explore ICT options to support reporting and governance of works completed out of hours. Voids is on schedule for Q3.

A4	Compliance	Undertake a review of the remaining High-Rise Buildings.	Homes	HoBS	Determine long-term viability and agree any work required.	Jul-25	Amber	CDC have been informed of the quantum (this identifies the costs associated with the works required in the buildings i.e. new roofs, windows, balconies, EWI etc.) and an initial high level discussion has taken place but this may be influenced by the outcome of the legal case.
A5	Compliance	Building safety improvements to multi-occupancy buildings outside of the HR residential buildings from year 3 of the ten-year plan.	Homes	HoBS	Ensure compliance set against any emerging standards for all buildings of multiple occupancy where there are more than two dwellings regardless of height.	Mar-25	Green	On track - Specification has been written and provided to the procurement team at CDC. A route to market has been identified and the tender exercise has started the project is on track for deliver in this and subsequent years.
A6	Assets	Develop and launch new Asset management strategy and collate, analyse and understand asset condition data and applying this to investment decisions	Homes	HoAM	To set out our 4 year vision and deliverable objectives for effectively managing CDC's Housing Revenue Account Assets.	Jan-25	Green	On Track - All planned stock condition surveys for 2024/25 (Phase 4) were completed during Q2. 68% of the stock has now received a physical stock condition survey in the last 5 years. A report summarising the findings from these latest surveys is due at Board in Q3. Work has commenced on developing the new Asset Management Strategy. Whilst the target is to complete this by end of Q3 there is a slight risk the implementation of the new strategy will be delayed until end of Q4.
A7	Assets	Develop and launch new environmental strategy, this needs to include our approach to tech.	Partnerships	HoAM	To set out our 4 year vision and deliverable objectives for improving the energy efficiency and moving towards decarbonisation of the housing stock, alongside more sustainable working practices.	Jan-25	Green	On Track - Work has commenced on developing the new Environmental Strategy. Whilst the target is to complete this by end of Q3 there is a slight risk the implementation of the new strategy will be delayed until end of Q4.
A8	Compliance	Develop and make available compliance documents on the customer compliance portal. Providing evidence which customers can access which demonstrates to our customers' homes are safe.	People	HoBS	The Portal will provide access to statutory documents for a resident's home so they can have some assurance that their property is safe. Helping SLH meet the requirements of the TSM and new Regulatory standards.	Mar-25	Green	On Track - We are working with C365 to see how this can be achieved. Initial meetings have taken place and we are on track to meet the deadline.
A9	ICT	Implement and embed upgrade from OpenHousing to web based One Housing	People	HoICT&BT	To modernise technology and take advantage of the benefits of the web-based version of OpenHousing.	Dec-24	Amber	Delays to the project as Capita are insisting we move to a new underlying database, which is one that CDC do not support. Working with CDC to find a resolution. Establishing a test environment still expected by December, but a go-live date maybe into the new year (Q4 24/25 or Q1 of 25/26).
A10	Organisational Development	Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications	People	HoHR&OD	Ensure that our workforce provides a high quality and professional service to all customers, further embedding our customer excellence culture and in turn meets the regulatory requirement within the sector.	Mar-25	Green	On track -We continue to await the final response from government which will set out the final transition arrangements and learning requirements, as well as the code of practise that we will be required to ensure that colleagues abide by. As at this date we believe that 39% of our in-scope employees are trained to the correct qualification level.

A11	Organisational Development	Review the end to end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce.	People	HoHR&OD	Ensure that we have in place modern and effective ways of recruiting, enabling us to continue to attract high quality talent who represent the communities in which we work into the workforce and address the succession of our aging workforce over the coming years.	Jan-25	Green	On track - Project Board established and terms of reference for the project agreed. Monthly meetings diarised and initial action to review desired 'to be' recruitment process on track to be completed ahead of second Project Board Meeting where specific work streams will be agreed.
A12	Customer Services	Review the Customer Access Strategy and investigate and implement actions to support channel shift and self-service by reviewing the use of the existing Tenant Portal and the use of artificial intelligence.	People	HoCS	Ensure we have a strategy in place that provides a choice of access to services for our customers that meets the needs of our existing and future customer base.	Oct-24	Amber	The review of the existing portal has commenced and various digital alternatives have been explored. Any approved implementation for an alternative digital offer to replace the existing portal may slip as Capita have advised they are in the process of developing a new portal. Given that this will be fully integrated with our housing system it is prudent to consider this with other alternative approaches.
A13	Governance	Data Intelligence – Ensure we understand, improve, monitor and use our data/knowledge, ensuring it is accurate, up to date and secure and is driving decision making and future planning.	People and Homes	HoFBA / HoICT&BT /HoHM / HoAM / HoCS	Joint initiative across all HoS to create a data driven organisation that uses data and business intelligence to inform the way it delivers its service for the betterment of the customer, assets under SLHD management, local economy and the environment.	Mar-25	Green	On track - DataSMART project board established with the Strategy and 1 st year action plan agreed at EMT and going to Board. The DataSMART project is looking at tenant data first with a view to reviewing what data we collect, store, use and update. An action plan is in place to undertake this review. All planned stock condition surveys for 2024/25 (Phase 4) were completed during Q2. 68% of the stock has now received a physical stock condition survey in the last 5 years.
A14	Organisational Development	Deliver the first year of the 2024-2029 People Strategy Action plan which will include the actions identified as a result of the Investors In People Accreditation.	People	HoHR&OD	Demonstrate we are continually developing our employee offer, leading, motivating and developing our people, and demonstrating high levels of colleague satisfaction and our position as an employer of choice.	Mar-25	Green	On track - People Strategy 2024-29 approved in June 2024, we are currently on track to deliver the action plan, a 6-month update will be delivered to EMT in the Autumn
A15	Governance	Deliver plan arising from the assessment against the Consumer Standards.	People	HoFBA	Achieve a positive Regulatory inspection from whenever the CDC (as landlord) is inspected, which could be from April 2024 onwards. An assessment against the draft Consumer Standards was reported to Board in March 2024. The gap analysis action plan will be delivered during the 24/25 financial year.	Per the individual action plans	Green	On track - Latest inspection Board met on 21 August. Work is ongoing on all actions within the plan and regular updates will continue to be presented to Board.
C1	Access to Homes	Review Housing Register Customer Journey and Service Standard.	People	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Mar-25	Green	On Track - Accessible Housing Register (AHR) mobilised to empower more customers to directly bid for properties with low level adaptations appropriate for their needs. System Capacity freed up to assess in a timely manner those that need to access properties with significant adaptations.

C2	Housing Management	Review and implement the Tenancy Agreement	People and Homes	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Dec-24	Green	On Track - Head of Housing Management has met with CDC lead colleagues and politicians regarding the tenancy strategy changes. Portfolio Holder for Housing has requested that these changes are discussed at Executive Board before progressing any further. This has not as yet been arranged. Therefore, the tenancy agreement changes are still on hold. We will ensure this work is not delayed to take this into the next financial year and will ensure the new tenancy agreement is implemented as quickly as possible.
C3	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)	Homes	HoBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Dec-24	Green	On track – Continue to collect evidence for KPI and TSMs, and support is being provided by the performance team to ensure we are on track to have the evidence for an IDA.
C4	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	Homes	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Jul-25	Green	On Track - The Intake High Rise Feasibility Study commenced in Q2 and is due to be completed in Q4.
C5	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	Homes	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Oct-24	Green	On track - All six areas of compliance have been migrated onto C365. evidence has been extracted from Enterprise and added to C365. All new documentation is uploaded directly to C365. There is some missing documentation between the two sites and this is being addressed.
C6	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	People	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Dec-24	Green	On track - Continuing work with Voicescape to look at an automated solution for capturing profile data where this has not been provided. Scope of data to be captured has been provided. Currently on track but completion of some actions are linked to the objective in A9.

ST LEGER HOMES OF DONCASTER LTD

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Company Number 05564649

BOARD REPORT

- Date** : 03 October 2024
- Item** : 14.1
- Subject** : Audit & Risk Committee Annual Report
- Presented by** : Trevor Mason
Chair of the Audit & Risk Committee
- Prepared by** : Trevor Mason
Chair of the Audit & Risk Committee
- Purpose** : To provide an annual overview of the activities undertaken by the Audit & Risk Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That Board note the annual report of the Audit & Risk Committee and that the Committee have reviewed the terms of reference and agree that they have been fulfilled.

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

**Agenda Item No: 14.1
Date: 03 October 2024**

1. Report Title

1.1 Audit & Risk Committee Annual Report.

2. Purpose

2.1 To provide an annual overview of the activities undertaken by the Audit & Risk Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

3. Recommendation

3.1 That Board note the annual report of the Audit & Risk Committee and that the Committee have reviewed the terms of reference and agree that they have been fulfilled.

4. Introduction

4.1 The Audit & Risk Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's Terms of Reference. The Terms of Reference requires that Audit & Risk Committee provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current Terms of Reference are attached at Appendix A, these have been updated to reflect the changes to committee membership.

5. Meetings and Attendance

5.1 Since the Board's AGM in September 2023, the Audit & Risk Committee has met on three occasions:

- 30 October 2023
- 8 March 2024
- 8 July 2024

5.2 The Terms of Reference for the Audit & Risk Committee states that the Committee will comprise of four members as follows:

- One DMBC nominated Director
- One Tenant Director
- Two Independent Directors

5.3 The current members of the Audit & Risk Committee are as follows:

Member	Constituent Group
Trevor Mason	Independent (Chair)
Susan Jones	Independent
Allan Jones	Councillor
Vacant	Tenant

It is proposed that the ToR for this Committee (and all other Committees) will be amended so that the required membership is four Board Members from at least two different categories. Quoracy will remain the same at three Members.

A vacancy for a Tenant representative exists on the Committee due to the recent resignation of Vicky Purnell.

5.4 Attendance at the meetings has been as follows:

	30 October	8 March	8 July
Trevor Mason	✓	✓	✓
Allan Jones	✓	✓	✓
Milcah Walusimbi	✓		✓
Susan Jones		✓	x
Vicky Purnell (Resigned)		x	

5.5 The Director of Corporate Services has attended all meetings, as have Internal Audit. Richard Graham – Audit Director at Beaver & Struthers, the external auditors for the company attended the meeting in March to present the External Audit strategy and in July to present the financial statements. Sana Mumtaz has recently replaced Jason Burgess as Audit Manager from Beaver & Struthers.

6. Work of the Audit & Risk Committee

6.1 During the year the Audit & Risk Committee carried out work in relation to the following areas:

- Internal Audit
- External Audit
- Risk Management
- Statutory Financial Statements
- Fraud
- Financial Information
- Procurement Update
- Supplies & Logistics Update
- Business Continuity Plan
- SLHD Emergency Plan
- Gifts and Hospitality Register
- Value for Money
- Pensions and exit payments
- Data Protection and Freedom of Information

7. Internal Audit

- 7.1 Internal audit services are provided through an SLA by DMBC. The annual audit plan is developed jointly between SLHD and Internal Audit and was approved by Audit & Risk Committee in March 2024. The plan is reviewed on a continual basis to allow some flexibility so that areas identified as an increased risk can be included in the plan at short notice. Audit & Risk Committee has monitored progress against audit work contained in the agreed plan over the year.
- 7.2 The 2023/24 Audit Programme consisted of 101 Audit days (including five contingency days), 91 days were utilised. The number of days was higher than in recent years as additional work had been planned as part of our wider preparations for the Regulatory Framework introduced from April 2024.
- 7.3 Work during 2023/24 has been varied, two pieces of work were slipped into 2024/25 (merchant cards and former tenants' arrears) and one piece of work was cancelled (governance arrangements).
- 7.4 Audit & Risk Committee received the following audit reports in the course of the year:
- Procurement Arrangements (Substantial Assurance)
 - Safeguarding Workflows (Partial Assurance)
 - Payroll Services (Substantial Assurance)
 - Creditors Review (Substantial Assurance)
 - Housing Rents (Substantial Assurance)
 - Right to Buy (Partial Assurance).
- 7.5
- The Committee also received a number of audit reports which were undertaken to give assurance to the Council that the calculation of performance information is accurate. The programme for these audits has been decided by the Council, the audit opinion for all of these was the same "fairly stated and represents a true and fair view of performance" and where appropriate they were all calculated in line with the definition;
 - KPI 12 - Percentage of Local Capital and Revenue Spend 2023/24
 - KPI 11 - Days Lost to Sickness per Full Time Equivalent 2023/24
 - KPIs & TSMs Complaints Indicators 23/24 - both KPI 6 / TSM CH01 – Complaints received per 1000 properties and KPI 7 – TSM CH02 (stage one)
 - Tenant Satisfaction Measures Audit Review 2023/24 -TSM -TPs 1 – 12 are fairly stated and represent an accurate view of performance
 - KPI 01 - Percentage of current arrears against annual debit
 - KPI 02 - Void rent loss

- 7.6 Audit & Risk Committee has monitored the implementation of Internal Audit's recommendations and challenged managers where there has been a lack of progress. The number of outstanding actions at this time last year was four and currently stands at one (Voids Management).

The remaining voids recommendation relates to the review and refresh of the recharge policy. As this policy cuts across a number of teams and directorates this is being considered and will then go for consultation with tenants and staff before being considered by EMT and Board. The revised policy is on the Board forward plan for December 2024.

8. External Audit

- 8.1 Beever and Struthers were re-appointed as external auditors at the AGM in September 2023 for a further financial year (a waiver of contract standing orders was completed for this contract extension).

Following a full procurement exercise during this Summer, Beever & Struthers have been reappointed for a further term of up to four years.

- 8.2 Specific tasks carried out by Audit & Risk Committee in relation to external audit are set out below:
- Received and approved the External Audit Strategy and
 - Received the Financial Statements, Audit Statement and Management Letter and made recommendations to the Board.

9. Risk Management

- 9.1 There are regular updates to the Risk Register, most of these are reported directly to the Board and one is reported to the Audit & Risk Committee (Q2 October 2023). Risk management training was delivered to the whole Board in December 2022 and will be delivered again during 2024.

10. Statutory Financial Statements

- 10.1 The Audit & Risk Committee receive a presentation of the draft Financial Statements, Management Letter and Letter of Representation from Beever and Struthers, External Auditors. These documents are examined in detail by the Audit & Risk Committee prior to submission to the Board for approval.

11. Fraud

- 11.1 Instances of fraud or potential fraud and any associated investigation and follow up actions are reported to Audit & Risk Committee at each meeting through the fraud register. Since the Board's AGM in October 2023 there has been one new case with a potentially fraudulent allegation that was being investigated at present. This was an allegation with regards to time keeping.

11.2 The 2023/24 Audit Plan has provision for two half-day fraud training sessions, which were delivered by Internal Audit on 12th and 21st March 2024.

12. Q2 Financial Information

12.1 The Audit & Risk Committee reviewed the financial information for the period ending 30 September 2023 at its meeting in October prior to this information being submitted to Board in December 2023. When quarterly financial reporting was agreed by the Board, this approach was taken to ensure that financial information is scrutinised as soon as possible after the quarter end.

13. Procurement Update

13.1 An update report was received by Committee in July 2024. The Committee were pleased to note that there had been no procurement breaches during the year and would like to see the outstanding breaches resolved as soon as possible.

14. Supplies & Logistics Update

14.1 The Audit & Risk Committee received an annual report on supplies and logistics activity in July 2024.

15. Gifts and Hospitality Register

15.1 Included in the Terms of Reference for the Committee is a responsibility to review the Gifts and Hospitality Register. The annual report was received in July 2024, there were no areas of concern.

16. Data Protection and Freedom of Information (FOI) and Governance in relation to RSH standards

16.1 The Committee have received reports at each meeting giving details of all data protection and freedom of information requests and response times and also an overview of all reported breaches.
The Committee have previously raised some concerns around the response times for these and there has been some improvement which is pleasing, but the organisation is not yet fully compliant with timescales on all occasions.

17. Exit Payments and Pension Discretions

17.1 The Committee received the annual report on exit payments and pension discretions in July 2024.

18. Other Responsibilities

18.1 The Audit & Risk Committee also has responsibility to review revisions and activity in relation to the Business Continuity Plan and the Emergency Plan.

The Committee noted the annual activity and minor updates to both plans in March 2024.

19. Conclusion

- 19.1 As a result of its work during the year, the Audit & Risk Committee is not aware of any reason to believe that the Company does not have in place an overall system of internal control and risk management that are both adequate and effective. The Committee is also satisfied that internal and external audit arrangements are working effectively and comply with the requisite standards.
- 19.2 Going forward, the Audit & Risk Committee shall continue to monitor management's progress in the following key areas:
- Timely implementation of actions agreed in response to audit recommendations.
 - Procurement breaches and
 - Identifying, documenting and responding to instances of fraud.
- 19.3 The Committee summarised that its work had made a positive difference to the organisation and felt that their challenge had contributed to improvements in a number of areas, most notably outstanding audit actions, procurement breaches, van checks and responses to FOI and DP queries.

20. Report Author, Position, Contact Details

- 20.1 Trevor Mason
Chair of the Audit & Risk Committee

21. Background Papers

- 21.1 There are no background papers.



St. Leger Homes of Doncaster

Terms of Reference

Audit and Risk Committee

1. Constitution and Remit

- 1.1 The Audit and Risk Committee is constituted as a Committee of the Board to support the Board in its responsibilities for issues of risk control and governance by reviewing the comprehensiveness of assurances in meeting Board needs.

2. Authority

- 2.1 The Committee is authorised by the Board to review or investigate any activity within its terms of reference.
- 2.2 The Committee is authorised by the Board to require such additional assurance reviews or remedial action as it deems appropriate.

3. Membership

- a. The Committee will comprise of four members.
- 3.1 The Chair of the Committee shall be appointed by the Board on the recommendation of the Board Chair.
- 3.2 Appointments to the Committee shall be for a period of one year and reviewed at the first Board meeting following the AGM.
- 3.3 The Lead Executive Director will be the Director of Corporate Services.
- 3.4 The Executive Support Officer will be the Secretary to the Committee.

4. Quorum

- 4.1 The Committee will be deemed to be quorate when three members are present, from at least two different categories..

5. Meetings

- 5.1 The Committee will meet at least three times per year.
- 5.2 Additional meetings may be called by the Board, or the Board Chair acting on behalf of the Board or by the Committee Chair.
- 5.3 Audit and Risk Committee meetings will normally be attended by the Director of Corporate Services and the Internal Audit Manager.
- 5.4 A representative of External Audit will attend two meetings per year.
- 5.5 The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.
- 5.6 Board Members who are not members of the Committee shall have the right of attendance.
- 5.7 Meetings may be held by telephone or video conference if necessary.

6. Agendas and Minutes

- 6.1 Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7. Reporting

- 7.1 The minutes from each meeting will be presented for information at the next Board meeting.
- 7.2 The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8. Responsibilities

- 8.1 The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 6 – Annual Company accounts

- a. Ensure that financial stewardship is maintained at the highest level.
- b. Review the annual financial statements before submission to the Board.

Reference 7 – Audits & Audit Reports

- c. Ensure that management response to issues identified by any audit activity is adequate.

- d. Monitor and review progress against improvement plans emanating from Audit Inspections or Reviews.
- e. Through the annual external audit process alert the Board to any serious under performance or danger to financial security with proposals to rectify.
- f. Advise the Board on the appointment of internal and external auditors.
- g. Set the internal and external audit framework and monitor practice.
- h. Approve the Internal Audit Plan on an annual basis.

Reference 11 - Standing Orders and Financial Regulations

- i. Reviewing financial policies and recommending to Board.

Reference 14 - Probity – Code of Conduct

- j. Advise on anti-fraud policies, whistle-blowing processes and arrangements for special investigations.
- k. Review the gifts and hospitality register.

Reference 16 - Scheme of Delegation - Monitor use of delegated powers

- l. Advise on issues relating to the corporate governance requirements for the Company.

Reference 19 - Review policy changes

- m. Review policy changes
- n. Receive reports of Pensions Discretion Policy decisions and Flexible Retirement requests and outcomes for staff, and have the decision making role in respect of requests from the Leadership Team.
- o. Note any pensions related decisions in accordance with approved policies.

Reference 30 - Risk (Strategic, Operational, Fraud) and Governance

- p. Review strategic and operational risk management.
- q. Review revisions of the Business Continuity plans.
- r. Review revisions of the Emergency Plan.
- s. Review of the Fraud Risk Register.

9. Access

- 9.1 Representatives of Internal and External Audit will have free and confidential access to the Chair of the Committee.
- 9.2 Committee members have free and confidential access to both internal and external audit.

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BOARD REPORT

- Date** : 03 October 2024
- Item** : 14.2
- Subject** : Building Safety and Compliance Committee
Annual Report
- Presented by** : Dave Wilkinson
Chair of the Board
- Prepared by** : Danny Boardman
Head of Building Safety
- Purpose** : To provide an annual overview of the activities undertaken by the Building Safety and Compliance Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That Board note the 2024 Building Safety & Compliance Committee Annual Report and that Building Safety & Compliance Committee have reviewed the Terms of Reference and agree they have been fulfilled.

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

**Agenda Item No. 14.2
Date: 03 October 2024**

1. Purpose of the Report

- 1.1 To provide an annual overview of the activities undertaken by the Building Safety and Compliance Committee (BSC Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference (ToR).

2. Recommendation

- 2.1 That Board note the 2024 BSC Committee Annual Report and that BSC have reviewed the ToR and agree that they have been fulfilled.

3. Introduction

- 3.1 The BSC Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's ToR. The ToR requires that BSC Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current ToR are attached at **Appendix A**, these have been updated to reflect the changes to committee membership as well as the deletion of the requirement for the provision of an Independent advisor to Committee.

4. Meetings and Attendance

- 4.1 Since the Board's AGM in September 2023, the BSC Committee has met on five occasions:

- 21 September 2023
- 23 November 2023
- 25 January 2024
- 9 May 2024
- 19 September 2024

- 4.2 The ToR for the BSC Committee states that the Committee will comprise of at least four members as follows:

- The Chair of the Board
- A representative of the Audit & Risk Committee
- A representative of the Performance & Improvement Committee
- One Doncaster Council nominated Director

4.3 The current members of the Committee are as follows:

Member	Constituent Group
Dave Wilkinson	Chair of the Board & Chair of Committee
Councillor Phil Cole	Councillor
Trevor Mason	Independent Member
Barry Keeble	Tenant Member

4.4 Attendance at the meetings has been as follows:

	21 Sept 2023	23 Nov 2023	25 Jan 2024	9 May 2024	19 Sept 2024
Dave Wilkinson	✓	✓	✓	✓	✓
Phil Cole	✓	✓	✓	✓	✓
Trevor Mason	✓	✓	✓	✓	✓
Barry Keeble		✓	✓	✓	✓
Steve Lyons	✓	✓			

4.5 It is proposed that the ToR for this Committee (and all other Committees) will be amended so that the required membership is four Board Members. Quoracy will remain the same at three Members, from at least two different categories.

4.6 The Director of Property Services and Head of Building Safety have attended all meetings. Following the resignation of Steve Lyons, Barry Keeble was appointed to the post of tenant board member on the committee, with Steve attending the November meeting in a support role.

4.7 The Committee has been quorate on the five occasions it has met since the previous annual report. The agenda and papers have all been circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

5. Work of the Committee

5.1 During the year the BSC Committee has considered a range of subjects:-

- Safety and Compliance Activity report
- Fire Risk Actions (in year 2023/24)
- Subject Matter Expert – Water Hygiene & Lift
- Water Hygiene Management policy (for info)
- Gas policy (for info)
- Solid Fuel policy (for info)
- Health, Safety & Compliance Legal Register update
- Damp, Mould & Condensation
- Reinforced Autoclaved Aerated Concrete (RAAC)
- Tenant Access Portal (demo)
- Building Safety Cases
- Air Source Heat Pumps (ASHP)
- Adverse Incidents

- Awaab's Law
- Asset Performance
- British Safety Council & ISO45001 Audit
- Deactivation of Automatic Fire Detection Systems.
- Health, Safety & Compliance Legal Register
- Committee Annual report
- Electrical - Electrical Inspection Condition programme update
- Joint Safety Committee minutes
- High Rise Engagement Group/Building Safety Forum minutes

6. Safety and Compliance Activity report

- 6.1 Committee has received five reports during the year which provide an update on all areas of compliance, occupational and building safety and compliance performance. Changes have been made to the report format during this time, currently reporting where there are exceptions to full compliance or areas of particular interest.

Committee has a responsibility to consider reports to present to Board an accurate appraisal in respect of the company's performance regarding statutory and regulatory standards.

6.2 Electrical Inspection Condition Report (EICR) Programme

Members recognised the significant number of consumer unit upgrades and electrical tests on the current year's programme and the huge challenge this brought to the organisation. Also, the frequency of certificates received into the compliance team. Performance was closely monitored at each meeting with particular interest in difficult to access properties. Members considered the no-access procedure to ensure its effectiveness. Committee were pleased to see 100% compliance achieved against target on the programme for the financial year ending 2024/25 following a concerted effort by both internal teams and contractors.

6.3 Residential Site Fire Barriers

Recommendations from the Fire Engineer at Savills who had consulted nationally was to install a 'life safety system' using heat detection and sounders rather than initial proposals for a 'property and life safety system' - fire barriers and commercial sprinkler system. Members considered both options and were given assurance by the recommended strategy from the Fire Engineer. The heat detection and sounders system received no opposition from residents and later was approved by City of Doncaster Council (CDC). Work commenced in all residential Park Homes with a completion date of August 2024.

6.4 Reinforced Autoclaved Aerated Concrete (RAAC)

Following media attention in September 2023 regarding the material used in a number of schools across England, members were keen to understand whether this was an issue within the housing stock for St Leger Homes (SLH). Committee are aware the organisation has identified the properties built between the suggested dates and then further work will be needed to

see if they contain RAAC and its condition and level of exposure. The risk of presence and collapse is considered as very low.

7. Asset Performance report

7.1 At the May 2024 Committee meeting members received the first dedicated Asset performance report, to provide a quarterly update on key activity and performance in relation to the stock, Decent Homes status, Housing Health and Safety Rating System Hazards (HHSRS), Disrepair, Damp & Mould, Energy Efficiency and the Acquisitions programme.

7.2 Disrepair

In the report members were made aware like many housing providers SLH had seen a significant increase in the number of incoming disrepair cases over the past 2 years, with the working practices of many claims farmers coming into question. Housing providers, including SLH, were working with Ministry of Housing, Communities and Local Government (MHCLG) regarding this issue, and government is being urged to introduce changes and further regulation to curb the significant increase in inappropriate disrepair claims being made across the housing sector. Committee requested that future reporting included costs associated with the number of disrepair claims in order to add further context and insight. Additionally, they requested case study information regarding lost disrepair cases to gain a more in depth understanding of the reasons behind why cases were being lost.

7.3 Damp & Mould

Members were made aware that demand for damp and mould inspections remained high throughout 2023/24 and we have continued to keep a watchful eye on the situation which hasn't seen a significant decrease.

During its meeting in September 2023 members received a briefing note outlining the organisation's response to the Regulator for Social Housing (RSH) seeking assurances on the approach being taken in relation to managing damp and mould in tenant's homes.

The report demonstrated the organisations robust approach using the Housing Health and Safety Rating System (HHSRS); a risk-based evaluation tool to score the hazard. Furthermore, it detailed the numbers for category 1 and 2 cases submitted to the regulator as well as revised up to date figures.

Committee were pleased with the zero tolerance approach taken by the organisation to address issues of damp and mould.

8. Awaab's Law Consultation

- 8.1 The Building Safety & Compliance Committee received a presentation outlining the key points from the consultation proposals and its impact on the organisation.

Members were made aware Awaab's Law is regulated by the Social Housing (Regulation) Act and understood the challenges for SLH in terms of timescales, resources and finances and asked to be kept up to date of any significant changes.

9. Building Safety Cases

- 9.1 A stipulation of the Building Safety Act is that all existing residential buildings within scope need to be registered with the Building Safety Regulator. Once registered, the Accountable Person or landlord must apply for a Building Assurance Certificate (BAC). The application is supported by a building safety case.

The building safety case for Sandbeck was presented to committee and this document was examined in detail. Furthermore, at its meeting in September 2024 members were advised of the recent request from the Building Safety Regulator to submit 5 further building safety cases for the high rise buildings at Intake (Shaftsbury, Lonsdale and Westminster) and Balby Bridge (Cusworth and Silverwood House).

10. Tenant Access Portal

- 10.1 In November 2023 members received a demonstration of the portal which held health and safety information available to tenants regarding their property such as asbestos overview report, EICR, landlord gas safe record (LGSR) and if relevant any fire risk assessment summary information.

Not currently a regulatory requirement and still in its infancy, members were pleased to see the progressive work carried out by the team which had also taken into account tenant satisfactory measures.

11. Air Source Heat Pumps (ASHP)

- 11.1 Members requested a briefing note to provide further detail around the 15 ASHP, they also requested for the tenants to be surveyed to explore customer views and experience when using the systems.

Following scrutiny of the data, members favoured investment in the fabric of the building to increase energy efficiency in homes as well as work on new build properties, as opposed to investment in ASHPs.

12. Deactivation of Automatic Fire Detection Systems

- 12.1 Members considered a report which set out several options and proposal to deactivate automatic fire detection systems in communal areas of specific SLH buildings including high rise blocks, following an increase in unwanted activations.

Following a review of the report Committee approved its submission to Building Safety Group at CDC.

13. Adverse Incidents (12 month backward look Jan23-Dec23)

- 13.1 Committee receive an annual report to update members of adverse incidents during the previous year which also includes details of any serious untoward incident reports.

14. British Safety Council Audit

- 14.1 The Building Safety & Compliance Committee were pleased to receive the briefing note which explained SLH had been awarded the maximum five star safety audit rating for the thirteenth successive year.

15. Water Hygiene Management policy, Gas policy and Solid Fuel policy.

- 15.1 Due to no significant changes Committee received the following policies for noting following approval by the Executive Management Team:

- Water Hygiene Management policy
- Gas Policy
- Solid Fuel Policy

16. Health Safety & Compliance Legal Register

- 16.1 Members receive an annual update of the register which is relevant to the functions that SLHD need to comply with. At its meeting in September 2024 members noted there had been no significant new or amendments to relevant legislation.

17. Conclusion

- 17.1 As a result of its work during the year, the Building Safety & Compliance Committee believes it has met its responsibilities contained within the Committee TOR and is satisfied in respect of the company's performance regarding statutory and regulatory standards.

18. Report Author, Position, Contact Details

- 18.1 Danny Boardman
Head of Building Safety– 01302 862590

19. Background Papers/Appendices

19.1 Appendix A – Committee Terms of Reference



St. Leger Homes of Doncaster

Terms of Reference

Building Safety and Compliance Committee

1. Constitution and Remit

- 1.1 The Building Safety and Compliance Committee is constituted as a Committee of the Board to support the Board in its responsibilities for all issues relating to building safety and compliance with statutory regulations in relation to the six compliance areas of asbestos, fire, water, electricity, gas and lifts.

2. Authority

- 2.1 The Committee is authorised by the Board to review or investigate any activity within its terms of reference.
- 2.2 The Committee is authorised by the Board to require such additional assurance reviews or remedial action as it deems appropriate.

3. Membership

- 3.1 The Committee will comprise of four members.
- 3.2 The Chair of the Board shall be the Chair of the Committee.
- 3.3 Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.
- 3.4 The Lead Executive Director will be the Director of Property Services.
- 3.5 The Executive Support Officer to the Director of Property Services will be the Secretary to the Committee.

4. Quorum

- 4.1 The Committee will be deemed to be quorate when three members are present, from at least two different categories.

5. Meetings

- 5.1 The Committee will meet on at least four occasions during a year with opportunities to meet informally with the Director of Property Services or Chief Executive when required.
- 5.2 The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.
- 5.3 Board Members who are not members of the Committee shall have the right of attendance.
- 5.4 Meetings may be held by telephone or video conference if necessary.

6. Agendas and Minutes

- 6.1 Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7. Reporting

- 7.1 The minutes from each meeting will be presented for information at the next Board meeting.
- 7.2 The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8. Responsibilities

- 8.1 The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 19 - Approve policy changes

- a. Implement all agreed building safety and compliance policies and recommend to The Board any major policy changes.
- b. Ensure all policies required for regulatory building safety purposes are developed and reviewed in a timely manner presented for the consideration of the Board.

8.2 Compliance Assurance

- a. Ensures external independent scrutiny and advice in respect of compliance issues is available to this Committee and The Board sufficient to enable the Committee to effectively analyse building safety performance. Request and consider reports on building safety and compliance sufficient to present to The Board an accurate appraisal in respect of the company's performance regarding statutory and regulatory standards.
- b. Reviews the Building Safety Case for all buildings which require a safety case prior to submission to the Council.

ST LEGER HOMES OF DONCASTER LTD

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BOARD REPORT

- Date** : 03 October 2023
- Item** : 14.3
- Subject** : Employment and People Committee
Annual Report
- Presented by** : Dave Wilkinson
Chair of the Board
- Prepared by** : Chris Margrave
Chief Executive
- Purpose** : To provide an annual overview of the activities undertaken by the Employment & People Committee and give assurance to Board that the Committee has fulfilled its Terms of Reference.

Recommendation:

That Board note the 2024 Employment and People Committee Annual Report and that Employment and People Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

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

**Agenda Item No. 14.3
Date: 03 October 2024**

1. Purpose of the Report

- 1.1 To provide an annual overview of the activities undertaken by the Employment and People Committee (E&P Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference, which are attached at Appendix A.

2. Recommendation

- 2.1 That Board note the 2024 Employment & People Committee Annual Report and that Employment and People Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

3. Introduction

- 3.1 The E&P Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's Terms of Reference. The Terms of Reference requires that E&P Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current Terms of Reference are attached at Appendix A, these have been updated to reflect the changes to Committee membership.
- 3.2 Board are asked to note that since April 2023, an arrangement was in place that Employment and People Committee meetings would be called as required. Between October 2023 and October 2024, one meeting was held of the Committee.

At the Board Meeting in August 2024, there was a discussion about the Committee structure, and it was agreed that E&P Committee would meet from 2025 twice a year with renewed focus. Membership of the Committee would be confirmed once Board recruitment is complete.

Board are asked to note that following the agreement that E&P Committee meetings are held twice per year, a review of the Committee will be undertaken to ensure that the Committee continues to meet its delegated responsibilities.

4. Meetings and Attendance

- 4.1 The E&P Committee has only met once since the Board AGM in September 2023. This meeting was held on 30 April 2024.

4.2 The Terms of Reference for the E&P Committee is enclosed as Appendix A for Members to review and ensure it is still relevant and that the Committee has fulfilled its duty.

4.3 It is proposed that the ToR for this Committee (and all other Committees) will be amended so that the required membership is four Board Members. Quoracy will remain the same at three Members, from at least two different categories.

4.4 The Members of the Committee are as follows:

Dave Wilkinson	Board Chairman & Chair of Committee
Dave Richmond / Chris Margrave	Chief Executive
Phil Cole	Council Member
Susan Jones	Independent Member
Milcah Walusimbi	Tenant Member

4.5 Attendance at the meetings has been as follows:

	30 April 2024
Dave Wilkinson	✓
Phil Cole	✓
Susan Jones	✓
Milcah Walusimbi	x
Chris Margrave (Incoming CEO)	✓
Dave Richmond (outgoing CEO)	✓

4.6 The Committee was quorate on 30 April 2024. The agenda and papers were circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

The Head of Human Resources & Organisational Development was also present at the meeting.

4.7 Of the 7 specific responsibilities delegated to the Committee detailed within the Terms of Reference, Committee had no need to act on them at the meeting on 30 April 2024.

5. Work of the Committee

5.1 In the meeting of the Committee on 30 April 2024, Members considered the following reports:-

- A position update on Investors in People following outcome of our inspection.
- Considered People Strategy scoping document in advance of the new Strategy being developed.
- Reviewed statistics from the March 2024 Pulse Survey.
- Considered the current Vacancy position at the request of Board.

- Reviewed the Annual Appraisal of the CEO.

6. Impact on Key Strategic Objectives

- 6.1 SLHD aims to be an employer of choice. Actions in relation to, and impacting on, our employees are handled sensitively and appropriately. E&P Committee plays a key role in ensuring that this is the case.

7. Diversity

- 7.1 Executive Management Team and Board continue to monitor diversity of the Board and look to increase diversity wherever possible.

As part of our Board recruitment vacancies since the AGM in 2023 to date, we have actively tried to encourage applications that are reflective of the diverse communities we serve.

8. Report Author, Position, Contact Details

- 8.1 Chris Margrave
Chief Executive
01302 862700

17. Background Papers/Appendices

- 17.1 Appendix A – Committee Terms of reference



St. Leger Homes of Doncaster

Terms of Reference

Employment and People Committee

1. Constitution and Remit

- 1.1 The Employment and People Committee is constituted as a Committee of the Board to support the Board in its responsibilities for issues of overall grading structure and key terms and conditions of employment for staff within the overall budgetary allocation for Management and Staffing.

2. Authority

- 2.1 The Committee is authorised by the Board to review or investigate any activity within its terms of reference.
- 2.2 The Committee is authorised by the Board to require such additional assurance reviews or remedial action as it deems appropriate.

3. Membership

The Committee will comprise of four members.

- 3.1 The Chair of the Board shall be the Chair of the Committee.
- 3.2 Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.
- 3.3 The Lead Executive Director will be the Chief Executive.
- 3.4 The PA to the Chief Executive will be the Secretary to the Committee.

4. Quorum

- 4.1 The Committee will be deemed to be quorate when three members are present, from at least two different categories.

5. Meetings

- 5.1 The Committee will meet on at least two occasions during a year with opportunities to meet informally with the Chief Executive when required.
- 5.2 The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.
- 5.3 Board Members who are not members of the Committee shall have the right of attendance.
- 5.4 Meetings may be held by telephone or video conference if necessary.

6. Agendas and Minutes

- 6.1 Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7. Reporting

- 7.1 The minutes from each meeting will be presented for information at the next Board meeting.
- 7.2 The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8. Responsibilities

- 8.1 The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 8 - Pay and Grading Review

- a. Approve the overall grading structure and key terms and conditions of employment for staff within the overall budgetary allocation for Management and Staffing.
- b. Consider and determine the overall pay and grading review for the Company's staff.
- c. Consider any remuneration related issues as requested by the Chief Executive.

Reference 13 - Management Agreement

- d. Act as an arbiter in Disputes Resolution as outlined in Stage 2 of the Disputes Resolution procedure.

Reference 14 - Probity – Code of Conduct

- e. Support the Chair of the Board in addressing issues of conduct of Board Members.

Reference 19 - Approve policy changes

- f. Implement all staffing related policies and agree major policy changes.
- g. Determine remuneration policies for the company, including relocation packages.

Reference 23 - Significant restructures or changes to staff terms & conditions

- h. Consider any major staffing restructures.
- i. Note any leavers from the organisation who have left by redundancy or with a compromise agreement.

Reference 24 and 25 - Chief Exec recruitment and Directors recruitment

- j. Undertake the recruitment and selection of Executive Management Team Members, including the Chief Executive.

Reference 26 - Chief Exec and Executive Management Team (EMT) remuneration

- k. Consider pay of Chief Executive and Executive Management Team annually and make recommendations to the Board.

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Performance and Improvement Committee

REPORT

- Date** : 03 October 2024
- Item** : 14.4
- Subject** : Performance & Improvement
Committee Annual Report
- Presented by** : Stuart Booth
Chair of the Performance &
Improvement Committee
- Prepared by** : Mark McEgan
Director of Housing and Customer
Services
- Purpose** : To provide an annual overview of the
activities undertaken by the Performance &
Improvement Committee and give
assurance to Board that the Committee has
fulfilled its Terms of Reference.

Recommendation:

That Board note the 2024 Performance & Improvement Committee Annual Report, and that Performance and Improvement Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

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

**Agenda Item No: 14.4
Date: 03 October 2024**

1. Report Title

1.1 Performance & Improvement Committee Annual Report

2. Purpose

2.1 To provide an annual overview of the activities undertaken by the Performance and Improvement Committee (P&I Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference (TORs), which are attached at Appendix A.

3. Recommendation

3.1 That Board note the 2024 Performance & Improvement Committee Annual Report, and that Performance and Improvement Committee have reviewed the TORs and agree that they have been fulfilled.

4. Introduction

4.1 The P&I Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's Terms of Reference. The TORs requires that P&I Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current TORs are attached at Appendix A.

4.2 It is proposed that the TORs for this Committee (and all other Committees) will be amended so that the required membership is four Board Members from at least two different categories. Quoracy will remain the same at three members. It is proposed that the TORs will be changed, together with the name of the Committee, following appropriate consultation to increase the membership by at least 2 co-opted tenant members. The Committee will become even more customer focused. It is likely that the 2 members will have no voting rights.

5. Meetings and Attendance

5.1 Since the Boards AGM in September 2023, the Committee has met on four occasions:

- 16 November 2023
- 22 February 2024
- 16 May 2024
- 12 September 2024

5.2 The Terms of Reference for the Performance & Improvement Committee states that the Committee will comprise of four members, as follows:

- Two Tenant Directors
- One Independent Director
- One DMBC nominated Director

5.3 The members of the Committee are/were as follows:

Milcah Walusimbi	Tenant Member
Barry Keable	Tenant Member
Stuart Booth	Independent Member
Phil Cole	Council Member
Sarah Smith	Council Member

5.4 Attendance at the meetings has been as follows:

	16 Nov 23	22 Feb 24	16 May 24	12 Sep 24
Milcah Walusimbi	✓	✓	✓	✗
Barry Keable	✓	✓	✓	✓
Stuart Booth	✓	✓	✓	✓
Phil Cole	✗	N/A	N/A	N/A
Sarah Smith	N/A	N/A	✗	✓

5.5 A Director has been present at each of the meetings, together with the Head of Estate Management, Head of Customer Services, and Universal Credit Project Manager who have attended Committee meetings relevant to their specific area of work.

On the occasions where Committee have received Tenant and Resident Involvement Panel (TRIP) review reports, members of TRIP have attended to present their reports and findings.

5.6 The Committee has been quorate on each of the 4 occasions it has met. The agenda and papers have all been circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

6. Work of the Committee

6.1 During the year, the Committee carried out work in relation to the following areas:

- Tenancy Sustainability
- Performance Spotlight – Service Level Agreements, Garden Maintenance
- Tenant Voice Outcomes
- Customer Focus Update (including a briefing around the Complaints Review)
- Anti-Social Behaviour
- Customer Access Team Improvement Plan

- Service Standards
- Quarterly Performance
- Journey to Excellence – Homelessness
- Repairs Excellence
- Repairs Backlog
- TRIP Report – Metro-Clean Review Update

6.2 This report will highlight some of the issues covered by the Committee.

6.3 Of the 2 specific responsibilities delegated to the Committee detailed within the Terms of Reference, they have enacted both of these delegations as follows:-

Reference 3 - Annual Development Plan

Committee have received and reviewed the Company's performance information on a regular basis covering all key areas of service delivery and have scrutinised and monitored specific areas that require particular improvement.

Committee received regular updates in relation to complaints, compliments and service standards noting current performance but also made suggestions on where improvements are needed.

Committee work very closely with TRIP and received reports considering areas of change that improve performance in terms of delivery of service to our customers.

Reference 19 – Review significant policy changes

Committee have not been asked to review any significant policy changes in the last year.

7. Key Messages/Issues

7.1 Performance Spotlight

As referred to in the 2023 Annual Report, the Executive Management Team (EMT) agreed it would be useful for members to request, and be updated on, performance in any Directorate which they were particularly interested in. The Committee considered this at the 16 November 2023 meeting and requested detailed information around Service Level Agreements (SLAs) and the Garden Maintenance Programme:

- SLAs with City of Doncaster Council (CDC) – members scrutinised the SLA's list of 27 SLAs with CDC to determine which one to focus on at the 22 February 2024 meeting. It was agreed that the Ground Maintenance SLA, which was just over £1m, played a key part of the organisations environmental upkeep.
- Grounds Maintenance Programme – a report was presented to members on 16 May 2024, at which the Committee noted that although a very large value SLA, there was a huge volume of work attached to the contract, and work was delivered by the Council along

with the Council's own land works. Members queried initial thought processes on Value for Money (VFM) and were advised that area teams inspected and monitored the cuts and remedial work was undertaken by CDC to rectify issues when notified. Members further queried if tenants could potentially assist with feedback, and it was explained that the Head of Service had met with Voicescape to discuss satisfaction surveys.

7.2 Customer Access Team Improvement Plan

The Committee had observed the Service Standard to answer 90% of calls within 150 seconds had not been achieved; this standard measured performance across several teams, however the focus and the data of this review related to performance and calls dealt with by the Customer Access Team (CAT) only. Mitigating factors were explained to members, along with actions, however a briefing to give narrative around the impact of the plan and the overall impact on performance that was expected by management, was requested for the 12 September 2024 Committee Meeting. The briefing note contained an update on the delivery of actions and overall reported improvements including percentage of calls answered in target increasing to 91% in August which exceeded the organisation's target.

7.3 Tenant and Residents Involvement Panel (TRIP) – Metro-Clean Review

Following a verbal update to the Metro-Clean review at the 14 September 2023 Committee, which members of TRIP attended to hear, a formal written response to the review was received by the Committee at the 16 November 2023 meeting. Members were advised of progress made on implementing the recommendations and actions outstanding.

7.4 Repairs Backlog

The Repairs Excellence Programme concluded with a closure report being received by the Committee at the 16 November 2023 meeting. Members noted that within Phase 2 there was a decision to pause some scheduled repairs, and that further work was required to incorporate these into the One Repairs diaries. The Repairs Backlog presentation was given initially at the 22 February 2024, with the total number of paused repairs highlighted and a detailed summary of how the backlog was being monitored and reducing slowly. It was agreed that this issue would be reported to the Committee quarterly.

7.5 Quarterly Performance

The Committee continues to receive detailed performance information at each meeting and raises any concerns about individual performance indicators.

7.6 This report has highlighted a few key items brought to the Committee this past year. The Committee has also reviewed income management recovery, service standards, and tenant voice outcomes.

8. Financial Implications

8.1 Not Applicable.

9. Legal Implications

9.1 Not Applicable.

10. Value for Money

10.1 Not Applicable.

11. Consultation

11.1 Not Applicable.

12. IT Implications

12.1 Not Applicable.

13. Diversity

13.1 Not Applicable.

14. Communications

14.1 Not Applicable

15. Environmental Impact

15.1 Not Applicable

16. Social Impact

16.1 Not Applicable

17. Report Author, Position, Contact Details

17.1 Stuart Booth
Chair of Performance and Improvement Committee

18. Background Papers / Appendices

18.1 Appendix A – Committee Terms of Reference



St. Leger Homes of Doncaster

Terms of Reference

Performance and Improvement Committee

1. Constitution and Remit

- 1.1 The Performance and Improvement Committee is constituted as a Committee of the Board to oversee the quality assurance activities and processes so that the Company fulfils its commitment as a customer-focused organisation and to meet the Management Agreement.

2. Authority

- 2.1 The Committee is authorised by the Board to review or investigate any activity within its terms of reference and to seek the information it requires to inform its assessment on the quality of services being provided by the Company.

3. Membership

- 3.1 The Committee will comprise of four members.
- 3.2 The Chair of the Committee shall be appointed by the Board on the recommendation of the Board Chair.
- 3.3 Appointments to the Committee shall be for a period of one year and reviewed at the first Board meeting following the AGM.
- 3.4 The Lead Executive Director will be the Director of Housing Services.
- 3.5 The Executive Support Officer will be the Secretary to the Committee.

4. Quorum

- 4.1 The Committee will be deemed to be quorate when three members are present, from at least two different categories.

5. Meetings

- 5.1 The Committee will meet at least four times per year at a frequency to be determined by the Committee and with the agreement of the Board.
- 5.2 Committee meetings will be supported by the Housing Services and Property Services Directorates; however, the Committee may request other officers to attend meetings to assist with its discussions on any particular matter.
- 5.3 Board Members who are not members of the Committee shall have the right of attendance.
- 5.4 Meetings may be held by telephone or video conference if necessary.

6. Agendas and Minutes

- 6.1 Committee meeting agendas and reports will be sent to all members seven days before each meeting together with draft minutes of the previous meeting.

7. Reporting

- 7.1 The minutes from each meeting will be presented for information at the next Board meeting.
- 7.2 The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

8. Responsibilities

- 8.1 The responsibilities of the Committee are cross referenced to the Decision Making Framework – Summary of Decision Making Delegations which is set out in the Scheme of Delegation.

Reference 3 - Annual Development Plan

- a. Keep under review the Company's performance in all key areas of service delivery.
- b. Make recommendations on areas for improvement and monitor performance and service improvement.
- c. Ensure that customer feed-back including complaints and compliments are handled expeditiously and that they are taken into account to inform future service delivery.
- d. Monitor service delivery standards and ensure that findings are used to promote continuous service improvement.
- e. Draw to the Board's attention major service failures and agreed action plans.
- f. Oversee the conduct of regular customer surveys and draw the Board's attention to adverse trends.
- g. Receive reports from the Tenant Scrutiny Panel and agree and monitor action plans arising from those reports.

- h. Keep under review service quality assurance procedures and systems to ensure that that these reflect best practice.

Reference 19 – Review significant policy changes

- i. Oversee and make recommendations on service delivery policies.
- j. Review policy changes.