

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

**To be held at 2pm on Thursday 5 October 2023  
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

**AGENDA**

**13:30 – 14:00 – Lunch**

- |           |  |             |                         |
|-----------|--|-------------|-------------------------|
| <b>1</b>  | Apologies and Quorum                                     |             | <b>Verbal</b>           |
| <b>2</b>  | Declarations of Interest by Board Members                |             | <b>Verbal</b>           |
| <b>3a</b> | Matters arising and action log from previous meetings    | D Wilkinson | <b>Enclosed</b>         |
| <b>3b</b> | Ratification of minutes of meeting held on 3 August 2023 | D Wilkinson | <b>Enclosed</b>         |
| <b>4</b>  | Chair and Chief Executive's update                       | D Wilkinson | <b>To be circulated</b> |

**For Approval**

**Suite of Customer Satisfaction Reports with requirement for Board to approve changes to the Complaint Handling Policy**

- |          |   |          |                 |
|----------|---|----------|-----------------|
| <b>5</b> | Housing Ombudsman Complaint Handling Code Annual Review/Self Assessment         | M McEgan | <b>Enclosed</b> |
| <b>6</b> | Housing Ombudsman and Local Government and Social Care Ombudsman Determinations | M McEgan | <b>Enclosed</b> |
| <b>7</b> | Revised Complaints Handling Policy  | M McEgan | <b>Enclosed</b> |

**For Information**

- |           |  |            |                 |
|-----------|--|------------|-----------------|
| <b>8</b>  | Safety and Compliance Performance Report                     | C Margrave | <b>Enclosed</b> |
| <b>9</b>  | Damp, Mould and Condensation – rationale of Category 2 cases | C Margrave | <b>Enclosed</b> |
| <b>10</b> | Asset Management Strategy Update                             | C Margrave | <b>Enclosed</b> |
| <b>11</b> | Environmental Strategy Update                                | C Margrave | <b>Enclosed</b> |
| <b>12</b> | Annual Development Plan Update                               | J Crook    | <b>Enclosed</b> |
| <b>13</b> | ICT Strategy Update  | J Crook    | <b>Enclosed</b> |
| <b>14</b> | KPI Performance – came to EMT 19.09.23 – changes being made  | J Crook    | <b>Enclosed</b> |

**Committee Information for Noting**

- |           |  |  |  |
|-----------|--|--|--|
| <b>15</b> | Committee Annual Reports <ul style="list-style-type: none"><li>• Audit &amp; Risk Committee</li><li>• Building Safety and Compliance Committee</li><li>• Employment and People Committee</li><li>• Performance and Improvement Committee</li></ul> |  |  |
| <b>16</b> | Any Other Business   |  |  |
| <b>17</b> | Date of next meeting – 7 December 2023   |  |  |

## Board Decision Summary

<b>Meeting:</b>	St Leger Homes Board
<b>Date of meeting:</b>	3 August 2023
<b>Chair:</b>	Dave Wilkinson
<p>The Board approved:- Agenda Item 5 – Financial Statements, subject to minor changes that the Director of Corporate Services provided detail of. Agenda Item 6 - Health and Safety Policy. Agenda Item 7 – Damp, Mould and Condensation Policy. Agenda Item 8 – Lift Policy. Agenda Item 9 – Housing Management Policy.</p>	
<p>The Board requested:- Agenda Item 4 – Chief and Chairs Update – requested a briefing note with a detailed analysis of the Housing list bandings and time taken to allocated within the bands.</p>	
<p>The Board received:- Agenda Item 11 – Revenue Monitoring Report. Agenda item 12 – Capital Monitoring Report. Agenda Item 13 – KPI Performance. Agenda Item 14 – HDN Peer Review Outcomes. Agenda Item 15 – Committee meeting minutes.</p>	

NO	Month	Ref	Action	Progress	Completed Y/N	Owner
71	Aug-23	13.2	<b>KPI PERFORMANCE</b> The Chairman asked for a briefing paper on what options we have available to use for those voids where significant investment is required.	Paper circulated to Board prior to 5th October Board meeting	Y	CM
70	Aug-23	4.6	<b>CHIEF AND CHAIRS UPDATE</b> Open Housing going live in Home Options and Home Choice – successes and issues. Member asked if there is any analysis to understand bandings and time taken to allocate properties within those bands	The Director of Housing & Customer Services agreed to circulate the detailed analysis to Members and to include lower priority bands analysis . Paper circulated to Board prior to 5th October Board meeting	Y	MMc
69	Aug-23	4.5	<b>CHIEF AND CHAIRS UPDATE</b> Ombudsman Cases - Officers are intending on submitting a report to Board in October covering both cases with a supplementary report which highlights changes to internal processes as a result of the outcomes from these cases.	Completed - Repor submitted to October Board meeting	Y	MMc

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**St. Leger Homes of Doncaster Limited**  
**BOARD MEETING**  
**Hybrid meeting**

**3 August 2023**

**Present:**

Dave Wilkinson (Chair), Trevor Mason, Cllr Richard Alan Jones, Steve Lyons, Milcah Walusimbi, Cllr Phil Cole, Dave Richmond, Susan Jones, Stuart Booth, Sam Bartle, and Joe Blackham (Part)

**Also In Attendance:**

Mark McEgan (Director of Housing and Customer Services), Chris Margrave (Director of Property Services), Julie Crook (Director of Corporate Services), Leandra Graham-Hibling (Executive Assistant) - minutes, Anne Tighe (Executive Support Officer)

**Members of the Public/Observers:**

Karen Ratcliffe - Assistant Director for Place, Doncaster Council.  
Luke Laister – Chairman of One Voice Forum, Vicky Purnell – tenant, Barry Keable - Tenant

**1 Apologies and Quorum**

1.1 There were no apologies received.

**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.

**3b. Ratification of minutes from the meeting held on 1 June 2023**

3b.1 The Board agreed the minutes from the meeting held on 1 June 2023 were an accurate reflection of discussions. There were no matters arising.

**4 Chair and Chief Executive's Update**

4.1 The Chief Executive presented the report that included updates in the following areas: Management Agreement, Board Member Recruitment, Board Insights Programme, proposed changes to the

**Action**

Memorandum & Articles of Association, Consumer Standards Consultation, The Social Housing Regulation Act and a number of operational changes.

4.2 Management Agreement

The Chief Executive advised that the report had been discussed at CDC Executive Board earlier in the week and was due to Cabinet for final decision on 16 August 2023.

4.3 Gatenby Sanderson Insight Programme

The Chief Executive further outlined plans explaining that the Chair had agreed to act as a mentor within the programme and that a buddy from within Board Membership was still being thought through.

4.4 Changes to the Memorandum & Articles of Association (mem & arts)

Board Members noted the proposal that the Shareholder was considering changing the Mem and Arts in order a CDC Councillor that is also a tenant can be one of the Council nominated Board Members..

4.5 Ombudsman Cases

The Chief Executive advised that we have received both Ombudsman reports however it had been made very clear that we cannot share them publicly until the Ombudsman have published their findings. He advised that officers are intending on submitting a report to Board in October covering both cases with a supplementary report which highlights changes to internal processes as a result of the outcomes from these cases.

**MMc**

4.6 Open Housing going live in Home Options and Home Choice – successes and issues

The Chairman asked whether EMT were satisfied that everything is now in place?

The Director of Housing and Customer Services provided an update advising that implementation has been completed and training was taking place on the live system. He assured Board that the project is being closely managed with daily catch ups and weekly briefings throughout the service area. It was noted that re-registration numbers are improving. He advised however of a further issue that has come to light in relation to lack of data transfer within the Home Options Service, where data did not transfer over from the test to live system which was currently being addressed.

The Chairman asked if there were any additional modules that the organisation was planning to implement?

The Director of Corporate Services advised that there is a requirement to undertake an upgrade to the whole system which

involves moving from Open Housing to One Housing. She advised that there are only a small number of organisations who have completed full roll out and does not feel confident, based on the support we receive from Capita and the problems we have recently experienced, that we be included in the first tranche of organisations going through the update. The Director of Corporate Services advised that she envisions a 6 month programme for the implementation which will bring some big improvements to the system. She advised we are looking to wait until more organisations make the change to understand the pitfalls and be more prepared before we commence the change ourselves.

A Member asked about the % of people that need to re-register in order to bid, suggesting that those that have not re-registered are no longer in need of the service? Board agreed with this noting there is no negative in this news, and there is no pressure for everyone to re-register as people's circumstances change over time.

The Chief Executive agreed that we can assume these people are no longer wanting to move and if their circumstances should change again, they could re-register at that time.

The Member asked if there is any analysis to understand bandings and time taken to allocate properties within those bands? He advised that this may help give a message to those in the lower bands, who are not necessarily in urgent need, that it could take a very long time before they are successful in being allocated a property and that it could be more effective to look at alternative options. He went onto to advise that he is concerned about this and how important he feels it is to advise these people they need to consider the alternative, ending that he would like to see a breakdown of who was allocated properties over the last 3 years.

MMc responded that advice on how to bid and details of alternative housing options are provided at the point of registration, along with when contact is made with the Choice Based Letting Service. He further stated that we (due to current supply and demand levels), are allocating properties mostly to those who are in the higher bands and that the lack of turnover is not helping. He agreed to circulate the detailed analysis to Members.

**MMc**

The Chief Executive and Director of Housing & Customer Services advised that we do retain a very small number of properties for the lower priority bands and agreed to include this detail in the analysis.

**MMc**

The Chief Executive also confirmed that a periodic review of the register is undertaken.

- 4.7 A Member asked about preparation for the new regularity framework, asking for an update on the appointment a critical friend to support preparations?

The Chief Executive advised that a tender process has been completed and we have awarded the contract to Savills with an inception meeting planned for September.

It was noted that Savills were successful, as overall they had the best breadth of experience specifically in relation to the home standard and had dealt well with issues around the difference between ALMOs and LAs and RSLs.

The Director of Corporate Services advised that we are expecting a document list from Savills soon and we were already collating the information we expect to provide in advance.

A Member asked about the assessment of the professionalisation of the workforce in readiness for preparing for inspection? The Chief Executive advised we are awaiting more detail from the Chartered Institute of Housing (CIH) in order we can commence the work, however we are aware this will impact on all middle/senior managers. One of the issues that needs to be addressed is that we don't know how other appropriate qualifications will be recognised. One of the national issues that has been raised is about age, and where there are organisations who have an ageing workforce, with individuals who may not feel they would want to undertake another qualification to meet the criteria. He ended that the professionalism agenda will have significant implications for the organisation.

## **FOR APPROVAL**

### **5 Financial Statements**

- 5.1 The Director of Corporate Services presented the Financial Statements and Letter of Representation for the year ended 31 March 2023. Members were referred to Paragraph 4.3 of the covering report and were reminded of their responsibilities as Directors in terms of approving and signing off the Financial Statements.
- 5.2 The Director of Corporate Services asked Members to consider the Management Letter from the External Auditors which was included in the suite of papers for consideration. She advised that at the time of publishing Board papers, there were a number of queries that we were closing and were not reflected in the documents today. She provided updates.

Satisfactory audit bank letter: *This has finally been received from Lloyds. The original letter was sent to the wrong email address. It has been recovered and is being reviewed by the auditors.*

Journals testing: *Sample testing information has been submitted by the accounts team and is being reviewed by the auditors*  
It was noted that initially we did not have access to a specific area of the Auditors online system, however this has been resolved and the testing is complete.

ICT questionnaire: *This is a new audit requirement for this year where details of our ICT systems are required to enable a review of ICT security and controls. As we use Council ICT systems, we have to rely on the Council for this information. Information has now been provided and action completed.*

Going concern: *The financial statements have again been prepared on a going concern basis and this is on the assumption that a new five year Management Agreement will be agreed by Doncaster Council (CDC) in August 2023.*

This item cannot be signed off at present as the organisation has less than 12 months of its current Management Agreement in place and Cabinet are not due to consider a new 5 year agreement until 16<sup>th</sup> August 2023. The Director of Corporate Services advised we are therefore asking for approval of this item on the assumption that CDC approve the decision on a new 5 year Management Agreement on 16 August 2023.

Of these updates the Director of Corporate Services confirmed there was only one outstanding item which related to the business being a going concern and was linked to the approval to extend our Management Agreement and a decision is due to be made at CDC Cabinet on 16<sup>th</sup> August and the documents will be updated after that date.

### 5.3 Pension Fund Valuation:

The Director of Corporate Services advised that throughout Local Government, this has been a turbulent year for pension accounts. She advised that since 2005 the pension figures have always been in a deficit position, however in 2022/23 it ended in quite a considerable surplus. It was noted that this change has impacted on the vast majority of Local Authorities and any organisation where their employees are part of LGPS. It was explained there are a number of ways we could have accounted for this, and we have mirrored CDC reporting in their financial statements and reported an asset ceiling position.

The Director of Corporate Services advised she had corresponded with the Pensions actuaries, who advise trustees and companies on



the management of their pension scheme. She advised that she requested verification of the figures, and that they have replied and justified the assumptions made. It was noted that the biggest change is the assumptions on discount rates that impact on pension figures.

A Member asked if the savings highlighted in paragraph 6.5 were cash savings to the organisation? The Director of Corporate Services advised that they were cash savings, however the savings are calculated on the net overall contribution rate of 12.6%.

She re-iterated that there has been no advice published about how Local Authorities should account for this surplus, which is not a recognised accounting situation. She advised that therefore everyone has accounted for it differently.

- 5.4 A Member asked for the reason why the pension position moved from a deficit despite the lack of any dramatic change within the organisation?

The Director of Corporate Services drew attention to the detail at paragraph 6.3 which highlights that a valuation report takes place every 3 years with the last happening in 2022. She advised that the table in the paragraph shows the % funding level, both whole fund and SLHD element growing over the 3 periods the valuations were completed. She concluded that for 2022 the SLHD element was 127% with the whole fund being 119% compared to figures in 2016 where the SLHD element was 99% funded and the whole fund was 86% funded.

Board discussed the real figures within the pension fund, agreeing that some of the impact was Brexit along with SY LGPS protecting the fund by taking out insurance. They agreed the current fund was based on some good investments made and what they have based their actuarial assumptions on.

The Director of Corporate Services ended by confirming a notional amount is included on the balance sheet showing that the change to the discount rate has had the most impact. She further advised that independent pension experts employed by our External Auditors have also reviewed pension fund assumptions.

- 5.5 A Member asked for assurance on the sign off of payroll, asking if there was sign off process and if the Director of Corporate Services took responsibility for it?

The Director of Corporate Services responded that checks were being undertaken, but there were no initials to confirm they had taken place. This was something she had picked up on and would change for future year reporting.

5.6 **Board approved the financial statements and letter of representation, subject to the changes that the Director of Corporate Services advised following the decision expected to extend the St Leger Homes Management Agreement on 16 August 2023.**

## **6. Revised Health and Safety Policy**

6.1 The Director of Property Services presented a revised Health and Safety Policy following a review of Board Responsibilities. He advised these responsibilities are set out in section 6 of the policy and asked Board to approve the policy attached to the report.

6.2 The Chairman asked whether Members of Building Safety Committee should be specifically referenced within section 6 of the policy?

The Director of Corporate Services advised that a meeting had been held with the Vice Chair to consider these proposed changes and that the reference to Board is a collective reference and encompasses all Board Members whatever Committee they serve.

6.3 **Board approved the revised Health and Safety Policy.**

## **7. Damp, Mould and Condensation Policy**

7.1 The Director of Property Services asked Board to consider and approve the attached Damp, Mould & Condensation (DMC) Policy which covers all types of damp, our approach, tenants' responsibilities, including how we as an organisation can help educating our customers about managing DMC in their home.

He further confirmed that DMC has been added into the organisation's compliance framework as the 7<sup>th</sup> area of compliance.

It was noted that whilst the policy sets out how we handle cases, the procedures, which are being developed to underpin the policy, will include timescales of which we are waiting for some guidance in order they can be confirmed. It is expected that these will be stringent timescales based on the nature and seriousness of the issue.

The procedures will also detail how we triage cases and agree processes based on the serious nature of the case in order we can take action quickly for those surveyed as being severe cases.

He further confirmed that where there are cases of vulnerabilities, these will be supported by our own staff and partner agencies where needed.

7.4 A Member queried about staff training and awareness asking if any of our visiting staff will be able to identify and report a DMC case and report proactively? The Director of Property Services confirmed this will be the case, advising that there will be two aspects of the training which included awareness for visiting staff in order they can report any sign of DMC and then technical ability for HHSRS surveyors to attend, understand the causes and agree a solution to deal with underlying issues.

The Chairman advised he has already suggested that awareness raising training is rolled out to partner agencies who also have visiting officers and something that is being looked into. The Director of Property Services advised that this is something he is also looking at introducing for our contractor colleagues who also make visits into properties.

A Member asked how big of an issue DMC is across Doncaster? The Director of Property Services advised that we received a high volume of calls in winter of 2022/23 and the work was all triaged. He advised that we take all cases of DMC very seriously and we have seen a very low number, 6 in total, of severe cases where some real interventions had to be taken including 2 cases where we had to decant the tenants to other properties. He went onto explain that most cases are either slight or moderate cases and the majority of work required is around education, explaining about mould washes, and the requirement to ventilate and heat their home. It was noted that SLHD have seen a similar number of enquiries and demand as all other organisations.

A Member asked about what we know about who is living in our properties, suggested overcrowding being a problem and potential cause of DMC?

The Director of Property Services responded that this is where the training around awareness will be effective as it is a soft skill that our visiting staff can utilise to assess a situation where DMC is identified.

He also advised Members of plans to refresh our communications around DMC, with the update to videos currently available on YouTube that talks about preventative measures and what tenants can do in their own home to prevent DMC. This will be refreshed alongside all relevant literature available to our customers.

A Member queried paragraph 12.3 in the report referencing concern of households struggling to heat their homes adequately due to high energy costs? The Director of Property Services acknowledged that it is of concern advising that Building Safety and Compliance Committee undertook a review of what an adequate temperature was and agreed to set a trigger point of 18 degrees and for anything under that a referral process is followed to the Tenancy Sustainment Team.

He advised due to the demand and the number of enquiries received through winter 2022/23, this trigger point was subsequently reduced to 16 degrees.

It was noted that if a property is found to be cold, a data logger is installed to understand how the tenant is heating their home. We have found that a large number of properties were being insufficiently heated. An example was provided of some older person's properties heated to less than 10 degrees, which creates an environment for damp.

The Director of Property Services re-iterated that a referral process to the Tenancy Sustainment Team is in place and for the more difficult cases we would approach partners or support from a health and wellbeing perspective through Public Health and the Health Service. The working group established can be utilised through the colder periods of the year, where DMC is more prevalent, and if an appropriate cases presents itself.

**7.5 Board approved the Damp, Mould and Condensation Policy.**

**8. Lift Policy**

8.1 The Director of Property Services presented the new policy for approval advising that this policy is required under Health and Safety legislation.

8.2 The Charman commented that each of the 7 compliance areas we monitor has a Subject Matter Expert, one competent person within the organisation for each one of the 7 areas of compliance. It was noted that the Subject Matter Experts are encouraged to look outward and bring good practice into the organisation.

8.3 A Member asked if the policy would apply to personal appliances such as Stairlifts in properties?

The Director of Property Services confirmed that it would apply to all lifting equipment including stairlifts which will have to be inspected on a regular basis.

**8.4 Board approved the Lift Policy.**

**9. Housing Management Policy**

9.1 The Director of Housing & Customer Services presented a revised Housing Management Policy which details how we carry out our main Housing Management Functions, advising it was last reviewed in 2019.

- 9.2 A Member queried introductory tenancies, asking how and when an introductory tenancy become a permanent tenancy? The Director of Housing & Customer Services responded that an introductory tenancy would become a secure tenancy after a 12month period, following a process at month 10 to ensure that there are no issues that mean the tenancy cannot be transferred to a secure tenancy. He advised that if issues arise then a number of options can be considered including extending the introductory tenancy, and if the issues do not improve then we could commence notice of possession.

It was noted that when seeking notice for possession both types of tenancy go before a judge however with an introduction tenancy the judge does not have any discretion on the decision, but a detailed check of the process will take place at court.

- 9.3 The Chairman asked about ASB, and what impact the new tenancy agreement and the introduction of a new ASB team may have?

The Director of Housing & Customer Services responded so far there are positive impacts on scrutiny of the 2 performance indicators that are monitored and benchmarked.

*% of tenancies being dissatisfied with outcome of their ASB case –* This is about being able to manage expectations, ensuring those involved know that we need to collect evidence to back up any claims. It was noted that the dedicated ASB team will be able to provide more direct support and communicate more efficiently by keeping our tenants involved and updated.

*Number of reports of ASB –* This is a new TSM measure and is the number of reports per 1,000 properties. It was noted that we are an outlier with this indicator and there seems to be much reliance on housing organisations taking full responsibility when a partner approach with Local Authority and Police is needed and works better. Whilst Government took comments on board, they still agreed this measure as a TSM for housing providers. It was also noted that whilst CDC are looking to see if we can be given more powers to act, we need to work on improving our communications with our customers and set out actions for those experiencing ASB.

The Chair asked if we receive appropriate support from the Police in order we can deal effectively with ASB? The Director of Housing & Customer Services responded there are sharing arrangements in place, but they could be improved upon, including joint communications and publicity, along with a need to understand both SLHD and SY Police responsibilities and actions.

- 9.4 A Member queried the clear reference to a demoted tenancy when there is a breach of tenancy (criminal/ASB) and if we can stop tenants

progressing to a secure? The Director of Housing & Customer Services responded confirming that this is an option and with a demoted tenancy a tenant would have less rights and have to prove good behaviour in order they progress a secure tenancy again.

- 9.5 A Member asked about lack of reference to parking of caravans or mobile homes and whether there is a rule since they are quite intrusive due to their size. He asked if we allow tenants to park large vehicles such as these at the side of their property?

The Director of Housing & Customer Services responded that there is a section in 2.4 of the tenancy agreement stating that a caravan or mobile can be parked, preferably on a hardstanding, but if causing a nuisance it would be regarded as a breach.

- 9.6 A Member asked about zero tolerance in relation to ASB, stating that the new policy shows a greater degree of understanding, although advised this could not be seen as having zero tolerance.

He further commented about ASB of children of tenants and whether the policies cover a partial eviction? The Director of Housing & Customer Services advised that it would not be in the policy, but this would be detailed within the tenancy agreement which is the signed and is a formal agreement between the landlord and tenant. He further stated that action would be taken against the primary tenant, who have responsibility for the household and visitor behaviour in and around the property, and that we would work with a family to avoid an eviction and explore options and support from partner agencies.

- 9.7 **Board approved the Housing Management Policy.**

## **10. Review of Customer Charter and Services Standards**

- 10.1 The Director of Housing & Customer Services presented the new Customer Charter and Service Standards 2023-26, explaining the proposed changes were highlighted in Appendix A including a proposal to change some indicators which are aligned to Council indicators.

- 10.2 **Board approved the revised Customer Charger and Services Standards 2023-26.**

### **FOR INFORMATION**

## **11. Revenue Monitoring**

- 11.1 The Director of Corporate Services presented Q1 revenue monitoring advising the main pressure related to the pay award for staff where we have estimated a 4% increase but outcomes from Union ballots

are still not decided. It was noted that there is a North/South split in terms of the pay offer being a bigger % of pay for the North compared to Local Authorities in the South. This issue is ongoing and reflected in the figures and there is an assumption that the pressure will be funded by the Council through the Management Free

It was noted that budgets are currently showing a £2k deficit against £55m budget and that we are still seeing some pressures within property services which is included in paragraph 4.4 with a table at paragraph 4.1 summarising other variances.

It was also noted that pressure on the Homeless Service is not seeing any signs of reducing and something that is being closely monitored by both SLHD and CDC.

A Member asked about reviewing staffing numbers in Home Options due to increased demand, asking if we have additional headroom?

The Director of Corporate Services responded that whilst we do not have additional headroom, we are working with CDC to consider additional funding options including access to any grants. She reminded Board that additional funding was provided this financial year, however the CDC's General Fund is struggling to meet demand to fund all public services.

**11.2 Board received the report for information.**

**12. Capital Monitoring**

12.1 The Director of Corporate Services presented the detail advising there was some slippage in works undertaken by external contractors. It was noted this was under Political scrutiny to ensure as much work as possible is completed to improve properties this financial year.

12.2 A Member asked why we set a capital programme that is unrealistic? The Director of Corporate Services responded that all Local Authorities tend to over promise and under deliver on an annual basis and then it becomes more and more difficult to spend due to a variety of reasons.

The Member asked if we can be more realistic in our profiling to ensure we can deliver and manage expectations? The Director of Corporate Services noted this request and stated that the budget is set over a 4 year period and there was a need to review budgets on a quarterly basis and re-set them.

12.3 A Member referred to paragraph 8.2 in reference to fire barriers on park homes, asking since the proposal had been changed from

barriers to a suppression system, if the budget had been increased before the start of the financial year?

The Director of Corporate Services drew Board's attention to paragraph 8.2 explaining it was hoped we would gain approval and decision at Cabinet on 16<sup>th</sup> August 2023, however a number of queries with the proposal had been raised and was being worked on before the report is discussed at Cabinet. Currently £340k had been budgeted for the work. It was noted that any additional expenditure cannot be accounted for until the work is approved, however there are plans in place to fund the additional cost by unallocated funds and a virement in the programme.

**12.5 Board received the report for information.**

**13. KPI Performance**

13.1 The Director of Corporate Services presented the performance information for quarter 1, explaining the commentary within the report details the indicators that are red. She specifically highlighted a number of areas including the indicators relating to voids where the direction of travel is moving in the right direction although currently off target.

It was noted there were a number of new indicators within the report, some of which are Tenant Satisfaction Measures (TSMs) which will be collected by the Regulator of Social Housing. It is highly likely that these will be collated into league tables by the housing press in coming years.

The Chief Executive advised that there are two new KPIs around complaints which are TSMs. One is number of complaints relative to the number of properties and the other is around the time taken to respond to complaints. He explained that we are currently on target when responding to complaints within timescales and this shows as green on the dashboard.

13.2 A Member asked if there is an unintended consequence for chasing the target for voids? The Chairman responded that there is a discussion that needs to be had with the Mayor to paint a realistic picture on what we would need to do and the level of investment required to get down to the 20 days target and the impact this would have. The Chief Executive responded that it is a very tough target and he was developing a briefing paper to discuss at the next quarterly meeting.

A Member asked what constitutes as a non-lettable void? The Chief Executive provided an example of 3 properties in Edlington where we are awaiting decisions by CDC on investment options within the area. He explained these are generally where options appraisals are taking



place or in some instances, we are awaiting the decision for demolition.

A Member asked if these types of properties can be excluded from the figures? It was confirmed that these properties can be excluded.

The Chief Executive explained that there will always be a churn of properties, however we are experiencing a lot more properties that are coming back to us in really bad condition and whilst they come out of the standard re-let figures, the cost of the repairs are considerable which is something being considered at the moment.

A Member asked if there was a threshold where we can say a property is not worth the investment? The Chief Executive responded that this is a very difficult conversation to have due to the supply and demand issues we are experiencing.

A Member provided detail of a contractors' comment recently made, about a void property left in terrible condition following a tenancy transfer. The Chief Executive agreed to consider this and the options available to us to cancel planned transfers due to the state of the properties being left.

The Chairman asked for a briefing paper on what options we have available to use for those voids where significant investment is required.

CM/DR

### 13.3 **Board received the quarter 1 performance report for information**

## 14. **HDN Peer Review Outcomes**

14.1 The Director of Corporate Services presented the report detailing outcomes of our assessment. The report confirms that that we have met the standard for accreditation and that there was an action plan with a number of recommendations appended to the report for consideration.

She advised that we are accepting the majority of the actions and are commencing implementation, although there are two actions which we are rejecting. These are:-

*Create a dedicated EDI Policy* – There are a number of policies and strategies in place with dedicated sections covering EDI which we think is sufficient.

*Sponsoring a couple of potential future Board members through HDN's Board Trainee Programme to increase diversity on the Board* – We have already signed up to Gatenby Sanderson Board Member trainee programme which we are progressing.

*Review the value described as 'local' in the next iteration of the Corporate Strategy* – this is being considered as part of the review of the Corporate Plan.

- 14.3 A Member asked about the rejected recommendation 14 'We recommend reviewing the process for the provision of disabled adaptations to existing homes'. The Director of Corporate Services confirmed that CDC is responsible for the adaptations process, therefore not within SLHD gift to make any changes.

Board noted a comment from a Member who was approaching CDC about the potential for internal Audit to review the Adaptations Service.

- 14.4 **Board received the update for information.**

## **15. Committee Minutes**

- 15.1 Building Safety and Compliance Committee Meeting minutes – 17<sup>th</sup> May 2023

Board noted the re-accreditation of the 5 star British Safety Council ISO45001 Audits.

- 15.2 Performance and Improvement Committee Meeting minutes – 18<sup>th</sup> May 2023

The Chair of the Committee commented on all of the good work that the Committee has completed this year, confirming the information seen by Committee has seen some positive outcomes. He thanked all officers involved and extended thanks to Members of TRIP for their support and good work in their scrutiny function.

- 15.3 Audit and Risk Committee Meeting minutes – 26<sup>th</sup> June 2023

The Chair of the Committee thanked all officers involved for the comprehensive and detailed financial statements seen at Board today along with the outcome of a clean audit which was also highlighted in the report.

He went on to advise that on review of Internal Audit outstanding actions, there was still some concern over stock takes on vans and it was disappointing to see the result of the audit and the lack of attendance of vans coming in for stock to be checked. He advised that this was something being looked at with a strengthening of procedures and a monthly report now produced through stores. The Director of Property Services explained that we understand there are some unavoidable reasons for vans not arriving for their stock checks, but there are some small instances where operatives are making a decision not to attend. He advised that the policy has changed and we have seen an improvement which needs to continue.

**16. Any Other Business**

16. The Chairman took the opportunity to advise that this could be Sam Bartle, Trevor Mason and Steve Lyons last Board Meeting as each of their term of office comes to an end. The thanked them all for their support and contribution over the years.

**17. Date of next meeting**

Thursday 5 October 2023

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 5<sup>th</sup> October 2023

**Item** : 04

**Subject** : Chief Executive and Chair's Update Report

**Presented by** : Dave Richmond

**Prepared by** : Dave Richmond, Chief Executive

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

### **Recommendation:**

1. That Board note the content of this report and indicate if further information is required.
2. Board members views are sought in relation to the issue of committee membership highlighted in section 5.3.
3. Board approve the revised Terms of Reference.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 04  
Date: 5 October 2023**

**1. Report Title**

1.1 Chief Executive and Chair's Update Report

**2. Executive Summary**

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

**3. Purpose**

3.1 To provide an update to Board Members on recent key issues.

**4. Recommendations**

- 4.1
1. That Board note the content of this report and indicate if further information is required.
  2. Board members views are sought in relation to the issue of committee membership highlighted in section 5.3.
  3. Board agree the revised Terms of Reference (TOR)

**5. Corporate and Governance issues**

5.1 Management Agreement Extension

Following the decision by the Council's (CDC) Cabinet to extend the contract for SLHD for a further five years, several issues are under discussion which may impact on the Management Agreement.

In essence these issues relate to the extent of involvement and oversight that CDC exercises to ensure they are sufficiently assured of regulatory compliance and the standard of services delivered by SLHD.

These issues are not likely to impact on the operation of the Board or the Committees but could have specific implications for SLHD and CDC officers and the meeting's framework. There may also be some implications for CDC appointed Board Members and other relevant CDC Councillors such as the Portfolio Holder and the Chairs of the two relevant CDC scrutiny committees. Once these proposals are clearer, they will be shared with the Board.

## 5.2 Board Member Recruitment

With Steve Lyons standing down and the terms of office of both Sam Bartle and Trevor Mason coming to a conclusion, there was a need to recruit two tenant and one independent Board Members.

Neither Steve or Sam wished to apply again and following advertisement and a robust recruitment exercise Vicky Parnell and Barry Keable were appointed as new tenant Board Members. Vicky was appointed for a three year term and Barry was appointed for a two year period (this is because Barry replaced Steve who was already one year through a three year term). As part of the new members induction programme, Steve Lyons has kindly offered to act as a mentor to assist with Vicky and Barry's induction.

Also following external advertisement, Trevor was successful in being reappointed as an Independent Board Member for a three year term. These appointments were confirmed at the AGM on 19th September 2023.

## 5.3 Committee Membership

We have discussed Committee membership on a number of occasions since we created the Building Safety Committee as this placed extra demands on the time of Board Members. The current committee membership is highlighted in Appendix B and we are seeking to address a number of gaps.

### 5.3.1 Audit & Risk Committee

Current terms of reference state that the committee will be made up of the following members;

- Two independent board members
- One Council board member and;
- One tenant board member.

The current membership is

- Trevor Mason – Chair of the Committee and Independent Board Member
- Independent Board Member – vacant
- Richard Alan Jones – Council Board Member and
- Milcah Walusimbi– Tenant Board Member.

We are asking Board to approve a change to this composition to be:-

- One Independent Board Member
- One Council Board Member
- One Tenant Board Member and
- Another Board Member.

### 5.3.2 Performance and Improvement and the Building Safety and Compliance Committee

There are also issues with membership of Performance and Improvement and the Building Safety and Compliance Committee. Consideration needs to be given to attendance at committees for the new members. With Both Sam and Steve stepping down, they will be relinquishing places on the Performance and Improvement committee (2 places) and the Building Safety and Compliance Committee (1 place). In addition, the Audit and Risk committee only has three members including the Chair, which always presents a risk of it being inquorate should one member not be available.

Views are sought concerning whether anyone wishes to change their committee assignments.

Options going forward are:-

- Option 1 - For a straight replacement of Members stepping down with new board members or tenant board members including Milcah Walusimbi changing positions to balance Milcah Walusimbi's slightly longer experience with a new member on P&I.
- Option 2 - Potentially amending the memorandum and articles to allow for the recruitment of one or more additional committee members. This however is not a short term option but does have the benefit of the potential to recruit someone from a financial or audit background to supplement attendance at the Audit and Risk Committee.

Board members views are sought on this issue (please note that a decision to change the memorandum and articles is not a Board decision, it is a Shareholder decision)

### 5.3.3 Whilst not specifically adding to board membership, SLHD is currently in discussion with Gatenby Sanderson in respect of us taking part in their mentoring programme for aspiring non executive directors.

SLHD is currently being matched with a potential mentee, some of whom have skills extremely relevant to the work of the Audit and Risk Committee.

### 5.4 Board Terms of Reference

The Board terms of reference have been reviewed and are attached at Appendix C. There are some minor changes which are shown in track changes. These will be thoroughly reviewed as part of the review of the Governance Framework which will be completed after the new Management Agreement has been signed.

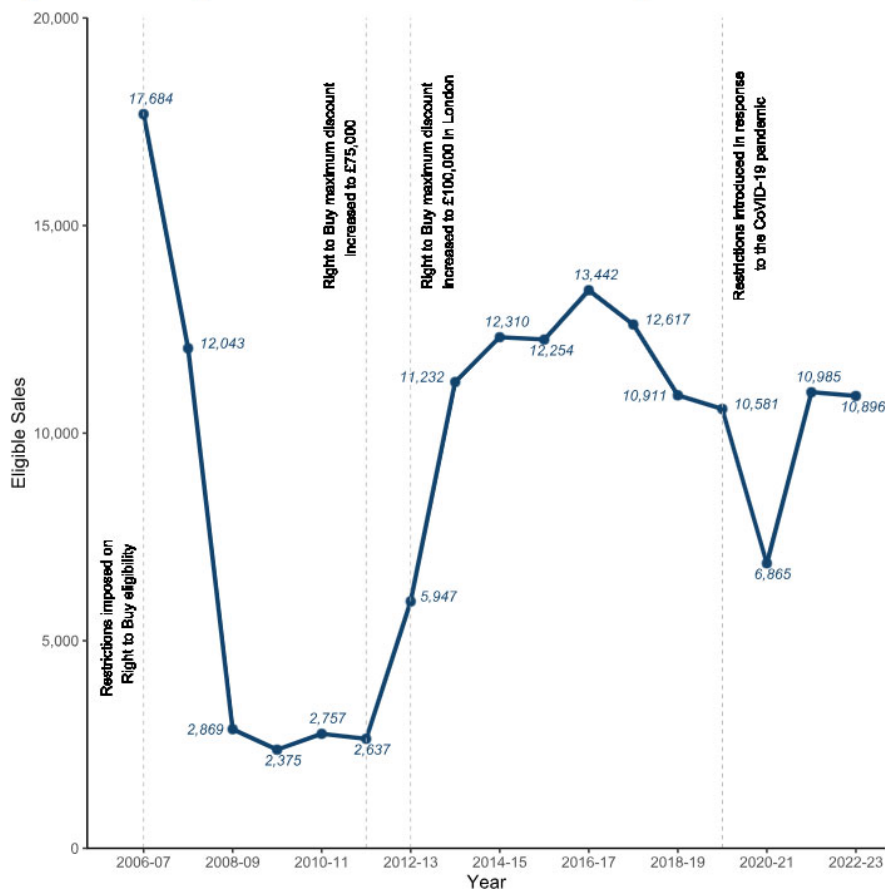
## 6. **National Issues**

### 6.1 Government Publications

Department of levelling up, Housing and Communities (DLUHC) have published the national right to buy (RTB) statistics for April 2022- March 2023.

The report highlights that since the start of the scheme in 1980 over 2,000,000 social homes have been sold and over 10,000 in the last year. Also during the last year 3,440 homes were started utilising some of the proceeds from RTB sales. The following table indicated trends in RTB sales following the current governments increase of the discount rate.

**Figure 1: Annual eligible sales from 2006-07 to 2022-23, England**



The full report is available here: [Right to Buy sales and replacements, England: April 2022 to March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/114122/Right_to_Buy_sales_and_replacements_England_April_2022_to_March_2023.pdf)

In an interesting quirk of timing DLUHC also recently published the Statutory Homelessness Statistics January - March 2023.

This publication described that:

Between January to March 2023:

- 83,240 households were initially assessed as homeless or threatened with homelessness and owed a statutory homelessness duty, up 5.7% from January to March 2022.



- 37,890 households were assessed as being threatened with homelessness, and therefore owed a prevention duty.
- 41,950 households were initially assessed as homeless and therefore owed a relief duty, up 10.7% from the same quarter last year. Households with children owed a relief duty increased 12.1% from the same quarter last year to 11,250 households in January to March 2023.
- 13,670 households were accepted as owed a main homelessness duty, up 20.1% from January to March 2022. This reflects the increase in households with children owed a relief duty this quarter (12.1%) and last quarter (19.6%) compared to the previous year.
- On 31 March 2023, 104,510 households were in temporary accommodation, which is an increase of 10.0% from 31 March 2022. Households with children increased by 10.3% to 64,940, and single households increased by 9.6% to 39,570. Compared to the previous quarter, the number of households in temporary accommodation had increased by 4.0%.

More details available here: [Statutory homelessness in England: January to March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/statutory-homelessness-in-england-january-to-march-2023)

## 6.2 Social Housing Regulation Changes

Following the Social Housing (Regulation) Act 2023 receiving Royal Assent, the Regulator of Social Housing ("RSH") launched a consultation on the revised consumer standards on the 25<sup>th</sup> July 2023.

The new standards aim to raise the bar in respect of landlord service standards and provide additional protections to tenants, whilst increasing the ability of tenants to hold their landlord to account.

The following is taken from a short briefing written by John Murray at Ward Haddaway.

The current standards are:

- Home Standard: requirements on the quality of accommodation, repairs and maintenance;
- Tenancy Standard: requirements for how properties are allocated/exchanged and terms around tenure;
- Neighbourhood and Community Standard: addresses issues around neighbourhood and communal areas and anti-social behaviour; and
- Tenant Involvement and Empowerment Standard: requirements on customer service and complaints, tenant rights and involvement.

Proposed new standards:

These fall under four main categories:

### 1. Safety and Quality Standard

A strengthening of, and replacement to, the existing Home Standard. This new standard, which now explicitly includes safety, will require landlords to provide safe and good-quality homes, as well as good-quality services for tenants.

Under this standard landlords must have an “accurate, up to date and evidenced understanding” of the condition of their homes. To ensure this is met landlords will have to physically inspect all of their homes and collect accurate data.

Another feature of this standard relates to repairs, which must be “effective, efficient and timely”. Tenants should be well informed on the process of reporting repairs and kept up to date with the progress of works. This highlights how clear communication and openness with tenants is a key feature throughout these new standards.

### 2. Transparency, Influence and Accountability Standard

This requires landlords to be open with tenants, treating them with fairness and respect, as well as acknowledging their diverse needs.

A vital aspect of this is effective engagement with tenants to allow them to influence decisions and scrutinise policies. Landlords and registered providers must give tenants a wide range of meaningful opportunities to have their say.

### 3. Neighbourhood and Community Standard

This standard is a result of responses to the Social Housing Green Paper where tenants highlighted their concerns about the quality of spaces around their homes.

Whilst landlords may not always be the organisation responsible for the space around their homes, this standard requires landlords to work with the organisations and other landlords, who are responsible, to contribute to the upkeep and safety of shared spaces.

Another part of this standard relates to anti-social behaviour (“ASB”). Landlords should have a clear ASB policy and ensure incidents can be easily reported and promptly responded to with appropriate action.

The over-arching aim of this standard is to ensure tenants can live in safe and well-maintained neighbourhoods.

### 4. Tenancy Standard

This proposes requirements relating to a tenant's journey throughout their tenancy with a landlord, starting with a fair and transparent allocation process that takes into account a tenant's specific needs.

In relation to mutual exchange, registered providers must offer information about the implications for tenure, rent and service charges to tenants.

Additionally, registered providers should support tenants to maintain their tenancy or licence – to prevent unnecessary evictions. But, where a registered provider ends a tenancy or licence they must offer affected tenants timely advice and support.

The key focus of this standard is ensuring fairness and transparency throughout a tenancy.

The Consultation:

This consultation runs until the 17 October 2023. Heads of Service are reviewing the relevant standards for their service areas and also the accompanying code of practice. It is intended to pull together a response to the consultation at the start of October. This can then be passed to the Council for them to formally respond prior to the deadline.

The RSH intends the revised consumer standards to take effect from 1 April 2024. If they come into force, the new standards will apply to all housing associations and stock-holding councils though, in the meantime, the existing consumer standards still apply.

Impact on social housing providers:

Whilst currently still in draft form, should these new standards come into force they will place stricter requirements on social landlords, and whilst in many regards SLHD are well placed to meet the new standards in some instances there will be additional work required. Heads of Service have been asked to undertake a gap analysis in this regard as part of their review of the new standards. We are proposing to bring this analysis to the Board in early 2024.

These proposed standards are another example of how the RSH is gearing up for the biggest changes to social housing regulation for a decade.

### 6.3 Consultation on Regulatory Fees

In addition to the consultation of the actual standards, the government has published a consultation document concerning how the enhanced regulatory regime will be paid for. The proposal involves charging an annual fee per property. In the case of Local Authorities (LAs), the proposed fee is £7-8 per property per year or £140,000-£160,000 in the

case of CDC. This is an entirely new expense for LA social housing providers.

#### 6.4 Private Sector Rents

The Chief Executive presented a briefing note in respect of the damaging impact of Housing benefits (LHA) not keeping pace with inflation in the private rented sector to the informal cabinet of Doncaster Council.

As discussed at the last St Leger Board meeting, with the agreement of CDC, this has been circulated widely to MPs, the Sheffield City Mayor, trade bodies, charities and other Local Authorities with the intention of raising this issue as widely as possible.

The Northern Housing Consortium have advised that the issue will feature in their next housing monitor statistical report and the Mayoral Combined Authority are looking to include the issue in their work going forward.

### 7. **Operational issues**

#### 7.1 Reinforced autoclaved aerated concrete (RAAC)

On 7 September 2023, RSH wrote to all registered social housing providers in England urging them to check that their buildings do not contain RAAC.

*The Regulator advised that “The failure of RAAC components has been identified as a risk in some public buildings constructed between the 1950s and 1980s. Our current understanding, based on engagement with sector advisers and stakeholders, is that RAAC is not widespread in social housing. However, it may be present in a small number of buildings dating from this period particularly in flat roof and panel structures. Ensuring the safety of tenants and residents should be the highest priority for every landlord. We expect landlords to ensure that they have a good understanding of their homes, including building safety issues and whether homes contain RAAC components and the risk to tenant safety arising from these; that you develop proportionate mitigation and remediation plans where required; and seek suitably qualified advice where necessary. You should also ensure you communicate appropriately with tenants where this is an issue.”*

SLHD do not hold data on this element of building construction, so it is not immediately apparent what extent, if any, this may be an issue within the CDC stock. In light of this lack of knowledge, we will be seeking to adopt a safe but proportionate approach to this issue, that balances other surveying priorities. The following methodology is being adopted:

1. Desktop review of properties built 1950-80
2. Filter out tiled/pitched roofs
3. Leave in non-traditional and panel construction system built

- properties.
4. Review any works to recent flat roofs
  5. Undertake onsite inspections of the remainder by using a risk priority methodology and the DFE guidance.
  6. Engage specialist engineers for any that may be a cause of concern.

## 7.2 One Repairs Programme

The One Repairs programme has reached another milestone, the implementation of the process and procedures for repairs is now completed. The next phase for programme board now focuses on performance. A dedicated group will be formed to drive through performance enhancements using info suite as a reporting tool and individual 1-2-1 style conversations with every team member. Further work between the operational teams and HR colleagues will be required to fully embed the process and realise the performance gains required.

Included in this next phase will be a greater emphasis on ownership and communication with our customers both internal and external. As this is a change in direction for the group new members have been selected to be part of the programme bringing in additional skills and experience.

## 7.3 High Rise Remediation

We continue to make progress on this very challenging remediation programme, over the last 3 months we have been working with Wates to agree a suitable financial outcome for the prelims associated with the remediation of our high rise render at Balby Bridge. This is ongoing and a paper will be going to EMT to share the final outcomes of the negotiations with Wates.

Wates are now on site installing the first gable end of insulation and render and this will quickly move on to further elevations. In addition, the roof replacement and balcony details will also be underway offering a welcome real start to site activity and the fulfilment of the adjudication with Wates.

## 7.4 Media Attention

The decision to award SLHD a further five-year contract was mentioned in the national trade press, local media and shared widely within the industry on social media.

Inside Housing article here:

<https://www.insidehousing.co.uk/news/council-plans-to-retain-also-after-positive-review-82745>

Earlier in the summer The Rotherham advertiser featured an article about the decision to turn over one of our flats in Tadcaster Close Denaby to create a police hub to tackle local ASB. The article can be found here: <https://www.rotherhamadvertiser.co.uk/news/view,new-police-hub-aims-to->

[make-force-more-visible\\_45642.htm](#)

## 7.5 Safeguarding

We have received 78 safeguarding referrals in Q2 of 2023-24, which is an increase of 33% from the number of referrals which were received in 2022-23. 10% of the current referrals for Q2 relate to neglect, including incidents involving children/young people.

The increase could be attributed to our commitment to keeping our customers and staff safe by embedding an organisational culture around safeguarding. All our staff are trained in safeguarding awareness thanks to us investing in our people by running an awareness-raising programme called 'Something's Not Right'.

This is an essential piece of learning for our staff and has heightened their knowledge in spotting signs of safeguarding issues. Whilst it's sad to see any case come through, it's great to see our staff putting their learning into practice and keeping our customers as safe as possible.

## 7.6 Website

Work is progressing well to develop a new website. A tenant representative is on the Implementation Group which has been looking at the design and feel of the new web and the content. Testing of the new site will take place in early October and the new site is planned to go live by the end of October. Tenants will also be involved in the testing.

Following the implementation of the new site we will be looking at how we can develop it further to provide more digital access to our services to encourage customers to channel shift, which depending on the business and customer need, could include the use of chatbots or mobile apps.

## 7.7 Policy Development

Since the last Board meeting, the Executive Management Team have agreed the following devolved policies:

- Gas Policy
- Solid Fuel Policy

Both were existing policies subject to only minor amendments and general updating and as such do not require consideration and ratification by the Board.

## 7.8 Awards

St Leger Homes has been shortlisted for several awards;

### *Doncaster Business Awards*

Jack Aston, apprentice building surveyor has been shortlisted for the

apprentice of the year award at the Awards to be held on the 7<sup>th</sup> December.

St Leger Homes has also been shortlisted in the employer of the year category.

#### *Children and Young People Now Awards*

St Leger and CDC Children Services have also been shortlisted for the Children & Young People Now Awards 2023 in the leaving care award category for our joint work on the young people shared accommodation scheme. The awards will take place in London. Representatives of both services will accompany two young people to the awards. In addition SLHD and CDC Children's service have also been shortlisted for the same initiative for the Affordable Housing Awards (which have replaced the previous national UK Housing Awards (previously arranged by CIH/ Inside Housing / Ocean Media Group).

#### *Tenant Celebration Awards*

A highly successful Tenant Celebration Awards Ceremony took place on September 28<sup>th</sup> at Doncaster Knights Stadium. The event was attended by 179 individuals and served as a fantastic showcase for some of the amazing community endeavour that our residents provide. Awards were presented by the Mayor.

At the ceremony SLHD were presented with their accreditation certificate by the Housing Diversity Network having met the rigorous standards of the HDN, the primary social housing equalities organisation.

## **8. Procurement**

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

## **9. VFM Considerations**

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

## **10. Financial Implications**

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

## **11. Legal Implications**

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

## **12. Risks**

- 12.1 Any risks arising from issues in this report will be considered as part of

normal governance processes. Risks relating to ombudsman decisions will be addressed in the forthcoming report.

**13. Health, Safety & Compliance Implication**

13.1 Not Applicable.

**14. IT Implications**

14.1 Various, addressed as part of the website development.

**15. Consultation**

15.1 Undertaken as required on specific projects.

**16. Diversity**

16.1 See reference to HDN accreditation in paragraph 7.6.

**17. Communication Requirements**

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

**18. Equality Analysis**

18.1 None required.

**19. Environmental Impact**

19.1 Not Applicable.

**20. Report Author, Position, Contact Details**

20.1 Dave Richmond, Chief Executive  
[dave.richmond@stlegerhomes.co.uk](mailto:dave.richmond@stlegerhomes.co.uk)

**21. Background Papers**

21.1 Appendix A - Procurement Report  
Appendix B – Committee Membership  
Appendix C – Board TOR



Procurement Exercise	Framework or Tender	Estimated Contract Value Based on a 4 year Term (exc VAT)	Service Area	Work, Supply or Service
Primarily capital expenditure, so Contracting Authority to be Doncaster Council				
Modular Buildings	Framework	£4,500,000.00	Asset Management	Supplies
Project Design & Consultancy Services	Tender	£200,000.00	Asset Management	Services
Town Centre Flats Fire Safety Works	Framework	TBC	Asset Management	Works
Primarily revenue expenditure, so Contracting Authority to be St. Leger Homes of Doncaster				
Emergency Accommodation	Tender	£2,500,000.00	Access to Homes	Services
General Building And Repair Work	Tender	£1,999,999.00	Asset Management	Services
Asbestos Surveying And Sampling Services	Tender	£1,350,000.00	Asset Management	Services
YPO 000791 The Flexible Procurement And Supply Of Electricity	Tender	£1,200,000.00	Asset Management	Services
Supply And Fit Of Flooring	Tender	£1,200,000.00	Repairs & Planned Maintenance	Supplies
Fencing Installation & Supply Services	Tender	£1,000,000.00	Asset Management	Supplies
Provision Of Fuel Card Services	Tender	£967,000.00	Finance & Business Assurance	Services
Asbestos Management Services	Tender	£862,000.00	Asset Management	Services
Electrical Services	Tender	£800,000.00	Repairs & Planned Maintenance	Works
Stairlift Repairs & Maintenance	Framework	£750,000.00	Repairs & Planned Maintenance	Services
Building Materials	Framework	£600,000.00	Asset Management	Supplies
Ready Mix Concrete	Tender	£600,000.00	Repairs & Planned Maintenance	Supplies
Provision Of Heat Meter Solutions	Tender	£528,900.00	Repairs & Planned Maintenance	Services
Tools, Equipment & Plant	Tender	£500,000.00	Repairs & Planned Maintenance	Supplies
Fire Risk Assessment	Framework	£500,000.00	Building Safety	Services
Engineering Inspections	Framework	£370,000.00	Building Safety	Services
Rent Sense IT System	Tender	£353,104.00	Access to Homes	Services
Windows & Doors	Tender	£300,000.00	Asset Management	Supplies
PPE And Clothing	Framework	£300,000.00	Asset Management	Supplies
Passenger Lift Maintenance	Framework	£250,000.00	Repairs & Planned Maintenance	Services
Non-Mains Sewage Waste And Drainage Services	Tender	£250,000.00	Repairs & Planned Maintenance	Services
Print Management Services Tenants Newsletter Magazine	Tender	£250,000.00	Customer Services	Services
Automated Rent Collections System	Framework	£210,000.00	ICT & Transformation	Services
Corporate Stationery & Office Supplies	Framework	£200,000.00	Finance & Business Assurance	Services
Taxi Services	Quotation	£160,000.00	Access to Homes	Services
Workforce Management & Resource Scheduling Solution	Framework	£160,000.00	ICT & Transformation	Services
Lift Consultancy Services	Quotation	£160,000.00	Repairs & Planned Maintenance	Services
E-Learning System	Quotation	£150,000.00	HR & OD	Services
Business Intelligence	Framework	£150,000.00	ICT & Transformation	Services
Repairs, Maintenance & Installation Of Door Entry/Access Systems	Quotation	£150,000.00	Repairs & Planned Maintenance	Services
Portable Appliance Testing	Quotation	£132,000.00	Building Safety	Services
Employee Healthcare Scheme	Framework	£120,000.00	HR & OD	Services
Digital/TV & Aerial Maintenance	Quotation	£120,000.00	Repairs & Planned Maintenance	Services
Asbestos Management Training Services - Lot 3	Tender	£102,500.00	Asset Management	Services
Asbestos Services - Analytical	Tender	£100,000.00	Asset Management	Services
Provision Of Legal Services	Tender	£80,000.00	Finance & Business Assurance	Services

Critical Friend Contract	Tender	£80,000.00	ICT & Transformation	Services
Chartered Surveyors - Right To Buy Valuations	Quotation	£75,000.00	Asset Management	Services
External Audit Services	Framework	£70,000.00	Finance & Business Assurance	Services
Site Compound Security	Tender	£70,000.00	Repairs & Planned Maintenance	Services
Decoration Grant Scheme	Framework	£67,500.00	Repairs & Planned Maintenance	Services
Provision Of EPC Surveys	Tender	£66,188.00	Asset Management	Services
Provision Of Fixed Line Telecommunications	Tender	£60,000.00	Finance & Business Assurance	Services
Customer Excellence Training	Quotation	£60,000.00	HR & OD	Services
Service & Maintenance Of Fire Alarms & Emergency Lighting	Quotation	£60,000.00	Repairs & Planned Maintenance	Services
Universal Benefits Tool	Direct Award	£50,000.00	ICT & Transformation	Services
Sprinkler System Maintenance	Quotation	£50,000.00	Building Safety	Services
Japanese Knotweed Management Services	Quotation	£50,000.00	Housing Management	Services
Field Service Management Software Solution	Tender	£43,132.86	ICT & Transformation	Services
Critical Works To Bio Mass Boiler	Quotation	£41,950.00	Repairs & Planned Maintenance	Services
Azeus Convene Subscription	Framework	£40,000.00	Finance & Business Assurance	Services
Office Consumables & Equipment	Framework	£36,000.00	Asset Management	Supplies
Statutory Scaffold Assessments	Direct Award	£30,000.00	Repairs & Planned Maintenance	Services
Bi-Annual Inspection & Maintenance Of Dry Risers	Quotation	£30,000.00	Repairs & Planned Maintenance	Services
Supply Of Office Consumables	Framework	£25,000.00	Repairs & Planned Maintenance	Supplies
Provision Of Washroom Services	Tender	£24,762.72	Asset Management	Services
Provision Of File Analysis	Direct Award	£24,000.00	ICT & Transformation	Services
Ecology Services	Quotation	£23,000.00	Asset Management	Services
Apprenticeships - Carpentry And Joinery	Direct Award	£22,800.00	HR & OD	Services
Job Evaluation Software	Direct Award	£15,000.00	HR & OD	Services
Apprenticeships Customer Services Practitioner	Direct Award	£15,000.00	HR & OD	Services
Delivery Of IPAF Training	Tender	£14,100.00	HR & OD	Services
Calibration And Repair Of Test Equipment	Quotation	£13,500.00	Repairs & Planned Maintenance	Services
Standpipe Hire	Tender	£12,000.00	Repairs & Planned Maintenance	Services
Apprenticeships - Business Administrator	Direct Award	£9,500.00	HR & OD	Services
Gas Training	Tender	£8,803.00	Repairs & Planned Maintenance	Services
Software: Total Mobile/Repairs Read Only Licences	Direct Award	£8,640.00	ICT & Transformation	Services
Delivery Of PASMA Training	Tender	£8,500.00	HR & OD	Services
Text Help	Direct Award	£8,000.00	ICT & Transformation	Services
Apprenticeships - Customer Services Practitioner	Direct Award	£6,704.00	HR & OD	Services
Legal Services	Framework	£5,000.00	Housing Management	Services
Provision Of A Sharps Collection Service	Direct Award	£4,876.71	Asset Management	Services
Profess For Windows	Direct Award	£2,065.00	ICT & Transformation	Services
Sprinkler System Maint. (10 Buildings)	Quotation	TBC	Repairs & Planned Maintenance	Services
Cycle To Work Scheme	Tender	TBC	HR & OD	Services
Provision Of Managed Services For Temporary Agency Resources	Framework	TBC	HR & OD	Services
Ironmongery	Direct Award	TBC	Asset Management	Supplies

**St Leger Homes of Doncaster Ltd**

**MAIN BOARD**  
**David Wilkinson - Chair** *6 meetings per year*  
**Dave Richmond – Chief Executive**

**Tenants:**  
Milcah Walusibmi  
Barry Keable  
Vicky Purnell

**Independents:**  
Trevor Mason (Vice chair)  
Stuart Booth  
Susan Jones

**Councillors:**  
Cllr Phil Cole  
Cllr Joe Blackham  
Cllr R.Allan Jones

**AUDIT & RISK COMMITTEE** *3 meetings per year*  
**Chair – Trevor Mason**

**Tenants:**  
Milcah Walusimbi

**Independents:**  
Trevor Mason  
Vacant

**Councillors:**  
Cllr R.Allan Jones

**PERFORMANCE & IMPROVEMENT COMMITTEE** *4 meetings per year*  
**Chair – Stuart Booth**

**Tenants:**  
Vacant  
Vacant

**Independents:**  
Stuart Booth

**Councillors:**  
Cllr Phil Cole

**EMPLOYMENT & PEOPLE COMMITTEE** *Called as required*  
**Chair – David Wilkinson**  
**Dave Richmond – Chief Executive**

**Tenants:**  
Milcah Walusimbi  
*(A&R Rep)*

**Independents:**  
Vacant  
*(P&I Rep)*

**Councillors:**  
Cllr J Blackham  
*(Cllr rep)*

**BUILDING SAFETY AND COMPLIANCE COMMITTEE** *4 meetings per year*  
**Chair – David Wilkinson**

**Tenant:**  
Vacant  
*(P&I rep)*

**Independent:**  
Trevor Mason  
*(A&R Rep)*

**Councillors:**  
Cllr Phil Cole



## **St. Leger Homes of Doncaster**

### **Terms of Reference**

#### **The Board**

##### **1. Lead Executive Officer**

1.1 The Chief Executive

##### **2. Overall Responsibilities of the Board**

2.1 Members of the Board are collectively responsible to ensure that the Company has sufficient robust mechanisms and procedures to ensure that the interest of its Shareholder, tenants and other stakeholders are protected and enhanced, where possible, by the Company's activities.

##### **3. Role of the Board**

3.1 The functions of the Board are detailed at Article 18 of the Company's Articles of Association.

3.2 All Board members are required to act in accordance with the Nolan Principles of public life and code of conduct:

- Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
  - Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
  - Leadership – Holders of public office should promote and support these principles by leadership and example.
- 3.3 In accordance with the Company's Articles and Memorandum of Association the Board ~~set the strategic direction for manage~~ the business and exercise all the powers of the organisation in law.
- 3.4 The powers, duties and responsibilities including, but not exhaustive are:

### Strategy and Management

- Developing the vision and values and strategic objectives for the Company.
- Approving the ~~Corporate Business~~-Plan in consultation with City of Doncaster Council CDC.
- Approving and amending corporate strategies, policies and guidance dealing with the conduct of the Company's business.
- To ensure the Company complies with Health and Safety legislation and responsibilities.
- Monitoring and driving forward Company performance, to ensure successful service delivery.
- Oversight of operations ensuring: competent and prudent management, sound planning, an adequate system of internal control and compliance with statutory and regulatory obligations.
- Determining the risk capacity, profile and appetite for the Company.
- Ensuring that a robust risk management framework is in place for the identification and management of risk.
- Recommending major changes to the Company's staffing structure (major is defined as a change which affects more than 10% of staffing numbers) to CDC.
- Appointment of the Chief Executive and ~~Executive~~ Directors.
- Making recommendations to CDC on Allocations Policy, Anti-Social Behaviour policy and other relevant policies the Council set in consultation with the Company.
- Approving proposals to provide services on behalf of other organisations and approving arrangements for the discharge of Company functions by another company, subject to agreement by CDC.
- Approving the forming of any substantial partnerships to facilitate the delivery of the objectives of the Company.
- Ensuring equality and diversity, in particular in service delivery and Human Resources policies.

- Making decisions about any functions that by law are the responsibility of the Company and have not been delegated to a ~~Sub-Committee~~ or an officer.

### **Budget, Financial Controls and Contracts**

- ~~Agreeing and reviewing the Management Fee arrangements with DC following advice from the negotiations between DC and the Company's representatives.~~
- Approval of the Company's operating budgets and any material changes to them.
- ~~Approve expenditure not provided for in Company approved budgets and any necessary virements.~~
- Approve expenditure (>£250k) not provided for in Company approved budgets and any necessary virements
- Approving of Financial Regulations and Contract Standing Orders and ensuring adherence to these in respect of all activities.
- Receiving and approving the Annual Report and Financial Statements, Accounts.

### **Governance**

- Ensuring compliance with Law.
- Approving and reviewing governance arrangements and policies (including Code of Conduct and Scheme of Delegation).
- Undertaking a rigorous review of the performance and effectiveness of the Board collectively and that of individual Board Members and ~~Sub~~Committees.
- Reviewing the performance of the ~~Chief Executive~~EMT.
- Establishing and disbanding ~~Sub-Committees~~ as seen appropriate and delegating appropriate functions to the ~~Sub-Committees~~.
- Having a regular board appraisal system.

## **4. Equality**

- 4.1 The Board shall carry out regular equality monitoring of the Board to ensure it reflects the community it represents and that positive recruitment principles are followed where there is under representation.

## **5. Board Membership**

- 5.1 The Board membership is defined in the Memorandum and Articles of Association.

## **6. Frequency of Meetings**

- 6.1 The Board is scheduled to hold 6 meetings per annum.

## **7. Special Meetings**

7.1 Special Meetings of the Board can be called by the Chair or by at least one third of the Board members giving notice to the Company Secretary. Each member must be given five clear days' notice of such a meeting.

## **8. Quoracy**

8.1 The quorum required for the transaction of business is at least four, no fewer than one Tenant Board Member, one Independent Board Member, one Council Board Member and one other Board Member.

8.2 If a quorum is not present within 30 minutes of the commencement time of the meeting, or, during such a meeting, the Chair states that there is no quorum then the meeting will stand adjourned and be re-arranged [\(details in paras 34\(4\) and 34\(5\) in the mem&arts\)](#).

## **9. Conflicts of Interest**

9.1 Individual Board members are responsible for the declaration of interests at the commencement of each meeting. Any conflict of interest should be reported to the Chair of the Board.

## **10. Agendas and Reports**

10.1 The Chair and Chief Executive will agree agendas and the content of Board Meetings.

## **11. Members of the Public**

11.1 Board meetings are open to members of the public and dates and times are to be publicised regularly.

## **12. Confidential Items**

12.1 Confidential items will be conducted within the Confidential Board Meeting, where press and public are excluded by virtue of Part 1, Schedule 12A of the Local Government Act 1972.

## **13. Indemnity**

13.1 Board members are covered by the Company's Professional indemnity insurance to the value of £5m per claim.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 05 October 2023

**Item** : 05

**Subject** : Housing Ombudsman's Complaint  
Handling Code – Self Assessment

**Presented by** : Mark McEgan  
Housing and Customer Services

**Prepared by** : Nicky Harvey, Customer Experience  
Service Manager

**Purpose** : To update Board on the results of a  
self-assessment of SLHD's complaints  
policy and procedures against the  
revised Housing Ombudsman's  
Complaint Handling Code.

**Recommendation** : That Board note the outcome of the  
self-assessment.



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. 05  
Date: 05 October 2023**

**1. Report Title**

1.1 Housing Ombudsman's Complaints Handling Code – Self Assessment

**2. Executive Summary**

2.1 The report informs Board of the outcome of a review of our Compliments, Complaints and Comments Policy and procedures, against the Housing Ombudsman's Complaint Handling Code and following feedback from the Housing Ombudsman's Office.

2.2 Taking into account the changes made as a result of the feedback we received and subsequent changes to our Stage 1 complaints handling procedure, and our Complaints Policy, we assessed ourselves as being fully compliant against the Code in 69 out of the 72 requirements, and partially compliant in 3 requirements.

2.3 For the 3 requirements where we were partially compliant, we were fully compliant by the end of September 23, by finalising our publicity leaflets and posters and introducing a procedural document for Stage 2 complaints.

**3. Purpose**

3.1 To update Board on the results of a self-assessment against the revised Housing Ombudsman's Complaints Handling Code.

**4. Recommendation**

4.1 That Board notes the outcome of the self-assessment.

**5. Background**

5.1 The Housing Ombudsman published a strengthened Complaints Handling Code for organisations to assess whether they are delivering a positive complaint handling culture in April 2022. Organisations are required to carry out an annual assessment against the code.

5.2 The Code includes requirements that organisations *must* comply with and best practice requirements where organisations *should* comply.

The key areas in the Code include:

- Universal definition of a complaint

- Providing easy access to the complaints procedure and ensuring residents are aware of it, including their right to access the Housing Ombudsman Service
- The structure of the complaints procedure – only two stages necessary and clear timeframes set out for responses.
- Ensuring fairness in complaints handling with a resident-focused process
- Taking action to put things right and appropriate remedies
- Creating a positive complaint handling culture through continuous learning and improvement
- Demonstrating learning in annual reports
- Annual self-assessment against the Code

5.3 The Code advises that the outcome of the assessment should be published through the usual resident communication channels. We will publish on our web and in HouseProud and refer to the document in our Annual Review. There is no requirement to provide a copy to the Housing Ombudsman, unless requested as part of the evidence required for an investigation.

## **6. Self-Assessment**

6.1 The Customer Experience Service Manager and Customer Relations Managers completed the self-assessment against the full code. To ensure external challenge, and as part of our consultation process, this was shared and discussed with members of the Tenant Appeal Panel in August 2023.

6.2 The Tenant Appeal Panel agreed with the initial assessment made and contributed by making suggestions for additional evidence to be included in the assessment that would further demonstrate compliance.

6.3 After carrying out the self-assessment guidance was received from the Housing Ombudsman's office recommending changes to our Compliments, Complaints and Comments Policy and our supporting complaints procedures to demonstrate further evidence of our compliance. The updated Policy is attached as a separate item to this Agenda for Board's formal approval.

6.4 The procedures have been updated and changes communicated to relevant teams. As the policy changes recommended by the Housing Ombudsman are linked to statutory requirements, we have been working to these requirements since September to ensure no gaps in compliance.

6.4 Attached at Appendix A is the full set of criteria including in the Code and our assessment against each of these.

## **7. Procurement**

7.1 None associated with this report.

## **8. VFM Considerations**

- 8.1 None associated with this report but a robust complaints policy and procedures can help to identify areas of service improvements, which could reduce the risk of compensation being awarded for poor service delivery.

## **9. Financial Implications**

- 9.1 None associated with this report.

## **10. Legal Implications**

- 10.1 We have a statutory duty to comply with the standards set out by the Housing Ombudsman's Office.

## **11. Risks**

- 11.1 None associated with this report.

## **12. Health, Safety & Compliance Implications**

- 12.1 There are no health and safety implications associated with this report.

## **13. IT Implications**

- 13.1 None associated with this report.

## **14. Consultation**

- 14.1 Consultation on the self-assessment has been carried out with the Tenants Appeal Panel. This ensures independent challenge of the self-assessment process.

## **15. Diversity**

- 15.1 There are no diversity implications arising from this report.

## **16. Communications Requirements**

- 16.1 The findings from the self-assessment will be published on our website.

## **17. Equality Analysis (new/revised Policies)**

- 17.1 Not required for this strategy.

## **18. Environmental Impact**

- 18.1 None associated with this report.

**19. Report Author, Position, Contact Details**

19.1 Nicky Harvey  
Customer Experience Service Manager  
01302 862286

**20. Background Papers**

20.1 Appendix A – Complaints Code Full Requirements

**APPENDIX B**

Code requirement	Comply: Yes/No	Evidence, commentary and any explanations	Summary of actions required/taken
<b>Must Do Requirements</b>			
A complaint must be defined as: <i>'an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the organisation, its own staff, or those acting on its behalf, affecting an individual resident or group of residents.'</i>	Yes	Our definition of a complaint meets the Housing Ombudsman's requirements. Our definition is below:  <i>"An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those acting on its behalf, affecting an individual resident or group of residents."</i>  A complaint can only relate to a service that SLHD presently provides and occurred less than 6 months after completion of the service. It does not relate to requests for new services currently not in operation or programmed to be delivered.	No Action Required
The resident does not have to use the word 'complaint' for it to be treated as such. A complaint that is submitted via a third party or representative must still be handled in line with the landlord's complaints policy.	Yes	The definition we include in our policy states that a complaint is defined as "an expression of dissatisfaction". We accept and log complaints that don't use the word 'complaint' and accept complaints from third parties or representatives acting on behalf of tenants. Examples include complaints received via Councillors and MPs. Staff have been advised via our Executive Management Team key messages what constitutes a complaint. Our policy states that the word complaint does not have to be used and that we accept complaints from third party or representatives in line with our policy.	No Action Required
... if further enquiries are needed to resolve the matter, or if the resident requests it, the issue must be logged as a complaint.	Yes	Our policy states that we will make further enquiries to resolve a matter where a customer has expressed dissatisfaction or if the resident requests it, the issue must be logged as a complaint.	No Action Required
A landlord must accept a complaint unless there is a valid reason not to do so.	Yes	Yes, other than those explained in the definition above. The following are also excluded and clearly outlined in our Policy.  Examples where individuals may express dissatisfaction that would not be regarded as complaints are:  <ul style="list-style-type: none"> <li>•the general law, unless wrongly applied;</li> <li>•Requests for new services;</li> <li>•Persons or bodies over which SLHD has no control;</li> <li>•Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, have been filed at court</li> <li>•the subject of the complaint occurred more than 6 months ago and/or is already subject to an on-going or resolved complaint;</li> <li>•Matters that have already been considered under the complaints policy</li> </ul>	No Action Required
A complaints policy must clearly set out the circumstances in which a matter will not be considered, and these circumstances should be fair and reasonable to residents.	Yes		No Action Required
If a landlord decides not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.	Yes	We do this however, these happen on a very rare basis. We would only not accept a complaint if it fell in line with any of the exclusions listed in the complaints policy. At this point it would be fully explained to the complainant and we explain the Ombudsman's process at this time. Our policy states: Where a decision has been made not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.	No Action Required
<b>Should Do Requirements</b>			
Landlords should recognise the difference between a service request, where a resident may be unhappy with a situation that they wish to have rectified, and a complaint about the service they have/have not received	Yes	The definition of what is regarded as a complaint is set out in our Policy. "An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those acting on its behalf, affecting an individual resident or group of residents." A request for service is not regarded as a complaint. Our process includes a checking mechanism by the Customer Relations team who co-ordinate and respond to complaints and who review any logged complaint as part of the acknowledgment process which includes what the complaint is about and the outcome the complainant is looking for.	No Action Required
Survey feedback may not necessarily need to be treated as a complaint, though, where possible, the person completing the survey should be made aware of how they can pursue their dissatisfaction as a complaint if they wish to.	Yes	We advise tenants following the TSM surveys that they can pursue their dissatisfaction as a complaint if they wish.	No Action required
<b>Must Do Requirements</b>			
Landlords must make it easy for residents to complain by providing different channels through which residents can make a complaint such as in person, over the telephone, in writing, by email and digitally. While the Ombudsman recognises that it may not be feasible for a landlord to use all of the potential channels, there must be more than one route of access into the complaints system.	Yes	We have multiple accessibility routes available to make a complaint; Online via our website or social media platforms, face to face, over the telephone, email, and in writing.	No Action Required
Landlords must make their complaint policy available in a clear and accessible format for all residents. This will detail the number of stages involved, what will happen at each stage and the timeframes for responding.	Yes	Yes and can be found here: <a href="https://www.stlegerhomes.co.uk/my-home/complaints-and-compliments/">https://www.stlegerhomes.co.uk/my-home/complaints-and-compliments/</a> and we publicise how a customer can complain in HouseProud. We last publicised our procedures in the January 2023 edition of HouseProud.	No Action Required
Landlord websites, if they exist, must include information on how to raise a complaint. The complaints policy and process must be easy to find on the website.	Yes	Yes and can be found here: <a href="https://www.stlegerhomes.co.uk/my-home/complaints-and-compliments/">https://www.stlegerhomes.co.uk/my-home/complaints-and-compliments/</a>	No Action Required

Landlords must comply with the Equality Act 2010 and may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. Landlords must satisfy themselves that their policy sets out how they will respond to reasonable adjustments requests in line with the Equality Act and that complaints handlers have had appropriate training to deal with such requests.	Yes	Our policy includes provision for reasonable adjustments. We also have an equality, diversity and inclusion strategy, a customer access strategy and a fairness statement. We provide mandatory training on equality and diversity for all employees, including complaint handlers. All of these ensure that customers can contact us or find out information in an accessible way, via a method of their choice.  The complaints policy includes the following:  All St Leger Homes staff are trained in equality and diversity to embed understanding about where they may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. This is mandatory training, the compliance of which is monitored by our Organisational Development team.  Our Equality and Diversity Statement sets out that "We are committed to understanding more about the needs of our customers. Collecting, storing and using customer information appropriately enables us to tailor our services to meet their needs". In line with our Equality and Diversity Statement and commitments, we will support the needs of our diverse customers by adapting this and other policies and associated procedures to accommodate an individual's needs. This includes taking into account the customer's need and where appropriate changing work practices, for example providing correspondence on coloured paper where requested. A full copy of Equality and Diversity Statement can be found at New Fairness and Equality Statement Launched (stlegerhomes.co.uk)	No Action Required
Landlords must publicise the complaints policy and process, the Complaint Handling Code and the Housing Ombudsman Scheme in leaflets, posters, newsletters, online and as part of regular correspondence with residents.	Partial	We advise residents about our complaints process (via stories in HouseProud or quarterly reports available on the website. We have reviewed posters and leaflets and these will be available by the end of September 2023.	Produce new posters and leaflets.
Landlords must provide residents with contact information for the Ombudsman as part of its regular correspondence with residents.	Yes	We inform tenants in all our complaint responses of the full contact details for the Housing Ombudsman. We also advertise the details of the ombudsman on our web pages.	No Action Required
Landlords must provide early advice to residents regarding their right to access the Housing Ombudsman Service throughout their complaint, not only when the landlord's complaints process is exhausted.	Yes	We inform tenants of the right to access the Housing Ombudsman service within our complaint response letters at all stages and provide full contact details. We also advertise the details of the ombudsman on our web pages.	No Action Required
<b>Should Do Requirements</b>			
Where a landlord has set up channels to communicate with its residents via social media, then it should expect to receive complaints via those channels. Policies should contain details of the steps that will be taken when a complaint is received via social media and how confidentiality and privacy will be maintained.	Yes	We have procedures in place to ensure that any complaints that are received online via social media are then acknowledged via social media, discussed via private message and logged on our corporate complaints system so this can be properly investigated. A Customer Relations Officer will contact the complainant to explain they have been allocated their complaint.	No Action Required
<b>Must Do Requirements</b>			
Landlords must have a person or team assigned to take responsibility for complaint handling to ensure complaints receive the necessary attention, and that these are reported to the governing body. This Code will refer to that person or team as the "complaints officer".	Yes	Yes we have a small team of Customer Relations Officers, a Customer Relations Manager, a Customer Experience Service Manager and a Head of Customer Service - all reporting through to the Director of Housing and Customer Services. This team takes responsibility for complaint handling. A 1/4ly report is submitted to Performance and Improvement Committee detailing the number of complaints received, how quickly we have responded, key themes and learning. In addition to this a report is considered by the City of Doncaster's Overview and Scrutiny Committee on the number of complaints received, headline reasons and response times. Members of the Committee can ask questions about and scrutinise our performance.	No Action Required
...the complaint handler appointed must have appropriate complaint handling skills and no conflicts of interest.	Yes	The Customer Relations Team are an independent team - any complaints received against the Customer Relation's Team staff are investigated by their manager, Service Manager or Head of Service as per any other staffing complaint. Where a conflict of interest is identified a different Customer Relations Officer would be allocated the complaint. Full training is given for this role.	No Action Required
<b>Should Do Requirements</b>			
Complaint handlers should: • be able to act sensitively and fairly • be trained to handle complaints and deal with distressed and upset residents • have access to staff at all levels to facilitate quick resolution of complaints • have the authority and autonomy to act to resolve disputes quickly and fairly.	Yes	Complaints are investigated by the relevant service areas and coordinated by the Customer Relations team to ensure they are completed within timescales and a full response is given to a complainant. All investigating officers and the Customer relations officers have had training and are empowered to escalate and resolve when and if possible.	No Action Required
<b>Must Do Requirements</b>			
Any decision to try and resolve a concern must be taken in agreement with the resident and a landlord's audit trail/records should be able to demonstrate this. Landlords must ensure that efforts to resolve a resident's concerns do not obstruct access to the complaints procedure or result in any unreasonable delay. It is not appropriate to have extra named stages (such as 'stage 0' or 'pre-complaint stage') as this causes unnecessary confusion for residents. When a complaint is made, it must be acknowledged and logged at stage one of the complaints procedure within five days of receipt.	Yes	All customer interaction is logged on our Customer Relations Management system. This captures when a customer contacted us, what about and what action we took as a result. We do not operate a 'Stage 0' process, and where we can resolve a complaint at the first point of contact we will do so as this benefits the customer. However where a customer advises that they wish to have the matter logged as a complain, even where we can resolve the matter at the first point of contact, we will do this. Our policy sets out our standards for acknowledging complaints. This is within 3 days of the complaint being received.	No Action Required
Within the complaint acknowledgement, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification and the full definition agreed between both parties.	Yes	Our IT system provides a section to record the outcomes being sought by the complainant. If a complaint is received via email and this is not made clear the customer relations officer takes ownership for a complaint and will contact the tenant to clarify this when they acknowledge receipt.	No Action Required
A complaint investigation must be conducted in an impartial manner.	Yes	All Service Investigation Officers receive training on how to investigate complaint to ensure they have the skills and mindset to investigate complaints fairly and objectively. This training helps to embed a positive complaints culture throughout the organisation. The main bulk of the investigation is completed internally by the relevant service area. Challenge is provided by the Customer Relations Team who ask questions to ensure all relevant information is considered before determining the outcome of a complaint. Currently appeals are dealt with by a Tenant Appeal Panel. This is currently under review to include the relevant Head of Service to investigate the appeal. This will ensure impartiality as well as ownership of complaints and identification of learning. The proposal is for the Tenant and Resident Involvement Panel to be used in the future to provide independent challenge on impartiality.	No Action Required
The complaint handler must: • deal with complaints on their merits • act independently and have an open mind • take measures to address any actual or perceived conflict of interest • consider all information and evidence carefully • keep the complaint confidential as far as possible, with information only disclosed if necessary to properly investigate the matter.	Yes	As above. In addition, this is included in our complaint handling procedures. The Customer Relations Team act independently and are trained to deal with all cases on a merit basis, considering all evidence and available information. All employees have to undertake mandatory GDPR training which covers the importance of confidentiality of personal information.  The Tenant Appeal Panel have all received training on how to investigate complaints and the need to be impartial. This training was recently delivered in July and August of this year	No Action Required

Landlords must adhere to any reasonable arrangements agreed with residents in terms of frequency and method of communication	Yes	Each complainant has a dedicated Customer Relations Officer. Reasonable adjustments are agreed by conversation with the dedicated officer We record any reasonable adjustments regarding method of communications in our Customer Relationship Management system. This includes information on preferred method of contact or specific requirements, which could be by phone, text, email or in writing. For example we have a number of customers who due to dyslexia request their correspondence on specific coloured paper.	No Action Required
The resident, and if applicable any staff member who is the subject of the complaint, must also be given a fair chance to: • set out their position • comment on any adverse findings before a final decision is made.	Yes	Our training for all Service Investigating officers includes the need to ensure that all complainants are contacted to ensure that we are clear on what the complaint is about and what outcome is expected. This is confirmed in writing and the tenant advised to contact us if this is not correct. This information is re-iterated in the complaint response. This is also covered in our complaint handling training. Part of the investigation about a member of staff will always include an officer speaking to the member of staff concerned. We include our understanding of the complaint in the acknowledgement and response letter and give the customer the opportunity to contact us if they feel we have not captured all their concerns. This requirement is also set out in our procedures.	No Action Required
A landlord must include in its complaints policy its timescales for a resident to request escalation of a complaint	Yes	This is included in our policy and we inform tenants in our responses about the right to appeal and all response letters / emails include full contact details for the Housing Ombudsman,	No Action Required
A landlord must not unreasonably refuse to escalate a complaint through all stages of the complaints procedure and must have clear and valid reasons for taking that course of action. Reasons for declining to escalate a complaint must be clearly set out in a landlord's complaints policy and must be the same as the reasons for not accepting a complaint.	Yes	This is included in our Complaints Policy	No Action Required
A full record must be kept of the complaint, any review and the outcomes at each stage. This must include the original complaint and the date received, all correspondence with the resident, correspondence with other parties and any reports or surveys prepared.	Yes	A full audit trail is captured on our Housing Management system of the complaint received. Correspondence and emails are all stored on our document management system.	No Action Required
Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives when pursuing a complaint.	Yes	This is explained in our complaints policy and we have a set process, procedure and letter template that is followed for any of these cases. We have warning procedures in place for all employees to follow for managing unacceptable behaviours. Our procedures are also set out in Section 7 of the complaints policy. Expectations have also recently been reinforced in our tenant magazine, which is sent to all households and is on our website.	No Action Required
<b>Should Do Requirements</b>			
Landlords should manage residents' expectations from the outset, being clear where a desired outcome is unreasonable or unrealistic	Yes	Our complaint acknowledgement and response letters clearly set out what the complaint is about and the outcome the complainant requires. The need to manage expectations is covered in our complaint handling training.	No Action Required
A complaint should be resolved at the earliest possible opportunity, having assessed what evidence is needed to fully consider the issues, what outcome would resolve the matter for the resident and whether there are any urgent actions required.	Yes	Our aim is to resolve complaints as soon as possible. This has been reiterated in EMT key messages. All staff are aware through discussions at Service Management Team meetings and as part of training for Service Investigation Officers that complaints are given a priority and that conclusions, where appropriate should be evidence based. We have a tracking system that reports on how quickly we respond to complaints which measures not only those responded to in target but the number of days taken to respond. This system is available for monitoring purposes to all those involved in investigation or monitoring complaint performance.	No Action Required
Landlords should give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the landlord where this is reasonable.	Yes	Tenants are able to complain via a representative (once we have the necessary authority). This may be a family member, Councillor, MP, Mayor or member of their local TARA. Tenants are given the opportunity to have a representative attend meetings with them or on their behalf.	No Action Required
Where a key issue of a complaint relates to the parties' legal obligations landlords should clearly set out their understanding of the obligations of both parties.	Yes	This is set out in any response to the complaint.	No Action Required
Communication with the resident should not generally identify individual members of staff or contractors.	Yes	We use job titles instead of individual names within our responses but where we cannot avoid using an individual officer's name we will do so.	No Action Required
Landlords should keep residents regularly updated about the progress of the investigation.	Yes	Tenants are kept informed and updated during the complaints process and where timescales have been extended outside service standards, we keep the tenant informed by telephone and this is also confirmed in writing. We capture this information in our Housing Management System.	No Action Required
Landlords should seek feedback from residents in relation to the landlord's complaint handling as part of the drive to encourage a positive complaint and learning culture.	Yes	Conducted as part of TSM feedback.	No Action Required
Landlords should recognise the impact that being complained about can have on future service delivery. Landlords should ensure that staff are supported and engaged in the complaints process, including the learning that can be gained	Yes	All our Service Investigating Officers undertake training on how to deal with complaints. We have a dedicated team of officers to ensure complaints are dealt with effectively. These Officers also provide advice and support to Service investigating officers. Service improvements are recorded when a complaint is closed and reported to senior managers on a quarterly basis. We have a processes in place for identifying learning and this information is included in reports to committee and in our Annual Review.	No Action Required
Any restrictions placed on a resident's contact due to unacceptable behaviour should be appropriate to their needs and should demonstrate regard for the provisions of the Equality Act 2010.	Yes	This is clearly outlined in our complaints policy and is taken on an individual basis looking at each case in its own merit - sometimes warranting a specific point of contact if required.	No Action Required
<b>Must Do Requirements</b>			
Landlords must respond to the complaint within 10 working days of the complaint being logged. Exceptionally, landlords may provide an explanation to the resident containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason.	Yes	In the majority of cases we respond in 10 working days however, sometimes this can exceed the 10 and 20 working days where cases are complex. In this situation a holding response would be agreed and confirmed in writing and the complainant advised of this at the beginning of the complaint process.	No Action Required
A complaint response must be sent to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue, are completed. Outstanding actions must still be tracked and actioned expeditiously with regular updates provided to the resident.	Yes	Our process is to respond to complaints following the completion of the investigation, not when any actions stemming from the investigation have been completed. We record these actions as "promises" made. This is already in our procedure. We record actions to be taken separately and these are monitored by the Customer Relations Team to ensure they are delivered.	No Action Required
Landlords must address all points raised in the complaint and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes	A full response is given to the tenant in all cases. There is a procedure in place to make sure all parts of the complaints are answered in one response backed with full details of the investigation and remedial actions if applicable.	No Action Required

Landlords must confirm the following in writing to the resident at the completion of stage one in clear, plain language: <ul style="list-style-type: none"> <li>the complaint stage</li> <li>the decision on the complaint</li> <li>the reasons for any decisions made</li> <li>the details of any remedy offered to put things right</li> <li>details of any outstanding actions</li> <li>details of how to escalate the matter to stage two if the resident is not satisfied with the answer</li> </ul>	Yes	A full response is given to the tenant in all cases. There is a procedure in place to make sure all parts of the complaints are answered in one response backed with full details of the investigation and remedial actions if applicable. All details of next steps on advice and support and next stages are at the bottom of all responses.	No Action Required
If all or part of the complaint is not resolved to the resident's satisfaction at stage one it must be progressed to stage two of the landlord's procedure, unless an exclusion ground now applies. In instances where a landlord declines to escalate a complaint it must clearly communicate in writing its reasons for not escalating as well as the resident's right to approach the Ombudsman about its decision.	Yes	Our policy and procedures include a Stage Two review process which is communicated in correspondence to complainants.	No Action Required
On receipt of the escalation request, landlords must set out their understanding of issues outstanding and the outcomes the resident is seeking. If any aspect of the complaint is unclear, the resident must be asked for clarification and the full definition agreed between both parties.	Partial	Our Stage 2 acknowledgment letters sets out our understanding of the issue and the remedy the customer is looking for. This is agreed with the customer.	Create a Stage 2 procedural document by the end of September 2023
Landlords must only escalate a complaint to stage two once it has completed stage one and at the request of the resident.	Yes	This is outlined in our policy.	No Action Required
The person considering the complaint at stage two, must not be the same person that considered the complaint at stage one.	Yes	A different Customer Relations Officer would be allocated the complaint at stage 2. We have an independent tenant appeals panel at stage 2 who are accompanied by a technical expert who hasn't been involved in the original complaint.	No Action Required
Landlords must respond to the stage two complaint <b>within 20 working days</b> of the complaint being escalated. Exceptionally, landlords may provide an explanation to the resident containing a clear timeframe for when the response will be received. This should not exceed a further 10 days without good reason.	Yes	The majority of Stage 2 complaints are responded to within 20 days, where this case is complex and this is not achievable we advise the complainant.	No Action Required
Landlords must confirm the following in writing to the resident at the completion of stage two in clear, plain language: <ul style="list-style-type: none"> <li>the complaint stage</li> <li>the complaint definition</li> <li>the decision on the complaint</li> <li>the reasons for any decisions made</li> <li>the details of any remedy offered to put things right</li> <li>details of any outstanding actions and</li> <li>if the landlord has a third stage, details of how to escalate the matter to stage three</li> <li>if this was the final stage, details of how to escalate the matter to the Housing Ombudsman Service if the resident remains dissatisfied.</li> </ul>	Partial	All stage two acknowledgements and responses clearly set out, as appropriate, the stage of the complaint, the definition, the decision, the reasons, details of any remedies where appropriate and where appropriate any outstanding actions (promises) and as this our final stage in the complaints process how to escalate the matter to the Housing Ombudsman Service.	Create a Stage 2 procedural document by the end of September 2023
<b>STAGE 3</b>			
Two stage landlord complaint procedures are ideal. This ensures that the complaint process is not unduly long. If landlords strongly believe a third stage is necessary, they must set out their reasons for this as part of their self-assessment. A process with more than three stages is not acceptable under any circumstance.	Yes	We do not use a Stage 3 process. Stage 2 is the final stage of our complaints process and we would refer to the Housing Ombudsman as the next stage.	No Action Required
Landlords must confirm the following in writing to the resident at the completion of stage three in clear, plain language: the complaint stage <input checked="" type="checkbox"/> the complaint definition <input checked="" type="checkbox"/> the decision on the complaint <input checked="" type="checkbox"/> the reasons for any decisions made <input checked="" type="checkbox"/> the details of any remedy offered to put things right <input checked="" type="checkbox"/> details of any outstanding actions <input checked="" type="checkbox"/> details of how to escalate the matter to the Housing Ombudsman Service if the resident remains dissatisfied	Yes	We do not use a Stage 3 process. Stage 2 is the final stage of our complaints process and we would refer to the Housing Ombudsman as the next stage.	No Action Required
<b>Should Do Requirements-Stage 1</b>			
If an extension beyond 20 working days is required to enable the landlord to respond to the complaint fully, this should be agreed by both parties.	Yes	This is in our complaints policy	No Action Required
Where agreement over an extension period cannot be reached, landlords should provide the Housing Ombudsman's contact details so the resident can challenge the landlord's plan for responding and/or the proposed timeliness of a landlord's response	Yes	This is in our complaints policy	No Action Required
Where the problem is a recurring issue, the landlord should consider any older reports as part of the background to the complaint if this will help to resolve the issue for the resident.	Yes	All history of complaints, contact and issues are taken into account for all complaints	No Action Required
Where residents raise additional complaints during the investigation, these should be incorporated into the stage one response if they are relevant and the stage one response has not been issued. Where the stage one response has been issued, or it would unreasonably delay the response, the complaint should be logged as a new complaint.	Yes	All staff are trained and aware of this procedure.	No Action Required
Stage 2			



If an extension beyond 10 working days is required to enable the landlord to respond to the complaint fully, this should be agreed by both parties.	Yes	This is in our complaints policy	No Action Required
Where agreement over an extension period cannot be reached, landlords should provide the Housing Ombudsman's contact details so the resident can challenge the landlord's plan for responding and/or the proposed timeliness of a landlord's response	Yes	This is in our complaints policy	No Action Required
<b>Stage 3</b>			
Complaints should only go to a third stage if the resident has actively requested a third stage review of their complaint. Where a third stage is in place and has been requested, landlords must respond to the stage three complaint within 20 working days of the complaint being escalated. Additional time will only be justified if related to convening a panel. An explanation and a date for when the stage three response will be received should be provided to the resident.	Yes	We do not have a stage 3 complaints process. The next stage would be referral to Housing Ombudsman.	No Action Required
Where agreement over an extension period cannot be reached, landlords should provide the Housing Ombudsman's contact details so the resident can challenge the landlord's plan for responding and/or the proposed timeliness of a landlord's response.	Yes	We do not have a stage 3 complaints process. However, the Housing Ombudsmans contact details are provided at all stages.	No Action Required
<b>Must Do Requirements</b>			
Effective dispute resolution requires a process designed to resolve complaints. Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right.	Yes	Where a complaint is upheld we provide a detailed explanation highlighting the improvements made and an apology.	No Action Required
Any remedy offered must reflect the extent of any service failures and the level of detriment caused to the resident as a result. A landlord must carefully manage the expectations of residents and not promise anything that cannot be delivered or would cause unfairness to other residents.	Yes	All decisions and resolutions to complaint cases are dealt with on a case by case basis and reviewed in line with our compensation policy.	No Action Required
The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.	Yes	This information is included in the response to the complainant. The Customer Relations Team track promises made to ensure these are actioned.	No Action Required
In awarding compensation, a landlord must consider whether any statutory payments are due, if any quantifiable losses have been incurred, the time and trouble a resident has been put to as well as any distress and inconvenience caused.	Yes	Any compensation is awarded in line with our Compensation Policy and guidance issued by the Ombudsman.	No Action Required
<b>Should Do Requirements</b>			
Landlords should look beyond the circumstances of the individual complaint and consider whether anything needs to be 'put right' in terms of process or systems to the benefit of all residents.	Yes	Yes, especially so for complaints that relate to our policies. Complaints are taken in to account when doing any 'policy' review	No Action Required
In some cases, a resident may have a legal entitlement to redress. The landlord should still offer a resolution where possible, obtaining legal advice as to how any offer of resolution should be worded.	Yes	In these cases advice is always sought and clear explanations are given.	No Action Required
<b>Must Do Requirements</b>			
Accountability and transparency are integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints in their annual report and more frequently to their residents, staff and scrutiny panels.	Yes	As part of our complaints response we advise the complainant of our failures (where applicable) and the actions we have taken to address. We report to EMT, P&I and Board on complaints performance and learning as well as to the City of Doncaster's Overview and Scrutiny Member Committee. We are currently reviewing how our Tenant and Resident Involvement Panel can provide additional challenge on how we handle and manage complaints. This year's Annual Review will include a section on complaints and the changes we have made as the result of learning from complaints.	No Action Required
<b>Should Do Requirements</b>			
A member of the governing body should be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This role will be responsible for ensuring the governing body receives regular information on complaints that provides insight to the governing body on the landlord's complaint handling performance.	Yes	Our Chief Executive is a member of the Board and will lead in managing complaints, ensuring the governing body is regularly informed for insights into our complaints handling performance. The City of Doncaster Council's Overview and Scrutiny Member Committee receives a yearly report on complaints to enable effective challenge.	No Action Required
As a minimum, governing bodies should receive: <ul style="list-style-type: none"> <li>Regular updates on the volume, categories and outcome of complaints, alongside complaint handling performance including compliance with the Ombudsman's orders</li> <li>Regular reviews of issues and trends arising from complaint handling</li> <li>The annual performance report produced by the Ombudsman, where applicable</li> <li>Individual complaint outcomes where necessary, including where the Ombudsman made findings of severe maladministration or referrals to regulatory bodies. The implementation of management responses should be tracked to ensure they are delivered to agreed timescales. The annual self-assessment against the Complaint Handling Code for scrutiny and challenge.</li> </ul>	Yes	This is reported, as already commented to Performance & Improvement (P&I) committee on a quarterly basis and Board on an annual basis. In addition to this the City of Doncaster Council's Overview and Scrutiny Member Committee receives a yearly report on complaints to enable effective challenge. The self assessment against the Complaint Handling Code is considered by Board each year. Board receive a report on outcomes from Housing Ombudsman finding of maladministration.	No Action Required
Any themes or trends should be assessed by senior management to identify potential systemic issues, serious risks or policies and procedures that require revision. They should also be used to inform staff and contractor training.	Yes	Reports are available to all senior managers on a live database for all complaints and reporting is available through our performance management system and used to inform improvements to services.	No Action Required

Landlords should have a standard objective in relation to complaint handling for all employees that reflects the need to: <ul style="list-style-type: none"> <li>• have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments</li> <li>• take collective responsibility for any shortfalls identified through complaints rather than blaming others</li> <li>• act within the Professional Standards for engaging with complaints as set by the Chartered Institute of Housing</li> </ul>	Yes	Reinforced through complaints training which is under-pinned through our values and behaviours which incorporate the specific professional standards set by the Chartered Institute of Housing.	No Action Required
<b>Must Do Requirements</b>			
Landlords must carry out an annual self-assessment against the Code to ensure their complaint handling remains in line with its requirements.	Yes	This review is carried out on an annual basis, the previous review was done in October 2022.	No Action Required
Landlords must also carry out a self-assessment following a significant restructure and/or change in procedures.	Yes	The complaints code is taken into account where there are significant changes within the organisation that may impact on whether we are compliant with the code. The self-assessment is undertaken within the Customer Relations Team, who review the code and any impact. Senior managers are aware of the need to advise the Customer Relations Team of any significant changes.	No Action Required
Following each self-assessment, a landlord must: <ul style="list-style-type: none"> <li>• report the outcome of their self-assessment to their governing body. In the case of local authorities, self-assessment outcomes should be reported to elected members</li> <li>• publish the outcome of their assessment on their website if they have one, or otherwise make accessible to residents</li> <li>• include the self-assessment in their annual report section on complaints handling performance</li> </ul>	Yes	We have done this previously with the original review and will continue to do so with this review and all subsequent ones. A copy of the self assessment will be included in the Annual Review for 22/23	No Action Required

# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	Housing Ombudsman and Local Government and Social Care Ombudsman Determinations
<b>Action Required:</b>	That Board note the report.
<b>Item:</b>	06
<b>Prepared by:</b>	Jackie Linacre, Head of Customer Services; Jane Davies, Head of Housing Services; Mark Steward, Head of Access to Homes
<b>Date:</b>	05 October 2023

### 1. Background

- 1.1 The organisation recently received two final determination letters from the Ombudsman's offices. One from the Local Government and Social Care Ombudsman (LGO) and one from the Housing Ombudsman (HO).
- 1.2 The LGO complaint was in respect of the handling of a homeless and housing application. The HO one was about ASB and a satellite dish.
- 1.3 Both investigations resulted in compensation payments being made to the complainants. The original complaints were investigated at both stages of our complaint procedure. Changes have been made or are in the process of being finalised to strengthen procedures, both corporately and within the relevant Service areas. We have apologised to both complainants for the failings.
- 1.4 Corporate changes to strengthen procedures include a new process for ensuring Service Managers sign off all Stage One responses, and a proposed new process for Heads of Service to review complaints at Stage 2 of our procedures. The current procedure is for Stage 2 reviews to be dealt with by the Tenant Appeal Panel if the complaint cannot be resolved by agreement.
- 1.5 The proposed new Stage 2 review process requires a change to the Compliments, Comments and Complaints Policy and this is included as a separate item for approval on this agenda.
- 1.6 As well as changing procedures, complaint handling refresher training for all Service investigation officers, will conclude in October 2023. This will support the investigation of complaints to the best practice standards in the Housing Ombudsman's Complaint Code.
- 1.7 A review has also been undertaken against the recent Knowledge and Information Management Spotlight report issued by the Housing Ombudsman to ensure robust procedures are embedded across the organisation in respect of record keeping. This will

result in the production of a Knowledge and Information Management Strategy which will be subject to approval by Board at a future meeting.

- 1.8 Both the Housing Ombudsman and the LGO have made recommendations following their investigation which we have delivered and evidenced to demonstrate compliance with the orders. Their recommendations are shown attached at Appendix A, together with additional actions the organisation has identified to improve internal processes and service delivery.
- 1.9 The LGO has noted in the final decision notice that the organisation undertook a series of service improvements subsequent to them reaching their draft findings. They welcomed this constructive approach.

#### **4. Recommendations**

- 4.1 That Board note the report, our responses and the learning identified as a result of the investigations.
- 5. Authors:** Jackie Linacre, Head of Customer Services, Jane Davies, Head of Housing and Mark Steward, Head of Access to Homes

## Case 1. Housing Ombudsman determination of maladministration

Complaint reference 202127849

### Background

The complainant is a secure tenant and lives alone in a ground floor 1 bedroom flat. The tenancy began on 23 January 2018. The alleged perpetrator lived in the flat above the complainant with her son, also in a 1-bedroom flat.

The tenant complained about a satellite dish on the alleged perpetrator's balcony in July 2021. The first report of anti-social behaviour (ASB) was received in October 2021. The case continued for 22 months with numerous complaints from the complainant and her family. The ASB case was closed in September 2022.

The ombudsman investigated this complaint following the completion of our 2 stage complaints process and provided a report on 23 April 2023 determining maladministration. The findings are set out below along with our response and actions to address our failings.

Ombudsman finding	SLHD response	Action required/taken	By whom	Status of action
<b>Anti-Social Behaviour</b>				
Initial response to ASB reports unclear with no action plan at outset or explanation of what can and will be done	Agreed	Review procedures  Deliver training to all staff on the procedures and importance of initial contact and contact contracts	Head of Housing Management/ Area Housing Service Manager	Completed
No explanation to complainant regarding what type of evidence should be provided	Agreed	As above – deliver training and emphasise importance and implications of not doing so	Head of Housing Management/ Area Housing Service Manager	Completed
No frequency of contact or reporting method agreed at outset with complainant	Agreed	As above	Head of Housing Management/ Area Housing Manager	Completed

Did not explain what actions could be taken in regards allegations of overcrowding	Agreed	Deliver training to all staff and ensure they are aware of the importance of referring tenants for other services where appropriate	Head of Housing Management Area Housing Manager	Completed
Dismissed mediation as an option for resolution	Agreed	Update procedures  Look at formal mediation service	Head of Housing Management/ Safeguarding and ASB Service Manager	Not started  Completion date of 31/03/24
Investigations into throwing items and urine from the balcony and noise were sufficiently and proportionately investigated. However, delays in action and communication caused frustration and low confidence.	Agreed	Deliver training and include session on good case management, including importance of timely action  Increase case supervision by team leaders and implement robust performance management framework	Head of Housing Management/ Area Housing Manager	Completed  Completed
<b>Satellite Dish</b>				
Initial letter sent without visiting and speaking to the tenant	Agreed	Deliver training and emphasise requirement of visits  Ensure case supervision by team leaders looks at this and addresses as part of actions	Head of Housing Management/ Area Housing Manager	Completed. However, outcomes from case supervision needs analysis to ensure training is embedded – this is built into our performance management framework and check ins

Did not identify until 5 months after the first report that the tenant did not speak English <i>* Our records show that our officer identified the tenant did not speak English until 4 months after the report of the satellite dish and 1 month after the report of ASB. The officer had tried several times to engage with the tenant by visit, phone and letter. However, the officer did not check customer profile information.</i>	Partially Agreed	Identify any training needs related to staff accessing customer profile information held within Open Housing.  Ensure all officers check this information before making contact with customers	Head of Housing Management	Partially completed
Took 7 months to rectify the issue with the satellite dish	Agreed	Deliver training to all staff on effective and timely case management  Increase case supervision by Team Leader and implement robust performance management framework.	Head of Housing Management/ Area Housing Manager	Completed
Did not make clear with the complainant at the outset regarding what can reasonably be done regarding the satellite dish	Agreed	Review procedures  Deliver staff training	Head of Housing Management/ Area Housing Manager	Completed
Did not properly investigate the complaint of wiring hanging from the balcony for over a month	Agreed	Deliver training to all staff on effective and timely case management  Increase case supervision by team leaders and implement robust performance management framework	Head of Housing Management/ Area Housing Manager	Completed
<b>Complaint Handling</b>				
Not identified failings in formal complaints	Agreed	Discussions with service managers regarding the importance of thoroughly investigating complaints and upholding our failings.	Head of Housing Management/	Completed

		Review of appeal process for complaints – Head of Service to now investigate complaints at appeal stage	Head of Customer Services	Completed and to be implemented following approval by Board of new Policy
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## Case 2. Local Government and Social Care Ombudsman determination of maladministration

**Complaint reference - 22003744**

### Background

The complainant complained at the service provided by the SLHD Home Options Service after he became threatened with homelessness in Autumn 2021 and then subsequently when he became homeless in January 2022.

The complaint was that SLHD:

- lost documents he presented in support of his application for help with rehousing when threatened with homelessness.
- failed to award his case the highest 'platinum' banding for re-housing in January 2022 after he lost his private tenancy.
- failed to offer him suitable interim or temporary accommodation while he was homeless.
- wrongly labelled him as being abusive and provided less favourable treatment as a result.

The complainant says as a result he suffered distress, in particular between January and July 2022 when he had no fixed address. The complainant had to sleep in his shop, which was unsuitable and rely on visits to family and friends for washing and meals. He was at risk of harm due to a medical condition.

The ombudsman investigated this complaint following the completion of our 2 stage complaints process and provided a report on 7 July 2023 determining maladministration and awarded compensation to the complainant. The findings are set out below along with our response and actions to address our failings.



<b>Ombudsman findings</b>	<b>SLHD response</b>	<b>Action required/taken</b>	<b>By whom</b>	<b>Status of action</b>
<p>We could have registered the housing application in Autumn 2021 had systems worked more efficiently and had we worked with Complainant to process his application. The LGO did not consider this would have resulted in the application being given a high priority banding, but would have saved time and distress later, when Complainant's circumstances worsened.</p>	<p>Agreed</p>	<p>Introduce a policy to ensure when applications to join the waiting list are closed, due to failure to provide the required information, applicants are advised of this in writing, setting out the reasons for the decision and the right to seek a review of the decision;</p>	<p>Head of Access to Homes Allocations Service Manager</p>	<p>Completed</p>
<p>A pattern of inadequate and ineffective communication. Record keeping appears not to have been fit for purpose which led to delays in scanning records the complainant provided and then mis recorded those on occasion.</p>	<p>Agreed</p>	<p>The LGO acknowledged that a move to the EDM IT system will improve record keeping as this will result in information being recorded more quickly.</p>	<p>Head of IT and Business Transformation</p>	<p>Completed</p>
<p>Asked for incomplete or unnecessary information and made decisions without advising the complainant.</p>	<p>Agreed</p>	<p>Briefed relevant staff on the importance of not making unnecessary or incomplete requests for information.</p>	<p>Head of Access to Homes. Home Options Service Manager</p>	<p>Completed</p>
<p>A delay of a month when the complainant became eligible for platinum banding. Relief duty would have been applied sooner without the delay.</p>	<p>Agreed</p>	<p>Introduce a policy that would not disadvantage homeless households where if we are late in completing an assessment of homelessness and found we owed the relief duty. We now calculate the date for applying platinum banding (in cases where it owes the main duty) from the date the relief duty would have begun if not delayed.</p>	<p>Head of Access to Homes. Home Options Service Manager</p>	<p>Completed</p>

<p>Unnecessarily raising that we may refuse the full duty to Mr C. Had it made enquiries properly then it would have reached the conclusion it did – that Mr C was not intentionally homeless. But it would have done so without the unnecessary distress caused by this letter.</p> <p><i>*Case Officers as part of their assessment of homelessness can advise the customer that; based upon the enquiries made to date and perhaps in the absence of supporting evidence that should their homelessness not be resolved during the Prevention and Relief stage, that they may not be awarded a Main Duty Decision. This has to be confirmed in a 'minded to make an intentional homeless decision' This is about being open and transparent with the customers and to manage their expectations as well as provide the opportunity to provide further evidence at the earliest opportunity. The LGO felt in this case the officer was premature in issuing this.</i></p>	<p>Agreed</p>	<p>The LGO rephrased their original recommendation, following SLHD asking for the recommendation to be reviewed to an 'agreed action' to be delivered within three months of a final decision)</p> <p>Issue advice to relevant staff on the use of 'minded to' letters for intentional homelessness, and not issuing until full enquiries have been made.</p>	<p>Head of Access to Homes</p> <p>Home Options Service Manager</p>	<p>Completed</p>
<p>Failed to discharge a duty to ensure that Complainant had suitable interim or temporary accommodation, leaving the complainant in unsuitable circumstances.</p>	<p>Agreed</p>	<p>Issue instructions to staff on recording offers of interim or temporary accommodation to homeless applicants. We now ensure we always confirm offers in writing. We also keep a record of how we consider suitability when offering accommodation.</p>	<p>Head of Access to Homes.</p> <p>Home Options Service Manager</p>	<p>Completed</p>
<p>Signpost complaints to the correct Ombudsman</p>	<p>Agreed</p>	<p>LGO are assured that we have a pre-existing policy which signposts complainants to the correct Ombudsman service.</p>	<p>Head of Customer Services</p>	<p>No further action required.</p>

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 05 October 2023

**Item** : 07

**Subject** : Review of Compliments, Comments and Complaints Policy

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

**Prepared by** : Jackie Linacre, Head of Customer Services

**Purpose** : To seek approval for a proposed change to the policy

**Recommendation :**

That Board approve the Compliments, Comments and Complaints Policy attached to this report at Appendix B.

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

**Agenda Item No. 07  
Date: 05 October 2023**

**1. Report Title**

- 1.1 Review of the Compliments, Comments and Complaints Policy

**2. Executive Summary**

- 2.1 The compliments, comments and complaints policy has been updated to reflect a revised approach to how the organisation deals with Stage 2 complaint reviews from customers. This to reflect a change in procedures for a Head of Service to investigate the Stage 2 complaint, rather than being investigated by the Tenants Appeal Panel. Changes have also been made following recent feedback from the Housing Ombudsman's office and our self-assessment against the Housing Ombudsman's Complaint Code .

**3. Purpose**

- 3.1 To seek approval for a proposed change to the Policy.

**4. Recommendation**

- 4.1 That the revised Policy attached at Appendix B is approved.

**5. Background**

- 5.1 The Policy sets out our definition of a complaint and our responsibilities and timescales for dealing with complaints.
- 5.2 The current process for dealing with Stage 2 complaint appeals is for the investigation to be carried out by the Tenants Appeal Panel, a process which was introduced in 2019. The Tenants Appeal Panel largely comprises of representatives of the Tenant and Resident Involvement Panel (TRIP).
- 5.3 A change in procedures which impacts on the Policy has been proposed. This involves Stage 2 complaints being fully investigated by a relevant Head of Service, rather than the Tenants Appeal Panel and TRIP being involved in a new process which will provide independent challenge and scrutiny but not as part of a Stage 2 investigation. This new process has the capacity to provide greater challenge around complaint outcomes, learning from

complaints and highlighting trends which will support future scrutiny projects.

- 5.4 The changes are proposed following the implementation of new Tenant Satisfaction Measures and increased scrutiny from the Regulator of Social Housing and the Housing Ombudsman. There is a need to embed a positive complaints culture and a learning culture across all Service areas. This will be better supported by Heads of Service taking full ownership of complaints across the entire process and being directly involved in the Stage 2 investigations.
- 5.5 This ownership is important given that we will be measured along with and against other housing organisation by the Regulator of Social Housing who will, using a range of Tenant Satisfaction measures (perception and management), compare our performance on the number of complaints we receive per 1,000 properties, the time taken to respond to complaints in accordance with the Housing Ombudsman's Complaint Code (20 days for Stage 2 complaints) and customer satisfaction with how handle complaints.
- 5.6 In addition to the above the existing process is resource intensive involving the co-ordination of the Tenants Appeal Panel Members, officers from the Customer Relations Team and Officers from relevant areas of the business, with all background paperwork being supplied to all relevant individuals. The administration support involved and the co-ordination of these meetings has resulted on the focus being taken away from dealing with other complaints whilst supporting this administration process.
- 5.7 The policy has also been changed to reflect guidance and advice recently provided by the Housing Ombudsman's Office to ensure compliance and following a self- assessment against their Complaint Code.
- 5.8 The policy attached at Appendix A shows the changes made to reflect this proposal. The red text shown is new and where text has a strike out line through it, it is proposed that this is removed from the policy. A clean version of the policy is attached at Appendix B for ease of use.

## **6. Key Changes**

- 6.1 The revised Policy showing the proposed changes is attached at Appendix A and the key changes are outlined in the revision history/table of changes of the Policy at Page 1.

## **9. Procurement**

- 9.1 There are no procurement issues related to the review of the Policy

## **10. VFM Considerations**

- 10.1 The implementation of the new procedures may result in a reduction in the number of premature Ombudsman enquiries or the re-opening of closed complaints.

## **11. Financial Implications**

- 11.1 Travelling expenses may be incurred by our tenant representatives.

## **12. Legal Implications**

- 12.1 There are no legal implications resulting from the changes to the Policy.

## **13. Risks**

- 13.1 There are no risks associated with the changes to the Policy.

## **14. Health, Safety & Compliance Implication**

- 14.1 There are not Health, Safety and Compliance implications resulting from the changes to the Policy.

## **15. IT Implications**

- 15.1 There are no IT implications arising from the changes to the Policy.

## **16. Consultation**

- 16.1 The Head of Customer Services met with the Chair of the Tenants Appeal Panel (who is also the Secretary of TRIP) and the Chair of TRIP to advise of the proposed changes. Internal consultation has also taken place with Heads of Service regarding their increased involvement in the complaints process.
- 16.2 Both Chairs raised concerns about the potential for lack of impartiality when investigating Stage 2 complaints 'internally'. Assurances were given that Heads of Service will ensure complaints are properly investigated and with impartiality.
- 16.3 We will monitor customer feedback on the new processes as we measure satisfaction on complaint handling. Assurances were also given that a process will be put in place to ensure that tenant challenge around how we are dealing with complaints continues but in a different way involving TRIP. It has been agreed to have those more detailed discussions about TRIP'S role at a future meeting.

## **17. Diversity**

- 17.1 There are no diversity implications arising from the changes made to the

Policy.

**18. Communication Requirements**

- 18.1 Following approval by Board the revised Policy will be communicated internally via the Intranet and will be made available for customers on our web.

**19. Equality Analysis (new/revised Policies)**

- 19.1 An equality analysis has been completed. This is attached at Appendix C. No adverse impacts were identified.

**20. Environmental Impact**

- 20.1 There are no environmental impacts as a result of the changes made to the Policy.

**21. Report Author, Position, Contact Details**

- 21.1 Jackie Linacre, Head of Customer Services, 01302 862262



# POLICY DOCUMENT

## Compliments, Comments and Complaints Policy

POLICY TITLE:	Compliments, Comments and Complaints Policy
LEAD OFFICER:	Customer Relations Manager
DATE APPROVED:	October 2023
APPROVED BY:	St Leger Homes Board
IMPLEMENTATION DATE:	October 2023
DATE FOR NEXT REVIEW:	September 2024
ADDITIONAL GUIDANCE:	<del>Customer Care Policy</del> Customer Charter & Service Standards Dignity at Work Grievance Policy Compensation and Goodwill Policy Data Protection Policy Freedom of Information Policy <del>Customer Involvement Strategy</del> <b>Tenant Voice Strategy</b> <del>Vulnerable Persons Policy</del>
ASSOCIATED CUSTOMER PUBLICATIONS:	Corporate Plan (2019-2024) Customer Access Strategy Equality and Diversity Strategy
TEAMS AFFECTED:	All Staff and Board Members
THIS POLICY REPLACES WITH EFFECT FROM 1 <sup>st</sup> OCTOBER 2022:	Compliments, Comments and Complaints Policy



## DOCUMENT CONTROL

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

### Revision History

<b>Date of this revision:</b>	September 2023
<b>Date of next review:</b>	September 2024
<b>Responsible Officer:</b>	Customer Relations Manager

Version Number	Version Date	Author/Group commenting	Summary of Changes
4.2	September 2023	Head of Customer Services	Changes in response to the review of the Stage Two process.

### Policy Creation and Review Checklist

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Trade Union consultation if applicable	Not applicable – no fundamental changes	
Stakeholder consultation if applicable	Consultation with Chair of TRIP and Secretary of TRIP and Chair of the Tenant Appeal Panel	September 2023
Equality analysis carried out on the intranet	Not applicable no fundamental changes	

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

### Table of Changes

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September 2023	Updates to the policies and strategies list and changes to ensure compliance with the housing ombudsman's complaints code. Changes to how complaints are dealt with at Stage Two. Stage Two complaints will be investigated by a Head of Service to ensure ownership of complaints within respective service areas and to support performance against the Tenant Satisfaction Management measure on the time taken to respond to Stage 1 and Stage 2 complaints. Tenant challenge will be provided by the Tenant and Resident Improvement Panel.

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# **POLICY DOCUMENT**

## **Compliments, Comments and Complaints Policy**

### **1. Introduction**

- 1.1 St. Leger Homes of Doncaster (SLHD) aims to provide the highest standard of service that is efficient, responsive and customer orientated, however we accept, that on occasions, we may give individuals cause to complain.
- 1.2 We recognise that customers have a right to complain, comment and compliment, about the provision, or non-provision, of services. As such, SLHD aims to provide an accessible, fair and inclusive complaints procedure for tenants, leaseholders and stakeholders; our customers. SLHD takes all complaints seriously as an important part of a commitment to customer care, always putting the customers at the heart of what we do, day in day out.
- 1.3 We view all complaints received as an opportunity to continuously improve its services to meet our customer's needs by learning from and regularly monitoring all complaints. We will publicise how we have learnt from complaints.
- 1.4 We also want to know when we do things right, and therefore we equally value our customer's comments and compliments as well.

### **2. Purpose**

- 2.1 The purpose of our Complaints, Comments and Compliments Policy is to ensure that:
  - any customer who is not happy with the service received (or not received) from SLHD has an accessible and easy to use method for making a complaint, which offers rapid action and response;
  - the customer can be confident that their complaint will be dealt with confidentially, effectively and fairly, even if the outcome is not to their satisfaction;
  - SLHD uses complaints and comments positively, so that by listening to our customers and taking subsequent action to learn from our mistakes, we will continue to improve our services.
  - Board Members, partnering groups and all members of staff understand the need to handle complaints, comments and compliments through the correct operation of this policy;

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- Customers are aware of their right and how **ask for their complaint to be reviewed** appeal, if they are not satisfied with the outcome of their complaint.
- If customers remain dissatisfied after their complaint has been through all stages of the internal complaints procedure SLHD will advise of their right to complain to their designated person (which is their MP or Councillor) or the Local Government Ombudsman (LGO) or Housing Ombudsman (HO) (dependent on the service area the dispute relates to).
- All compliments and comments received by SLHD are recorded and promoted to all staff. Compliments are used to ensure improved and consistent service delivery.

### 3. Scope

- 3.1 This policy relates to anyone who receives or requests a service from SLHD.
- 3.2 This policy is relevant to any customer, tenant or resident who wants to make a complaint, comment or compliment about any SLHD service

### 4. Complaints

#### 4.1 What is a complaint

Our definition of a complaint is:

- 4.2 An expression of dissatisfaction, however made, about the standard of service, actions or lack of action by St Leger Homes, its own staff, or those acting on its behalf, affecting an individual resident or group of residents.
- 4.3 **The complainant does not have to use the word 'complaint' for it to be treated as such. A complaint that is submitted via a third party or representative must still be handled in line with the landlord's complaints policy.**

Examples (as defined with the help of our tenants) are when we:

- do something wrong or badly;
- do not do something at all, that we should do;
- are impolite or unhelpful (this includes staff and contractors);
- do not provide a service within our specified times;
- fail to communicate as promised;
- fail to meet legal duties;
- providing wrong or misleading advice;
- failure to act within agreed policies, procedures or service standards;
- delays in undertaking work which cannot be explained within the terms of policy and procedure;
- bias or inequality of treatment;

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- rudeness, offensiveness, attitude and actions of any SLHD staff member or representative;
- failure to keep appointments;
- if we have to make further enquiries to resolve a matter where a customer has expressed dissatisfaction or if the resident requests it, the issue must be logged as a complaint.

4.4 Examples where individuals may express dissatisfaction that would not be regarded as complaints are:

- the general law, unless wrongly applied;
- requests for new services;
- persons or bodies over which SLHD has no control;
- ~~matters which are, or could reasonably be expected to be the subject of court or tribunal proceedings, or which are in the hands of SLHD's insurers;~~
- Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, have been filed at court
- the subject of the complaint occurred more than 6 months ago and/or is already subject to an on-going or resolved complaint;
- matters that have already been considered under the complaints policy

4.5 Where a decision has been made not to accept a complaint, a detailed explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman.

**5. Responsibilities, Timescales and Reasonable Adjustments**

5.1 Complaints, compliments and comments may be received in any format, by letter, telephone, email, web form, social media or face to face and by any member of the organisation, referred to as the Receiving Officer. They can also be received via a Local Authority Councillor, Board Member, MP, Mayor's office or a 3rd party acting on behalf of a customer, with their consent, unless there is a legal basis, under the Data Protection Act 2018, to share personal information with a 3<sup>rd</sup> party representative without consent.

5.2 All complaints will be acknowledged within 3 working days and responded to within 10 working days from the day the complaint is received.

5.3 If the response cannot be completed in full by the 10th working day, the complainant will be notified to inform them of the progress of their complaint and when they will expect a full response. Where it is necessary to extend a response beyond 20 working days and agreement over the extension period cannot be reached, we will provide the Housing Ombudsman's contact details so the complainant can

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challenge our plan for responding and/or the proposed timeliness of our response.

5.4 Where a complaint is received via social media we will acknowledge the complaint using private messaging so that all details of the complaint and the complainant are confidential. We will then process the complaint and assign a dedicated Customer Relations Officer to deal with the complainant.

5.5 The complaint will be investigated taking into account:

- All the details provided by the complainant in support of their case;
- Whether or not the complainants has been treated fairly;
- Whether the complainant has experienced any unreasonable delays;
- The relevant policies and procedures of SLHD have been applied correctly ensuring that individual needs are taken into account;
- Consistency when dealing with an individual person and when dealing with other tenants and complaints;
- Clarity where responsibility lies for any action to resolve the complaint;
- Respect of confidentiality

All responses to complaints will include:

- a response that is clear to read and free from jargon showing empathy and understanding
- the decision that has been reached;
- the reasons behind that decision, an outline of promises made to rectify the complaint (if applicable)
- who the complainant should contact if they are not happy with that decision and wish to take further action

5.6 Reasonable Adjustments

5.6.1 All St Leger Homes staff are trained in equality and diversity to embed understanding about where they may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. This is mandatory training, the compliance of which is monitored by our Organisational Development team.

5.6.2 Our Equality and Diversity Statement sets out that "We are committed to understanding more about the needs of our customers. Collecting, storing and using customer information appropriately enables us to tailor our services to meet their needs".

5.6.3 In line with our Equality and Diversity Statement and commitments, we will support the needs of our diverse customers by adapting this policy and other policies policy and associated procedures to accommodate an individual's needs. This includes taking into account the customer's need

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and where appropriate changing work practices, for example providing correspondence on coloured paper where requested.

5.6.4 A full copy of Equality and Diversity Statement can be found at [New Fairness and Equality Statement Launched \(stlegerhomes.co.uk\)](http://NewFairnessandEqualityStatementLaunched.stlegerhomes.co.uk)

## 6. Stages of the Complaint

6.1 There are two stages to the complaints process:

### 6.2 Stage 1

This is the first opportunity to resolve the customer's complaint. The majority of complaints will be resolved at this stage by the relevant Service Manager or Team Leader. If the customer is dissatisfied with the response the complaint can be escalated to Stage 2 of our procedures, our Appeal stage.

### 6.3 Stage 2 - Appeals

6.4 If the customer is not satisfied with the answer they receive, they have the right to ask for a review—appeal. **Complaints must only escalate complaint to stage two once it has completed at stage one and at the request of the resident. A request for a review Appeals** must be submitted within 20 working days of the date of the response letter along with any supporting evidence to the Customer Relations Team. **Requests Appeals** will be acknowledged within 48 hours of receipt, excluding weekends, bank holiday or non-working days.

6.5 All reviews appeals will be investigated in full by an independent Appeals Panel, **a Head of Service** unless the complaint appeal can be resolved to the full satisfaction of the tenant., without referral to the Panel. The Appeals Panel will review and resolve complaints where the complainant is unhappy with the response at Stage One of the complaints process.

6.6 The remit of the Head of Service panel is to be fair in their approach, independently investigating the complaint to come to a conclusion. The Head of Service panel will help SLHD to learn from their complaints and to challenge, where and when appropriate.

6.7 The Appeals Panel will comprise:

- ~~A Customer Relations Officer, who has not been involved in the original complaint investigation, who will act as the independent coordinator.~~
- ~~A Service Specific technical expert(s). This will be an officer from SLHD who can provide knowledge of the complaint area in question and who hasn't been involved in the original investigation.~~
- ~~2 x St. Leger Homes' Tenant representatives who will be chosen from a panel of approximately 8-10 tenants. They will be independent of the original complaint and will ensure the complaint has been fully~~

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investigated.

6.8 The **Head of Service Appeals Panel** will be provided with, ~~before the meeting, the following information:~~

- The original complaint, investigation and the Stage 1 response letter
- ~~Any relevant St Leger Homes policies and procedures the panel may need to consider~~
- The details of the **review appeal** and why the tenant is unhappy with the original decision
- Details of what the tenant would like to happen to resolve the complaint to their satisfaction

6.9 Visits, inspections and any interviews the **Head of Service panel** may want to conduct will be co-ordinated by the Customer Relations Team.

The Appeals Panel will:

- ~~Appoint a chair, who will be one of the tenant members;~~
- ~~Investigate and review the documentation provided and if necessary:~~
  - ~~Interview any members of staff involved in the original investigation~~
  - ~~Interview or visit the tenant / customer~~
  - ~~Inspect any area / standard of work / property involved in the original complaint.~~
- ~~Present their findings to the relevant Head of Service.~~
- ~~Respond to the appeal within 20 working days, advising on the reasons for the outcome and the next stages of the complaints procedure.~~

6.10 Where it is necessary to extend the response time to a review an ~~Appeal~~ beyond an additional 10 working days and an agreement over an extension period cannot be reached, we will provide the Housing Ombudsman's contact details so the resident can challenge our plan for responding and/or the proposed timeliness of our response

6.11 Where it is deemed not appropriate for a complaint to be progressed to **Stage 2 of the process**, ~~the Appeal Panel~~ the complainant will be informed of this in writing.

6.12 Reasons why a complaint would not be progressed to a Stage 2 ~~Appeal~~ include:

- **the general law, unless wrongly applied;**
- **requests for new services;**

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- persons or bodies over which SLHD has no control;
  - Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, have been filed at court;
  - the subject of the complaint occurred more than 6 months ago and/or is already subject to an on-going or resolved complaint;
  - matters that have already been considered under the complaints policy
- ~~The complainant not advising of the grounds on which they want to appeal and why they are not satisfied.~~
  - ~~The appeal is received outside of timescales.~~
  - ~~Abusive, offensive or threatening comments or behaviour.~~
  - ~~Where the complaint is a new complaint and not part of the original investigation.~~
  - ~~Where it refers to a legal or ongoing legal matter.~~
  - ~~Where it outside the remit of the services we deliver.~~

## 7. Unacceptable Behaviour and Unreasonably Persistent Complainants

- 7.1 SLHD is committed to dealing with complaints fairly and impartially and to providing a high-quality service to those who make them. As part of this service SLHD do not normally limit the contact complainants have with their offices. However, SLHD will not tolerate behaviour by complainants which is unacceptable, for example, which is abusive, offensive or threatening, or if complainants are unreasonably persistent in contacting SLHD concerning the same issues. We will take action to protect staff from that behaviour.
- 7.2 When a complainant's behaviours has been considered as being unacceptable or unreasonably persistent, we will explain why we find their behaviour to be unacceptable or unreasonable and ask them to change it. We will tell them that, if the unacceptable behaviour or unreasonable persistency continues, we will take action to restrict their contact with our offices.
- 7.3 The decision to restrict access to our offices will be taken by the **Head of Service HOS** and/or Executive Management Team (EMT). Any restrictions imposed will be appropriate and proportionate.
- 7.4 We will advise the complainant of the action we are taking and that they can appeal the decision we have made to the Chief Executive. We will agree a review period at the outset. If behaviour has not improved, we will provide an explanation as to why the restriction will remain in force for a further period pending the next agreed review date.
- 7.5 The options SLHD are most likely to consider are:
- requesting contact in a particular form (i.e. by letters only)
  - requiring contact be made with a named officer only
  - restricting telephone calls to specified days and times

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- requesting contact is made through a third party
- asking the complainant to enter into an agreement about their conduct
- if the complainant is a tenant, whether it may be treated as a breach of the tenancy agreement

7.6 In all cases we will write to the complainant telling them why we consider his or her behavior to be unacceptable or unreasonable and explaining what actions we are taking and the duration of that action.

**8. Unacceptable Behaviour**

8.1 Where a complainant continues to behave in a way that is unacceptable, SLHD may decide to terminate contact with that complainant and discontinue any investigation into their complaint.

8.2 Where the behaviour is so extreme that it threatens the immediate safety and welfare of SLHD and the City of Doncaster Council staff members, Councillors or any representatives working on behalf of SLHD/Doncaster Council members of the public and other tenants, and Doncaster Council we will consider other options:

- advise the complainant of their tenancy obligations
- report the matter to the police
- consider taking legal action
- include on SLHD Potentially Violent Persons' register
- if the complainant is a SLHD tenant, whether it may be treated as a breach of the tenancy agreement.

8.3 Depending on the circumstances we may not give the complainant prior warning of what action is taken.

**9. Unreasonably Persistent Complainants**

9.1 Where a complainant who persists in communicating with SLHD about the same issues, we may decide to terminate contact with them. In such cases we will read all correspondence from that complainant, but unless there is fresh evidence or it is a new complaint then we will acknowledge it or place it on file with no acknowledgement.

9.2 All new complaints from people who have been unreasonably persistent complainants will be treated on the merits of the complaint and not the person.

**10. Compliments and Comments**

**Compliments**

10.1 A compliment is when someone takes the trouble to tell us that a person, team or service we provide has exceeded their expectations and is worthy of praise and compliments should be unprompted and unsolicited. It is not a compliment if it has been given when completing a satisfaction survey.

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- 10.2 All compliments received will be acknowledged and where a customer has provided a member of staff's name we will pass the compliment on to the member of staff or/and the team concerned, via an email from the relevant Director.
- 10.3 A selection of compliments will be shared each month in our staff magazine and all compliments uploaded onto SLHD's intranet site for all staff members to view.

**Comments**

- 10.4 A comment is when a customer takes the trouble to tell us what changes they think would assist us in improving the delivery of our services.
- 10.5 Comments are also encouraged from our customers and are taken seriously as they also enable us to view our services from the customers' experience. Comments are acknowledged within 3 working days.
- 10.6 All comments are sent to the relevant Service Managers for them to record and action if any improvements are identified to the services they deliver and are used as "You Said, We Did" feedback

**11. Service Promises**

- 11.1 SLHD is committed to continuous improvement in service delivery.
- 11.2 Our Service Standards for Compliments, Comments and Complaints are:
  - We will make it easy and straightforward for our customers to make a complaint, comment or compliment, publicising our service on our website and other platforms;
  - We will acknowledge and respond to your complaint and compliment in line with our Service Standards and published timescales and keep you informed if we cannot meet the timescale, explaining why and when we will respond;
  - We will ensure that you will have a full explanation to your complaint in your preferred format;
  - We will tell you if changes have been made to services following your complaint as "You said, We Did" reports
  - We will publish the quarterly performance figures on the SLHD website on how we are meeting our set timescales;

**12. Monitoring and Review**

- 12.1 We record the numbers of and reasons for complaints as well as the information necessary to ensure response times are met.
- 12.2 Regular reports are produced for all levels of the business highlighting any trends, which may suggest possible improvements in areas of service provision or practices. Customer journeys are also created and shared at all

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levels, highlighting a true journey of the reasons which led to the customer having to complain which then prompts changes to services.

### **13. Training**

13.1 An overview is provided to all new starters at induction covering high level information to recognise and try and resolve a complaint.

13.2 More detailed training is provided to members of staff who investigates and responds to formal complaints. **Training is also provided to tenant representative who have a role in scrutinising how we are dealing with complaints.** ~~the Appeals Panel Members on all aspects of the policy and procedures but also on questioning techniques, communications skills and understanding customers' expectations.~~

### **14. Partnership working**

14.1 We work in partnership with **the City of** Doncaster Council and other partners to resolve any joint complaints.

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## **POLICY DOCUMENT**

### **Compliments, Comments and Complaints Policy**

<b>POLICY TITLE:</b>	<b>Compliments, Comments and Complaints Policy</b>
<b>LEAD OFFICER:</b>	<b>Customer Relations Manager</b>
<b>DATE APPROVED:</b>	<b>October 2023</b>
<b>APPROVED BY:</b>	<b>St Leger Homes Board</b>
<b>IMPLEMENTATION DATE:</b>	<b>October 2023</b>
<b>DATE FOR NEXT REVIEW:</b>	<b>September 2024</b>
<b>ADDITIONAL GUIDANCE:</b>	<b>Customer Charter &amp; Service Standards</b> <b>Dignity at Work</b> <b>Grievance Policy</b> <b>Compensation and Goodwill Policy</b> <b>Data Protection Policy</b> <b>Freedom of Information Policy</b> <b>Tenant Voice Strategy</b>
<b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>	<b>Corporate Plan (2019-2024)</b> <b>Customer Access Strategy</b> <b>Equality and Diversity Strategy</b>
<b>TEAMS AFFECTED:</b>	<b>All Staff and Board Members</b>
<b>THIS POLICY REPLACES WITH EFFECT FROM 1<sup>st</sup> OCTOBER 2022:</b>	<b>Compliments, Comments and Complaints Policy</b>

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5.1 Complaints, compliments and comments may be received in any format, by letter, telephone, email, web form, social media or face to face and by any member of the organisation, referred to as the Receiving Officer. They can also be received via a Local Authority Councillor, Board Member, MP, Mayor's office or a 3<sup>rd</sup> party acting on behalf of a customer, with their consent, unless there is a legal basis, under the Data Protection Act 2018, to share personal information with a 3<sup>rd</sup> party representative without consent.

5.2 All complaints will be acknowledged within 3 working days and responded to within 10 working days from the day the complaint is received.

5.3 If the response cannot be completed in full by the 10<sup>th</sup> working day, the complainant will be notified to inform them of the progress of their complaint and when they will expect a full response. Where it is necessary to extend a response beyond 20 working days and agreement over the extension period cannot be reached, we will provide the Housing Ombudsman's contact details so the complainant can

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challenge our plan for responding and/or the proposed timeliness of our response.

5.4 Where a complaint is received via social media we will acknowledge the complaint using private messaging so that all details of the complaint and the complainant are confidential. We will then process the complaint and assign a dedicated Customer Relations Officer to deal with the complainant.

5.5 The complaint will be investigated taking into account:

- All the details provided by the complainant in support of their case;
- Whether or not the complainants has been treated fairly;
- Whether the complainant has experienced any unreasonable delays;
- The relevant policies and procedures of SLHD have been applied correctly ensuring that individual needs are taken into account;
- Consistency when dealing with an individual person and when dealing with other tenants and complaints;
- Clarity where responsibility lies for any action to resolve the complaint;
- Respect of confidentiality

All responses to complaints will include:

- a response that is clear to read and free from jargon showing empathy and understanding
- the decision that has been reached;
- the reasons behind that decision, an outline of promises made to rectify the complaint (if applicable)
- who the complainant should contact if they are not happy with that decision and wish to take further action

## 5.6 Reasonable Adjustments

5.6.1 All St Leger Homes staff are trained in equality and diversity to embed understanding about where they may need to adapt normal policies, procedures, or processes to accommodate an individual's needs. This is mandatory training, the compliance of which is monitored by our Organisational Development team.

5.6.2 Our Equality and Diversity Statement sets out that "We are committed to understanding more about the needs of our customers. Collecting, storing and using customer information appropriately enables us to tailor our services to meet their needs".

5.6.3 In line with our Equality and Diversity Statement and commitments, we will support the needs of our diverse customers by adapting this policy, and other policies and associated procedures, to accommodate an individual's needs. This includes taking into account the customer's need

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and where appropriate changing work practices, for example providing correspondence on coloured paper where requested.

5.6.4 A full copy of Equality and Diversity Statement can be found at [New Fairness and Equality Statement Launched \(stlegerhomes.co.uk\)](http://NewFairnessandEqualityStatementLaunched(stlegerhomes.co.uk))

## **6. Stages of the Complaint**

6.1 There are two stages to the complaints process:

### **6.2 Stage 1**

This is the first opportunity to resolve the customer's complaint. The majority of complaints will be resolved at this stage by the relevant Service Manager or Team Leader. If the customer is dissatisfied with the response the complaint can be escalated to Stage 2 of our procedures.

### **6.3 Stage 2**

6.4 If the customer is not satisfied with the answer they receive, they have the right to ask for a review. Complaints must only escalate complaint to stage two once it has completed at stage one and at the request of the resident. A request for a review must be submitted within 20 working days of the date of the response letter along with any supporting evidence to the Customer Relations Team. Requests will be acknowledged within 48 hours of receipt, excluding weekends, bank holiday or non-working days.

6.5 All reviews will be investigated in full by, a Head of Service unless the complaint can be resolved to the full satisfaction of the tenant.

6.6 The remit of the Head of Service is to be fair in their approach, independently investigating the complaint to come to a conclusion. The Head of Service will help SLHD to learn from their complaints and to challenge, where and when appropriate.

6.7 The Head of Service will be provided with:

- The original complaint, investigation and the Stage 1 response letter
- The details of the review and why the tenant is unhappy with the original decision
- Details of what the tenant would like to happen to resolve the complaint to their satisfaction

6.8 Visits, inspections and any interviews the Head of Service may want to conduct will be co-ordinated by the Customer Relations Team.

Where it is necessary to extend the response time to a review beyond an additional 10 working days and an agreement over an extension

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period cannot be reached, we will provide the Housing Ombudsman's contact details so the resident can challenge our plan for responding and/or the proposed timeliness of our response

Where it is deemed not appropriate for a complaint to be progressed to Stage 2 of the process, the complainant will be informed of this in writing.

6.9 Reasons why a complaint would not be progressed to Stage 2 include:

- the general law, unless wrongly applied;
- requests for new services;
- persons or bodies over which SLHD has no control;
- Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, have been filed at court;
- the subject of the complaint occurred more than 6 months ago and/or is already subject to an on-going or resolved complaint;
- matters that have already been considered under the complaints policy

## **7. Unacceptable Behaviour and Unreasonably Persistent Complainants**

7.1 SLHD is committed to dealing with complaints fairly and impartially and to providing a high-quality service to those who make them. As part of this service SLHD do not normally limit the contact complainants have with their offices. However, SLHD will not tolerate behaviour by complainants which is unacceptable, for example, which is abusive, offensive or threatening, or if complainants are unreasonably persistent in contacting SLHD concerning the same issues. We will take action to protect staff from that behaviour.

7.2 When a complainant's behaviours has been considered as being unacceptable or unreasonably persistent, we will explain why we find their behaviour to be unacceptable or unreasonable and ask them to change it. We will tell them that, if the unacceptable behaviour or unreasonable persistency continues, we will take action to restrict their contact with our offices.

7.3 The decision to restrict access to our offices will be taken by the Head of Service and/or Executive Management Team (EMT). Any restrictions imposed will be appropriate and proportionate.

7.4 We will advise the complainant of the action we are taking and that they can appeal the decision we have made to the Chief Executive. We will agree a review period at the outset. If behaviour has not improved, we will provide an explanation as to why the restriction will remain in force for a further period pending the next agreed review date.

7.5 The options SLHD are most likely to consider are:

- requesting contact in a particular form (i.e. by letters only)
- requiring contact be made with a named officer only

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- restricting telephone calls to specified days and times
- requesting contact is made through a third party
- asking the complainant to enter into an agreement about their conduct
- if the complainant is a tenant, whether it may be treated as a breach of the tenancy agreement

7.6 In all cases we will write to the complainant telling them why we consider his or her behavior to be unacceptable or unreasonable and explaining what actions we are taking and the duration of that action.

## 8. Unacceptable Behaviour

8.1 Where a complainant continues to behave in a way that is unacceptable, SLHD may decide to terminate contact with that complainant and discontinue any investigation into their complaint.

8.2 Where the behaviour is so extreme that it threatens the immediate safety and welfare of SLHD and the City of Doncaster Council staff members, Councillors or any representatives working on behalf of SLHD/Doncaster Council members of the public and other tenants, and Doncaster Council we will consider other options:

- advise the complainant of their tenancy obligations
- report the matter to the police
- consider taking legal action
- include on SLHD Potentially Violent Persons' register
- if the complainant is a SLHD tenant, whether it may be treated as a breach of the tenancy agreement.

8.3 Depending on the circumstances we may not give the complainant prior warning of what action is taken.

## 9. Unreasonably Persistent Complainants

9.1 Where a complainant who persists in communicating with SLHD about the same issues, we may decide to terminate contact with them. In such cases we will read all correspondence from that complainant, but unless there is fresh evidence or it is a new complaint then we will acknowledge it or place it on file with no acknowledgement.

9.2 All new complaints from people who have been unreasonably persistent complainants will be treated on the merits of the complaint and not the person.

## 10. Compliments and Comments

### Compliments

10.1 A compliment is when someone takes the trouble to tell us that a person, team or service we provide has exceeded their expectations and is worthy of praise and compliments should be unprompted and unsolicited. It is not a compliment if it has been given when completing a satisfaction survey.

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- 10.2 All compliments received will be acknowledged and where a customer has provided a member of staff's name we will pass the compliment on to the member of staff or/and the team concerned, via an email from the relevant Director.
- 10.3 A selection of compliments will be shared each month in our staff magazine and all compliments uploaded onto SLHD's intranet site for all staff members to view.

**Comments**

- 10.4 A comment is when a customer takes the trouble to tell us what changes they think would assist us in improving the delivery of our services.
- 10.5 Comments are also encouraged from our customers and are taken seriously as they also enable us to view our services from the customers' experience. Comments are acknowledged within 3 working days.
- 10.6 All comments are sent to the relevant Service Managers for them to record and action if any improvements are identified to the services they deliver and are used as "You Said, We Did" feedback

**11. Service Promises**

- 11.1 SLHD is committed to continuous improvement in service delivery.
- 11.2 Our Service Standards for Compliments, Comments and Complaints are:
  - We will make it easy and straightforward for our customers to make a complaint, comment or compliment, publicising our service on our website and other platforms;
  - We will acknowledge and respond to your complaint and compliment in line with our Service Standards and published timescales and keep you informed if we cannot meet the timescale, explaining why and when we will respond;
  - We will ensure that you will have a full explanation to your complaint in your preferred format;
  - We will tell you if changes have been made to services following your complaint as "You said, We Did" reports
  - We will publish the quarterly performance figures on the SLHD website on how we are meeting our set timescales;

**12. Monitoring and Review**

- 12.1 We record the numbers of and reasons for complaints as well as the information necessary to ensure response times are met.
- 12.2 Regular reports are produced for all levels of the business highlighting any trends, which may suggest possible improvements in areas of service

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provision or practices. Customer journeys are also created and shared at all levels, highlighting a true journey of the reasons which led to the customer having to complain which then prompts changes to services.

### **13. Training**

13.1 An overview is provided to all new starters at induction covering high level information to recognise and try and resolve a complaint.

13.2 More detailed training is provided to members of staff who investigates and responds to formal complaints. Training is also provided to tenant representative who have a role in scrutinising how we are dealing with complaints.

### **14. Partnership working**

14.1 We work in partnership with the City of Doncaster Council and other partners to resolve any joint complaints.

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# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

### **REPORT**

**Date** : 5 October 2023

**Item** : 08

**Subject** : Safety & Compliance Performance Report

**Presented by** : Chris Margrave  
Director of Property Services

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

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

#### **Recommendation :**

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

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**To the Board  
of St Leger Homes of Doncaster**

**Agenda Item No.08  
Date: 5 October 2023**

## **1. Report Title**

1.1 Safety and Compliance Performance Report August 2023

## **2. Gas**

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

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

Total number of properties on the Internal Service Provider (ISP) gas servicing programme	18,843
Total number of properties remaining on the programme	2,242
Total number of validated properties on programme (C365)	18,842*

\*-this excludes the 1 LGSR covered in 2.4

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

2.4 There were 99 properties identified from the 2022 servicing program where the LGSR visit has been completed but the compliance team were unable to locate the LGSR evidence from the normal location within the enterprise system. As of August 31<sup>st</sup> 2023, this number had reduced to 1. The final property is now in the no access process.

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

2.6 Properties cannot reach stage 4 of the access process until they have gone past their anniversary date so therefore table 2 demonstrates that 9 properties have gone past their anniversary date due. 276 have not reached their anniversary date yet but they are at various stages of the access process following a failed first appointment



2.7

<b>Access Stage August 2023</b>		<b>Number of Properties</b>
<b>1</b>	No Access – carded property advising tenant to make another appointment (first visit)	50
<b>2</b>	8 Day letter sent advising to make appointment or legal action would commence (sent first class)	54
<b>3</b>	21 days abatement notice sent with letter (sent recorded delivery) – contact us and initiating court action	163
<b>4</b>	Expired LGSR (have or waiting for a court date to obtain warrant)	9
<b>Total Properties in the access process</b>		<b>276</b>

2.8 Details of the properties with a valid LGSR have been reviewed using Qlik, C365 and the no access officers information. There are 16 properties (not in the numbers above) where an issue with Open Housing will not release the LGSR to confirm completion. It has been confirmed that the LGSR visit has been completed. IT are working with Capita on a resolution.

## 2.9 Carbon Monoxide Detection Compliance

2.10 The Smoke and Carbon Monoxide Alarm (Amendment) Regulations came into force on October 1st, 2022. These require St Leger Homes to ensure that a carbon monoxide detector is in any room used as living accommodation where there is a fixed combustion appliance (not including gas cookers). There is also the requirement to ensure that alarms are repaired or replaced once informed and found that they are faulty.

2.11 To date 16,601 gas services have been completed. During each service a CO detection device is being fitted and tested. Reports are generated from Open Housing and triangulated with the LGSR programme to confirm that CO detection is installed. This report is run monthly and the comparison is taking place. 1,832 Properties are being re-attended to fit new CO detection as the validation identified that new CO alarms were not fitted during a specific period of those 1,832 Properties. At August 31<sup>st</sup> 2023 there have been 315 of the 1,832 have had CO detectors installed.

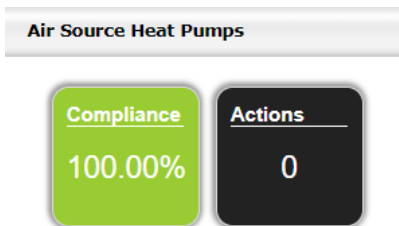
## 2.12 Solid Fuel Compliance

There are currently 79 properties which have a solid fuel-burning appliance within the property. Previously we had 87. Eight properties have had the solid fuel heating appliance removed. Seven were converted to natural gas and are on the LGSR programme and one was converted to LPG and added to the LPG programme. One property is out of compliance and in the no access process. Solid fuel heating appliances are removed from properties when they are void. Residents of the properties with solid fuel burning appliances are being contacted offering alternative fuel supplies to eliminate the presence of solid fuel burning appliances in SLHD properties.



### 2.13 Air Source Heat Pumps (ASHP) compliance

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



### 2.14 Unvented Systems Compliance

Currently there are 41 confirmed sites where unvented cylinders are present. Two are out of compliance and access attempts are being made.



### 2.15 District Heating Compliance

District heating has 3 main burners in the boiler house at Milton Court; these burners supply all the Balby Bridge estate. The burners underwent their annual services in June 2023.



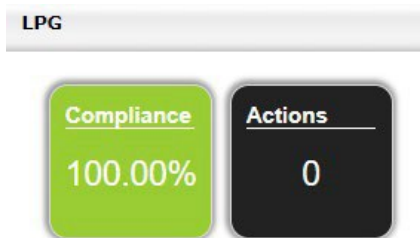
## 2.16 Biomass Compliance

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



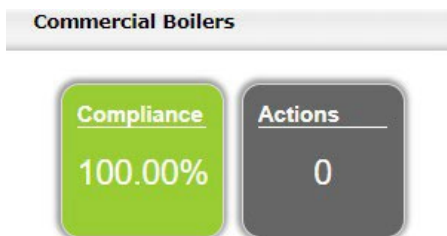
## 2.17 LPG Compliance

All 13 LPG properties are compliant.



## 2.18 Commercial Boilers Compliance

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



## 3.0 Electrical Safety

### 3.1 Electrical Installation Condition Reports (EICR) Programme

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

### 3.3 Table 3: Compliance reporting on domestic EICR Programme

3.4

Domestic EICRs									
Contractor	Total Number Issued 1st April 23-24	Completed 1st Quarter	July	Aug	Sep	Complete 23-24 (YTD)	Remaining	Over 5 year	Over 10 years
ISP	4,341	41	74	77	NA	192	4,149	0	18
Dentons	2,370	569	375	313	NA	1,257	1,439	1,752	175
KLW	699	175	169	144	NA	488	211*	490	0

\*KLW will be passed a further 250 EICRs which are not currently added to the total

3.5 There are 7,410 residential properties which require the EICR to be completed between April 1<sup>st</sup> 2023 and March 31<sup>st</sup>, 2024. This includes 2,242 which have an EICR with a date within 10 years. Table 3 demonstrates performance against the programme. External Service providers (ESP) are being used for additional capacity until more robust arrangements are made as detailed in 3.10.

### 3.6 Table 4: Compliance Reporting on Communal EICR Programme

3.7 There are 89 communal properties which require the EICR to be completed between April 1<sup>st</sup> 2023 to March 31<sup>st</sup>, 2024. These are completed by the ISP. Table 4 demonstrates performance against the programme.

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

### 3.8 Table 5: EICRs over 10 years old

Total number of properties out of compliance with an EICR over 10 years old	193
Included within the 193 the total number that are void properties	5
Out of the 193 properties the number of properties where the EICR has been completed and the compliance team are awaiting EICR certificates for validation.	7

3.9 At the end of August 2023 193 properties had EICRs that are over 10 years old and are

being visited as a priority. Out of the 193 properties, 18 are with ISP to complete the EICR. Out of the 18 with ISP, 7 of these have had the EICR completed; however, the EICRs have not been received by the compliance team to date. Also within the 18 are 5 void properties. The remaining 175 are currently with ESP. The oldest property with an over 10 year old EICR was due in April 2022.

- 3.10 Work is ongoing to monitor the EICRs similar to the no access stages of the LGSR, for the properties that are currently at the over 10-year EICR stage. We intend to attempt 3 visits before the anniversary of the property leaving a card that advises the tenant to make another appointment, once all 3 attempts have been attended, the property will be handed over to the housing management team to work with the resident and assist in gaining access. When the anniversary date has expired, Housing Management will immediately send an 8 Day letter advising the resident to make appointment or legal action would commence, if no correspondence from the tenant, then a 21-day abatement notice sent with letter to contact us and start initiating court action. If still no correspondence, we will send to CDC's Legal Team to start legal action in the form of an injunction
- 3.11 The electrical tender (Consumer unit replacements and Electrical testing) is at the award stage. Contract award notices for 3 contractors were issued on September 1<sup>st</sup> 2023. The standstill period will now end on the 15<sup>th</sup> September 2023 following many clarifications with an additional 2 weeks on the timeline as a result. As with all tenders, this is subject to receiving no legal challenges during the standstill period, therefore September 16<sup>th</sup> 2023 will be the earliest date we can engage with contractors arrange pre-start meetings and agree the delivery of the works, subject to no challenges.
- 3.12 To ensure we continue to meet the programme requirements, we have also taken the decision to extend current Electrical testing (EICR) arrangements with our existing contractors KIW and Denton & Nickels. This will ensure our EICR programme is not impacted by any hold ups with pre-start meetings or programme start dates with the Consumer Unit/EICR programme.

## 4. Fire Safety

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

#### 4.1 Table 6: FRA Programme compliance

Total numbers FRA completed in August 2023	14
Total numbers FRA with an review date in August 2023	0
Total number of properties on programme	515
Total number of properties with a compliant FRA	515 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

#### 4.2 Fire Door Inspection Programme

#### 4.3 Table 7: Compliance reporting fire door inspection programme

	Number of doors
Total number of flat entrance fire doors inspected	381
Total number due flat entrance fire doors still to inspect	222
Total number of common area fire doors inspected during August 2023	0
Total number of common area fire doors due during August	0

4.4 The Building Safety Team have been busy identifying all of the fire doors across areas of the district in order to categorise these and ensure that there are appropriate inspection frequencies in place to meet the requirements of the Fire Safety Regulations 2022. These Regulations apply to all buildings in England that comprise two or more domestic premises (including the residential parts of mixed-use buildings) although there are more requirements depending on the height. However, each building where there are two or more dwellings the Responsible Person -

- must display fire safety instructions in a conspicuous part of the building. The instructions must be in a comprehensible form that residents can reasonably be expected to understand and must also be provided directly to new residents as soon as reasonably practicable after they move into their accommodation, as should also be the case if there are any material changes to the instructions (e.g. as a result of alterations to the building). In addition, these instructions should be reissued to all existing residents at periods not exceeding 12 months.
- must also provide relevant information about fire doors, particularly residents' flat entrance doors, as these play an important part in containing any fire within the flat in which it starts. In particular, we must provide information to all residents to the effect that all fire doors should be shut when not in use, residents or their guests should not tamper with self-closing devices on fire doors and residents should report any fault with, or damage to, fire doors immediately to the Responsible Person
- Again, the information about fire doors must be provided to residents as soon as reasonably practicable after they move into their flat and at periods not exceeding 12 months thereafter.

4.5 Regulation 10 of the Fire Safety Regulations 2022 requires that, if the top storey of the building is above 11m in height (typically, a building of more than five storeys) the Responsible Person must:

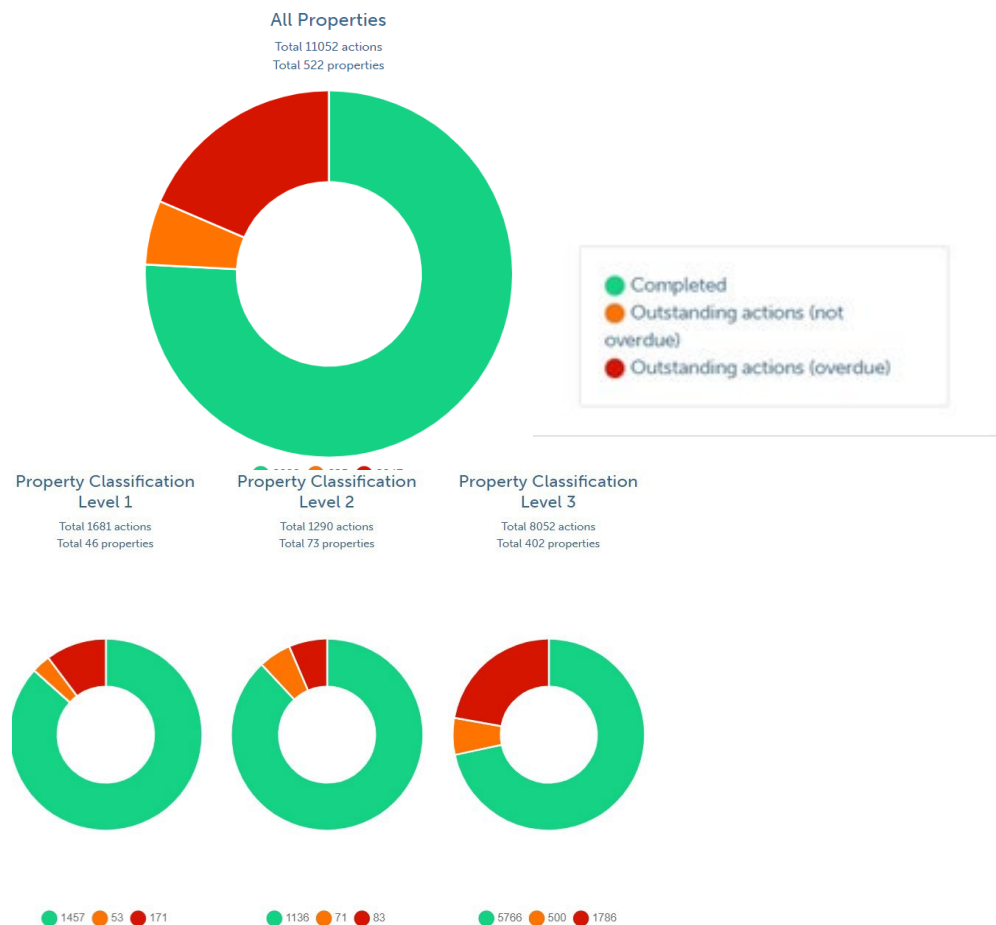
- use best endeavours to check all flat entrance fire doors at least every 12 months; and
- carry out checks of any fire doors in communal areas at least every 3 months.

These inspections are completed by the Building Safety Team and a fire door register is being created within C365. SLHD has determined that we have 9 buildings where the enhanced checking of fire doors needs to be completed to date we have identified and recorded 603 flat entrance doors (FED) and 319 communal doors. Once all of the doors have been identified, inspected, asset tagged and recorded centrally on C365 the inspection program will be smoothed to cover the year providing regular assurance on fire door compliance. The current compliance position is reported in table 7.

#### 4.6 FRA Actions

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

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



4.7 In total 11,052 actions have been identified through FRAs. 8,380 actions have been completed leaving 2,672 actions open. Of these 2,047 actions are overdue. A 10-year programme of work has been developed, starting 2023/24, to address existing actions. This piece of work is in discussion with the Building Safety Group with City of Doncaster Council and a report presented to EMT with proposals for a programme of work. Further discussion will take place at Building Safety and Compliance Committee. Actions dates can then be managed within systems to set new due dates based on the programme.

4.8 Future reports will include progress against the 10-year programme once agreed by the stake holders, concentrating on those actions that are due in year regardless of level.

**4.9 Table 8: FRA Level one actions and progress**

Level one buildings include high-rise buildings and specialised housing inline with the specialist housing guide. There are 224 open actions currently on level 1. 53 are in progress and 171 are overdue. 70 relate to project work at Milton Court and Heartswood. Works are ongoing at Milton Court with pre-construction information being gathered for Heartswood.

	June	July	August
Cumulative Total Completed	1,400	1,439	1,457
In Progress	115	71	53
Overdue	166	171	171

**4.10 Table 9: FRA Level two actions and progress**

Level two buildings include communal halls, caravan sites, low rises (dependent on storeys / number of flats), offices. There are 154 actions open currently on level 2. 71 are in progress and 83 are overdue.

	June	July	August
Cumulative Total Completed	1,068	1,113	1,136
In Progress	98	88	71
Overdue	89	89	83



#### 4.11 Table 10: FRA Level three actions and progress

Level three buildings include low-rise blocks (dependent on storeys / number of flats. There are 2,286 actions open currently on level 3. 500 are in progress and 1,786 are overdue.

	June	July	August
Cumulative Total Completed	5,415	5,610	5,766
In Progress	603	637	500
Overdue	1,794	1,805	1,786

#### 4.12 Residential Site Fire Barriers

St Leger Homes Doncaster manages three Residential/ Park Homes sites: Orange Croft at Tickhill, Cow House Lane at Armthorpe and Mount Pleasant at Moorends, across the three sites there are a total of 79 plots. Approval was granted via an Executive Decision Record in September 2021 to install a fire barrier along the boundaries between each of the residential properties. The Savills Fire Engineer’s recommendation is that the feasibility of being able to practically install fire barriers is no longer considered a viable option as this would create dark claustrophobic areas devoid of light and greatly reduce quality of living for residents of the sites. The Fire Engineer has also clarified that the use of a Commercial Sprinkler System (CSS) would not be effective due to the proximity of the caravans to each other and the uneven facades and eave lines. The Fire Engineer also concluded that the use of an internal sprinkler system, within each park home is not a viable option as it would not be guaranteed to be effective. Following discussion between the Fire Engineer and other Fire Engineers at Savills with similar residential parks in their portfolio they all agreed and concluded that “the site does not meet the recommendations in current guidance in terms of spacing requirements and / or fire separation – and it seems impossible to achieve that standard now”.

4.13 The Fire Engineer recommends that SLHD arrange for a fire alarm to be installed within each park home and that each home is fitted with heat detection and sounder(s). This would be a common system and should any park home be affected by fire the heat detection would be activated and each of the residents in neighbouring homes would be alerted via a common alarm providing enough time for them to safely exit their property. It is acknowledged that this recommendation is a departure from the initial proposal to install fire barriers, and from the subsequent proposal of a CSS. However, the Fire Engineer from Savills has consulted nationally on the specific issue of fire detection in Park Homes sites and it is their professional recommendation that SLHD install a life safety system. This proposal is now progressing through various committees and groups whilst the scheme is work up for progression as soon as approval is received.

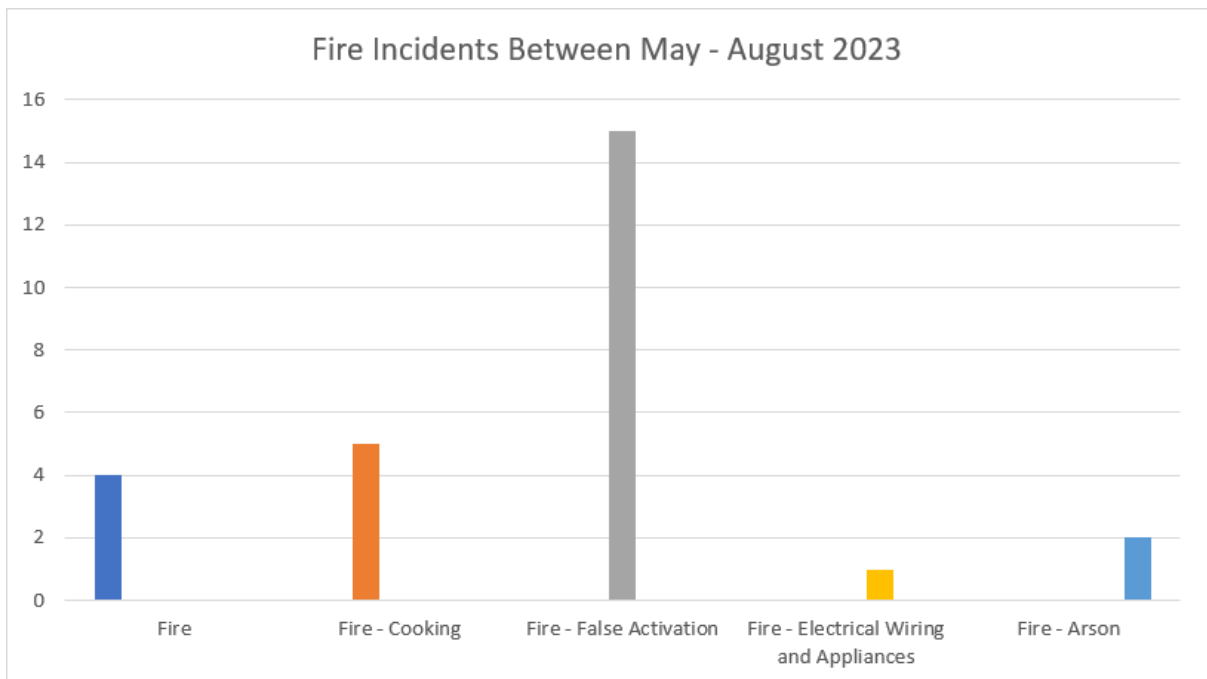
#### 4.14 Building Safety External Façade Update

The ESP, Wates, are onsite at Balby Bridge. Mast climbers are in place on Sandbeck House and Firbeck House and have now been installed on Cusworth House. The EWI has been stripped completely from Sandbeck & Firbeck House and the structural survey has been completed the report with any remedial actions has been received and the structural remedial works have been completed Sandbeck House. Structural works are also underway on Firbeck House A revised programme was received from Wates on Friday August 18th 2023 to cover the additional works which need to be completed in a sequential form. These will be completed in the following order,

- façade repairs
- new roof parapet detail
- new roof replacement,
- new balcony deck details,
- then EWI.

4.15 The project is being project managed by AHR and Danny Boardman, Head of Building Safety, is acting is project sponsor the new timeline for the completion of the project for all five buildings is October 2025. Coordinated site visits are taking place between the SLHD H&S Team and Wates H&S team. Monthly progress meetings are held between key stakeholders and Wates Contractors to monitor progress against programme and raise any concerns that may cause a delay to the delivery of the scheme

#### 4.16 Graph 1: Fire Related Incidents



4.17 Graph 1 shows the number of fire related incidents reported since the last full performance report. There has been a total of 27 incidents from May – August. These trends will continue to be monitored and any fires in level 1 residential buildings result in a notification paper to go to EMT and subsequent relevant operational committees.

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

## 5. Asbestos

### 5.1 Table 11: Compliance Reporting Reinspection Programme

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

5.2 The reinspection programme is currently migrating from being managed by a spreadsheet onto C365. Contractors are directly uploading completed re-inspections onto C365 through a quality control process to then directly update the asbestos register.

5.3 We continue to look for opportunities to gather more data from surveys in properties to recoup information not migrated to C365. Increased survey contractor and asbestos officer capacity is supporting this process without detriment to operational delivery; without these resources being in place we would not be able to have the confidence in the effective management for asbestos. 1854 surveys have been completed so far, this financial year over all work streams. 9919 properties (44.83%) now have valid asbestos information on C365. This is a 0.78% increase on the previous report.

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

## 6. Water Management

### 6.1 Table 12: Compliance Reporting Legionella Risk Assessments (LRA) Programme

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

6.2 LRAs are showing at 100% on C365 with 251 actions requiring remedial works, this is a decrease of 7 actions from the previous month. Actions are monitored by the Water and Lifts Compliance Officer and as remedial work is carried by the ISP the actions are closed down on C365. Where appropriate the due dates on actions is being reviewed with the ISP team. A number of actions require an ESP to complete them and this has been contracted out.

6.3 It has been agreed that the ISP's Mechanical Team are to start working through high risk remedial actions and are aimed to complete these actions by the end of September.



#### 6.4 Water Systems Monitoring Activities

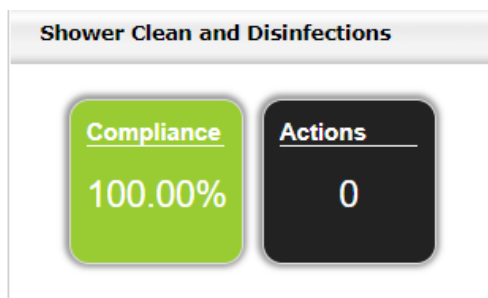
#### 6.5 Cold Water Storage Tank (CWST) Inspections

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



#### 6.6 Shower Cleans and Disinfections

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



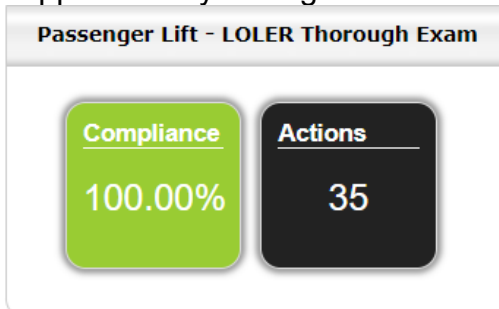
## 7. Lift and Lifting Equipment (LOLER) Management Programme

### 7.1 Table 13: Compliance reporting on LOLER passenger lift programme

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

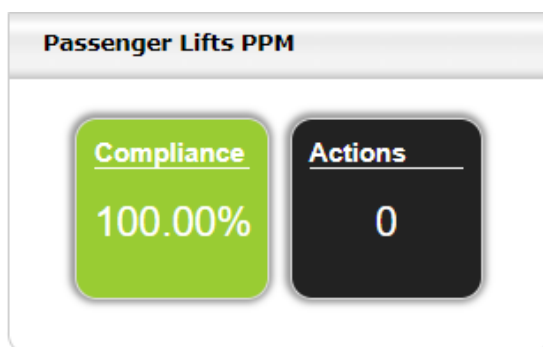
7.2 All LOLER thorough examination and planned servicing information has been migrated into C365 which allows programme delivery and compliance performance to be tracked. The Water and Lifts Compliance Officer has direct access to the insurers portal to upload certification onto C365. There is also the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

7.3 The actions have stayed the same as the previous month. Orders have been raised from the Mechanical Team for our maintenance contractors to work through the supplementary testing.



### 7.4 Passenger Lift Planned Maintenance Programme

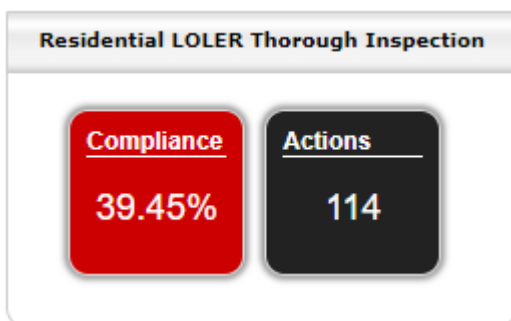
A routine planned maintenance programme is in place carried out by specialist lift contractors. This is monthly on properties over 3 floors and every 2 months on lower rise properties. This is now being monitored for compliance through C365. This frequency is a contract requirement.



## 7.5 Residential Lifting Equipment

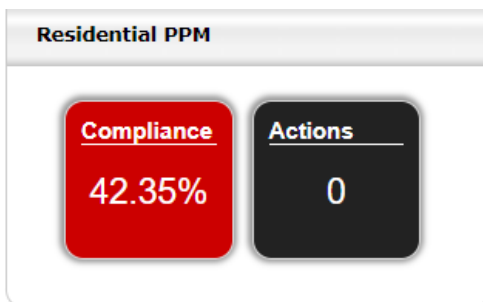
## 7.6 Residential LOLER Thorough Inspections

There are currently 621 properties on the programme requiring thorough examinations. These are being uploaded to C365 as they are received and validated as they go on. The new ESP for thorough inspections have commenced with the aim of improving compliance ensuring each thorough examination is completed every 6 months.



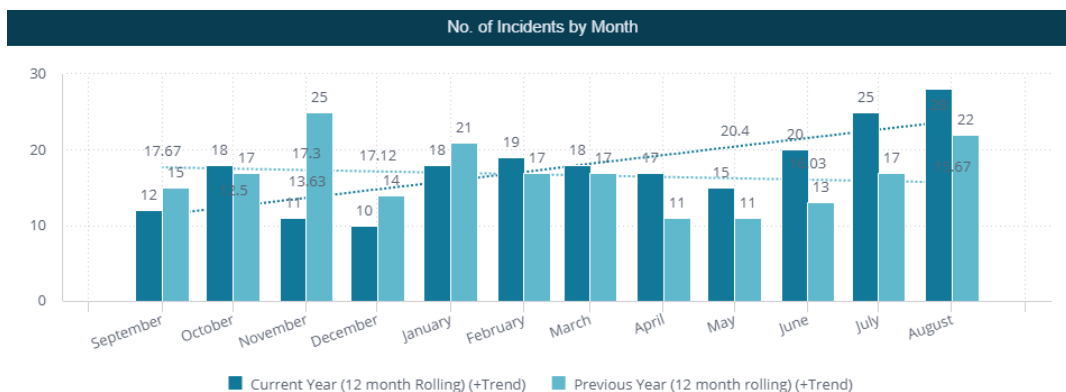
## 7.7 Residential Planned Preventative Maintenance Programme

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



## 8. RIDDOR, Incidents and Accident Update

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



8.2 Graph 2 shows the accident and incident performance over a rolling year recorded via the EVOTIX accident reporting system. In August there were 20 incidents reported these are broken down into –

- 9- Violence & Aggression
- 5 - Near Misses
- 2 - Not work-related non-employee
- 1 - Physically Assaulted by a person
- 1 - Injured While Handling, Lifting or Carrying A Load
- 1 - Tripped on The Same Level
- 1 - Vehicle Damage

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

8.4 Two RIDDOR reports were submitted in August. One involved in an injury sustained by an employee who lost footing when walking downstairs in an office. The investigation did not identify any issues with the stairs.

8.5 The second RIDDOR was a dangerous occurrence relating to an accidental release of asbestos containing material. A serious and untoward incident report has been submitted to EMT and the HSE have confirmed no further action is being taken. Toolbox talks will be delivered through services and at Property Services Away day.

## **9. Consolidated Action Plan**

9.1 14 actions were closed on the consolidated action plan since the last full safety and compliance performance report in April 2023. Dates have been reviewed along with priority rating.

## **10. Damp, Mould and Condensation (DMC)**

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

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

- 1,358 customer requests for a damp inspection between 2 January 2023 and 03 September 2023, relating to 1,243 properties.
- From 04 September 2023 onwards: 169 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 04 September is currently 11 September 2023 in all areas

## **11. Link to Risk Register/Any New Risks**

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

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

## **12. Procurement**

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

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

## **13. VFM Considerations**

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

## **14. Financial Implications (provided by the Finance Team)**

14.1 Fire Risk assessments are projecting to be £65k over budget due to increase costs on level 3 FRA's; an additional nine level one building to the programme for Children Services living project and £15k for Riskhub (compliance data management) that was not in the original budget.

## **15. Legal Implications**

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

## **16. Risks**

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

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

## **17. Health, Safety & Compliance Implications**

17.1 Within the report.



## **18. IT Implications**

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

## **19. Consultation**

- 19.1 Not applicable.

## **20. Diversity**

- 20.1 Not applicable.

## **21. Communication Requirements**

- 21.1 Not applicable.

## **23. Equality Analysis (new/revised Policies)**

- 23.1 Not applicable.

## **24. Environmental Impact**

- 24.1 Not applicable.

## **25. Report Authors, Position, Contact Details**

- 25.1 Laura Dougan  
Health, Safety and Compliance Service Manager  
01302 862956
- 25.2 Jordan Rowe  
Electrical Compliance Officer  
01302 862339

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Damp, Mould & Condensation – Category 1 and 2 Hazards
<b>Action Required:</b>	For information and noting
<b>Item:</b>	09
<b>Prepared by:</b>	Christine Tolson, Head of Asset Management
<b>Date:</b>	05 October 2023

### 1. Background

#### 1.1 Regulator Request for Information

In November 2022, the Regulator of Social Housing wrote to all housing providers to seek assurances on the approach being taken in relation to managing damp and mould in tenants' homes.

1.2 The Regulator asked a series of specific questions for which it wanted a response. The questions asked were as follows:

- Firstly, your approach to assessing the extent of damp and mould issues affecting your properties, including how you assess the prevalence of category 1 and 2 damp and mould hazards.
- Secondly, and in the context of that approach, your most recent assessment of the extent of damp and mould hazards in your homes, including the prevalence of category 1 and 2 damp and mould hazards.
- Thirdly, given those findings, the action you are taking to remedy any issues and hazards, and ensure that your homes meet the Decent Homes Standard.
- Lastly, tell us how you ensure that individual damp and mould cases are identified and dealt with promptly and effectively when raised by tenants and residents.

#### 1.3 Housing Health and Safety Rating System

The reference to Category 1 and Category 2 hazards relates to the Housing Health and Safety Rating System (HHSRS), introduced following the Housing Act (2004).

1.4 HHSRS is a risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. It was mainly developed as a tool for Environmental Health Officers to support enforcement.

- 1.5 The current HHSRS system consists of 29 different types of hazards. Damp and Mould is one type of hazard under HHSRS. Excessive cold is another type of hazard under HHSRS. Other examples of hazard types include electrical hazards, falls from height and hygiene.
- 1.6 The system is complex and uses a scoring mechanism that assesses hazards in the home and the chance of harm from these, how serious the harm would be, and any extra risk to children or older people. This results in a score being calculated for each hazard identified. The resultant score then determines what banding the hazard is (between A to J). Any score within the A-C banding is classed as a Category 1 hazard. Category 1 hazards are those deemed to be the most serious. Any score within D-J banding is considered a Category 2 hazard.
- 1.7 Despite the primary purpose of HHSRS being for use by Environmental Health Officers, there is an expectation, based upon previous government guidance, that the identification of hazards under HHSRS forms part of any stock condition surveying process adopted by housing providers. The current decent homes standard also includes a criterion that properties should 'meet the current minimum standard for housing.' This means that housing should be free from category 1 hazards under HHSRS in order to meet the decent homes standard.
- 1.8 The HHSRS system is currently under review, and it is expected that the number of hazard types will be reduced and attempts made to try and simplify the system and scoring process.

## 2. **St Leger Homes' Response on behalf of City of Doncaster Council**

### 2.1 Background Context

St Leger Homes provided a response on behalf of the council by the specified deadline. At the time of providing the response (16 December 2022), a second round of circa 3,000 stock condition surveys were part-way through being carried out for SLHD by Savills. This was in addition to an earlier phase of stock condition surveys also carried out by Savills for another 3,000 properties. As part of the stock condition process carried out by Savills, a 'light touch' HHSRS assessment was undertaken. As the stock condition surveying was still underway, not all 3,000 properties in the second phase had been assessed and therefore SLHD could only report on the information it held at that point in time (i.e. phase 1 and part of phase 2).

### 2.2 Reported Hazards

Taking into account that the latest round of stock condition surveys was still ongoing, SLHD, on behalf of City of Doncaster Council reported the following information to the Regulator:

<b>Hazard</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Total</b>
Damp & Mould	0	723	723
Excessive Cold	1	Not reported	1
<b>Total</b>	<b>1</b>	<b>723</b>	<b>724</b>

- 2.3 The figures reported were based on a total of 9,539 stock condition surveys having been completed at that time (some by Savills and some by our in-house surveyors). It should be noted that some of the surveys completed were for non-domestic buildings/areas (i.e. communal halls, shops or communal areas of blocks of flats).

## 2.4 Updated Position

Since the response to the regulator, further stock condition surveys have been completed and the latest position in relation to identified hazards is as follows:

<b>Hazard</b>	<b>Category 1</b>	<b>Category 2</b>	<b>Total</b>
Damp & Mould	2	758	760
Excessive Cold	1	169	170
<b>Total</b>	<b>3</b>	<b>927</b>	<b>930</b>

2.5 This is based on 10,108 stock condition surveys having been completed. Again, this is the total number of surveys completed and includes non-domestic buildings and areas.

2.6 More information about the 3 category 1 hazards can be found at Appendix 1.

## 3. **Concerns over the volume of category 2 hazards**

### 3.1 Response from the regulator

In March 2023, the regulator responded to the submission made by SLHD in December 2022. Within this response they noted that Doncaster had ‘a significantly above average prevalence of Category 2 damp and mould cases.’ However, there was no further information or context provided on the numbers reported by other housing providers to be able to make our own comparisons.

3.2 The Regulator went on to say that ‘I am therefore writing to suggest that you review your responses and assure yourselves that your approach is robust and effective. We will be following up on this in our future planned regulatory engagement with you. This will include a specific focus on your understanding of the condition of your housing stock and the effectiveness of your repairs and maintenance service, including the management of damp and mould.’

## 4. **Comparison with other housing providers**

4.1 We are aware that in terms of the regulator’s request for information:

- 386 landlords responded
- 55 landlords returned ‘poor’ responses (not SLHD)
- 11 landlords reported over 50 HHSRS Category 1s (not SLHD)
- 53 landlords reported over 100 Category 2s (this does include SLHD)

4.2 SLHD is therefore not alone in reporting the presence of category 2 hazards. However, this does not detract from the fact that a high number of category 2 hazards was reported.

4.3 It has been difficult to obtain more detailed information to understand how the volume of category 2 hazards reported by SLHD compares with the other 52 landlords who reported over 100 hazards of this type and why this might be the case.

4.4 To date the following information has been ascertained from direct contact with other housing providers:

<b>Provider</b>	<b>Cat 1s reported</b>	<b>Cat 2s reported</b>	<b>Total</b>
SLHD	1	723	724
Provider A	0	Handful	Handful
Provider B	119	0	119
Provider C	9	293	302
Provider D	0	0	0
Provider E	0	0	0

4.5 Based on the small sample above, it is clear that the numbers reported by SLHD were higher than other housing providers.

4.6 Through discussions with other housing providers to try and understand the reasons why SLHD reported a much higher number of category 2 hazards in particular, several things have become clear:

- Housing providers are all at different stages of their stock condition surveying process. Some providers were at the early stages of their programme when they responded to the regulator and therefore had limited information to report on. So low number of hazards reported could genuinely have been low numbers, or it could have been simply that there was limited data available. From the providers we have spoken to, we believe it is more likely the latter. Without the context behind each submission to the regulator it is difficult to therefore understand the genuine prevalence of damp and mould problems in relation to their overall stock size and how this compares with Doncaster.
- Not all housing providers were recording category 1 and category 2 hazards at the time of responding to the regulator, this is evidenced by at least 2 of the comparable organisations in the table above who reported 0. If the data wasn't being collected it could not be reported. So again, low numbers reported by other housing providers could be because there are genuinely low numbers, or it could simply be down to the lack of data at that time. Again, having spoken to the 2 comparable providers who reported 0, they have confirmed it was because they had not been collecting this information. This was also a concern for the regulator as it indicated a lack of knowledge of the housing stock.
- There appear to be differing approaches to how each provider is assessing and categorising hazards, particularly when they are not undertaking fully scored HHSRS assessments. Even scored HHSRS assessments involve a degree of subjectivity. This means that where one provider might categorise an issue as category 2, another provider might not categorise it as a hazard at all.

4.7 Savills, who carried out our stock condition surveys, have advised that their experience is also that there has been no consistency on how housing providers have gathered, recorded, and reported the prevalence of damp and mould hazards to the regulator. For example, they are aware that some providers reported solely based on the number of disrepair cases they had received and not based on stock condition surveys. They go on to say that they are aware of one housing provider in the North-West who reported 5,000 category 1 and category 2 hazards. The other extreme is another national housing provider with a large stock portfolio, who only reported 50 cases. However, recent stock condition surveys to approx. 20,000 properties for the same national provider have now found closer to 6,000 hazards. This shows a flaw in the original figure reported to the regulator and this level of hazards is a much higher percentage of their stock than what was reported in

Doncaster.

- 4.8 The inconsistency in how hazards have been reported across the sector is a concern that Savills have raised and discussed directly with the regulator.
- 4.9 Savills have provided reassurance that SLHD's position is comparable with other housing providers they are now working with to carry out stock condition surveys. They are happy to attend a future board/committee meeting to share further their wider knowledge and experience gained from carrying out stock condition surveys for other providers in order to provide further reassurances that SLHDs approach has been robust, and that conditions within our housing stock are in fact comparable with our peers.

## **5. SLHD's approach to identifying category 1 and category 2 hazards**

- 5.1 Savills, acting on behalf of SLHD, took a very rigorous approach to recording and reporting damp and mould issues in both phases of the stock condition surveys undertaken. However, a far 'stricter' approach was taken in phase 2 given the tragic events emerging from Rochdale and the ongoing coroner case at the time the second phase was being undertaken.
- 5.2 For example, in the second phase of surveys, if any evidence of mould, no matter how small, was identified within a kitchen, this automatically was recorded as a 'slight' issue (which then makes it a minimum of a category 2 hazard). The surveyor would then use their experience and opinion to determine whether the amount of mould warranted an even higher rating. If mould was found in a living room, again, no matter how small, this was automatically recorded as a 'moderate' issue (which also makes it a minimum of a category 2 hazard).
- 5.3 When categorising whether to record as slight, moderate or severe (the latter would be a category 1 hazard), the surveyor will always base this on the most vulnerable group living at the property (a child under 14 with underlying health conditions) irrespective of whether this applies to the current household or not. This is on the basis that the occupants could change at any time.
- 5.4 The potential cause of the presence of mould is also not a consideration. This means issues of managing condensation will be equally recorded along with issues that could be fabric of the building related.
- 5.5 Moving forward, under current proposals for changes to the decent homes standard, it is being suggested that the new standard will include 'a baseline standard that no room in a property should have an observable level of mould growth or deterioration of finishes that exceeds 5%.' It is believed that a high proportion of the properties identified and reported as a category 2 hazard by SLHD to the regulator, would have been below this 5% threshold.
- 5.6 We do not know how rigorous an approach other housing providers have taken in comparison with SLHD. There is belief that not all providers will have taken the approach SLHD have, and it is thought that this rigorous approach goes some way to explaining the high number of category 2 hazards identified.
- 5.7 Given our zero-tolerance approach to issues of damp and mould, SLHD feels that the approach it has taken is the right one. Whilst this has meant a high number of category 2 issues having been identified and reported to the regulator, with no doubt more to come in future as more stock condition surveys are undertaken, the view is that this will allow any issues, no matter how minor, to be noted and appropriate early intervention taken, ensuring our tenants can live in safe, good quality homes, free from hazards.

5.8 To provide further context, photographs of the type of problems identified under the different bandings of 'slight', 'moderate' and 'severe' are included at Appendix 2.

## **6. Dealing with the issues identified**

6.1 All hazards identified are being followed up to ensure appropriate action has been taken. Where the issue has been addressed, the hazard categorisation can be removed and our data updated accordingly. Where the issue is still ongoing, the hazard categorisation will remain in place until resolved and appropriate action is being put in place to remedy the situation.

6.2 Given the volume of hazards to be checked (930), this is taking some time to work through alongside dealing with newly emerging damp and mould issues (where demand has increased significantly). Continued challenges in recruiting and retaining staff in the newly created Damp & Mould Team is also impacting on the speed in which these issues can be checked. The intention is to complete this exercise prior to the end of the calendar year. Progress updates will be regularly reviewed by the Executive Management Team to provide ongoing reassurance that this work is progressing well, and that hazards are being addressed.

6.3 There is also further work needed to record and document all identified hazards on our housing management system, as currently HHSRS data is not stored here. Work on this has now started, with the intention to complete before the end of the financial year.

## Appendix 1

### Summary of the three Category 1 hazards identified

#### Property 1

##### Category 1 Damp & Mould Hazard

- 3 bedroom bungalow in Armthorpe.
- Recorded as having damp & mould throughout the property, although photographs only show issues in the bathroom.
- Repairs now completed to address issues identified. Final inspection to be undertaken to confirm no further problems before removing hazard rating.



#### Property 2

##### Category 1 Damp & Mould Hazard

- 2 bedroom bungalow in Skellow.
- Recorded as having damp & mould in the second bedroom.
- Repairs now completed to address issues identified. Final inspection to be undertaken to confirm no further problems before removing hazard rating.



#### Property 3

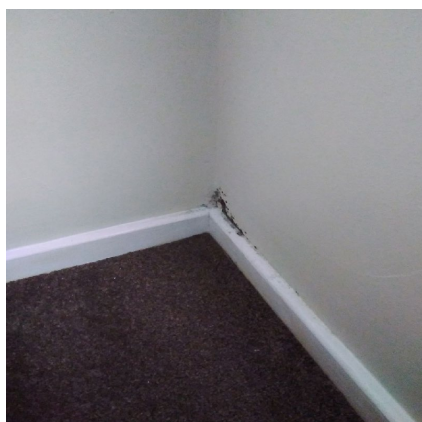
##### Category 1 Excess Cold Hazard

- 2 bedroom bungalow in Edenthorpe.
- Boiler was not working on the date of the stock condition survey.
- Boiler was repaired and heating restored - hazard no longer relevant.

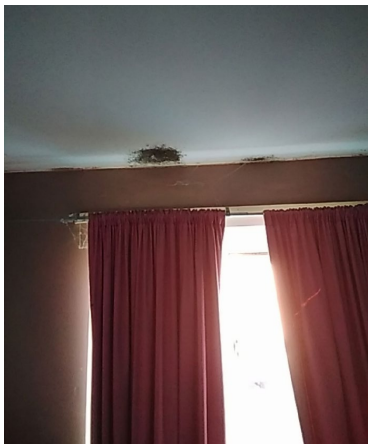
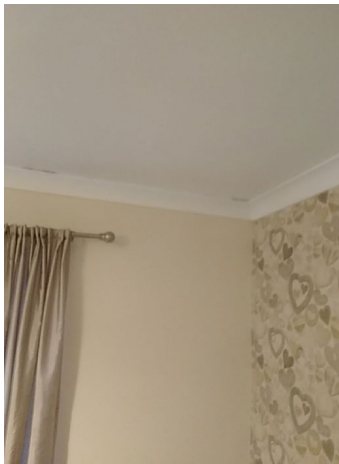


## Appendix 2 – Examples of Damp & Mould found through Stock Condition Surveys

The following are examples of Category 2 (Slight) damp and mould hazards identified through the stock condition surveying process.



The following are examples of Category 2 (Moderate) damp and mould hazards identified through the stock condition surveying process.



The following are examples of Category 1 (Severe) damp and mould hazards identified through the stock condition surveying process.



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD**

# **REPORT**

**Date** : 05 October 2023

**Item** : 10

**Subject** : Asset Management Strategy – Annual Update – 2023

**Presented by** : Chris Margrave  
Director of Property Services

**Prepared by** : Dean Leggott  
Asset & Sustainability Service  
Manager

**Purpose** : To update Board on the delivery of the Asset Management Strategy 2021-2024

**Recommendation :**

None. For information only.

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. 10  
Date: 05 October 2023**

**1. Report Title**

1.1 Asset Management Strategy – Annual Update (2023).

**2. Executive Summary**

2.1 Board approved the Asset Management Strategy 2021 to 2024 in August 2021. A progress update report was provided in August 2022 covering year one of the strategy. This further update provides a progress report on what has been achieved in year two and what is planned for the remaining year of the strategy.

**3. Purpose**

3.1 For Board to review the delivery of the Asset Management Strategy to date.

**4. Recommendation**

4.1 None. For information only.

**5. Background**

5.1 The Asset Management Strategy 2021 - 2024 sets out a vision for a home standard for Doncaster's Council Homes. That vision is enshrined in the statement below:

**'Homes that are modern, safe, energy efficient, sustainable, well placed, resilient, digitally included and contributing'.**

5.2 In order to achieve that vision, the Asset management Strategy contains a number of cross cutting strategic objectives:

- Operational Efficiency
- Asset Intelligence
- High Rise Blocks (Viability)
- Capital Investment
- Carbon Reduction
- Building Safety



To help achieve these strategic objectives, and ultimately the asset management strategy, 11 specific actions were developed:

- Create new structures and roles that are better aligned to asset management strategic priorities.
- Pilot connectivity solutions in homes to improve maintenance services and save residents money
- Implementation of C365 Building Safety and Compliance System
- Implementation of Open Housing including planned maintenance module
- 100% recent (within 5 years) stock condition surveys
- NPV asset modelling including social factors leading to asset grading, followed by option appraisal on worst performers
- Comprehensive strategy covering building safety, registration, net zero carbon and option appraisal.
- Long term investment and procurement plan including decent homes replacements, building safety and net zero carbon.
- Three stage strategy, including, feasibility, followed by fabric first improvements and then low carbon heating
- All homes to be EPC C (SAP 69) minimum by 2030 to reduce risk of fuel poverty to 5%
- Property Compliance Framework for all six areas of compliance using C365

This report provides an update on the progress made on delivering these 11 actions.

## **6. Annual Review – Progress Update**

- 6.1 Of the 11 specific actions that form the Asset Management Strategy Action Plan:
- 2 are complete
  - 2 are on track
  - 7 are behind schedule
- 6.2 Further detail on each action including what the current position is, what has been completed, and what is still planned can be found in Appendix 1.
- 6.3 It is acknowledged that there are a number of actions, (7), that are currently behind the original target date set in the Asset Management Strategy. Recruiting and retaining staff within the Asset Management Team has been a significant challenge since the launch of this strategy and this continues to be the case, with a small number of key posts still remaining vacant and proving difficult to fill. This has negatively impacted upon the team's ability to fully complete all of the actions as planned, and deliver the ambitious agenda set out in the strategy, whilst also maintaining day-to-day service delivery.

- 6.4 Additionally, other emerging issues, such as responding to an increased demand relating to damp and mould, a range of building safety related issues, and priority projects, (such as Gypsy & traveller Site Investment), have necessitated the re-direction of some staff to help meet this demand and ensure the safety and needs of customers are met. This has particularly impacted on the progress made with stock condition surveys, which is behind schedule. Current internal resources are insufficient to bring the programme back on track and complete all remaining surveys (in line with the strategy), by Autumn 2024. Options to address this are currently being considered.
- 6.5 More recently, recruitment has been increasingly successful with just a small number of managerial roles remaining vacant. Whilst these are critical roles, there is growing confidence that these posts will be recruited to by the end of the calendar year. This will place the team in a positive position to push forward with momentum in 2024 and bring the majority of the remaining actions back on track.
- 6.6 Work on developing the new Asset Management Strategy will also commence early in 2024, with the plan being that the new strategy will be formalised towards the end of the year. The new strategy will need to take into account proposed changes to Consumer Standards (particularly the Safety and Quality Standard), and the Decent Homes Standard. Further emphasis will also be needed on how asset data and intelligence shapes and informs decision making and investment.

## **7. Procurement**

- 7.1 There are no procurement implications in this review.

## **8. VFM Considerations**

- 8.1 VFM is about achieving the optimum balance of cost and performance.
- 8.2 The strategy means increased spend by way of investment into properties. However, this investment will generate cost savings to SLHD by way of lower maintenance costs, and performance will also improve in a number of areas, namely repairs, energy efficiency, customer satisfaction, tenancy turnover and potentially arrears. A balanced scorecard of KPIs is approved by Board and CDC annually and monitored on a regular basis, together with a wider suite of cost and performance information, all of which enables assessment of VFM in delivering the strategy.
- 8.3 Many of the objectives contained in the strategy are designed to improve operational efficiency and our ability to deliver investment in an effective and efficient manner.
- 8.4 Investing in stock intelligence and assistive technology will help us to make the right decisions at the right time, investing wisely and avoiding abortive cost.

## **9. Financial Implications**

- 9.1 It is envisaged that the initiatives in the strategy can all be achieved within existing budgets, although the funding for net zero carbon works in later years have yet to be identified.
- 9.2 Four year budgets have been set for the improvements and investment within the Council's housing stock therefore we have clear financial budgets within which we must target our expenditure.
- 9.3 SLHD has a three-year budget strategy and these are approved by the Board in March each year.
- 9.4 Stock condition survey plans were produced in 2021/22 and budgets approved for 2021/22 and 2022/23 for surveys to be carried out. The results of the surveys will be used to inform medium and longer term financial planning.

## **10. Legal Implications**

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

## **11. Risks**

- 11.1 SLHD's strategic risk register includes a number of risks that apply to the successful delivery of the Asset Management Strategy including: political and local expectations (risk 3), retain a workforce (risk 4), building safety (risk 5), health and safety (risk 6) and governance (risk 7).
- 11.2 Continued vacancies especially in high-risk areas such as Damp and Mould place demand on other areas of the team in order that the highest priority services are delivered, this has impacted on the capacity of the team to deliver against other priorities.
- 11.3 The ability to strengthen our asset data through stock condition survey information continues to be a challenge. Whilst the data has been bolstered significantly by the surveys recently carried out by an external organisation, over 50% of the housing stock still needs a new and more recent stock condition survey. With only 3 in-house surveyors (who have been utilised to meet increased damp and mould demand, and may now also be needed to carry out checks for presence of RAAC concrete), it is not possible for all the remaining homes to be surveyed in the next 12 months, in line with the objectives of the Asset Management Strategy.
- 11.4 In house and external contractor capacity, wage and material cost pressures and availability continue to be a problem in construction and may adversely affect delivery of planned programmes.



## **12. IT Implications**

- 12.1 The introduction of Open Housing, as the master source for Asset information, and subsequently the implementation of C365, for managing compliance, has provided the foundations for ensuring asset information is accurate and available for the delivery of this strategy.
- 12.2 There are no other ICT implications arising from this report.

## **13. Health, Safety & Compliance Implications**

- 13.1 The Asset Management Strategy contains a specific objective and supporting actions to ensure that all assets managed by SLHD are decent, safe and meet statutory health, safety and compliance requirements. As is evidenced in the attached appendix, much work has been completed in relation to safety and compliance, particularly in relation to the roll out of C365 which provides an evidence base of asset compliance.

## **14. Consultation**

- 14.1 Not applicable

## **15. Diversity**

- 15.1 There are no diversity implications in this review

## **16. Communication Requirements**

- 16.1 There are no communication requirements arising from this review.

## **17. Equality Analysis (new/revised Policies)**

- 17.1 Not applicable

## **18. Environmental Impact**

- 18.1 This annual review of this strategy shows the progress we are making in reducing the environmental impact of the work that SLHD does and the impact its assets have upon the environment.

## **19. Report Author, Position, Contact Details**

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## **20. Background Papers**

- 20.1 Appendix 1 – Asset Management Action Plan Update

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	Progress	Status
1	Operational Efficiency	Realignment of Asset Management Team	Create new structures and roles that are better aligned to asset management strategic priorities.	New structures in place and staff in new roles able to reflect the demands of the service and react to the wider legislative framework .	2023 Q3	A new structure was agreed and launched in January 2023. This new structure provided an opportunity to re-focus resources on key asset related matters, such as stock condition and asset data. Whilst the structure has been successfully launched, filling all posts has been more challenging, with some posts still vacant. The remaining mainly managerial posts which have proven challenging to recruit to are moving forward and aim to be filled by December 2023.	Behind Schedule
2	Operational Efficiency	Use technological connectivity to improve management and maintenance of homes	Pilot connectivity solutions in homes to improve maintenance services and save residents money	Total of 20 homes included in a range of pilot projects	2022 Q4	5 homes in Fishlake to be completed as part of an initial pilot in Q3 2023. Work is also under way to identify 21 exemplar archetypes to enable pilot works to be undertaken during 2024, supported by external funding, to test solutions for possible scaling up to other properties at a future date.	Behind Schedule
3	Operational Efficiency	IT systems used to improve processes and deliver efficiencies	Implementation of C365 Building Safety and Compliance System	System set up with dash board to monitor compliance in all six areas	2022	Framework and dash board in place (see action 11)	Completed
4	Operational Efficiency	IT systems used to improve processes and deliver efficiencies	Implementation of Open Housing including planned maintenance module	Planned maintenance module up and running for all new planned schemes	2021	Work to implement the planned maintenance module has proved to be more difficult than originally thought. The planned maintenance module is now in use, and all ICT build completed, but is not yet fully asising the 23-24 planned programmes of work, especially with external contractor management. This will continue to be rolled out in phases during the final year of the strategy.	Behind Schedule

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	Progress	Status
5	Asset Intelligence	More up to date stock condition to better inform investment decisions	100% recent (within 5 years) stock condition surveys	20% surveys per year	2022 - 38%, 2023 - 58%, 2024 - 78%	9,631 domestic property surveys completed to date (48.45% of stock). [Note: A further 477 non-domestic surveys have been carried out]. Savills completed a further 3,000 surveys in the past year (which are included in the 9,631 figure). However, in-house surveying has been paused to support an increased demand for damp & mould related inspections. In-house stock condition surveying is set to recommence in October 2023, but not to full capacity until RAAC surveys have been completed. It is unlikely that in-house capacity will be sufficient to bring the programme back on track and to achieve the original targets in the Asset Management Strategy. This is a concern given proposed changes to the consumer standards and the need for social housing providers to have good and up to date knowledge of their stock.	Behind Schedule
6	Asset Intelligence	Active asset modelling to understand stock performance and provide an evidence based approach to future investment.	NPV asset modelling including social factors leading to asset grading, followed by option appraisal on worst performers	Asset grading and option appraisal	2022 Q3 - Asset grading, 2022 Q4 onwards - option appraisal	The initial data collation has been completed and the first model 'run'. This information is now being considered with the plan being for this to be shared/presented for further consideration at the end of 2023.	Behind Schedule
7	High Rise	Develop long term High Rise Strategy	Comprehensive strategy covering building safety, registration, net zero carbon and option appraisal.	Strategy agreed and in place.	2024	All High Rise Buildings have been registered with the regulator and work is ongoing to complete the safety case information. Contractor is replacing defective cladding at Balby Bridge. Fire door and sprinkler works completed with replacement soil stacks to be complete this financial year. Work has begun on exploring feasibility for replacing Intake gas heating.	On Track

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	Progress	Status
8	Capital Investment	Develop longer term investment programmes to meet strategic priorities	Long term investment and procurement plan including decent homes replacements, building safety and net zero carbon.	Long term investment and procurement plan in place	2023 - Pilot retro fit solutions for net zero carbon 2024 - begin retro fit programme using a fabric first approach	Broad investment programmes for the next 1-3 years have been established. However, further work is needed to make these programmes more detailed and for this information to be made more readily available to customers. Further consideration is also needed as to how changes to the decent homes standard, potential minimum energy efficiency standards, net zero carbon agenda and building safety may impact on future investment prioritisation. Findings from recent stock condition surveys also needed to be considered and factored in.	Behind Schedule
9	Carbon Reduction	Net Zero Carbon Strategy	Three stage strategy, including, feasibility, followed by fabric first improvements and then low carbon heating	To have concluded the feasibility stage by 2024 ready for rolling out fabric first improvements from 2024	2024 - feasibility, 2024 to 2030 fabric first improvements, 2030 and beyond, low carbon heating.	3000 further RdSAP surveys completed in 22/23 and data being analysed to sense check the low carbon strategy. 391 homes fitted with EWI and 1250 homes had heating upgrades in 22-23. Small scale retrofit pilot nearing completion in Fishlake.	On Track
10	Carbon Reduction	Affordable Warmth	All homes to be EPC C (SAP 69) minimum by 2030 to reduce risk of fuel poverty to 5%	Increasing all existing homes to a minimum SAP 69 by 2030	2022 – 69.24%, 2023 – 73.64%, 2024 – 78.03%	As at 31st March 2022 we reported that 70.32% of homes were EPC level C and above. The data for 2023 is currently being validated. Current data (subject to validation) indicates there are approximately 1,000 properties very close (within 1 to 2 points) of reaching EPC C. Work is currently ongoing to look at how these properties could be targeted alongside the existing EWI and heating upgrade programmes which remain the focus of our affordable warmth approach.	Behind Schedule

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	Progress	Status
11	Building Safety	All homes safe and compliant	Property Compliance Framework for all six areas of compliance using C365	Strategy agreed and in place.	2022 - framework in place with ongoing inspections at agreed and statutory frequencies	The framework has been developed using the C365 dash board to monitor compliance. Requirements of Fire Safety Act and building Safety Act being implemented.	Completed

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 5 October 2023

**Item** : 11

**Subject** : Environmental Strategy – Annual Update 2023

**Presented by** : Chris Margrave  
Director of Property Services

**Prepared by** : Lee Hunter  
Environmental and Sustainability  
Manager

**Purpose** : To update Board on the delivery of the Environmental Strategy 2021-24

**Recommendation :**

None. For information only.

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. 11  
Date: 05 October 2023**

**1. Report Title**

1.1 Environmental Strategy – Annual Update (2023).

**2. Executive Summary**

2.1 Board approved the Environmental Strategy 2021 to 2024 in August 2021. This update report provides a progress report on what has been achieved in year two of the strategy and what is planned for year three.

The review will highlight progress and next steps across the 5 main themes of the strategy. For detail, the updated delivery plan is attached at appendix 1 of this report.

**3. Purpose**

3.1 For Board to review the delivery of the Environmental Strategy to date.

**4. Recommendation**

4.1 None. For information only

**5. Background**

5.1 The Environmental Strategy 2021 to 2024 outlines St Leger Homes' commitment to environmental sustainability. The strategy covers the following areas of the business:

1. Homes
2. Ecology
3. Innovation and Technology
4. Responsible Business
5. Raising Awareness (People)

- 5.2 Our vision is to achieve net zero carbon. The strategy contains the early plans for the preparation for that journey. Key activity to date includes working with Savills to identify potential retrofit solutions to different archetypes across the housing stock, including understanding the cost and affordability implications of our net zero vision. From this, the current investment approach is fabric first.

## **6. Annual Review – Progress Update**

- 6.1 In total there are 28 actions in the Environmental Strategy Delivery Plan. Of these:

- 7 are on track
- 2 are completed
- 3 have not yet started
- 16 are behind schedule

Further detail on each action including what the current position is, what has been completed, and what is still planned can be found in Appendix 1.

Whilst, we are making reasonable progress with the delivery plan, the lack of capacity within the Assets Team has had an adverse impact. Following realignment, the roles of Environmental and Sustainability Manager and Environmental and Sustainability Admin Assistant have been created and recently filled; now providing dedicated resource to deliver the strategy moving forward into year 3.

- 6.2 Work on developing the new Environmental and Sustainability Strategy will also commence early in 2024, with the plan being that the new strategy will be formalised towards the end of next year.

## **7. Procurement**

- 7.1 Procurement implications are implicit in the report and attached Action Plan. Successful delivery of the actions and strategy will require a robust Procurement Strategy and excellent partnering arrangements with a number of contractors and building material suppliers. Procurement therefore needs to be robust, efficient and contain performance monitoring arrangements whilst adhering to Contract Standing Orders.

## **8. VFM Considerations**

- 8.1 VFM is about achieving the optimum balance of cost and performance. The strategy means increased spend by way of investment into properties. However, this investment will generate cost savings to both SLHD and tenants by way of lower maintenance costs and energy bills respectively. Performance will also improve in several areas with environmental benefits, for example, reducing waste and water usage, customer satisfaction, lower tenancy turnover and potentially arrears.



- 8.2 In addition to the above performance measures, St Leger has a KPI of 70% of expenditure being across the city. As well as supporting local businesses, it also means reduced travelling for contractors and materials and in turn the carbon footprint for Doncaster and St Leger.
- 8.3 Goods from sustainable sources should offer good VfM, considering whole life costings, as well as environmental benefits.

## **9. Financial Implications (provided by SLHD Finance Team)**

- 9.1 It is envisaged that the initiatives in the 3-year strategy can all be achieved within existing budgets, although the funding for net zero carbon works in future years have yet to be identified.
- 9.2 Four-year budgets have been set for the improvements and investment within the Council's housing stock therefore we have clear financial budgets within which we must target our expenditure.
- 9.3 SLHD has a three-year budget strategy, approved by the Board in March each year.
- 9.4 Stock condition survey plans were produced in 2021/22 and budgets approved for 2021/22 and 2022/23 for surveys to be carried out. Around 6,000 surveys were completed, and the results of the surveys will be used to inform medium and longer term financial planning. The new Regulatory regime and updated Consumer Standards will come into operation in April 2024 and indications are that there is a need for accurate, up to date and complete asset and customer data, which may require further stock condition work and resulting investment. These results will also be used to inform future budgets as and when the information becomes available.

## **10. Legal Implications**

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

## **11. Risks**

- 11.1 Investing and maintaining Doncaster Council properties and delivering core services is implicit in all the risks in the Strategic Risk Register (SRR), but specifically this strategy will help to mitigate the following risks in the SRR - *Failure to :*

*3) manage political and local expectations of St Leger Homes*

*6) manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs)*

*7) manage corporate health, safety and compliance risks*

*8) deliver on performance and value for money as measured by DC*

**12. IT Implications (provided by SLHD ICT Team)**

- 12.1 The Environmental Strategy proposes trialling technical solutions which will be incorporated into the ICT Strategy Action Plan, to ensure a consistent, secure and practical implementation of any pilot(s).
- 12.2 The use of existing solutions can be explored to deliver some of the proposed aims, however there are also good opportunities to investigate and introduce more innovative solutions, such as Internet of Things (IoT) technologies.
- 12.3 All proposals should be done in conjunction with the Business Transformation and ICT Teams, to assist in the development of the business cases and implementation plans.

**13. Health & Safety Implications**

- 13.1 Safety issues, in relation to property flooding and property overheating risks are specific actions contained within the Environmental Strategy Action Plan. Actions included in the plan aim to reduce both the occurrence of the risk and impact should the risk occur.

**14. Consultation**

- 14.1 Not applicable

**15. Diversity**

- 15.1 There are no diversity implications in this review.

**16. Communication Requirements**

- 16.1 All positive progress made in the delivery of the action plan to date will be shared across our range of media channels as appropriate.

**17. Equality Analysis (new/revised Policies)**

- 17.1 Not applicable.

**18. Environmental Impact**

- 18.1 The delivery of the strategy reduces the environmental impact of the work undertaken by SLHD.

**19. Report Author, Position, Contact Details**

19.1 Lee Hunter  
Environmental and Sustainability Manager  
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**20. Background Papers**

20.1 Appendix 1 – Delivery Plan Progress Report

## Appendix 1

## Environmental Strategy 2021 - 2024 - Annual Review 2023

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	2023 Progress	Current Status	Next Steps
1	Homes	Net Zero Carbon	Undertake detailed design surveys across the stock to identify technical suitability for zero carbon measures in different building archetypes.	All archetypes surveyed and modelled	2022 Q4	9,631 domestic property surveys completed to date (48.45% of stock) This information will be used in conjunction with pilot / feasibility retrofit projects to determine proposed specifications of deep retrofit works to each property archetype to achieve net zero.	Behind Schedule	- Undertake review of each archetype and determine feasibility of employing identified retrofit options (March 2024).
2	Homes	Net Zero Carbon	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.	Pilot schemes completed trialling different options	2023 Q4	- "Wondrwall" trial commenced at Fishlake for 4 bungalows and one house of non traditional construction; installation works now complete and monitoring period in progress. If deemed feasible this could provide an alternative solution to ASHP installation. - Gain share funding bid for 21 full home retrofit pilot; this will focus on the most common dwelling types to provide a substantive view of suitability of proposed retrofit solutions for our properties and considerations for large scale roll out. - New technology incorporated into new build programme such as ASHP, MVHR, PV, EV Charging - to be monitored in use and suitability as retrofit solutions to be determined. - Feasibility study currently being mobilised for the removal of gas heating from 3 tower blocks.	On Track	- Review data returned from Fishlake Pilot (Jul 2024) - Deliver 21 whole house retrofit pilot (awaiting grant funding decision)(Evaluation of findings Sept 2025) - Review available data returned from new builds (Jul 2024) - Conclude high rise feasibility (June 2024)
3	Homes	Net Zero Carbon	Develop a long-term investment plan and procurement strategy that reflects budget availability for both in house and contractor delivery.	Investment plan and procurement strategy in place	2024 Q2	Gain share funding bid submitted for 21 full home retrofit pilot project;- results of which will support investment plan and strategy. Ongoing detailed analysis to determine works required to each property through each of the three stages of net zero strategy (fabric, demand, renewables).	Not Started	- Actions 1 and 2 ideally to be completed / progressed prior to inform investment plan. - Projected budgets to be reviewed and sources of additional funding beyond this to be explored. (Start April 2024). - Real costs of delivery of retrofit works to be reviewed in detail. (Start April 2024)
4	Homes	Fuel Poverty	All homes to be EPC C (SAP 69) minimum by 2030 to reduce risk of fuel poverty to 5%	Increasing all existing homes to a minimum SAP 69 by 2030	2022 – 69.24%, 2023 – 73.64%, 2024 – 78.03%	As at 31st March 2022 we reported that 70.32% of homes were EPC level C and above. The data for 2023 is currently being validated. Current data (subject to validation) indicates there are approximately 1,000 properties very close (within 1 to 2 points) of reaching EPC C. Work is currently ongoing to look at how these properties could be targeted alongside the existing EWI and heating upgrade programmes which remain the focus of our affordable warmth approach.	Behind Schedule	- Identify measures to achieve C-rating for properties which are currently just below; develop programme for delivery of measures to achieve 2024 target (Dec 2023).
5	Homes	Resilience to Climate Change	Ensure homes at medium or high risk of river flooding are signed up to early flood alerts and ensure responsive actions are in the event of flooding.	Contact 4,552 households to advise to sign up for EA river flood alert and develop flood response plan based on lessons learnt from 2019.	To have completed both parts of the action by September 2021	Article advising all tenants to sign up to EA flood alerts issued in October 2022's Houseprout, available electronically and delivered to all SLHL managed properties. Promotion of signing up to flood alerts through social media Oct 2022. CDC sent letters approximately 3000 affected properties in high risk areas. Going forward plan to periodically issue similar / revised information to tenants through multiple channels on an ongoing basis. Climate change Adaptation Strategy currently being developed in conjunction with CDC; this will inform delivery measures to mitigate flooding risk.	Completed	- Continue to issue relevant flood information to tenants on a regular basis (ongoing)
6	Homes	Resilience to Climate Change	Survey homes identified at high risk of overheating survey and install adequate ventilation measures if not already present	600 homes surveyed and fans installed as required	Surveys - summer 2022, fans installed where required spring 2023	Delayed delivery due to capacity in the Asset Management team. Climate change Adaptation Strategy currently being developed in conjunction with CDC; this will inform delivery measures to mitigate overheating risk. These measures must be considered in conjunction with wider net zero retrofit requirements to ensure most suitable solutions are implemented. Current timescales are to publish draft Adaptation Strategy by end of 2023 with implementation plan to follow through 2024.	Behind Schedule	- Implementation of Climate Change Adaptation Strategy (lead by CDC Jan 2024) - Action plan for climate adaption to be developed and implementation commenced (Apr 2024).
7	Homes	Resilience to Climate Change	Prepare reaction plan for the event of heatwaves.	Develop an overheating response plan	2022 Q4	Climate change adaptations currently being developed in conjunction with CDC. Draft strategy has been created and will be developed through interdisciplinary working group. Target to have strategy in place for late 2023 / early 2024 with action plan for implementation to follow through 2024.	Behind Schedule	- Implementation of Climate Change Adaptation Strategy (lead by CDC Jan 2024) - Action plan for climate adaption to be developed and implementation commenced (Apr 2024).
8	Homes	Reduce Water Usage	Ensure bathroom replacements specification includes dual flush WCs and low flow taps or aerators	Current estimate of usage is 139 litres per person per day, target to reduce to 135 by 2024 and 130 by 2030.	Review specification in 2021 for roll out in 2022	Replacement WCs are dual flush as standard. Specification currently being reviewed in line with proposed new Decent Homes Standard (per recently released review document). If no changes are made to proposals a new standard of 100l/p/d would exceed the target previously set-out and strategy to achieve this target would need to be developed.	Behind Schedule	- Undertake sample review of water consumption of existing properties ( May 2024) - Determine action plan for water reduction measures to achieve strategic targets (July 2024) - Review targets against any changes to Decent Homes Standard accordingly (timescale to be determined)
9	Ecology	Increase Biodiversity	Derive efficient base line measurement of green spaces and biodiversity quality	Tree surveys complete for all common areas and part way through for enclosed gardens	To complete during 2021	Tree Team undertaking project to change tree management system; currently proactive tree inspections have been suspended while this is ongoing. New system will enable management of both reactive and proactive inspections and will provide greater functionality and depth of reporting. Expected timeframe for new system to be active is 2-3 months.	Behind Schedule	- CDC Tree Team to implement new management system; proactive inspections to re-commence following this (2-3 months). - Baseline measurement to follow (Q3 2024).
10	Ecology	Increase Biodiversity	Create higher density biomass areas in existing green spaces.	Programme in place to improve biodiversity to 19% of land total by 2043 including tree planting in partnership with the Council.	Programme for 19% land protected for biodiversity by 2043 to be in place by 2022.	237 new trees planted across 19 areas on SLH land using £60k funding given in 22/23; trees have been watered throughout the year to aid establishment	Behind Schedule	- Following completion on action 9 to review programme (Q4 2024).

## Appendix 1

## Environmental Strategy 2021 - 2024 - Annual Review 2023

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	2023 Progress	Current Status	Next Steps
11	Innovation and Technology	Increased efficiency and lower heating bills	Pilot connectivity solutions in homes to improve maintenance services and save residents money	20 homes in pilot	2022 Q4	As per action 2; Wondrwall pilot in progress, funding bid submitted for full retrofit of 21 homes (both pilots to incorporate remote monitoring). New build properties build with ASHPs featuring telematics and remote monitoring. Analysis of available data to be undertaken on a continuous basis to quantify real world utility consumption, associated running costs, understand trends and identify opportunities for improvement.	Behind Schedule	- Review data returned from Fishlake Pilot (Jul 2024) - Deliver 21 home whole house retrofit pilot (awaiting grant funding)(Evaluation of findings Sept 2025) - Review available data returned from new builds (Jul 2024)
12	Innovation and Technology	Greater energy efficiency in homes in conservation areas	Use off site manufacture and other innovation to improve homes while retaining heritage appearance	4 homes with solid walls in conservation areas with improved insulation	2024 Q2	Not started yet.	Not Started	- Complete feasibility of retro-fit to 4x identified properties (2x Swedish Timber and 2x at Woodlands Village) (Q3 2024).
13	Responsible Business	Reduce business mileage	Review mileage claims processes to ensure perversions do not exist that encourage staff to drive more.	Review Fleet Management Approach	2023	Review to be undertaken and action plan implemented. 2023 mileage claims from car drivers have reduced from 2022 by 4.3%.	Not Started	- Review mileage claims process and develop action plan to reduce business mileage (Apr 2024)
14	Responsible Business	Green Transport	Consider electric vehicle pool cars and vans, the installation of EV charging infrastructure to encourage more sustainable modes of transport.	Review Management Approach	2023	Early discussions have taken place in conjunction with CDC to understand the requirements to support an electric vehicle fleet; significant considerations being in relation to locations of charging infrastructure and ability of staff to charge from home and tenure of existing leased fleet. Feasibility exercise to be progressed further.	On Track	- Further review to understand feasibility of electric fleet and report findings (Apr 2024)
15	Responsible Business	Reduce fleet emissions	For your own fleet, vehicle tracking, benchmarking between drivers and fuel-efficient driving training have been shown to reduce emissions.	Review Fleet Management Approach	2023	Measures to reduce mileage include; re-alignment of Responsive Repairs staff to work as close to home as possible. Calling ahead process introduced whereby if customers do not answer the repair will not be undertaken at that time to avoid aborted visits. Unless urgent staff do not travel back to stores but re-arrange works on another day. Despite the above we have seen a 10% increase in fleet vehicle mileage between 2022 and 2023; further analysis and development of strategy for reduction to be undertaken.	Behind Schedule	- Detailed analysis of fleet emissions; implement action plan for reductions (Mar 2024)
16	Responsible Business	Reduce contractor fleet emissions	Partner contractor to provide details of emissions and agree action plan to reduce over length of contract	Set baseline, agree realistic targets and monitor	2021	Ongoing review of supply chain partners including locality and commitment to environment and sustainability. Recorded via SHIFT process. Assessment of contract emissions currently being undertaken as part of 2023 SHIFT assessment submission. Discussions are ongoing with commercial team to embed contractor sustainability within the tender process of future works.	Behind Schedule	- Implement requirement for proactive monitoring of contractor fleet emissions as part of tender process. (Mar 2024) - Obtain and review historic supply chain data; set targets for reduction (Mar 2024)
17	Responsible Business	Reduce energy usage in offices	Carry out an energy audit of offices with an aim of achieving 25kgs CO2/m2 or less and implement recommendations.	2020 assessment is 28kgs CO2/m2. Through agile working review and accommodation review target to reduce to 28kgs CO2/m2 over life of this strategy	25kgs CO2/m2 by 2024	Target achieved with emissions of 15.1kg CO2/m2 verified for year 2021/22. Further improvement measures have been implemented through the office consolidation programme reducing the number of office locations and footprint of operations, as well and relocating to a more energy efficient building in the Civic and the continued adoption of hybrid working further reducing energy demand.	On Track	- Review 2023 consumption data, collected as part of SHIFT assessment, against previous years to determine performance (Nov 2023).
18	Responsible Business	Reduce Water Usage	Carry out a water audit and implement water saving measures. Where water facilities are already efficient but usage is high, check for leaks or incorrect billing.	Water usage calculated to be 3.2 cubic metres per employee in 2020, indicates we are well on track to achieve 3 cubic metres per employee well before 2030	3 cubic metres per employee by 2024	2022 calculation of 3.7m3/FTE employee per year. 2023 figures being collated currently. Year on year data to be analysed and reduction plan to be developed accordingly.	Behind Schedule	- Year on year data to be analysed and reduction plan to be developed accordingly (Jan 2024)
19	Responsible Business	Reduce waste	To reduce office waste and with the introduction of TOP move to 100% paperless processes.	100% paperless processes	2023 Q4	Roll out of use of PDAs for all field based trade staff to achieve paperless process. Following review we believe it is not feasible to have 100% paperless processes across the entirety of our operations but continue to make progress in reducing paper usage across the board.	On Track	- Continue to monitor paper usage and identify opportunities to reduce further (ongoing)
20	Responsible Business	Reduce waste	Disposable cups and other utensils to be phased out	No disposable cups and utensils	2022	Action complete.	Completed	- No further action required.
21	Raising Awareness	Responsibly sourced office consumables	Encourage purchasers to choose the responsibly sourced consumables e.g. FSC paper, toner cartridges with high recycled content.	In 2020 30% of all purchases were responsibly sourced. We will aim to increase this to 50% over the time of the strategy, but review on annual basis.	2021 - 35%, 2022 - 40%, 2023 - 45%, 2024 - 50%	47% of 2023 office consumables determined to be sustainably sourced. Review to be undertaken and steps taken to ensure 2024 target is achieved.	On Track	- In depth review of office consumables to be undertaken. Action plan to further increase sustainably sourced materials to be implemented (Feb 2024).
22	Responsible Business	Responsibly sourced construction materials	Increase the number and amount of responsibly resourced building materials, e.g. FSC and PEFC, by in house team and contractor partner	In 2020 38% of construction materials were responsibly sourced. We aim to increase this to 60% over the course of this strategy. We know this is a realistic target because that it what the best peer organisations are achieving.	2021 - 43%, 2022 - 48%, 2023 - 45%, 2024 - 60%	In 2021 we achieved target of 43%, however, proportions slipped in 2022 to 40%, largely due to the reduction in ECO products purchased. Review ongoing to embed sustainability considerations within procurement processes when working with contractors and in the specification of products.	Behind Schedule	- Undertake review of procurement process; determine and measures to increase proportion of responsibly sourced materials (Feb 2024)
23	Responsible Business	Reduce construction waste	For contractor partner and in house team carry out waste audits and implement auditable plans to reduce waste.	Undertake waste audits and begin to implement recommendations, setting realistic but challenging targets to reduce waste	Audit 2022, implementation 2023	Comprehensive waste audit in progress in conjunction of review of waste management contracts, service provider performance and capabilities, including visits to waste processing facilities. Waste reporting from service providers under review to provide better quality and more frequent reporting of all waste streams. Targets for waste reduction to be set subsequent to the above and internal audit and review process to be implemented.	Behind Schedule	- Conclude waste audit; agree waste reduction targets and implement reduction measures (Feb 2024)

## Appendix 1

## Environmental Strategy 2021 - 2024 - Annual Review 2023

Number	Strategic Area	Aim	Detail	Target (s)	Original Timescale	2023 Progress	Current Status	Next Steps
24	Raising Awareness	Reduce energy usage in homes	Include energy advice in contact with residents, e.g. annual gas safety checks, heating upgrades, tenancy support and verification visits	With the introduction of TOP and CRM in 2021 we will be able to record and report on every time we have provided energy advice to customers in a home visit. We will aim to reach 95% of all customers each year from 2022 onwards.	2022 - 95%	Energy advice leaflet produced with view to circulating to tenants in advance of 2023 heating season. Dedicated energy advice pages on SLHL website and related articles include in Houseproud. Tenancy Sustainability Team have recorded 881 cases in the year where support has been provided to tenants on utility issues.	Behind Schedule	- Continue to provide multi channel energy advice to tenants, review and update information routinely (ongoing)
25	Raising Awareness	Reduce waste	Ensure web site is kept up to date with useful information how to recycle more and dispose of waste responsibly.	6 monthly reviews of information	2 reviews per year from 2020 to take place in March and September	Website contains dedicated pages containing information for tenants regarding waste management; advise on how to reduce waste and minimise the impact of waste. Information contained continues to be reviewed and updated accordingly.	On Track	- Review related website pages and update (Jan 2024)
26	Raising Awareness	Reduce waste and fly tipping	Engage residents about recycling and waste during estate clean-ups	2 estate clean ups per year	2 estate clean ups per year	Continued delivery of various community initiatives including: Community estate walks (87 organised for the period Apr - Jun 23 alone) with the involvement of residents and other stakeholders to tackle environmental problems, amongst other issues; litter picking projects and environmental pride.	On Track	- Continue with existing community engagement initiatives (ongoing)
27	Raising Awareness	Reduce fly tipping	Leave notices on fly tipped waste to show we are investigating the source	In 2020 there were 31 recorded instances of fly tipping per 1,000 homes. Over the course of the next 4 years we aim to reduce this to 15 based on what others in the SHIFT peer group are achieving	2021 - 27, 2022 - 23, 2023 - 19, 2024 - 15	Current year figures estimate 45 fly tipping incidents per 1000 homes which is in excess of previous years and behind our target. Review to be undertaken to better understand the nature of fly tipped waste and trends to inform mitigation measures.	Behind Schedule	- Review to be undertaken to better understand the nature of fly tipped waste and trends to inform mitigation measures (Jan 2024)
28	Responsible Business	Undertake a gap analysis of what would be required to achieve SHIFT Platinum	Conduct analysis and feasibility of achieving platinum level backed with SMART action plan.	Gap analysis and action plan	2022 - analysis, 2023 action plan	Gap analysis undertaken; while we do meet a number of the Platinum targets, we must meet all to achieve the standard; this is not considered feasible until net zero carbon work is rolled out at scale. We continue to work toward meeting as many of the Platinum targets as is feasible. No other housing associations have met the Platinum standard to date.	Behind Schedule	- Continue to work to improve SHIFT assessment score year on year (ongoing)

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan (ADP) 2023/24 Update
<b>Action Required:</b>	For information
<b>Item:</b>	12
<b>Prepared by:</b>	Mark Haughey - Head of ICT & Transformation
<b>Date:</b>	05 October 2023

### 1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2023/24. 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 2023/24 ADP proposes a number of key developmental activities or "actions" aligned to the strategic objectives set out in the SLHD Corporate Plan 2019 to 2024.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

### 2. Background

- 2.1. The ADP has been developed from the Corporate Plan 2019 to 2024.
- 2.2. The Corporate Plan 2019 to 2024 aims to deliver our vision of "providing homes in neighbourhoods that tenants are proud to live in" through four strategic objectives over the five-year period:
  - All our homes are modern, decent, and energy efficient;
  - Our tenants live successful and fulfilling lives;
  - We will be a nationally recognised provider of housing services; and
  - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together.
- 2.3. The Corporate Plan sets out actions or plans to be delivered over the five-year period. Each year the actions set out in the original Corporate Plan are reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes. Each action has a timescale and a responsible officer, and each action is referenced back to the appropriate strategy objective.

### 3. 2023/24 ADP

3.1. The 2023/24 ADP at **Appendix A** contains individual actions relating to the Corporate Plan actions/plans grouped by the Directorates and a section on those actions brought forward.

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

Directorate	Number of 2023/24 ADP Actions
Housing Services	8 actions of which:- 5 are on track 2 are amber 1 complete
Property Services	8 actions of which:- 5 are on track 3 are red
Corporate Services	5 actions of which:- 4 are on track 1 is red
Brought Forward / Underway	9 actions of which:- 9 are on track

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

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

- The Housing Management realignment has been fully implemented and the Safeguarding and ASB team have been operational since 31 July 2023.
- New performance management software (InfoSuite) procured for Property Services Team Leaders to maximise productivity and goes live in November.
- Performance and tenant feedback continues to deliver positive trends on the Repairs Excellence modernisation.
- The development of a Damp Mould Condensation (DMC) policy has been formally approved for launch in September 2023.
- Investors in People (IiP) self assessment completed in May and validated with a colleague focus group in June.
- Governance workplan for 2023/24 in place and on track with critical friend tendered and appointed in June to assist prepare for Regulatory inspection.

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

- B10 Remediate external walls on 5 high rise blocks – Delays due to a number of issues (for example, structural issues, roof repairs needed and balcony design). The project is now not scheduled for completion (of all 5 blocks) until November 2025.
- B11 Review the future of the communal halls – This action has slipped, and while the review has focussed on gathering background data the consultation is yet to start with recommendations now expected in Q4.



- B15 Invest in Gypsy & Traveller sites – Planning approval now received, and the procurement of a contractor started, but unlikely the 3 Gypsy & Traveller sites will be completed by the target date of Jun 24.
- B21 Upgrade OpenHousing to OneHousing – The planned upgrade is yet to be scheduled in and delayed due to the product readiness.

#### **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 - 2023/24 ADP

# Appendix A

ADP Actions								
Ref	Service area	2023/24	Plans	Date	Owner	Objective of Action	Q2 Status	Q2 Commentary
B1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 9 work streams.	<b>Reduce and prevent homelessness</b> <b>Continuously improve our business processes</b> <b>Improve communication with tenants and residents</b>	Mar-24	HoATH	Prevent and reduce homelessness in the borough.	Amber	Demand remains high level from Relief cases, compromising the % prevented measurement. New DHLUC advisor has offered a critical friend challenge regarding potential missed opportunities to record prevention cases. Numbers in Hotels stabilised, with good turnover rates. Pressure remains from single people, rough sleeper & immigration initiatives
B2	Access to Homes	Review Housing Register Customer Journey and Service Standard.	<b>Continuously improve our business processes</b> <b>Improve communication with tenants and residents</b> <b>Use technology to modernise and transform service delivery</b>	Mar-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough.	Green	Not yet commenced programmed for Q3-Q4
B3	Housing Management	Review and implement the Tenancy Agreement	<b>Help tenants to sustain their tenancies</b>	Mar-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Green	On Track. We have completed a lot of the consultation and will continue to deliver the consultation plan before commencing the legal work on implementing the new agreement.
B4	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	<b>Improve communication with tenants and residents</b> <b>Use technology to modernise and transform service delivery</b>	Aug-23	HoCS/ HoICT&BT	Improved, up to date and user friendly website which encourages customers to self serve and which supports channel shift. Improved communication across the organisation and engagement with employees. Project commenced 22/23 with full delivery planned 23/24.	Amber	Slight slippage. Contractor has been procured for the website. Both projects are progressing well and will complete by end of October 2023
B5	Customer Services	Explore and investigate implementation of AI and Omnichannel technology to encourage channel shift and self service.	<b>Improve communication with tenants and residents</b> <b>Use technology to modernise and transform service delivery</b>	Mar-24	HoCS/ HoICT&BT	Improved customer access to services, greater transparency of customer interaction across a range of access channels and increase in amount of customer self servicing.	Green	On Track. Report on options for channel shift considered by EMT September 2023.
B6	Housing Management	Implement the decisions taken on the Furnished Tenancy business case	<b>Help tenants to sustain their tenancies</b>	Jul-24	HoHM	Targeted support to prevent tenancy failure.	Green	On Track. Proposals have been considered by EMT and approved to progress. CDC S151 Officer has advised that this is a cabinet decision and therefore will be placed on the forward plan for cabinet approval once the costs and packages have been firmed up.
B7	Housing Management	Develop approaches to tackling ASB to improve outcomes, perceptions and satisfaction	<b>Safer neighbourhoods through reduced anti-social behaviour and crime</b>	Oct-24	HoHM	ASB outcomes demonstrating high quality service delivery.	Green	On Track. The Housing Management realignment has been fully implemented and the Safeguarding and ASB team has been operational since 31 July 2023. All staff procedures are in place and performance monitoring around various measures is being established to monitor the success and the outcomes of the team.
B8	Customer Services	Implement procedures to ensure tenant feedback is collected and data analysed using the new Tenant Satisfaction Measures.	<b>Improve communication with tenants and residents</b> <b>Increase tenant and community member involvement in our business</b>	Aug-23	HOCS	To meet regulation and to gather insight from tenants on satisfaction with the services we provide.	Complete	Complete. Data collection is continuing through to September and is being reviewed by Performance and Improvement Committee.

B9	Repairs & Maintenance	Deliver repairs excellence project. (Phase 2)	<b>Deliver an efficient and effective repairs and maintenance service</b>	Mar-24	HoRM	Modernise the repairs service. <b>Phase 2</b> has a number of defined areas within the project including: The out of hours emergency service, scheduled and responsive repairs, staff culture and performance management.	Green	On track - New InfoSuite software goes live in November with a number of performance management enhancements for Team Leaders to use and maximise productivity. Future phases such as voids are now in the scoping stage preparing for Q3. Performance and tenant feedback continues to deliver positive trends. The area teams have now settled down with 5 areas across the borough now delivering repairs to tenants.
B10	Asset Management	Complete the delivery of the render remediation scheme at Balby Bridge and the PAS9980 assessment of the EWI at Intake.	<b>Ensure our homes are safe and free from hazards</b>	May-24	HoAM & HoBS	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Red	Will not complete by target date. The PAS9980 assessment for Intake has now been completed and is currently being reviewed. The anticipated completion date for the render remediation at Balby Bridge has slipped to November 2025 for full completion of all 5 blocks and will not meet the May 2024 target date.
B11	Asset Management	Complete phase 2 review of communal halls.	<b>Provide communal halls and spaces which the community value</b>	Dec-23	HoAM	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Red	Unlikely to complete by original target date. The review has commenced, focusing first on gathering background information such as current usage and property condition. Consultation on proposals for each hall is expected to commence in early Q3, with recommendations finalised in Q4, slightly behind the original target timescale of December 2023.
B12	Building Safety & Property Compliance	Disseminate the requirements of the Regulations and confirm each high rise building conforms and we are able to provide robust evidence.	<b>Implement the requirements of the Fire Safety Regulations 2023</b>	Mar-24	HOBS	All 12 requirements are achieved across each Property Type High, Medium & Low rise properties	Green	On track - Work continues to identify and record all fire doors both communal and flat entrance doors. Where damaged doors are identified these are replaced or repairs requested.
B13	Building Safety & Property Compliance	Develop Building Safety Cases for all High Rise Residential Buildings and have them accepted by the Building Safety Regulator (BSR), so that Building Assurance Certificates (BAC) can be issued by the BSR.	<b>Deliver the requirements of the Building Safety Act.</b>	Jan-24	HOBS	All Nine HRRBs are registered with the BSR, each building has a Building Safety Cases (BSC) accepted by the BSR and a BAC is issued for each building.	Green	On track - Each building has been registered with the Building Safety Regulator. Key Building Information continues to be gathered and entered onto the system before the deadline of October 1 <sup>st</sup> 2023.
B14	Health Safety & Property Compliance	Ensure all the evidence is available and to hand to provide assurance in the event of a In depth Assessment (IDA)	<b>Review the Compliance Framework and embed it within working practices</b>	Mar-24	HOBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Green	On track - Key Performance Indicators continue to be identified and evidence gathered to provide assurance through the monthly performance paper.
B15	Asset Management	Deliver the improvements to 3 x Gypsy & Traveller sites as part of the Gypsy, Traveller and Residential Sites investment plan.	<b>Continue to invest in homes and neighbourhoods</b>	Jun-24	HoAM	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Red	Unlikely to complete by original target date. Planning approval now received for all 3 G&T sites. Procurement of a contractor is now underway. A start on site is expected in early 2024, but it is unlikely that all 3 sites will be fully completed by the original target date of June 2024. An estimated updated completion date cannot be confirmed until a contractor has been appointed.
B16	Asset Management	Deliver and Monitor SLHD's Damp & Mould Action Plan.	<b>Ensure our homes are safe and free from hazards</b>	Mar-24	HoAM	To ensure that SLHD's approach to managing damp and mould meets the 26 recommendations identified in	Green	On track - 50 actions have been identified within the DMC action plan. 4 have been completed, 32 are in progress and 14 are yet to commence. One key

						the Housing Ombudsman's Spotlight on Damp and Mould report.		action that has been progressed is the development of a DMC policy which has been formally approved for launch in September 2023.
B17	HR and Organisational Development	External accreditation / assessment in line with liP / Best Companies TBC	<b>Work in ways which reflect our values</b> <b>Continue to develop our workforce</b> <b>Deliver award winning services and achieve appropriate accreditations</b>	Mar-24	HoHR&OD	Achieve assurance of our workforce wellbeing. Having decided in 22/23 what the right external method of accreditation is, deliver against this.	Green	On track - Self Assessment completed in May and validated with a colleague focus group in June. Assessment planned with assessor to begin in September 2023 with results available from December 2023 to inform the People Strategy beyond March 2024.
B18	HR and Organisational Development	Implement Leadership development and deliver future leaders and managers learning	<b>Work in ways which reflect our values</b> <b>Continue to develop our workforce</b>	Mar-24	HoHR&OD	Develop our Leadership and Management development offering. To continue to ensure that our leaders and managers are equipped to lead the workforce.	Green	On track - Future Leaders program planned for development later this year and will mirror much of the First line Managers Sessions, selection process into the cohort is under development. Leadership / SMT Development continues in September with a session on 'Leadership and Leading High Performing Teams'
B19	HR and Organisational Development	Develop and consult upon the People Strategy post April 2024	<b>Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy</b>	Mar-24	HoHR&OD	Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy. Create the future direction for activity.	Green	On track -The work towards the strategy development has already begun with insight gained from the Investors in People Self Assessment Workshops forming an early part.
B20	Finance and Business Assurance	Review all Governance arrangements and implement improvements as required	<b>Deliver value for money services</b> <b>Continuously improve our business processes</b> <b>Operate commercially</b>	Mar-24	HoF&BA	To ensure SLHD has appropriate, fit for purpose governance arrangements in readiness for Regulatory inspection for 2024/25. Review all Governance arrangements, appoint and work with a critical friend to identify strengths and weaknesses, implementing changes as required, and undertake mock regulatory inspection.	Green	On track - Governance workplan for 2023/24 in place and on track. Critical friend tendered and appointed in June and work to commence during Q2 through end of year. Governance benchmarking also ongoing to share news and good practice.
B21	ICT & Business Transformation	Upgrade of Open Housing to web based One Housing.	<b>Use technology to modernise and transform service delivery</b>	Dec-23	HoICT&BT	To take advantage of the benefits that a web based version of the Housing Management solution enables.	Red	Will not hit deadline, due to product readiness commercially. Discussions ongoing with Capita on upgrade, though SLHD wanting to discuss with other live customers before committing to ensure product is ready.
C1	Access to Homes	Implement revised Allocations Policy aligned to new IT System.	<b>Ensure the allocations policy reflects the changing needs of tenants and residents</b>	Jan-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the borough.	Green	On track - System Go live 3 July 2023 achieved. Mobilisation challenges experienced and Project to formally close Sept 2023.
C2	Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social housing furnished tenancy offer.	<b>Help tenants to sustain their tenancies</b>	Feb-24	HoHM	Targeted support to prevent tenancy failure.	Green	On track - We have completed the research and development work around furnished tenancies. The Mayor asked for local providers to be researched with regards furniture provision and this is being undertaken. Once completed the scheme will require formal agreement from CDC before implementation.
C3	Housing Management	Review of Tenancy Agreement.	<b>Help tenants to sustain their tenancies</b>	Mar-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Green	On track - We have completed a scoping exercise and project plan for the tenancy agreement review and produced a report for Executive Board to obtain formal agreement from CDC on the process, consultation plan and timescales. Once this has been agreed we will carry out the agreed consultation and deliver the review within the overall timescale.

C4	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	<b>Deliver our environmental and asset management strategy</b>	Jul-24	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Green	On track - 1 pilot project at Fishlake is almost complete, testing infrared heating alongside other energy efficiency measures.
C5	Asset Management	Procure and implement an asset sustainability modelling tool.	<b>Deliver our environmental and asset management strategy</b>	Aug-24	HoAM	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.	Green	On track - First set of sustainability modelling findings have been received and are currently being reviewed prior to wider sharing in Q3.
C6	Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	<b>Ensure our business accommodation is fit for purpose</b>	Sep-24	HoAM	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.	Green	On track - Initial proposals for area offices have been presented and considered, and will be revisited in late Q2/early Q3 pending the receipt of further information on some buildings.
C7	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.	<b>Ensure our homes are safe and free from hazards</b>	Oct-24	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Green	On track - All six areas are identified on C365 work continues to gather evidence of compliance and populate C365. subordinate areas are identified and link to one of the six and are being populated with evidence which is entered into OH.
C8	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	<b>Improve communication with tenants and residents</b>	Dec-24	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Green	On track - We will be considering how to use One Housing when implemented to collect data on site. Data will also be captured during Keep In Touch visits. Commenced work on a pilot project to identify and connect with 'silent' customers using VoiceScape technology.
C9	Access to Homes	Review the operational arrangements for the accessible housing register.	<b>Ensure tenants with disabilities are able to secure appropriate homes</b>	Jan-24	HoAtH	To make best use of the housing stock to need housing need within an efficient allocations and lettings process to keep void turnaround to a minimum.	Green	On track - Revised policy approved by Cabinet in Aug 2023. Implementation Plan now being finalised for full mobilisation in Q3

**NB**  
**B1 – B8**      **Housing & Customer Directorate**  
**B9 – B16**    **Property Directorate**  
**B17 – B21**   **Corporate Directorate**  
**C1 – C9**      **Actions carried forward**

# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	ICT Strategy update
<b>Action Required:</b>	Note Progress/Plans against ICT Year 3 Action Plan and approve the Year 4 Action Plan
<b>Item:</b>	13
<b>Prepared by:</b>	Andrew Gravill – ICT Service Manager & Mark Haughey – Head of ICT and Business Transformation
<b>Date:</b>	05 October 2023

### 1. Report Title

- 1.1 Information, Communication and Technology (ICT) Strategy 2020 – 2024 update for Board.

### 2. Background

- 2.1 Board approved the ICT Strategy 2020 – 2024 along with the Year One Action Plan in July 2020. The subsequent Year Two Action Plan was approved by Board in October 2021 and the Year Three Action Plan was approved by Board in October 2022. The Strategy supports the embedding and ongoing improvements to an agile and mobile workforce, implementation of the new Housing Management solution and delivering the infrastructure and tools to enable channel shift and self-service approach through our online services for both staff and tenants.
- 2.2 The ICT Strategy sets out the ‘technical’ strategic direction for the organisation and, as a back-office service, is intended for internal staff and departments. The ICT Strategy is reviewed annually, and ICT believe the current version of the ICT Strategy is still relevant to the strategic vision of the organisation.
- 2.3 This briefing note is intended to provide Board with an update on the progress made against the Year 3 Action Plan and seek approval for the Year 4 Action Plan.

### 3. Progress Made (Year 3 Action Plan)

- 3.1 The ICT Action Plan is renewed annually; the Year 3 Action Plan was produced in October 2022. This Action Plan contained nine actions spread across four key themes and projects, all significant in size, not only for the ICT Team but also to the whole organisation. Details on the progress can be found in Appendix A.
- 3.2 Of the Actions planned in Year 3, three of the nine actions were successfully completed on target within the year and significant progress was made on all other ongoing actions. One action was put on hold due to dependencies of other projects. The remaining actions from Year 3 have been carried forward to the Year 4 plan or are now considered business as usual (BAU).

- 3.3 It should be noted that whilst the Planned Maintenance and Access to Homes projects required lots of resource, ICT were also involved in several projects and initiatives that were introduced in the year but not included on the year two Action Plan, with just a few examples of the projects being: -
- Enhanced the use of TotalMobile by developing new processes and forms, enabling the solution to be used for Stock Condition Surveys and Glazing.
  - Developed a Complaints process in Open Housing and Microsoft 365, making use of workflow to provide efficiencies via automation.
  - Developed automated interfaces to share data across multiple systems, therefore replacing the daily manual activities of having to retrieve and upload data.
  - Supported the roll out of new multi-function devices across the organisation.
  - Supported the implementation of a new Website and Intranet.
- 3.4 In addition to the tasks reflected in the ICT Action Plan, ICT have continued to work towards the key aims of the ICT Strategy by ensuring the operational 'business as usual' tasks are completed in a timely fashion and to a high standard.
- 3.5 In summary, progress against the Action Plan was good with significant progress made on most of the actions, while still reacting to the operational needs of the business. Some actions are ongoing and will be carried forward to the successive Action Plan.

#### **4. Plans for next period (Year 4 Action Plan)**

- 4.1 The proposed ICT Action Plan for the next period, with fourteen actions split across four key themes, can be found at Appendix B.
- 4.2 The four key themes remain from the Year 3 Action Plan as ICT continue to focus on the ICT Strategy priorities. It should be noted that any operational and ongoing developments will not feature in the Year 4 Action Plan, as these are considered business as usual.
- 4.3 Enhancing the use of Open Housing (through the delivery of the One Housing upgrade) and Microsoft 365 (by developing internal processes to provide automation) continue to be the primary priorities and feature highly on the Action Plan.
- 4.4 When new modules and solutions are implemented in line with the Action Plan, it is recognised that ICT will still be required to help embed, resolve issues, administer, and support the post-go live activities.
- 4.5 Similarly, ICT will continue to support and drive the strategy to enable staff to work remotely and in an agile way using Microsoft 365 and the underlying infrastructure technologies.
- 4.6 ICT's contribution to strategies, such as the Customer Access Strategy (CAS) and the Environmental and Sustainability Strategy, along with supporting the Annual Development Plan/Service Delivery Plans will contribute to the goal of ensuring modern, innovative, and appropriate technology being implemented and utilised.
- 4.7 Alongside the Action Plan, ICT will also focus resources on Cyber Security and Business Continuity. The threats and risks have increased due to agile working and ICT is key in ensuring the environment is protected with any attacks and outages being addressed quickly and effectively.

#### **5. Conclusion**

- 5.1 Board are asked to note the progress made against the ICT Action Plan for Year 3 and approve the updated ICT Action Plan for Year 4.



## Appendix A – Progress against Year 3

Ref	Action	Progress Made	Status
1	To use modern solutions and take advantage of the opportunities of Open Housing to support implementing modules and processes to deliver efficient and effective services:		
	Planned Maintenance	A streamlined and automated process has been designed and implemented within Open Housing and TotalMobile, this process manages the full life cycle of Planned Maintenance schemes. The IT elements have been completed and it's now with the business to do an incremental roll out.	Complete
	CBL & Homelessness	Allocations & Homelessness modules have been implemented in Open Housing. Change of Circumstances is an ongoing implementation.	Ongoing
	Repairs Excellence Phase 2	Whilst this project is still ongoing, many activities have been completed by ICT to assist with the improvements, including config changes in Open Housing and DRS to enable change the split of areas in the borough. Development work completed includes designing a process for Call Out jobs to be raised and completed via TotalMobile.	Ongoing
	One Housing Upgrade	This major upgrade has been delayed due to One Housing not being ready commercially. Discussions are ongoing with Capita regarding timescales. SLHD are also wanting to meet other One Housing customers before committing. This will be transferred to the Year 4 Action Plan.	Ongoing
2	To be a proactive agent for change and complete a variety of ICT related actions to support the Customer Access Team (CAT) and the associated Customer Access Strategy (CAS):		
	New communication channels (e.g. WhatsApp) - Including an Omni-Channel solution	This action has been placed on hold whilst a new website/intranet is being implemented.	On hold
3	To advance and further exploit the use of technologies within the organisation, including Microsoft 365:		
	Support channel shift and implement MS Teams as the Corporate communication solution	Microsoft Teams has been implemented as the corporate solution for internal communication. Working with Doncaster Council, a separate action will be created to review the possibility of handling external calls via Teams.	Complete
	Replace file storage with OneDrive and SharePoint	All SLHD laptops & PCs have been upgraded to Office 365. This enables an easier transition for users from the existing file storage to OneDrive and SharePoint. Following successful testing, ICT are working with the business to schedule migrating to the new storage solutions.	Ongoing
	Spreadsheet Rationalisation through the development of processes within Office 365 to provide automation	Several systems/processes have been created in Office 365 by ICT to rationalise the use of spreadsheets or to provide a better service via automation. These include Insurance, PDPs, Recruitment (Agency and ATR requests).	Ongoing
4	Provide knowledge and solutions to support the Organisation's Information Asset Owners in being Data Smart, ensuring we have accurate and trusted data.		
	Enable and support the Information Asset Owners to correct datasets identified, where tools and data is available.	ICT are actively working with data owners to help correct and maintain accurate data.	Ongoing



## Appendix B – Year 4 Action Plan

Ref	Action	Timescales
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	June 2024
	Repairs Excellence Phase 2	March 2024
	Phase 3 of the Excellence Programme in Property Services	To be confirmed once the specific area has been selected for review
	Housing Services Journey to Excellence	March 2024
	Implement a specialised Stores & Purchasing solution	March 2024
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	August 2024
	Improve the functionality of the Tenant Portal, with an emphasis on self-service	August 2024
	Implement an automated mail processing system	December 2023
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	September 2024
	Replace file storage with OneDrive and SharePoint	March 2024
	Spreadsheet Rationalisation through the development of processes within Microsoft 365 to provide automation	September 2024
	Income Management – Create a solution that identifies and monitors accounts in arrears	March 2024
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	September 2024
	Ensure best use of technology to maintain data accuracy via automatic validation, reports and auditing.	September 2024

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Period 5 ending 31 <sup>st</sup> August 2023 KPI dashboard
<b>Action Required:</b>	For information
<b>Item:</b>	14
<b>Prepared by:</b>	Nigel Feirn Head of Finance and Business Assurance
<b>Date:</b>	05 October 2023

### 1. Purpose

1.1. To provide Board members with the KPI dashboard as at the end of August 2023 (period 5), and brief commentary for those KPIs where the target was not met. The KPI dashboard is attached at **Appendix A**. The latest monthly benchmarking is attached at **Appendix B**.

### 2. Executive summary

2.1. For 2023/24, eighteen KPIs have been agreed with Doncaster Council (CDC) and include new Tenant Satisfaction Measures (TSMs). Of the eighteen :

- One is measured quarterly – residents supported in training, education or employment (KPI14). This KPI combines two separate KPIs from 2022/23;
- Four measured annually - tenant surveys (two), energy efficiency and Decent Homes Standard numbers, the same as in 2022/23;

2.2. The table below summarises the KPI dashboard as at 31 August 2023, with comparatives. Of the thirteen KPIs measured at end the month, six were met or were within agreed tolerances of target.

KPIs	Aug 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Green (meeting target)	3	4	6	7	5	6
Amber (within tolerance)	3	1	4	1	2	1
Red (not meeting target)	7	9	6	7	8	6
No target (homelessness)	-	-	2	2	2	2
Quarterly / Annual	5	4	1*	2	2	4
Total	18	18	19	19	19	19

\* data unavailable

2.3. A further two SLHD Board annual KPIs have been set to measure:

- employee satisfaction with SLHD as an employer (staff survey); and
- a tenant satisfaction net promoter score KPI (tenant survey).

### 3. KPI commentary

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

**Target** **0.50%**  
**31 August YTD performance** **0.71%** **WORSE THAN TARGET – RED**

The KPI of 0.50% equates to approximately 110 void properties.

The number of voids held in the quarter has generally fluctuated between 120 and 140, and at the end of August is 123. This includes thirteen non-lettable voids, as summarised below with comparatives.

	<b>Aug 23/24</b>	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Void rent loss YTD %	<b>0.71%</b>	0.73%	0.67%	0.67%	0.72%	0.76%
Target %	<b>0.50%</b>	0.50%	0.50%	0.50%	0.50%	0.50%
Void numbers incl. non lettable	<b>123</b>	132	133	126	110	151

For five consecutive weeks up to the end of June, performance improved each week, and from early July the weekly void rent loss figure has been below 0.70%, all of which have helped to improve the KPI slowly from 0.76% in April to 0.71% at end of August.

Stringent monitoring remains in place to monitor all voids from keys in to re-let to ensure that accurate planning and communication is shared between all teams. As a result of this the number of voids held will reduce and performance will improve.

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

**Target** **20.0 days**  
**31 August YTD performance** **25.9 days** **WORSE THAN TARGET – RED**

	<b>Aug 23/24</b>	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Re-let days	<b>25.9</b>	25.6	26.7	26.9	29.1	33.6

Standard re-let performance for each week has consistently been around the 24 to 26 levels. The letting of some longer term voids in July and August has increased the YTD figure slightly to 25.9 from the Q1 position and remains worse than target.

**Appendix B** shows that current performance is top quartile when benchmarked in the monthly pulse surveys.

Void properties receive continued and extensive focus as we work towards meeting this challenging target.

### 3.3. KPI5 : % of Settled Accommodation at Prevention Stage

<b>Target</b>	<b>60%</b>	
<b>31 August YTD performance</b>	<b>29%</b>	<b>WORSE THAN TARGET – RED</b>

56 prevention cases were closed within the month of which only nine were able to secure existing or alternative accommodation.

We met with our Department of Levelling Up, Housing and Communities (DLUHC) Homelessness Advisor who has agreed to support us a critical friend to review potential missed opportunities to open cases under prevention duty and therefore to record positive outcomes when compared to other LAs.

We are unable to measure this against approaches to the service currently as reporting and Qlik are still under review following the transfer to open housing.

Capacity continues to be an issue due to officers brought in on temporary contracts leaving ahead of schedule and the service is now operating at establishment with demand not reducing. This is further impacted by the transfer to OpenHousing in July and assessments are currently taking significantly longer to complete.

The target will be reviewed on this indicator going forward. It was set at a time when the national picture was different and SLHD was advised by DLUHC. The Official government figures for January to March 2023 show the national figure to be 45% and Yorkshire and Humberside to be 38%. Doncaster was performing at 38% for that same January to March 2023 period.

### 3.4. KPI 6 : Stage 1 and 2 Complaints relative to the size of the landlord per 1000 properties

<b>Profiled Target YTD</b>	<b>20.8</b>	
<b>31 August YTD performance</b>	<b>26.5</b>	<b>WORSE THAN TARGET – RED</b>

This is a new KPI for 23/24 and is also part of the new Tenant Satisfaction Measures required by the Regulator.

For the target to have been met, less than 412 complaints should have been received.

For the five months to date, 528 complaints have been received and this equates to 26.5 complaints per 1,000 properties (26.2+0.3). The split is as follows:

Number of Stage 1 complaints received for the YTD is 520 complaints = 26.2

Number of Stage 2\* complaints received for the YTD is 8 complaints) = 0.3

\* Stage 2 complaints received in month could relate to previous months' complaints.

Nearly three quarters of all complaints are due to four main themes – policy, time taken, service delivery and staffing.

We have almost completed complaints training for all Service Investigating Officers (SIOs) on how to investigate and respond to complaints. We are also in the final development stage of the OpenHousing complaints management system, this will go live imminently following training completion for remaining Officers. This new way of

working across the organisation will provide improved automation and support improvements to how quickly we process complaints and in turn should reduce the number of complaints.

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

<b>Target</b>	<b>8.5 days</b>	
<b>31 August YTD performance *</b>	<b>11.9 days</b>	<b>WORSE THAN TARGET – RED</b>

\* Performance is now an annualised calculation and is consistent with CDC

August saw 1.05 days absence per FTE against a target of 0.64 days, above target and the highest YTD, and a slight increase on July's 0.97 days per FTE.

This brings the YTD figure to 4.77 days per FTE against a target of 3.28 days per FTE. Annualising these figures to be consistent with CDC's method of calculation gives a KPI figure of 11.9 days and worse than target.

This month Property Services and Housing and Customer Services both report above target at 1.08 and 1.05 days per FTE respectively. Corporate Services has seen the return of two long term cases which was driving their absence rate up and now reports under target at 0.41 per FTE.

Whilst Property Services sees no significant change from previous months remaining consistently high, Housing and Customer Services have seen a significant increase this month and their highest monthly absence figure this financial year. Deep dive sessions into the relevant hot spot areas are planned to identify any key reasons and create a plan for action.

In August, stress, depression and anxiety remain the highest reason for absence accounting for 48.5% and an increase this month in the number of days to a total of 127.7 from around 100 in the previous 5 months. A small number of long term cases which have been driving this increase have since returned to work. This is followed by MSK contributing to 22.4% and infection and virus contributing to 6%.

This month, long term cases account for 0.45 days per FTE a reduction from last month (0.51 days) and short term absence has regained the title for the biggest contributor to absence at 0.6 days per FTE.

The new attendance management frequency triggers which were implemented in April 2023 are seeing an increased number of meetings at all stages. Early signs are that this change is having an impact and allowing those early intervention conversations.

### 3.6. KPI 12 : % of Local Revenue and Capital Expenditure

<b>Target</b>	<b>70%</b>	
<b>31 August YTD performance</b>	<b>40%</b>	<b>WORSE THAN TARGET – RED</b>

August spend figures were slightly lower than July's, totalling £2.4m, of which £750k (31%) was in Doncaster and £1.2m (51%) in Yorkshire & Humber.

Doncaster spend, both capital & revenue in nature, after five months to end of August totalled £4.09m out of total spend to all suppliers of £10.34m. This represents YTD KPI performance of 40% and still below target. Within Yorkshire and Humber the percentage is down slightly to 63%.

Like previous months, August's figures were mainly affected by large payments to Wates (£633k in August), the largest amounts paid to any supplier in the month and equates to 26% of all payments in month. Wates are still classed as South East currently so this also affected the Y&H figure.

Payments analysis for August was similar to the previous four months. Payments are made to around 120-150 suppliers per month and for August was 138 suppliers. Similar to earlier months, for August only five suppliers totalled more than £100k and these five suppliers accounted for half of all spend. Three were outside of Doncaster and totalled £1.0m.

Local suppliers and contractors will always be targeted wherever possible as part of re-procurement exercises.

Report author  
Nigel Feirn

Appendix A    KPI Dashboard August 2023  
Appendix B    Housemark benchmarking monthly pulse surveys July and June 2023

# St Leger Homes of Doncaster Performance Dashboard August 2023

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

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



## St Leger Homes of Doncaster Performance Dashboard August 2023

KPI	Indicator	March 23 year end KPI							Target	Target
			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Aug-23	Aug-23	Year end
1	Percentage of current rent arrears against annual debit %	2.74%	2.60%	2.81%	2.80%	2.78%	2.95%	😊	2.95%	2.75%
2	Void rent loss (lettable voids) %	0.67%	0.79%	0.70%	0.73%	0.71%	0.71%	😞	0.50%	0.50%
3	Average Days to Re-let Standard Properties ytd days	26.7	24.8	25.9	25.4	25.8	25.9	😞	20	20
4	No of Households in B&B accommodation at month end	16	26	48	50	43	37	😊	35	30
5	Settled accommodation at Prevention stage %	n/a	30%	30%	33%	32%	29%	😞	60%	60%
6	Number of stage 1 and 2 complaints per 1,000 properties	n/a	5.4	10.4	15.4	20.2	26.5	😞	20	50
7	Complaints responded to within timescale %	n/a	70.9%	93.3%	92.5%	87.7%	84.8%	😊	92.3%	92.3%
8	Number of tenancies sustained post support	96.8%	97.0%	97.4%	98.0%	97.6%	98.2%	😊	97.3%	97.3%
9	Number of repairs first visit complete	94.8%	94.4%	94.5%	94.8%	95.3%	95.5%	😊	94.0%	94.0%
10	Gas servicing: % of properties with a valid gas certificate	100.00%	99.90%	99.89%	99.97%	99.96%	99.95%	😊	100.00%	100.00%
11	Days lost through sickness per FTE (annualised)	11.7	11.3	11.4	11.7	11.5	11.9	😞	8.5	8.5
12	Percentage of Local Expenditure Revenue and Capital %	67.6%	44.5%	45.7%	49.0%	49.0%	39.5%	😞	70.0%	70.0%
13	Number of ASB Cases per 1,000 properties	n/a	5.2	12.8	22.0	23.0	29.9	😞	25	60
14	Residents in training, education or employment (Quarterly)	58			9					97
15	Tenant satisfaction levels overall % (Annual KPI)	81.30%	Annual KPI							85.0%
16	Homes maintaining decent standard % (Annual KPI)	99.69%	Annual KPI							100.0%
17	Tenant satisfaction with property condition % (Annual KPI)	75.7%	Annual KPI							83.0%
18	Energy efficiency - EPC Level C by 2030 (Annual KPI)	69.2%	Annual KPI							73.5%

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

😊	Meeting / better than target
😊	Close to / within tolerances of target
😞	Not meeting / worse than target



**Housemark pulse survey benchmarking - IN MONTH performance**

**Appendix B**

**JULY 23**

<b>Measure</b>	<b>Q1</b>	<b>peers Median</b>	<b>Q3</b>	<b>SLHD</b>	<b>quartile</b>	<b>Polarity</b>
Average re-let time in days (standard re-lets)	35.8	46.5	85.5	<b>25.8</b>	<b>Q1</b>	Lower is Better
Current tenant arrears at the end of the month (%)	3.47%	4.03%	5.35%	<b>2.78%</b>	<b>Q1</b>	Lower is Better
Voluntary staff turnover (%)	0.32%	0.83%	1.03%	<b>0.38%</b>	<b>Q2</b>	Lower is Better
No. of dwellings vacant but available to let at m/end as % of units	0.47%	0.73%	1.10%	<b>0.71%</b>	<b>Q2</b>	Lower is Better
Responsive repairs completed in month per 1,000 units	206.8	236.2	314.8	<b>238.5</b>	<b>Q3</b>	Lower is Better
Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.79%	<b>99.96%</b>	<b>Q3</b>	Higher is Better
Formal stage 1 and 2 complaints received per 1,000 units	2.96	4.24	6.04	<b>4.70</b>	<b>Q3</b>	Lower is Better
Working days lost to sickness absence in month (%)	4.34%	4.94%	5.39%	<b>5.37%</b>	<b>Q3</b>	Lower is Better
New ASB cases reported per 1000 units	2.25	5.20	6.66	<b>5.20</b>	<b>Q3</b>	Lower is Better
Stage 1 and 2 complaints resolved within timescale in month (%)	94.0%	87.8%	79.1%	<b>75.5%</b>	<b>Q4</b>	Higher is Better
Responsive repairs within target timescale (%)	98.33%	89.40%	81.80%	<b>72.78%</b>	<b>Q4</b>	Higher is Better
Domestic properties with EICR certificates up to 5 years old (%)	99.64%	98.82%	94.75%	<b>no data</b>		Higher is Better
Satisfaction with repairs in month (transactional) (%)	92.24%	81.56%	77.76%	<b>no data</b>		Higher is Better
Customer contact received via digital channels in month (%)	28.23%	16.12%	14.11%	<b>no data</b>		Higher is Better
Tenants satisfied with overall service (perception) - in month (LCRA) (%)	84.64%	66.96%	61.65%	<b>no data</b>		Higher is Better

**JUNE 23**

<b>Measure</b>	<b>Q1</b>	<b>peers Median</b>	<b>Q3</b>	<b>SLHD</b>	<b>quartile</b>	<b>Polarity</b>
Average re-let time in days (standard re-lets)	25.9	44.2	60.2	<b>24.6</b>	<b>Q1</b>	Lower is Better
Stage 1 and 2 complaints resolved within timescale in month (%)	89.5%	70.5%	72.5%	<b>92.5%</b>	<b>Q1</b>	Higher is Better
Voluntary staff turnover (%)	0.51%	1.00%	1.73%	<b>0.27%</b>	<b>Q1</b>	Lower is Better
Current tenant arrears at the end of the month (%)	2.24%	3.03%	4.04%	<b>2.80%</b>	<b>Q2</b>	Lower is Better
Responsive repairs in month per 1,000 units	215.0	260.1	310.7	<b>243.6</b>	<b>Q2</b>	Lower is Better
No. of dwellings vacant but available to let at m/end as % of units (%)	0.24%	0.57%	0.95%	<b>0.79%</b>	<b>Q3</b>	Lower is Better
Homes with a valid gas safety certificate (%)	100.00%	99.98%	99.83%	<b>99.97%</b>	<b>Q3</b>	Higher is Better
Formal stage 1 and 2 complaints received per 1,000 units	2.08	4.04	7.37	<b>5.10</b>	<b>Q3</b>	Lower is Better
Working days lost to sickness absence in month (%)	2.20%	3.24%	4.01%	<b>5.74%</b>	<b>Q4</b>	Lower is Better
New ASB cases reported per 1000 units	1.87	4.15	7.02	<b>9.20</b>	<b>Q4</b>	Lower is Better
Responsive repairs within target timescale (%)	100.00%	89.60%	75.00%	<b>71.42%</b>	<b>Q4</b>	Higher is Better

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD REPORT**

- Date** : 5 October 2023
- Item** : 15
- Subject** : Audit & Risk Committee Annual Report
- Presented by** : Trevor Mason  
Chair of the Audit & Risk Committee
- Prepared by** : Julie Crook  
Director of Corporate Services
- 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 2023 Audit and Risk Committee Annual Report and that Audit and Risk Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No: 15  
Date: 05 October 2023**

**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.

2.2 As this report will be presented to the first Board meeting after the Annual General Meeting (AGM), it includes a number of assumptions around decisions that will be made at the Committee meeting in June. The report will be updated accordingly following the meeting.

**3. Recommendation**

3.1 That Audit & Risk Committee comment and contribute to the Annual Report prior to submission to the Board.

**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 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 responsibilities transferred from Employment and People Committee.

**5. Meetings and Attendance**

5.1 Since the Board's AGM in October 2021, the Audit & Risk Committee has met on three occasions:

- 31 October 2022
- 6 March 2023
- 26 June 2023

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:

<b>Member</b>	<b>Constituent Group</b>
Trevor Mason	Independent (Chair)
Allan Jones	Councillor
Milcah Walusimbi	Tenant

The membership of the committee changed following Board's decision in March 2021 to review the membership of all committees taking into consideration the addition of the new Building Safety and Compliance Committee. This decision was reviewed in February 2022 and it was agreed that it will continue for the remainder of 2022. The Committee structure was reviewed again by Board in November 2022, following that meeting it was agreed that committee membership would be discussed with all Board Members at their appraisal and following that the membership of audit committee will be increased to four again.

5.4 Attendance at the meetings has been as follows:

	31 October	6 March	26 Jun
Trevor Mason	✓	✓	✓
Allan Jones	✓	X	✓
Milcah Walusimbi	✓	✓	✓
Steve Lyons		✓	

Steve Lyons kindly deputised for Cllr R A Jones at the March meeting in order for the meeting to be quorate.

5.5 The Director of Corporate Services has attended all meetings, as have Internal Audit. Jason Burgess – Manager at Beever & Struthers, the external auditors for the company attended the meeting in March to present the External Audit strategy and in June to present the financial statements

## **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
- Governance in relation to Regulator of Social Housing (RSH) standards

## **7. Internal Audit**

- 7.1 Internal audit services are provided through a SLA by DMBC. The annual audit plan is developed jointly between SLHD and Internal Audit and was approved by Audit & Risk Committee in March 2022. 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 2022/2023 Audit Programme consisted of 80 Audit days, 80 days were utilised.
- 7.3 Work during 2022/23 has been varied and the plan was completed in full with the exception of Former Tenant Areas Recovery and Merchant Cards. These areas have been rolled over to be completed in the 2023/2024 Programme.
- 7.4 Audit & Risk Committee received the following audit reports in the course of the year:
- General Financial Audit – Payroll & Creditors elements (substantial assurance)
  - Housing Rents (substantial assurance)
  - Voids management (limited assurance)
  - Fuel card usage (partial assurance)
- 7.5 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 zero and currently stands at three (one from voids and two from housing rents).

## **8. External Audit**

- 8.1 Beever and Struthers were re-appointed as external auditors at the AGM in October 2020. Beever and Struthers were appointed in the summer of 2019 to a two year contract, with the option to extend for a further two years. Audit & Risk Committee members were involved in this procurement. This contract will be reproced shortly.
- 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.
  - Received the Financial Statements, Audit Statement and Management Letter and made recommendations to the Board and

- Appointment of External Auditors.

## **9. Risk Management**

- 9.1 There are quarterly updates to the Risk Register, three of these are reported directly to the Board and one is reported to the Audit & Risk Committee (Q2 October 2022). Risk management training was delivered to the whole Board in December 2022.

## **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 2022 there have been;
- Eight allegations of providing false information or conspiring to conceal information which leads to dishonest or fraudulent behaviour, these cases were all in relation to staff not working their contracted hours.
  - One allegation resulted in no further action for the member of staff
  - One allegation resulted in the employee being issued with a first written warning
  - Three cases resulted in the employees receiving final written warnings and
  - Three cases resulted in the employees being dismissed.
- 11.2 Anti fraud and corruption training was delivered digitally at the end of the financial year by Internal Audit, as part of the 2022/23 Internal Audit Programme, 15 employees attended the training.

## **12. Value for Money**

- 12.1 The committee reviewed the Value for Money strategy in October 2022 prior to it being approved by the Board in December 2022.

## **13. Q2 Financial Information**

- 13.1 The Audit & Risk Committee reviewed the financial information for the period ending 30 September 2022 at its meeting in October prior to this information being submitted to Board in December 2022. 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.

#### **14. Procurement Update**

14.1 An update report was received by Committee in June 2023.

#### **15. Supplies & Logistics Update**

15.1 The Audit & Risk Committee received an annual report on supplies and logistics activity.

#### **16. Gifts and Hospitality Register**

16.1 Included in the Terms of Reference for the Committee is a responsibility to review the Gifts and Hospitality Register. The Committee received its first update in November 2018 and agreed that they would receive this report on an annual basis. The annual report was received in June 2023, there were no areas of concern.

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

17.1 Following a structure review within the organisation a new Governance Service Manager post was created within Corporate Services. As a result of this the work in relation to the monitoring of data protection and FOI requests and the reporting of compliance with the RSH consumer standards transferred to this committee from P&I committee.

17.2 The first report on data protection and FOI was received in October 2022 and the next report in March 2023. The committee were unhappy with the compliance against legal timescales for responding to these enquiries and asked for a follow up report to be presented in June 2023 to outline how we intended to improve our compliance with legal timescales.

17.3 The committee received a follow up report in June 2023 and noted the action plan for improvement.

#### **18. Exit Payments and Pension Discretions**

18.1 The committee received its first report on exit payments and pension discretions in June 2023 as the responsibility for this has transferred from Employment and People Committee.

#### **19. Other Responsibilities**

19.1 The Audit & Risk Committee also has responsibility to review revisions and activity in relation to the Business Continuity Plan and the Emergency Plan. The updated Business Continuity Plan and Emergency Plan were approved by the Committee in March 2021 and in March 2023 the committee reviewed the activity for the year against both of these.

#### **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.

**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**

- 3.1 The Committee will comprise of four members as follows:
- a. Two Independent Directors
  - b. One DC nominated Director
  - c. One Tenant Director.
- 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 Corporate 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, including one Independent Director.

#### **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.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Building Safety and Compliance Committee Meeting**

# **REPORT**

**Date** : 05 October 2023

**Item** : 15

**Subject** : Building Safety and Compliance Committee  
Annual Report

**Presented by** : Dave Wilkinson  
Chair of the Board

**Prepared by** : Chris Margrave  
Director of Property Services

**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 the Building Safety and Compliance Committee approve the Annual Report for submission to the Board on 5 October 2023.

That Building Safety and Compliance Committee review the Terms of Reference to ensure it is still current and encompasses the remit of the Committee.

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**To the Chair and Members of the  
Building Safety & Compliance Committee**

**Agenda Item No. 15  
Date: 05 October 2023**

## **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, which are attached at Appendix A.

Committee are also asked to review the Terms of Reference to ensure it is still current and encompasses the remit of the Committee.

## **2. Recommendation**

- 2.1 That BSC Committee approve the Annual Report for submission to the Board on 5 October 2023.

That BSC Committee review the Terms of Reference to ensure it is still current and encompasses the remit of the Committee.

## **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 Terms of Reference. The Terms of Reference requires that BSC 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.

## **4. Meetings and Attendance**

- 4.1 The BSC Committee was formed in March 2021 and have met on six occasions since the previous annual report. The meetings were held on:
- 24 September 2022
  - 24 November 2022
  - 12 January 2023 - Damp, Mould & Condensation
  - 25 January 2023
  - 20 February 2023 – Damp, Mould & Condensation
  - 17 May 2023

Members requested 2 additional Committee meetings specifically in relation to Damp, Mould & Condensation and our response - following the tragic incident of a two year old in Rochdale.

4.2 The Terms of Reference for the BSC Committee are enclosed as Appendix A for Members to review and ensure they are still relevant and that the Committee has fulfilled its duties.

4.3 The Terms of Reference 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 and Risk Committee
- A representative of the Performance and Improvement Committee
- One Doncaster Council nominated Director

4.4 The members of the Committee are as follows:

Dave Wilkinson	Board Chairman & Chair of Committee
Councillor Phil Cole	Council Member
Trevor Mason	Independent Member
Steve Lyons	Tenant Member

4.5 Attendance at the meetings has been as follows:

	30 Sept 2022	24 Nov 2022	12 Jan 2023	25 Jan 2023	20 Feb 2023	17 May 2023
Dave	✓	✓	x	✓	✓	✓
Phil	✓	✓	✓	✓	x	✓
Trevor	✓	✓	✓	✓	✓	✓
Steve	✓	✓	✓	✓	✓	✓

4.6 The Director of Property Services has been present at all meetings, together with the Head of Building Safety. Additionally, Subject Matter Experts (SME) in Asbestos, Electrical, Gas & Mechanical and Water Hygiene & Lift have attended on a rotational basis.

4.7 The Committee has been quorate on the 6 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.

4.8 In August 2021, the Committee appointed a Specialist Independent Advisor (SIA) who has specific knowledge of compliance and offers advice to the Committee as required.

At its meeting in January 2023 Committee decided to no longer retain the services of the SIA having considered the three lines of defence model and robust systems in place, offering assurance in the effective management of risk. The SIA last meeting for attendance was May 2023.

## 5. Work of the Committee

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

- Health, Safety and Compliance update report
- Consolidated Action Plan
- CO2 update
- Building Safety Fire Doors
- Milton and Jubilee Court
- Asbestos Compliance
- Legal Register update
- Damp, Mould & Condensation
- Fire Safety Regulations
- Electricity policy
- By passing of metres (Electric/Gas)
- BSC & ISO45001 Audit – Action Plan
- Fire Safety Legislation Changes
- FRA Fire Safety 10yr Programme
- Joint Safety Committee minutes
- High Rise Forum minutes
- Committee Annual report

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

5.3 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 19 – Approve policy changes

Committee have been asked to review and comment on the following policy changes:

- Electrical Safety policy

8.2 – Compliance Assurance

The Committee receives at each meeting performance updates in relation to all areas of compliance including detail of how we manage statutory and regulatory compliance of the 'Big 6' health and safety compliance elements. Damp, mould and condensation is now considered to be the 7th area of compliance with regular updates included in performance updates.

The Specialist Independent Advisor met with members separately prior to the September and November 2022 Committee meetings and has submitted questions in advance of Committee to provide independent scrutiny and advice in respect of compliance issues and to effectively analyse building safety performance.

Members requested that Subject Matter Experts attend Committee on a rotational basis to provide an overview of their role and offer further assurance within each field of expertise.

5.4 Damp, Mould & Condensation (DMC)

At its meeting on 12 January 2023 members were made aware of increased enquiries from tenants due to media coverage and redirected resources to help meet demand for inspections. They were informed that most inspections resulted in some follow on works being raised, with most cases being minor but some cases of bigger concern being identified. There was dissatisfaction from tenants with advice being given regarding ventilation and the conflict between cost of energy. Inspectors were increasingly finding that properties are heated to very low temperatures below 16 degrees when 18 is the minimum guidelines.

Assurance was given to members by the action being taken by SLH:

- Re-directed resources
- Continuation of stock condition surveys
- Established DMC Working Group
  - Action Plan – covers 26 themes contained within the spotlight report on damp and mould
- Dedicated DMC Team proposal
- Reviewed communications and advice for customers
- Introduction of a Damp & Mould policy
- Further staff training

Members asked that language barriers were considered when reviewing communications and advice for customers and also that SLH proactively engages with partners such as Doncaster Children's Trust and Public Health.

Committee requested a second meeting which took place on 20 February 2023. At this meeting members were informed of the demand and outcomes of inspections.

Members were pleased with progress to date and noted the planned proactive approach to inspections over the summer months in preparation for the autumn/winter period as well as further data analysis to look for trends. Members were assured of the measures in place and were happy to receive future DMC updates via the Health, Safety & Compliance performance report submitted to Building Safety Committee.

## 5.5 Fire Safety Legislation Changes

The Fire Safety Regulations 2022 came into effect from 23 January 2023, members were provided with a summary of the legislative changes to be aware of and what this means in practice for the organisation.

Committee sought clarification on where SLH stood in terms of timescales and compliance with the legislation. It was noted that inspection of flat entrance doors are on an annual basis therefore the organisation would have 12 months in order to comply with the requirements. For common area doors in buildings greater than 18m needing inspection at every three months we are on track using the QR code system and C365.



## 5.6 FRA Fire Safety 10yr Programme

Committee were presented with the 10 year programme which included 1,918 overdue fire risk actions as well as current and future projects: EWI (External Wall Insulation) replacement programme at Balby Bridge, removal of gas services within the high rise at Intake and the planning process for the residential sites at Orange Croft, Cow House Lane and Mount Pleasant.

On challenging they were offered assurance that the organisation was managing the risk through regular (weekly/quarterly/annual) health & safety risk assessments and scrutiny at Building Safety Group. Furthermore, they were advised that SLH along with Clarion Housing will be the first organisation to use RiskHub to monitor frequency of the programme.

## 5.7 Carbon Monoxide Detection Installation

Committee noted the key changes affecting SLH in relation to the mandatory requirements around smoke and carbon monoxide detection in social rented homes. Members noted the planned approach to ensuring CO detection is present, operational and correctly located, in all of its properties enabling SLH to confirm compliance with the Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022.

Committee sought assurance for those tenants with hearing impairments that the location of the detector was within easy sight. They asked that tenants be advised of the new legislation, what this means for them and what action they should take in the event of activation.

## 5.8 Milton and Jubilee Court

Committee received a report that highlighted the differing levels of fire protection in the properties at Milton and Jubilee Court when compared to a property of similar design and occupancy - Heartswood.

Members noted the decision made by EMT on 25 May 2022 that the properties at Jubilee and Milton Court do not require the installation of fire suppression systems. They further noted that a certified fire engineer had visited to facilitate the design and specification of fire improvements to the properties.

## 5.9 BSC & ISO45001 Audit – Action Plan

Committee were pleased to note that SLH had been externally assessed by the British Safety Council (BSC) in an annual Five Star Occupational Health and Safety Audit. Which had resulted in the organisation being awarded the maximum five star safety audit rating, which is the twelfth successive year SLH has achieved this rating.

The audit consisted of:

- Extensive review of health and safety management documentation.
- Video interviews with management, staff and other stakeholders.
- Site visits to view a number of work activities including stores, voids, responsive repairs and the housing team at Balby Bridge.

Committee noted in the report comments made by the Auditor which offered confidence - that SLH showed very good evidence of their commitment to continuous improvement, engagement and proactive health, safety, and wellbeing management. The company operates a comprehensive safety management system. Implementation on site was shown to be of a high standard and the general condition of the sites and operations visited were excellent.

#### 5.10 Health, Safety & Compliance Performance

Committee continues to receive detailed performance information at each meeting in relation to the 6 key compliance areas, with DMC being added as the seventh area of compliance.

Monitoring of the following programmes against target receive close scrutiny where members challenge and raise any concerns regarding individual performance:

- Landlords Gas Safety Record (LGSR) programme
- Electrical Installation Condition Reports (EICR) programme
- Fire Risk Assessment (FRA) & Fire Risk Action programme
- Asbestos Reinspection programme
- Legionella Risk Assessments (LRA) programme
- Lift and Lifting Equipment (LOLER) Management programme

Access into properties especially those having an EICR over 10 years receive rigorous examination where members drill down into the detail of each individual case.

Committee pay careful attention to compliance inspection programmes in the following areas: solid fuel, air source heat pumps (ASHP), unvented systems, district heating, biomass systems, LPG, commercial boilers, cold water storage tanks (CWST) inspections, show cleans & disinfections.

Particular regard has been given to any actions taken to help strengthen and improve performance. Additionally, outcomes from in-house and third party (Morgan & Lambert, TUV-SUD, Savills) quality assurance audits have been requested by Committee.

Members have also requested further detail to understand the numbers around RIDDOR reporting specifically in relation to violence & aggression.

### 5.11 Consolidated Action Plan

The Head of Building Safety previously presented a number of action plans to the members of the Committee. The members of the committee suggested that the action plans could be condensed into one action plan and that each action could then be assigned a priority and rated with a Red Amber Green (RAG) status, each action should be assigned a suitable timescale for resolution.

The action plans have been centralised and are discussed as agenda items at check ins with each SME and at the team meetings with members of the compliance and building safety team. Completed actions demonstrates the progress which has been made in the last 12 months by team and ongoing actions provides focus to each of the SMEs.

### 5.12 Health and Safety Minutes

The Committee reviews the minutes from the Joint Safety Committee meeting and has received the following minutes since the previous annual report:

- 14 Jul 2022
- 12 Oct 2022
- 18 Jan 2023
- 26 Apr 2023

The Committee also now reviews the minutes from the High Rise Forum meetings and has received the following minutes since the previous annual report:

- 25 May 2022
- 25 Aug 2022
- 24 Nov 2022
- 23 Feb 2022

## **6. Financial Implications**

6.1 Not applicable.

## **7. Legal Implications**

7.1 Not applicable.

## **8. Value for Money**

8.1 Not applicable.

## **9. Consultation**

9.1 Not applicable.

**10. IT Implications**

10.1 Not applicable.

**11. Diversity**

11.1 Not applicable.

**12. Communications**

12.1 Not applicable.

**13. Environmental Impact**

13.1 Not applicable.

**14. Social Impact**

14.1 Not applicable.

**15. Report Author, Position, Contact Details**

15.1 Chris Margrave  
Director of Property Services  
01302 862709

**16. Background Papers/Appendices**

16.1 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 as follows:
- a. The Chair of the Board
  - b. A representative of the Audit and Risk Committee
  - c. A representative of the Performance and Improvement Committee
  - d. One DC nominated Director
- 3.2 One of the representatives of the two committees shall also be a tenant
- 3.3 The Chair of the Board shall be the Chair of the Committee.
- 3.4 Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.

3.5 The Lead Executive Director will be the Director of Property Services.

3.6 The provision of an Independent advisor to the Committee with specific knowledge of compliance shall also be in attendance.

3.7 The PA 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.

#### **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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## **Employment and People Committee**

# **REPORT**

**Date** : 05 October 2023

**Item** : 15

**Subject** : Employment and People Committee  
Annual Report

**Presented by** : Dave Wilkinson  
Chair of the Board

**Prepared by** : Dave Richmond  
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 2023 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. 15  
Date: 05 October 2023**

**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 2023 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.
- 3.2 it is important to note that Board undertook a review of the Committee Structure in April 2023 where consideration was given to keep the Building Safety and Compliance Committee which had been formed for an initial 12 months. Due to this decision and time pressures on Board Members, it was also agreed at the April 2023 meeting that Employment & People Committee would only be arranged when required.

**4. Meetings and Attendance**

- 4.1 The E&P Committee has only met once since the Board AGM in September 2022. This meeting was held on 29 November 2022.
- 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 The Terms of Reference state that the Committee will comprise of at least four members as follows:
- The Chair of the Board
  - The Chief Executive
  - A representative of the Audit and Risk Committee

- A representative of the Performance and Improvement Committee
- One DC nominated Director

4.4 The Members of the Committee are as follows:

Dave Wilkinson	Board Chairman & Chair of Committee
Dave Richmond	Chief Executive
Joe Blackham	Council Member
Susan Jones	Independent Member
Milcah Walusimbi	Tenant Member

Throughout 2022 Susan Jones remained a co-opted member of the Committee due to the temporary creation of the Building, Safety & Compliance Committee and the time constraints this arrangement put on all Board Members. Susan was chosen due to her background, skills and experience and replaced a representative from P&I Committee on an interim basis.

4.5 Attendance at the meetings has been as follows:

	29 November 22
Dave Wilkinson	✓
Joe Blackham	✓
Susan Jones	✓
Milcah Walusimbi	✓
Dave Richmond	✓

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

**5. Work of the Committee**

5.1 In the only meeting of the Committee since the AGM, Members considered the following reports:-

- A quarterly dashboard presenting Q2 diversity statistics we have collected from employees and customers.
- An update on progress on the delivery of a revised People Performance Management process.
- Received an update on the design of a People Development Framework, reviewing enhanced behaviours, detail of First Line Managers Programme and confirmation that the PDP process is embedded into the organisation.
- Received an update on all colleague activity that has taken place across the business including details of the Pulse Surveys, EMT Questions and Annual staff conference.
- Received early response information from the Pulse Survey which was completed in October 2022.

- 5.2 Board are asked to noted that after the decision April 2023 for Employment and People Committee to be arranged when needed, a review of the Committee Forward Plan was completed at that time and any pertinent reports are now reported through other Committee meetings.
- 5.3 The Committee was quorate on 29 November 2022 meeting. 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.
- 5.4 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 29 November 2022.

## **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. In 2022/23 we became a member of the Housing Diversity Network with members attending a number of their conferences.

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

## **8. Report Author, Position, Contact Details**

- 8.1 Dave Richmond  
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**

- 3.1 The Committee will comprise of at least four members as follows:
- a. The Chair of the Board
  - b. The Chief Executive
  - c. A representative of the Audit and Risk Committee
  - d. A representative of the Performance and Improvement Committee
  - e. One DC nominated Director
- 3.2 One of the representatives of the two committees shall also be a tenant
- 3.3 The Chair of the Board shall be the Chair of the Committee.
- 3.4 Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.

3.5 The Lead Executive Director will be the Chief Executive.

3.6 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.

#### **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.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

- Date** : 05 October 2023
- Item** : 15
- 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 2023 Performance & Improvement Committee Annual Report, and that Performance and Improvement Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No: 15  
Date: 05 October 2023**

**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, which are attached at Appendix A.

**3. Recommendation**

3.1 That Board note the 2023 Performance & Improvement Committee Annual Report, and that Performance and Improvement Committee have reviewed the Terms of Reference 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 Terms of Reference 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 Terms of Reference are attached at Appendix A.

**5. Meetings and Attendance**

5.1 Since the Boards AGM in September 2022, the Committee has met on four occasions:

- 17 November 2022
- 23 February 2023
- 18 May 2023
- 14 September 2023

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:

Steve Lyons	Tenant Member
Sam Bartle	Tenant Member
Stuart Booth	Independent Member
Phil Cole	Council Member

5.4 Attendance at the meetings has been as follows:

	17 Nov 22	23 Feb 23	18 May 23	14 Sep 23
Steve Lyons	✓	✓	✓	✓
Sam Bartle	✓	✓	x	✓
Stuart Booth	✓	✓	✓	✓
Cllr Phil Cole	x	✓	✓	x

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
- Tenant Voice Outcomes
- Transactional Surveys
- STAR Survey Outcomes
- Lettable Property Standards
- Customer Focus Update (including a briefing around the Complaints Review)
- Anti-Social Behaviour
- Service Standards
- Quarterly Performance
- Journey to Excellence – Homelessness
- Repairs Excellence
- TRIP Report – Metro-Clean Review

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 Lettable Property Standards

The Committee noted that review had commenced in October 2019 therefore the majority of work had been completed pre-pandemic and procedures were already adopted. Members recognised that the Standard still adopts our original 5-point standard, and had added improvements such as assisting, wherever possible, where decoration needs are required by tenants, particularly the vulnerable, above the lettable standard.

During and post-pandemic Community Engagement Officers would record videos in voids and gain feedback from tenants via email, and members suggested that a possible hybrid model going forward could be more effective. It was agreed that this suggestion would be progressed and implemented.

7.2 Journey to Excellence - Homelessness

Members were given a presentation which highlighted the progress in the Home Options team since obtaining temporary resources from the Council to address the backlog of homeless presentations. The Committee discussed, in depth, the amount of approaches into the service, and even with increased capacity of additional officers, it was challenging to respond to all calls throughout a working day. Members had made suggestions around call backs, however noted that a call back system had been used in the past that wasn't successful so it needed to be carefully considered.

Members referred to the ex-offenders scheme and asked if Doncaster received a disproportionate amount that finish in Doncaster due to having 4

prisons and this was confirmed.

The Chair commented that the presentation showed extremely positive work and the team were moving towards true excellence. Members were concerned to note the cost of B&B accommodation and were advised that the organisation could not access cheaper accommodation that was listed on the internet; this was mainly due to the state some accommodations were left in. The Committee requested, and were later supplied with, examples of 'lived experience' of homelessness.

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

Committee welcomed TRIP members who attended the 18 May 2023 meeting. This in-depth review was a follow on from the previous TRIP review of the Service Level Agreement (SLA) of Cleaning Service Standard. It was noted that tenants were highly critical of the service and described their interactions with the Cleaning Manager who oversaw the service. They provided an extensive list of recommendations to the organisation to improve the service going forward. The Chair and members thanked TRIP for their work that had gone into the review as it was extremely detailed.

Members expressed concern around the level of service, and in particular the lack of supervision by Metro-Clean supervisors. The Director of Housing and Customer Services advised that the Executive Management Team (EMT) had agreed with 10 of the recommendations and would carry out a piece of work to actions them. The remaining 4 recommendations EMT could not address, for example the Transfer of Undertakings (protection of Employment) (TUPE) of cleaning staff.

It was agreed that TRIP members would be invited to the September Committee Meeting to be given a verbal update on progress of the 10 recommendations, and to then be invited to the November Committee Meeting for a full written update on the action plan.

### 7.4 Customer Focus Update – Briefing on Complaints Review

Accompanying the Customer Focus Update in the May meeting, members were provided with an update on the Complaints Review. The Committee noted that complaints had increased, however the service was improving and it was important to sustain that improvement. They expressed an interest in receiving an update with a summary of the action plan, how many had been completed, and how many have made a difference to working practice.

### 7.5 Quarterly Performance

The Committee continues to receive detailed performance information at each meeting and raises any concerns about individual performance indicators. EMT have agreed it would be useful for members to request, and be updated, on Performance in any Directorate which they were particularly interested in.

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 and anti-social behaviour, and transactional surveys.

**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 as follows:
- a. Two Tenant Directors
  - b. One DC nominated Director
  - c. One Independent Director.
- 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, including one Tenant Director.

## **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.