

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

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

AGENDA

12.30 – 13.30 – Pre Board Training Allocation Policy and Process

13:30 – 14:00 – Lunch

- | | | | |
|----|---|-------------|-------------------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3a | Matters arising and action log from previous meetings | D Wilkinson | Enclosed |
| 3b | Ratification of minutes of meeting held on 7 March 2024 | D Wilkinson | Enclosed |
| 4 | Chair and Chief Executive's update | D Wilkinson | To be circulated |

For Approval

- | | | | |
|---|---|----------|-----------------|
| 5 | Budget Approval | J Crook | Enclosed |
| 6 | 2024/25 Annual Development Plan (ADP) and Key Performance Indicators | J Crook | Enclosed |
| 7 | Mechanical Policy | TBC | Enclosed |
| 8 | Statutory Complaint Handling Code self-assessment and review of Compliments, Comments and Complaints Policy | M McEgan | Enclosed |

For Information

- | | | | |
|----|---|------------|-----------------|
| 9 | Customer Voice Strategy - Annual update against action plan | M McEgan | Enclosed |
| 10 | KPI Performance | J Crook | Enclosed |
| 11 | Energy Usage Report | C Margrave | Enclosed |

Committee Information for Noting

- | | | | |
|----|---|--|--|
| 12 | Committee Minutes <ul style="list-style-type: none">• Performance and Improvement Committee 22 February 2024• Building Safety and Compliance Committee 25 January 2024• Audit and Risk Committee – 8 March 2024 | | |
| 13 | Any Other Business | | |
| 14 | <i>Date of next meeting – 6 June 2024</i> | | |

Board Decision Summary

Meeting:	St Leger Homes Board
Date of meeting:	7 March 2024
Chair:	Dave Wilkinson
The Board approved:-	
<u>Agenda Item 5</u> - Approval of recruitment panel for Director of Property Services	
<ul style="list-style-type: none">• Board approved the request for Members of Employment and People Committee to form the interview panel for the recruitment of Director of Property Services post.	
<u>Agenda item 6</u> – Board Complaints Champion	
<ul style="list-style-type: none">• Board approved the Chief Executive and Milcah Walusimbi are nominated as ‘executive complaints champions’ for the organisation.	
The Board requested:-	
<u>Agenda Item 4</u> – Consumer Standards Gap Analysis	
<ul style="list-style-type: none">• Requested to review the developed action plan at June Board.• Requested CDC Aids and Adaptations budget information.• Requested details of NFA webinar being held on 27th March.	
The Board received:-	
<u>Agenda item 4</u> – Consumer Standards Gap Analysis	
<u>Agenda item 6</u> – Board Complaints Champion	
<ul style="list-style-type: none">• Board noted that the Member Responsible for Complaints (MRC) will be Councillor Glyn Jones, Cabinet Member for Housing and Business.	

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
76	Oct-23	10.5	ASSET MANAGEMENT STRATEGY Board requested that base line information is collated on a number of properties to compare energy performance before and after installation of EWI.	The Director of Property Services advised that there are plans to provide a comprehensive report to the April Meeting.	N	CM
86	Mar-24	4.14	CONSUMER STANDARDS GAP ANALYSIS Discussions took place over adaptations budgets for both Council and Private Houses. The Chairman asked the CDC Interim Assistant Director for the budget information.	Information circulated by email 20 March 2024	Y	YF
87	Mar-24	4.15	CONSUMER STANDARDS GAP ANALYSIS The Governance Service Manager responded the gap analysis will be utilised to develop the action plan, agreeing the action plan will be submitted to June Board.	This report has been added to the forward plans	Y	DR/JCr
88	Mar-24	4.16	CONSUMER STANDARDS GAP ANALYSIS The Director of Corporate Services advised of an NFA Webinar taking place on 27th March which involves feedback from STAR Housing who have been part of phase 3 mock inspection process. LGH to share details of the webinar.	Information shared and Chairman booked on	Y	LGH

Company Number 05564649
A Company Limited by Guarantee
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St. Leger Homes of Doncaster Limited
BOARD MEETING
Hybrid meeting

7 March 2024

Present:

Dave Wilkinson (Chair), Trevor Mason, Milcah Walusimbi, Dave Richmond, Cllr Sarah Smith, Stuart Booth, Barry Keable, Cllr Richard Alan Jones

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 (EA to CEO) – minutes, Louise Robson (Governance Services Manager)

Members of the Public/Observers:

Sarah Vause – GS Insights, Yvonne Fox – Interim Assistant Director, CDC.

		Action
1	Apologies and Quorum	
1.1	Apologies were received from Susan Jones, Cllr Phil Cole, Vicky Purnell	
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. Action 76 – The Director of Property Services advised that there are plans to provide a comprehensive report to the April Meeting.	
3b	Ratification of minutes from the meeting held on 1 February 2024	
3b.1	The Board agreed the minutes from the meeting held on 1 February 2024 were an accurate reflection of discussions.	
4.	Consumer Standards Gap Analysis	
4.1	The Director of Corporate Services presented the report by reminding Board that the New Consumer Standards are being introduced from	

1 April 2024 together with a new inspection regime where Local Authorities (LAs) will be inspected. It was noted that LAs and ALMOs have not been party to any inspection since 2010, but the key thing to note is when the Housing Regulator comes to Doncaster it will be inspecting City of Doncaster Council (CDC) as the landlord function will be the centre of the inspection.

The Director of Corporate Services advised that the inspection will be assessing against compliance with the Consumer Standards. She advised that we have been working against the draft standards up until the final standards were published on 29 February 2024, confirming there were only minor changes from the draft to the final editions.

The Director of Corporate Services advised that whilst the final consumer standards had been issued, the assessment being reviewed at the meeting today was against the draft standards to check whether we are compliant and have the evidence to support compliance, and for areas where we are not yet compliant a gap analysis is developed including timescales for achieving compliance as well as considering resources.

Board were reminded of the joint procurement exercise to appoint critical friend Savills, who commenced work through 2023 by gathering evidence as part of their assessment to determine where they think we are.

It was noted that the recommendations from the reviews conducted by Savills and the gap analysis against the draft standards will be combined into one action plan which can be monitored.

It was noted that there will be a requirement for CDC to publicly report on their position in terms of the consumer standards. The Chair asked if SLHD have to publish a position statement? The Director of Corporate Services responded that we have no requirement to publicise anything.

The Director of Corporate Services confirmed that we can be inspected from 1 April 2024 onwards with 6 weeks' notice of any inspection and that inspections will take place every 4 years. She further advised that the Regulator of Social Housing (RSH) have advised they are likely to inspect worst first, based on risk, but they will also take a balanced approach.

The Chair asked how the RSH will determine 'worst first'? The Director of Corporate Services advised the assessment will be based on risk, but they have not provided an explanation around their 'worst first' criteria. She expanded advising that the RSH may consider Tenant Satisfaction Measures which housing providers have been collecting through this current financial year which need to be

	<p>submitted by June ready for publishing in July. Whilst this is too late for Q1 round of inspections, the data will be available for Q2 inspections and will potentially be used to determine the inspection diary.</p> <p>She further explained that providers could be at risk if they have self referred to the regulator or consideration may be given to the Housing Ombudsman maladministration determinations, but this is not definite, however inspection timetables are expected to be published 3 months in advance.</p> <p>It was noted that the inspection scoring mechanism was also published last week along with the code of practice. The Director of Corporate Services provided more detail about the scoring mechanism;</p> <p>Governance, viability & consumer grades:- 4 Governance grades (G1-4) 4 (Financial) Viability grades (V1-4) 4 Consumer grades (C1-4)</p> <p>It was noted that housing organisations will want to be scored in each of the grades between 1 and 2, with grade 2 potentially being awarded where 'improvement is needed' Grade 3 is being scored as having serious failings and significant improvements are needed.</p> <p>Board noted the large gap between grades 2 and 3, agreeing there would be better understanding as the inspection regime commences and we see outcomes from organisations being inspected.</p> <p>A Member asked if we know who the inspection team will consist of? The Director of Corporate Services responded that this is not confirmed but we expect the inspection team will want to speak to tenants as they will be scoring tenants services. She gave an example that the homeless service would not be part of any inspection as it is not considered a tenant service.</p>	
4.2	<p>A Member asked for confirmation from both SLHD and CDC that the action plan being developed was achievable within current resources? The Director of Corporate Services responded that the SLHD action plan has only recently been shared with CDC, however whilst CDC will rely on SLHD for evidence, CDC need to undertake a separate piece of work about their role in the inspection and how prepared they are.</p> <p>It was noted that the main issue for us was the cost and number of Stock Condition Surveys (SCS) still to complete. The Director of Corporate Services confirmed there was sufficient budget and we are currently in a good position, with 10k SCS already completed, a further 2k due to be completed by the end of March 2024 and</p>	

	<p>potentially a further 4k completed in 2024/25. It was also confirmed that there is a rolling programme in place and we are looking at producing a list of properties that need inspecting more frequently.</p> <p>A further consideration for SLHD is the outcome of the review of the Decent Homes Standard and the implications of this. The Director of Corporate Services advised that all LA Housing Revenue Accounts became self-financing in 2012 when the Government made a set of assumptions based on how much it would cost to bring all properties up to the Decent Homes standard. If new standards are to be introduced, then the funding would need to be reviewed.</p> <p>The Member asked for CDC to provide an update on their position.</p> <p>The Interim Assistant Director confirmed that meetings were being organised to discuss the requirements in further detail and by the time the arrangements need to be in place, CDC will be in a better position to address any gaps and consider resources. She advised that work is ongoing and the teams were making sure they can access the right information and provide the required responses when needed.</p> <p>The Member asked if there could be some timescales set for this work? The Interim Assistant Director advised in terms of the action plan, it will be pulled together very quickly but there is a need to further develop the actions underpinning the overarching action plan.</p> <p>The Chief Executive confirmed that CDC are developing an Inspection Review Panel chaired by Councillor Glyn Jones, Portfolio for Housing and Business and Dan Swaine, Director of Place. The Review Panel will review each of the standards on a monthly cycle where SLHD or others will present evidence to show compliance. This arrangement will pan out over the next 4/6 months and will get into the fine detail of the gaps and the development.</p> <p>He ended by stating that the SLHD Board needs to be assured that we are compliant, but the ultimate responsibility is CDC and they need to be assured that, collectively, there is compliance.</p>	
4.3	<p>The Governance Service Manager explained the minor changes in the Consumer Standards since the final draft was published and provided a short presentation that highlighted the main areas of action coming from the gap analysis and feedback from Savills.</p> <p><u>Changes from draft to final published Consumer Standards</u></p> <ul style="list-style-type: none"> • Some wording around transparency. • Now referring to perspective tenants/tenancies and supporting vulnerable and diverse needs. • Broadened and made more explicit about 'you said, we did' so that tenants will be able to see how their views have influenced decisions. 	

	<ul style="list-style-type: none"> • Included safety in communal areas and not just maintenance of them. • Reference to Anti-social behaviour will include Hate Crime. <p>A Member asked if reference to perspective tenants means someone who may be on the housing waiting list? This was confirmed as yes.</p>	
4.4	<p><u>Cross cutting actions for all Heads of Service include:</u></p> <ul style="list-style-type: none"> • Identify and promote You Said, we did, more frequently - this action is about publishing and updating them more frequently and providing more explanation. • Update data and evidence that the data is used to inform decisions – we need to be sure across the organisation that we use data to make informed service decisions. Making sure the data is accurate and kept up to date by data owners across the organisation. • Communicate tenants' rights and responsibilities where possible for all services via the website – needs updating and ensuring all services are included. • Ensure our letters are clear and easy to read – we will ensure the letter writing guide is rolled out again and we can evidence sample checks. • Create a central list of what we report, who we report it to – already considering an accountability framework to determine reporting mechanisms between SLHD and CDC. <p>A Member commented he had recently reviewed the website, and in terms of data, explained he found that the information provided was a broad overview but giving lots of detailed information. He advised he felt he was being drawn down into detail straight away when sometimes it was not necessary. He suggested that consideration is given to using meaningful data and that the systems and interfaces work so that the information is there for tenants to see and understand and that the data does not sit in silos.</p> <p>A Member asked, in relation to being able to clearly communicate information that is accessible and engaging. If we could extend the letter writing training and tenant editorial group to cover the website? The Governance Service Manager confirmed this was being considered.</p>	
4.5	<p><u>Asset Management actions include:</u></p> <ul style="list-style-type: none"> • Show the golden thread of stock condition data (SCS) and how it shapes investment programmes – we need to show that there is a decision making process in place informed by the data we collect. 	

	<p>Board agreed that information is key and whilst we are collecting the data through SCSs we need to make sure that the information is fed through to CDC.</p> <p>The Director of Corporate Services reminded Board that when the Housing Regulator refers to responsibilities of a Board, they are referring to a Housing Association (HA). She reminded Members that in relation to ALMOs, the responsibility sits with CDC, and we need to make sure we are feeding relevant information through to CDC and then CDC decide on what they do with this information for example publicising, raising at Cabinet or with Scrutiny.</p>	
4.6	<p><u>Building Safety actions include:</u></p> <ul style="list-style-type: none"> • More robust reporting on all H&S areas (by exception only) – Savills identified some areas where information was missing that they we could report on and suggested some exception reporting. • Update the resident engagement strategy for H&S and promote on the website. • Needs a specific building safety section on the website - nothing on Compliance and H&S on the website and we need to address this as an identified gap. • Update the gaps in the policies and procedures that were identified by Savills – whilst we have the correct policies and procedures some areas need to be strengthened. 	
4.7	<p><u>Repairs and Maintenance actions include:</u></p> <ul style="list-style-type: none"> • Update the rechargeable repairs policy – this is being updated along with a fencing policy and currently being consulted on. <p>The Director of Property Services advised that the team is also considering how we communicate the repairs and investment programmes as it is felt we are lacking in our communication in instances where we complete temporary repairs and then plan permanent repairs into future schemes. He advised there will be some communication over planned schemes too.</p>	
4.8	<p><u>Housing Services actions include:</u></p> <ul style="list-style-type: none"> • Update the gaps in the Housing management policy and procedures – The Director of Housing & Customer Services advised this is in the main in relation to the Tenancy Strategy which is a CDC strategy, and once it has been reviewed there are a few linked actions for SLHD to complete including the development of a flexible tenancy procedure. • Make it easier and clearer to report ASB / Hate crime – looking into how we can make it easier to report instances and consideration needs to be given on how both SLHD and CDC can publish more information on hate crime expected outcomes and what this means. 	

- Update the website to provide information about SLH's commitment or approach to tenancy fraud – there is a gap in reporting and explaining tenancy fraud. This is a quick win and being actioned quickly.
- Develop OH to be able to easily report on varied fixed term tenancies.

The Chairman asked what we can do to prevent hate crime? The Director of Housing & Customer Services reported that we have been reporting on a Tenant Satisfaction Measure since July 23.

He further explained that if the instance was on the street, then the same applies, although the incident could also be reported through neighbourhood teams as they categorise the type of hate crime.

A Member questioned our accountability as a landlord and why this is something we will be measured against? The Director of Housing & Customer Services responded that when the RSH was looking at introducing this, it was thought hate crime could affect tenants and therefore included in the reporting process. The RSH has confirmed this in the final consumer standards and many organisations seen this as controversial during consultation on the standards, including the Chartered Institute of Housing. This is because this area is not solely the responsibility of the landlord and we need to work in partnership with other organisations such as the Police.

A Member asked if there were any past reports specifically of Hate Crime or does the system not enable specific reporting of hate crime instances? The Director of Housing and Customer Services advised that we have no cases of Hate Crime that have been reported from April and it is in the performance measures for the Anti-Social Behaviour Team.

A Member asked whether it was thought that a LA or ALMO would receive more cases of compared to HAs? The Director of Housing and Customer Services advised we cannot compare, especially against other geographical areas that have a different social and demographic make-up like inner city London. However, we need to ensure that it is easy for people to report and cases are responded to on time.

The Chairman asked how would we deal with our tenants if we found them to be extremely racially abusive? The Director of Housing and Customer Services advised that it is a criminal offence so the police would get involved and we would take the police advice. He advised if the perpetrator was convicted then we would follow the possession procedure and judge will apply a burden of proof

	The Chairman asked if this has ever been applied? The Director of Housing and Customer Services responded that we have had 3 cases and worked with the police due to possession of drugs and other tenancy breaches. He advised all procedures are in place, should we pursue a hate crime incident.	
4.9	<p><u>Access to Homes actions include:</u></p> <ul style="list-style-type: none"> • Many actions are centred around updating areas of our website with information for our tenants including writing/updating the allocations pages to ensure tenants are aware of the appeals process. 	
4.10	<p><u>Customer Services actions include:</u></p> <ul style="list-style-type: none"> • Update the Customer Access Strategy – this is currently being consulted on and is a big cross cutting piece of work. • Increase the number of involved tenants – We are encouraging more tenants to ask questions and getting more services areas to utilise the groups for consultation with tenants to improve our services 	
4.11	<p><u>Finance and Business Assurance actions include:</u></p> <ul style="list-style-type: none"> • Performance section of the website reviewed and updated with tenants to ensure they understand what our performance means - work with tenants to see how they want performance information that is meaningful and understandable. • Consider how we can expand reporting on VFM 	
4.12	<p><u>ICT and Business Transformation actions include:</u></p> <ul style="list-style-type: none"> • Open Housing System development <p>A Member asked if we are also considering developing an app as well as improving and updating our website? The Governance Service Manager advised that we previously had an app but it was not well used, however we will continue to look at better use of the tenant portal where customers can self-serve. The Director of Corporate Services advised that the H&S team are also working on their part of the portal in order that all tenants can view their own property H&S data.</p> <p>It was noted that the Customer Access Strategy will also consider use of IA.</p>	
4.13	<p><u>Joint SLHD / CDC actions include:</u></p> <ul style="list-style-type: none"> • Allocate in-line with tenancy strategy – This will be adopted once the new tenancy strategy is in place. • Develop a process / procedure to self refer. • Consider external validation of stock condition data – we need to consider whether this is still required since an external company undertake SCSs. CM advised that it would be his 	

	view this would be useful if there were a number of contractors undertaking the work, but for SLHD, Savills are our only contractor and therefore we may just want to audit rather than arrange a validation contract.	
4.14	<p><u>CDC specific actions include:</u></p> <ul style="list-style-type: none"> • Update tenancy strategy • Strengthen links on both CDC and SLHD websites • Complaints champion and responsible persons • Review compliance with consumer standards on aids and adaptations • CDC assurance framework in place so CDC are assured both organisations are meeting the standards. <p>The Director of Corporate Services advised that there is work to do in terms of search facilities on CDC website. She gave an example where we have included reporting of TSMs from Q1 2023/24 to CDC Cabinet and Scrutiny meetings., however because the report is in the meeting calendar part of the website, the search function does not find this information.</p> <p>A member raised concern with the lack of linkages between SLHD and the CDC adaptations service, asking if there could be better linkages in order to move cases forward more quickly? The Director of Property Services responded that CDC are responsible for adaptations and SLHD liaises with the team on related cases, however there are concerns and we are trying to support our system, but the linkages with aids and adaptations are weak and need to be strengthened.</p> <p>The Chief Executive commented that in terms of service delivery there are issues, but the conversation for today is about how we evidence that CDC are compliant and discussions have been had with CDC about this.</p> <p>Discussions took place over adaptations budgets for both Council and Private Houses. The Chairman asked the CDC Interim Assistant Director for the budget information.</p> <p>A Member commented about adaptations performance which is something within her portfolio as Cabinet Member. She advised that she asked for further monitoring to determine delays in both OT assessments and the works being carried out. The Director of Housing and Customer Services commented that the standard is about people accessing the service and being aware of performance and how to appeal. Board noted the information provided agreeing it will be helpful to the inspection.</p>	YF
4.15	Next steps for SLHD	

	<p>The Governance Service Manager advised that the 2 action plans will now be combined and monthly reviews will take place with individual Directors to discuss progress. There will be quarterly reporting through EMT with the action plan which will include the evidence list to assure ourselves we have evidence to back it up.</p> <p>The Chairman asked on plans to report to Board? The Director of Corporate Services advised progress will be reported to Board and consideration of frequency will be considered when discussing CDC reporting requirements. She advised this will include an annual report to Board confirming progress against the gap analysis and assurance we have evidence to support what we do. It was noted that for the first 12 months this will be about us evolving.</p> <p>The Chairman asked, if we were part of the first inspection tranche, whether we had any big concerns? The Director of Corporate Services advised we are not ready and only 80% compliant and with gaps in our evidence to demonstrate compliance. She advised that in areas where we are partially or non-compliant, work needs to commence to start gathering this evidence to become compliant. She further advised that we need to be in a position to demonstrate we are self aware and have explanations for gaps, with detail on what we are going to do about them and by when. It was noted that Heads of Service (HOS) are working with Directors to develop a timeline for completion of the actions to address the gaps.</p> <p>The Chief Executive expanded that there will be resource and budget issues to address some of the gaps, but if we were advised of an inspection in the next 6-8 weeks, we will be in a better position compared to now, and realistically we would be more confident on our position within the next 3-6 months.</p> <p>The Chairman asked for confirmation from CDC that they are getting what they want from SLHD in terms of assurance against compliance? The CDC Interim Assistant Director confirmed the current position is correct and SLHD and CDC were working together to ensure CDC knows SLHD has the information and are providing assurance they are compliant and this can be demonstrated.</p> <p>A Member asked if we need to consider an implementation team to prepare? The Director of Corporate Services responded that Council tenant services always need to be 'inspection ready' and provide excellent services to tenants.</p> <p>The Member further asked if an implementation team was required to monitor the gaps, asking if Board could review the action plan? The Governance Service Manager responded the gap analysis will be utilised to develop the action plan, agreeing the action plan will be submitted to June Board.</p>	<p>DR/JCr</p>
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	<p>It was noted the action plan will be developed and will include realistic timescales on delivery taking into consideration priorities HoS already have. It was noted the actions will be prioritised with achievable timescales.</p> <p>The Director of Property Services commented that we are confident we can get the information and evidence together. However, there is some concern about the approach of the inspector and how involved SLHD will be. He suggested that we will understand more once a few organisations go through the inspection process.</p> <p>The Chief Executive advised that since the final standards were only published last week, and on comparing against other LAs we seem to be in a good place, but not where we want to be, which is in a fully compliant position.</p>	
4.16	<p>A Member asked about the realistic timescales that will be detailed within the GAP analysis and whether they are realistic based on the Consumer Standards being published just last week? The Director of Property Services confirmed we need to ensure we are using data to make service changes.</p> <p>The Director of Corporate Services also responded that we do have some quick wins that can be addressed straight away. She re-iterated that CDC will be inspected and we will be reporting on the gaps in conjunction with CDC.</p> <p>The Director of Corporate Services advised of an NFA Webinar taking place on 27th March which involves feedback from STAR Housing who have been part of phase 3 mock inspection process. LGH to share details of the webinar.</p>	LGH
4.17	Board received the information and thanked the Directors, Heads of Service and Governance Service manager for their work so far.	
5	Approval of recruitment panel for Director of Property Services	
5.1	The Chairman asked for Board approval for Members of the Employment & People Committee, along with Dan Swaine, Director of Place and Councillor Glyn Jones, Portfolio Holder for Housing & Business to form the interview panel for the Director of Property Services vacancy. Board approved this request.	
6.	Board Complaints Champion	
6.1	The Chief Executive explained that within the new statutory Housing Ombudsman Complaint Handling Code, which comes into force 1 st April 2024, there is a requirement for landlords to have a Member Responsible for Complaints (MRC) on their governing body, in addition to a suitably senior lead person. He reminded Board of	

	<p>previous conversations held last year where it was felt both an exec director and non-exec director could fulfil this role and the Chief Executive and Milcah Walusimbi agreed to do this.</p> <p>The Chief Executive advised that subsequently the Housing Ombudsman has clarified, where there are LAs with an ALMO, the MRC should be a Council Member and should be on the Executive Board. He advised therefore that this responsibility lies with Councillor Glyn Jones as Portfolio Holder for Housing and Business.</p> <p>The Chief Executive advised he has held discussions with Councillor Jones, who has agreed to this arrangement.</p>	
6.2	<p>Further, the Housing Ombudsman has clarified, where there is an ALMO, it may be advisable/appropriate that the ALMO also has a Complaints Champion. The Chief Executive advised that we would want to do this.</p> <p>He further suggested a process for reporting complaints going forward as:-</p> <ul style="list-style-type: none"> • Continue reporting complaints quarterly to Performance & Improvement Committee, with a proposal that Board also receives a report. Frequency to be determined. • Performance & Improvement Committee report shared with Councillor Glyn Jones. • Continue submitting annual report on complaints to CDC Overview Scrutiny Management Committee 	
6.3	<p>The Chief Executive asked for Board to consider the further information provided and to re-consider the previous agreement.</p> <p>After careful consideration Board supported the proposal that Councillor Glyn Jones becomes the MRC, along with the original agreement that both the Chief Executive and Milcah Walusimbi are both complaint champions with Performance and Improvement Committee having a scrutiny role for complaints.</p> <p>The Chief Executive and Milcah Walusimbi also agreed to this approach.</p>	
7.	Any Other Business	
7.1	<p><u>Joe Blackham</u> Board Members noted that after 20 year's service as a SLHD Board Member, Councillor Joe Blackham had recently stood down. Board thanked Councillor Blackham for his commitment and support over his time as a Board Member and wished him well for the future.</p>	

	Board welcomed Councillor Sarah Smith to SLHD who became a Member of the Board earlier in the Month.	
7.2	<p><u>Electrical Contractors</u></p> <p>A Member asked to raise a query about Electrical Contractors and whether SLHD had the ability to check liquidity of a Company prior to a contract being awarded as a way to safeguard the organisation?</p> <p>The Chief Executive responded that we procured the electrical contractors through CDC procurement team who check on sustainability of companies before awarding contracts. He further expanded that the recent incident with a contractor that left us with 30 properties where we had to visit and complete another electrical test as a way of reassuring ourselves that the work had been completed.</p>	
7.3	<p><u>Betty Clayton</u></p> <p>Board acknowledged the passing of tenant and friend Betty Clayton who sadly passed in February. They noted the incredible amount of years Betty volunteered to St Leger Homes and noted she will be sadly missed by colleagues and fellow members of the Tenant Scrutiny Panel of which she was Chairperson.</p>	
8.	Date of next meeting	
	4 April 2024	

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 4 April 2024

Item : 05

Subject : SLHD Budgets 2024/25, 2025/26 & 2026/27

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Julie Crook
Director of Corporate Services

Purpose : To seek Board approval for the three year budgets.

Recommendation:

that Board approve the three year budgets.

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: 04 April 2024**

1. Report Title

1.1 SLHD Budgets 2024/25, 2025/26 and 2026/27.

2. Background

2.1 The Board is required to approve the Company's budget for the relevant financial year. Appendix A shows the total budget for SLHD.

2.2 SLHD aims to set a balanced budget each year where income equals expenditure, the income and expenditure budgets for 2024/25 are £58.5m.

2.3 SLHD receives five sources of income:

- Management fee from the Housing Revenue Account (HRA);
- Management fee from the General Fund (GF);
- Capital management fee from the housing public sector capital programme for managing the delivery of the housing capital programme;
- Income for the completion of capital works and
- Other income.

2.4 The Council's budgets were approved on 26 February 2024, these included the management fees which SLHD receive from the HRA, the public sector capital programme and the General Fund.

2.5 The following paragraphs give more information on the main sources of income;

2.5.1 Management fee from the HRA, £40.2m (69% of total income)

This budget has increased by £3.5m, the majority of the increase is due to inflationary increases across both pay and non-pay budgets. The agreed savings figure of £333k has been netted off.

There is a four year agreement (2021/22 to 2024/25) which is reviewed annually, whereby this budget increases by inflation but SLHD needs to make efficiencies/savings primarily to return the upfront investment to fund TOP. The agreed savings targets are £250k for 2021/22 and £333k a year for the next three financial years. From 2025/26 it has been agreed that the management fee from the HRA will reduce by the same percentage as the reduction in stock numbers. The actual figures will be calculated at the time of budget setting but at this point stock numbers for 2025/26 are forecast to stay broadly the same (as acquisitions and new build properties should offset the forecasted right to buy reductions).

2.5.2 Management Fee from the General Fund, £2.8m (5% of total income)

This source of income is in respect of services that transferred into SLHD in April 2014. This budget has seen an increase of £247k, £36k of this is to fund inflationary costs and £320k is budget growth to fund the increased workload of the team, a reduction of £109k is offset against these growth items as the 2024/25 base budget included some one off funding.

2.5.3 Income from the Capital programme, £12.8 m (21% of total income)

This income is money paid to SLHD for the completion of capital/improvement works on the council owned properties and estates. This budget also includes the £1.5m (5.4%) of management fee received from the capital programme to manage the whole of the housing capital programme (£29.3m).

2.5.4 Other Income, £2.7m (5% of total income)

The majority of this income comes from temporary accommodation, grant income, private sector landlords and gardening services. This is a net reduction of £47k on the 2023/24 budget largely due the removal of the SYPA pension rebate income, almost entirely offset by an increase in budgeted housing benefit income for temporary accommodation (TA) to reflect the increase in TA units and use of hotel accommodation.

3. Budget 2024/25

3.1 Appendix A shows a balanced budget for 2024/25.

All budgets have been calculated in collaboration with staff from finance and budget holders (there has been a significant increase in the ownership and knowledge about budgets across the business and this has been helpful in the budget process). Non pay budgets have been calculated on a zero based approach and reflect savings and pressures that will continue from 2023/24 into 2024/25.

There has been a line by line analysis of the whole budget and areas of savings have been identified which have been offset against growth or increased costs.

3.2 After adjustments for inflation and approved growth we have been required to find real savings of £333k and in summary these savings have been found from;

	£000s
Employees	-115
Premises	-32
Supplies & Services	-125
Service Level Agreements (SLAs)	-61
Total	-333

Employees – A net reduction of 4.5 posts excluding specifically funded new posts. This budget includes the approval of an additional six trade/surveyor apprentice posts.

Premises – efficiency savings have been identified in the utility bills for communal halls.

Supplies and Services – Includes savings on equipment budgets across the company (£19k). Reduced licence costs for rentsense and voicescape (£59k) and savings from mobile phone contracts (£47k).

SLAs – Reduction in finance/cashiers SLA due to lower transactional costs and licence fees. The asset management SLA also reduced due to lower staffing levels.

A further detailed breakdown of the budgets is provided at Appendix B.

- 3.3 The budget has been set based on minimal organisational changes across the organisation.

4. Key Risks and Potential Budget Implications 2025/26 & Future Years

- 4.1 The budgets for 2025/26 and 2026/27 are shown in Appendix A and assume that the management fee from the HRA will be increased for inflationary pressures and these increases have been built into the expenditure budgets for the HRA. A £33k saving target has been included for the 2025/26 and 2026/27 financial years, these figures are based on an estimate for stock reduction and will be revised when more up to date information is available. It gets more difficult to identify savings and efficiencies as the demand for services continues to increase.

The overall HRA budgets, both revenue and capital, are tight over the next four years, as noted earlier apx 90% of SLHD's income comes from the HRA so any significant budget implications for the HRA may have significant implications for SLHD.

- 4.2 General Fund budgets continue to be under extreme pressure. The budget for 2024/25 has been increased for inflationary pressures and has also been increased to reflect the continuing high level of demand for the services. From 1 September 2023 the service has been delivering at the "new normal" levels (from a budget point of view) which will require higher funding levels than pre covid but lower than the expenditure required in 2022/23 and 2023/24.

- 4.3 Potential inflationary increases are a risk to the whole budget and these are constantly reviewed to ensure that they do not become unaffordable to the Council budgets that fund our management fees. Cost of living increases especially those on fuel and utilities are likely to have significant implications for our tenants. We will be working with tenants to maximise their income and reduce their outgoings in order to attempt to sustain their tenancies but there is a risk that the rent income collected in the HRA may decrease.

5. Procurement

- 5.1 SLHD needs to ensure that it continues to gain maximum procurement efficiencies from all contracts.

6. VFM Considerations

- 6.1 Efficiency and value for money principles have been adopted throughout the budget setting process.

7. Financial Implications

- 7.1 All financial implications are considered in the body of the report.

8. Legal Implications

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

9. Risks

- 9.1 The budget efficiencies that may need to be identified from 2025/26 onwards are currently unknown and these will need to be managed carefully to ensure that any savings/efficiencies are delivered. Identifying savings and efficiencies becomes more difficult as the demands on front line services continues to increase.
- 9.2 Robust systems are in place to monitor both expenditure and income budgets.
- 9.3 The strategic and operational risk registers for the organisation are reviewed regularly and any potential financial impact especially in relation to changes in government policy.

10. Health, Safety and Compliance Implications

- 10.1 All known health, safety and compliance changes have been built into the budget. We will continue to review any implications following the tragic events at Grenfell and Rochdale, the subsequent publication of the building safety act, fire safety act and the new consumer standards.

11. Report Author, Position, Contact Details

- 11.1 Julie Crook
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12. Background Papers

- 12.1 Housing Revenue Account Budget 2024/25 to 2027/28 – Council Meeting 26 February 2024.

Capital Programme 2024/25 to 2027/28 – Council Meeting 26 February 2024.

St. Leger Homes of Doncaster Ltd Budget 2024/25 to 2026/27

	2023/24	2024/25	Variance from 23/24 to 24/25	2025/26	2026/27
	Budget £000s	Draft Budget £000s	£000s	Draft Budget £000s	Draft Budget £000s
Management Expenditure					
Employees					
Direct Employee Expenses	31,643	33,026	1,383	33,686	34,356
Indirect Employee Expenses	166	142	-24	142	142
Agency Staff	42	0	-42	0	0
Training	246	266	20	266	266
Total Employees	32,097	33,434	1,337	34,094	34,764
Premises					
Utilities	1,036	763	-273	763	763
Rates	73	89	16	89	89
Furniture	10	8	-2	8	8
Repairs & Maintenance	239	237	-2	237	237
Premises - Other	880	1,184	304	1,184	1,184
Transport					
Fuel	654	569	-85	569	569
Transport & Plant	1,853	1,854	1	1,854	1,854
Transport - Other	70	124	54	124	124
Supplies and Services					
Provision for General inflation				400	800
IT Equipment	860	841	-19	841	841
Printing & Stationery	90	93	3	93	93
Postage	71	80	9	80	80
Insurance	380	396	16	396	396
Communication	77	26	-51	26	26
Materials - Building Services	7,667	8,409	742	8,409	8,409
Supplies and Services - Other	2,893	3,761	868	3,761	3,761
Service Level Agreements	4,234	4,866	632	4,866	4,866
Savings yet to be identified				-33	-66
Total Management Expenditure	53,184	56,734	3,550	57,761	58,798
Maintenance Expenditure					
External Maintenance Contractors	1,590	1,747	157	1,747	1,747
Total Maintenance Expenditure	1,590	1,747	157	1,747	1,747
Gross Expenditure	54,774	58,481	3,707	59,508	60,545
Income					
Management Fee - HRA	-36,687	-40,229	-3,542	-41,256	-42,293
Management Fee - General Fund	-2,503	-2,750	-247	-2,750	-2,750
Recharges to Capital Schemes (In house)	-12,837	-12,802	35	-12,802	-12,802
Other Income	-2,747	-2,700	47	-2,700	-2,700
Total Income	-54,774	-58,481	-3,707	-59,508	-60,545
Surplus(-) / Deficit	0	0	0	0	0

Detailed Budget Changes

1. Details of the most significant budget changes are detailed below;

2. Direct Employees

The increased funding received for the HRA funded staffing budget was £1,367k and the overall staffing budget increased by £1,383k, the net impact on the bottom line was therefore a £16k increase.

Direct employees' budget has increased by £1,383k, this increase is a result of the following detailed breakdown;

	£000s
Estimated Pay award 23/24 adjusted & 24/25	2,092
Pension adjustment 23/24 adjusted in 24/25	-1,362
Increments	90
Increases for specifically funded posts;	
Damp and Mould Team (8.0 posts)	287
23/24 Apprentices (6.0 posts 7 months to full year funding)	59
24/25 Apprentices (6.0 posts full year)	144
Area Housing Service Manager (1.0 post)	57
Mental Health Navigator (2.0 posts for 6 months) Grant Funded	45
Other increases;	
Housing Officer/ASB Officers/ASB Team Leader (Restructure impact)	114
JE regrades (Chargehands x19, Surveyors x2, Caretaker x2, R&M Service Manager and HR Officer)	62
Property Services Admin Assistants (1.16 posts)	33
Warehouse Operative (0.5 post)	15
Gas Fitter (1.0 post)	41
Post reductions/savings;	
M&E Electricians (3.0 posts)	-123
5 months saving of 6 new 24/25 apprentice posts	-60
Community Engagement Team Leader (1.0 post)	-46
Management Accountant (0.4 post)	-21
Business Support Admin Assistant (0.5 post)	-14
Finance Assistant (0.5 post)	-14
Homechoice Officer (from July 2024, 3 months saving)	-8
Other minor adjustments	-8
Total	1,383

Appendix B

The net staffing increase of 20.0 FTEs is made up of a number of changes, including 24.5 FTE new posts where specific additional funding has been provided, growth of 1.7 FTE posts and a reduction in other posts of 6.2 FTE;

	FTEs
Additional posts with specific additional funding;	
Damp and Mould Team and related posts	8.0
24/25 Apprentices	6.0
23/24 Apprentices top up to full year	2.5
Area Housing Service Manager	1.0
Mental Health Navigator (Grant funded until Sept 24)	2.0
Operational Assets Officer	2.0
Asbestos Officer	1.0
Gas Fitter	1.0
ASB Team Leader	1.0
Growth/virements	
Repairs & Maintenance Admin Assistants (Growth)	1.2
Warehouse Operative (Growth)	0.5
Sub Total	26.2
Savings	
M&E Electricians	-3.0
Community Engagement Team Leader	-1.0
Corporate Services Admin Assistant	-0.8
Business Support Admin Assistant	-0.5
Finance Support Admin Assistant	-0.5
Management Accountant	-0.4
Sub Total	-6.2
Total	20.0

The General Fund staffing budget has stayed the same overall but there are a number of changes to the permanent structure and the deletion of temporary posts agreed in the recovery plan which ended in September 2023. This includes 3.0 FTE posts approved in the General Fund growth bid, RSI grant funded posts ending in 23/24 and new grant funded posts approved for 24/25 as shown below;

	£000s
Estimated Pay award 23/24 adjusted & 24/25	130
Pension adjustment 23/24 adjusted in 24/25	-81
Increments	32
Deletion of temporary posts budgeted to 30/09/23	-193
New permanent staff in growth bid 3 x Grade 4	108
Deletion of RSI funded posts ending 31/03/24	-89
New grant funded posts AFEO and specialist immigration	93
Total	0

Indirect Employee budgets;

This budget reduced by £24k mainly due to car allowance savings across the company (£12k) and £18k virement from HR to a newly agreed Occupational Health SLA from 2024/25. £6k growth has been approved in HR budgets for health surveillance.

3. Premises budgets;

The overall budget has increased by £43k in 2024/25. This includes an increase in Homelessness Temporary accommodation (TA) costs of £248k based on the increase in demand and estimated average TA properties of 165 per week. Other increases are £26k for Shaw Lane rent after the lease renewal, £15k window cleaning at communal halls previously underbudgeted for and £14k increase on communal areas recharged for District Heating usage. Utility budgets have reduced by £273k due to the estimated deflation in prices for electricity £138k (24%) and Gas £142k (50%). Water has increased by inflation £7k (8%).

4. Transport budgets;

This overall budget has reduced by £30k, £80k saving on fuel budgets is based on fuel prices reducing on average by 15% from the previous year. Hire van budget has increased by £52k (9 vehicles). 4 hire vehicles are required for the new Damp and Mould team, this is funded from additional management fee. The other 5 additional hire van requirements relate to Asset Surveyors no longer using their own transport and to meet service delivery requirement in Repairs and Maintenance teams.

5. Supplies and Services (excluding materials);

The overall budget has increased by £868k, there are a number of notable increases and decreases within the overall budget headings;

- £101k for District Heating G6 billing maintenance agreement at Balby Bridge and Ennerdale, a virement from the HRA where the 23/24 original budget was set.
- Other price inflation of £95k across a number of contracts most notably on skips, switch 2 contract (G6 Billing as above), equipment and professional fees.
- £20k increase on the housing disrepair budget.
- £30k increase for skips at Shaw Lane Depot due to changes in waste management legislation.
- £448k increase for Homelessness Bed and Breakfast accommodation due to demands in the service although a recovery rate of 90% is expected through housing benefits (see Other Income)
- An increase of £263k on emergency hotel security and equipment/furniture at temporary accommodations.
- £98k reduction on the following budget areas; £50k virement to staffing, £20k winter plan, £15k Income Management transaction processes and £13k on licences for SLA Finance services with the Council.

6. **Materials;**
The materials budget is £742k higher in 2023/24.
This is largely due to inflationary pressures of £501k based on CPI at 6.7% at the time of budget setting (as inflationary changes are funded through the management fee this has no impact on our bottom line). An additional £160k for the additional damp and mould repairs (these are funded by additional Management Fee therefore don't impact on the bottom line). £150k additional materials for Gas heating capital works due to the price of boilers increasing by £120 per unit over and above the rate of inflation, this additional cost will be recovered through capital income. Also, a reduction of £69k for the CO detector replacement programme as this was a one-off scheme in the capital programme in 2023/24.
7. **SLAs;**
The SLAs budget is £632k higher than 2023/24. This includes an increase on all agreements as inflationary costs were under budgeted in 2023/24 (£309k). The accommodation budget for the civic building was £96k greater than inflation, due to the change in the basis of the calculation. There is a further inflationary increase of 5% for 2024/25 (£354k). The budget also includes a £30k saving for the Strategic Asset Management SLA due to reduction in employee costs and a reduction of £18k on the Finance Services/Cashiers SLA due reduced number of transactions. The Occupational Health SLA is a new budget are in 2024/25 and £18k has been vired from Indirect Employee budgets within HR.
8. **External Maintenance Contractors;**
This budget has increased by £157k, largely due to inflation of £141k. An additional £83k has been approved for responsive contracts relating to drainage and door entry systems. £25k additional management fee for FRA (fire risk assessments) relating to Children Services buildings and Riskhub IT system. Savings identified are £35k for the maintenance in the mechanical team, £22k for FRAs level 3 to be carried out in house, £12k septic tank maintenance and £8k on EPCs to be done by in house surveyors.
9. **Capital Income;**
The capital income budget is £35k lower in 2024/25. £185k reduction for CO detector replacement scheme as this was a one off in 2023/24. £150k additional income is budgeted for Gas Heating replacement scheme, however this does not have an impact on the bottom line (as noted in materials (note 6)) as this only recovers the additional costs on boiler purchases as suppliers have increased their prices by £120 per unit over and above the rate of inflation.
10. **Other Income;**
A reduction in other income of £47k has been budgeted for although this figure is distorted due to the £772k pension rebate stopped in 2023/24 that is linked to the employer pension contributions reducing in the salaries budget. Housing Options has seen a £630k increase in the income budget

Appendix B

for Housing Benefit arising from temporary accommodation reflecting higher than anticipated recovery rates of 90%. Other Housing Options income has increased by £30k. There is an additional £45k grant funding to fund the additional £45k salary budget for 2 Mental Health Navigators up to September 2024. £17k additional income for the recharge to general fund for the Civic building as a contribution towards the SLA charges.

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2024/25
Action Required:	For information
Item:	06
Prepared by:	Mark Haughey - Head of ICT & Transformation Nigel Feirn - Head of Finance and Business Assurance
Date:	4 April 2024

1. Purpose

- 1.1. To provide Board members with the proposed 2024/25:
 - Annual Development Plan (ADP) **Appendix A** ; and
 - Key Performance Indicators (KPIs) **Appendix B**.
- 1.2. These have been prepared following extensive review and discussion by Leadership, Senior Management Team (SMT), Board at their strategic away day and by the Mayor and City of Doncaster Council (CDC) and were approved by the Mayor at the Mayoral meeting on 15 February 2024.
- 1.3. The 2024/25 ADP proposes a number of key developmental activities or “actions” aligned to the strategic objectives set out in the SLHD Corporate Plan 2024 to 2029.
- 1.4. The ADP or KPIs do not include operational service developments, which are progressed through local Service Delivery Plans, or ‘business as usual’ service delivery.

2. Background

- 2.1. The ADP and KPIs have been developed from the new Corporate Plan 2024 to 2029, which aims to deliver our vision of “providing homes in neighbourhoods where people are proud to live” through four strategic objectives over the five-year period:
 - We want to get it right for the people that live in our homes and that work for us;
 - We take pride in what we do and want our tenants to be proud to live in a St Leger home;
 - We want to achieve the best possible individual and organisational performance; and
 - We expect progress, to get things done and change how we do things when there is a better way.
- 2.2. The Corporate Plan sets out actions or plans to be delivered over the five-year period. Each year the actions set out in the original Corporate Plan are reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes. The Annual Development Plan describes the development activity that SLHD plans to undertake in the forthcoming year to improve the services it offers.

- 2.3. Board members discussed the initial draft of the 2024/25 ADP and KPIs at the Strategic Planning Board meeting, which was then also presented to the One Voice Forum in, December 2023. In the period since, the ADP actions have been amended slightly to reflect the discussions and consultation.
- 2.4. In developing the KPIs, previous years' methodology has been applied for 2024/25, which includes developments within the sector. The Regulator's Tenants Satisfaction Measures (TSMs) were introduced from April 2023 so for the 2024/25 all of the TSMs have been incorporated into the suite of KPIs.
- 2.5. The KPIs are based on the measures of success for SLHD's four strategic objectives.
- 2.6. In summary, there will be 40 indicators measured for 2024/25, comprising 18 of the standard KPIs and 22 TSMs.

3. 2024/25 ADP

- 3.1. The 2024/25 ADP at **Appendix A** contains 15 individual actions relating to the Corporate Plan actions/plans.
- 3.2. As with the current ADP oversight arrangements, progress will be reported to EMT quarterly, and to Board every six months.
- 3.3. Each action has a timescale and a responsible officer, and each action is referenced back to the appropriate Corporate Plan strategy.
- 3.4. It should be noted that the ADP 2023/24 continues to be monitored and following the annual review, any actions that may have slipped could be added to the ADP 2024/25 actions in **Appendix A**.

4. 2024/25 KPIs

- 4.1. The draft KPIs for 2024/25 contain a number that are currently in place for 2023/24, but there are also a number of changes that reflect activity within the sector over the past couple of years.
- 4.2. Discussions have been held with CDC about KPI targets for 2024/25 and these are listed on **Appendix B**, which details :
 - approved KPI targets for 2024/25;
 - reference to whether changed or unchanged from 23/24 targets and relevant comments; and
 - TSM reference as appropriate.
- 4.3. A number of the 2024/25 targets are the same or very similar to 2023/24. Therefore they remain extremely challenging and would represent exceptional performance in the current climate.
- 4.4. The Internal Audit Programme for 2023/24 included the first of a three-year programme to undertake KPI validation work on a rolling programme, auditing six KPIs per year to ensure all KPIs are being calculated accurately, timely and consistently with their definitions.

4.5. One KPI has been removed – ‘Number of Households in B&B Accommodation at month end’ - and has been replaced with a similar but more appropriate measure – ‘Number of Nights in Hotel Accommodation’.

5. Recommendation

5.1. That Board is asked to note the ADP and suite of KPIs for 2024/25 in light of the 5-year Corporate Plan.

6. Appendices

- Appendix A - 2024/25 ADP
- Appendix B – 2024/25 KPIs (incorporating TSMs)

Appendix A

ADP Actions						
Ref	Service area	2024/25	Corporate Plan Theme	Owner	Objective of Action	Date
A1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 5 work streams.	People	HoATH	<p>Prevent and reduce homelessness in the City and make best use of available housing stock within social, supported, and private rented stock.</p> <ul style="list-style-type: none"> To Empower Customers to self-serve and reduce avoidable contacts through (Digital) Online Triage Portals for Home Options (J2E) and HomeChoice. Empower customers before proceeding with Full application. To Prevent Homelessness due to relationship breakdown through access to a Mediation Service. To deliver greater VFM and sustainability for the Prevention Fund Budget - Credit Union (Bonds RIA). To contribute to the Development & subsequent Delivery aspects of the NEW Homelessness & RS Strategy/Action Plan. 	March 25
A2	Housing Management	Review Locality Model with Team Doncaster to deliver outcomes for residents	Partnerships	HoHM	Work in partnership with CDC and SSDP to review the outcomes and structure of the current localities model including assessment of resources.	March 25
A3	Repairs	Repairs Excellence phase 3 Continues to deliver an effective and efficient repairs service, expanding on the previous programme. Out of hours review and voids will be in Phase 3.	People Homes	HoRM	Continue the review of the service to include out of hours provision, voids service and overall performance.	March 25
A4	Compliance	Undertake a review of the remaining High-Rise Buildings.	Homes	HoBS	Determine long-term viability and agree any work required.	July 25
A5	Compliance	Building safety improvements to multi-occupancy buildings outside of the HR residential buildings from year 3 of the ten-year plan.	Homes	HoBS	Ensure compliance set against any emerging standards for all buildings of multiple occupancy where there are more than two dwellings regardless of height.	March 25
A6	Assets	Develop and launch new Asset management strategy and collate, analyse and understand asset condition data and applying this to investment decisions	Homes	HoAM	To set out our 4 year vision and deliverable objectives for effectively managing CDC's Housing Revenue Account Assets.	January 25
A7	Assets	Develop and launch new environmental strategy, this needs to include our approach to tech.	Partnerships	HoAM	To set out our 4 year vision and deliverable objectives for improving the energy efficiency and moving towards decarbonisation of the housing stock, alongside more sustainable working practices.	January 25
A8	Compliance	Develop and make available compliance documents on the customer compliance portal. Providing evidence which customers can access which demonstrates to our customers' homes are safe.	People	HoBS	The Portal will provide access to statutory documents for a resident's home so they can have some assurance that their property is safe. Helping SLH meet the requirements of the TSM and new Regulatory standards.	March 25
A9	ICT	Implement and embed upgrade from OpenHousing to web based One Housing	People	HoICT&BT	To modernise technology and take advantage of the benefits of the web based version of OpenHousing.	December 24
A10	Organisational Development	Develop the workforce to meet the standards set through the professionalisation agenda for housing including relevant professional qualifications	People	HoHR&OD	Ensure that our workforce provides a high quality and professional service to all customers, further embedding our customer excellence culture and in turn meets the regulatory requirement within the sector.	March 25

A11	Organisational Development	Review the end to end recruitment process with a focus on modernising our recruitment practises and attracting and retaining a diverse workforce.	People	HoHR&OD	Ensure that we have in place modern and effective ways of recruiting, enabling us to continue to attract high quality talent who represent the communities in which we work into the workforce and address the succession of our aging workforce over the coming years.	January 25
A12	Customer Services	Review the Customer Access Strategy and investigate and implement actions to support channel shift and self-service by reviewing the use of the existing Tenant Portal and the use of artificial intelligence.	People	HoCS	Ensure we have a strategy in place that provides a choice of access to services for our customers that meets the needs of our existing and future customer base.	October 24
A13	Governance	Data Intelligence – Ensure we understand, improve, monitor and use our data/knowledge, ensuring it is accurate, up to date and secure and is driving decision making and future planning.	People and Homes	HoFBA HoICT&BT HoHM HoAM HoCS	Joint initiative across all HoS to create a data driven organisation that uses data and business intelligence to inform the way it delivers its service for the betterment of the customer, assets under SLHD management, local economy and the environment.	March 25
A14	Organisational Development	Deliver the first year of the 2024-2029 People Strategy Action plan which will include the actions identified as a result of the Investors In People Accreditation.	People	HoHR&OD	Demonstrate we are continually developing our employee offer, leading, motivating and developing our people, and demonstrating high levels of colleague satisfaction and our position as an employer of choice.	March 25
A15	Governance	Deliver plan arising from the assessment against the Consumer Standards.	People	HoFBA	Achieve a positive Regulatory inspection from whenever the CDC (as landlord) is inspected, which could be from April 2024 onwards. An assessment against the draft Consumer Standards was reported to Board in March 2024. The gap analysis action plan will be delivered during the 24/25 financial year.	Per the individual actions plan

Appendix B

KPI / TSM notes	KPI Ref	TSM ref	KPIs	2024/25 Target YEAR END	24/25 Change	comments / reasons about change from 23/24 targets
	KPI 1		% of current rent arrears against annual debit	2.95%	Increased	Suggested increase due to cost of living increases experienced by tenants and difficulties paying rent
	KPI 2		Void rent loss % (£) of rent loss through vacant dwellings	0.70%	Increased	Higher target based on this being Quartile1 performance and still challenging for the teams to achieve.
	KPI 3		Relet time for <u>standard</u> voids (days)	24.0	Increased	Performance stabilised and continue to make small incremental gains. Proposed 25 days, changed at Mayoral meeting 15/2/24 to 24 days
New 24/25	KPI 4		Number of Nights in Hotel Accommodation	21.0	New	22/23 Performance was 24.8 nights. This indicator is more aligned to what the organisation can control
	KPI 5		Percentage of settled accommodation at prevention stage	30%	Decreased	Govt figures Jan-Mar 23 England 45% Yorkshire 38% Doncaster 38%. Previous target based on DLUHC advice - unachievable. 30% taking seasonal adjustments is sensible
Effective handling of complaints	KPI 6a	CH01(a)	Number of stage one complaints per 1,000 homes:	47.0	New	
Effective handling of complaints	KPI 6b	CH01(b)	Number of stage two complaints received per 1,000 homes:	3.0	New	
Effective handling of complaints	KPI 6	CH01	Number of: stage one and stage two complaints received per 1,000 homes:	50.0	New	Two elements to this TSM - Stage 1 and Stage 2 complaints. Combined number is the KPI
Effective handling of complaints	KPI 7a	CH02(a)	% of stage 1 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	92.3%	New	
Effective handling of complaints	KPI 7b	CH02(b)	% of stage 2 complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	92.3%	New	
Effective handling of complaints	KPI 7	CH02	% of stage one and stage two complaints responded to within the Housing Ombudsman's Complaint Handling Code timescales.	92.3%	New	Two elements to this TSM - Stage 1 and Stage 2 complaints. Combined % is the KPI
	KPI 8		Tenancies sustained post support	97.3%	Unchanged	Remains the same due to cost of living pressures and the team have waiting lists so pressure will grow.
	KPI 9		Repairs completed at first visit	94.0%	Unchanged	The target is realistic and presents excellent performance, consider improvement in next years KPIs
Keeping properties in good repair	KPI 10a	RP02	% of non-emergency responsive repairs completed within the landlord's target timescale.	95.0%		

Keeping properties in good repair	KPI 10b	RP02	% of emergency responsive repairs completed within the landlord's target timescale.	85.0%		
Keeping properties in good repair	KPI 10	RP02	% of non-emergency and emergency responsive repairs completed within the landlord's target timescale.	88.0%	New	Two elements to this TSM - emergency and non emergency. Combined % is the KPI. Target still to be agreed
Maintaining building safety	KPI 11	BS01	Gas - % of homes for which all required gas safety checks have been carried out	100.00%	Unchanged	
Maintaining building safety	KPI 12	BS02	Fire - % of homes for which all required fire risk assessments have been carried out.	100.00%	New	
Maintaining building safety	KPI 13	BS03	Asbestos - % of homes for which all required asbestos management surveys or re-inspections have been carried out	100.00%	New	
Maintaining building safety	KPI 14	BS04	Legionella - % of homes for which all required legionella risk assessments have been carried out.	100.00%	New	
Maintaining building safety	KPI 15	BS05	Lifts - % of homes for which all required communal passenger lift safety checks have been carried out.	100.00%	New	
	KPI 16		Days lost through sickness per FTE	10.0	Increased	Increased and in line with CDC target
	KPI 17		% of local expenditure - REVENUE AND CAPITAL	70.0%	Unchanged	Aligns with CDC target
	KPI 18		Number of: 1. anti-social behaviour cases, of which 2. anti-social behaviour cases that involve hate incidents opened per 1,000 homes.	60		
	KPI 19		Number of tenants and residents helped into training, education or employment	97		
Annual Overall satisfaction	KPI 20	TP01	Tenant satisfaction levels : % of respondents who report that they are satisfied with the overall service from their landlord.	76.0%		KPI previously STAR surveys. Still a KPI aligned with TSM definition. Satisfaction levels significantly decreased nationally. Agreed at 76% at Mayoral meeting 15/2/24
Annual	KPI 21		Percentage of NOT homes maintaining Decent Homes standard	0.0%		Likely to be about 60 not meeting DHS by March 24. Definition changed for 24/25 to align with TSM ('NOT'). To be measured quarterly in 24/25
Annual Keeping properties in good repair	KPI 22	TP02	Tenant satisfaction with property condition : % of respondents who had a repair in last 12 months who are satisfied with the overall repairs service.	80.0%		Previously STAR surveys. Is aligned with TSM TP02"satisfied with repairs service." Agreed at 80% at Mayoral meeting 15/2/24
Annual	KPI 23		Energy efficiency of properties	78.0%		Per asset management modelling software
Keeping properties in good repair	KPI 24	TP03	% of respondents who had a repair in the last 12 months who are satisfied with time taken to complete most recent repair			
Keeping properties in good repair	KPI 25	TP04	% of respondents who report that they are satisfied that their home is well maintained			

Maintaining building safety	KPI 26	TP05	% of respondents who report that they are satisfied that their home is safe			
Respectful and helpful engagement	KPI 27	TP06	% of respondents who report that they are satisfied that their landlord listens to tenant views and acts upon them			
Respectful and helpful engagement	KPI 28	TP07	% of respondents who report that they are satisfied that their landlord keeps them informed about things that matter to them			
Respectful and helpful engagement	KPI 29	TP08	% of respondents who report that they agree their landlord treats them fairly and with respect			
Effective handling of complaints	KPI 30	TP09	% of respondents who report making a complaint in the last 12 months who are satisfied with their landlord's approach to complaints handling			
Responsible neighbourhood management	KPI 31	TP10	% of respondents with communal areas who report that they are satisfied that their landlord keeps communal areas clean and well maintained.			
Responsible neighbourhood management	KPI 32	TP11	% of respondents who report that they are satisfied that their landlord makes a positive contribution to the neighbourhood			
Responsible neighbourhood management	KPI 33	TP12	% of respondents who report that they are satisfied with their landlord's approach to handling anti-social behaviour			
SLHD only KPI			Employee satisfaction with St Leger Homes as an employer - STAFF survey question	80%	Unchanged	
SLHD only KPI			Employee turnover - voluntary and involuntary	15%	New	New SLHD KPI for 2024/25

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

St Leger Homes of Doncaster Board Meeting

REPORT

Date : 04 April 2024

Item : 07

Subject : Mechanical Safety Policy

Presented by : Chris Margrave
Director of Property Services

Prepared by : Scott Hibbett
Gas and Mechanical Compliance
Officer

Purpose : Introduction of a Mechanical Safety
Policy for Board to approve.

Recommendation:

Members of the Board are asked to approve the Introduction of a Mechanical Safety Policy attached to this document

Company Number 05564649
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**To the Chair and Members of the
St Leger Homes of Doncaster Board**

**Agenda Item No. 07
Date: 04 April 2024**

1. Report Title

1.1 Introduction of a Mechanical Safety Policy

2. Executive Summary

2.1 St Leger Homes is required under Health and Safety legislation to have a policy in place for Mechanical Safety.

2.2 The Mechanical Safety Policy sets out our general approach to managing mechanical safety. The policy covers mechanical equipment and systems and explains how St Leger Homes, as an employer, will manage safety including roles and responsibilities.

3. Purpose

3.1 To seek approval from the Board for the introduction of a Mechanical Safety Policy.

4. Recommendation

4.1 Members of the Board are asked to approve the introduction of the Mechanical Safety Policy attached to this document in appendix 1.

5. Mechanical Safety Policy 2024

5.1 A new Mechanical Safety Policy has been drafted as attached in consultation with the Internal Service Provider (ISP) delivery team.

5.2 Key points of the new Mechanical Safety Policy are as follows

- The roles and responsibilities of how the Mechanical Safety will be implemented. These are clear and explicit and reflect accurately how the business manages mechanical safety.
- Scope of the policy confirming mechanical systems and equipment covered setting out maintenance and inspection requirements.

6. Procurement

6.1 There are no direct procurement implications arising from the introduction of the Mechanical Safety Policy.

7. VFM Considerations

- 7.1 VFM is considered within the Policy. Where suitable competencies are in place delivery of mechanical safety activities is carried out using ISP resources.

8. Financial Implications

- 8.1 Financial implications are implicit within the Policy. SLHD must adhere to relevant legislation and follow guidelines and budgetary provision is developed annually to ensure adherence. Budgets are also developed for staff training, risk assessments and ICT systems and are reviewed annually. Close budgetary control operates throughout the financial year. There may be financial implications that arise during in-year service and budget monitoring, or as part of annual budget planning, and these would be considered as separate business cases and briefing notes as required.
- 8.2 In terms of budget management and service delivery, SLHD has a dedicated safety department with 19 WTE employees. The department comprises Health and Safety and Building Safety Compliance teams with budgets totalling £700k and £220k respectively. Over 80% of the total £920k budget relates to employee costs.

9. Legal Implications

- 9.1 These are set out in full in the company's health, safety compliance legal register, however, the key piece of applicable legislation is the Health and Safety at Work etc. Act 1974.

11. Risks

- 11.1 SLHD acknowledges and accepts its responsibilities in accordance with regulatory standards, legislation and best practice, and that failure to discharge these responsibilities properly could lead to a range of sanctions including prosecution. Without a robust and up to date Policy in place, there is potential for SLHD to fail to meet its obligations.

12. Health, Safety & Compliance Implications

- 12.1 The health, safety and compliance implications are already covered within the report.

13. IT Implications

- 13.1 The implementation of C365 supports the overall principles of the Policy.

14. Consultation

- 14.1 Consultation was carried out throughout the review of the Policy with relevant stakeholders.

15. Diversity

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

16. Communication Requirements

16.1 On approval the new Policy will be shared within SLHD using team briefs, Staff Focus and the intranet. It will also be shared on the internet.

17. Equality Impact Assessment

17.1 An Equality Impact Assessment was completed in February 2024. No adverse impacts of the Mechanical Safety Policy were identified.

18. Environmental Impact

18.1 There are no direct environmental impacts from the introduction of this policy.

21. Report Author, Position, Contact Details

21.1 Scott Hibbett
Gas and Mechanical Compliance Officer
Email: scott.hibbett@stlegerhomes.co.uk

22. Background Papers

22.1 Appendix 1 Mechanical Safety Policy.



POLICY DOCUMENT

Mechanical Policy

POLICY TITLE:	Mechanical Policy
LEAD OFFICER:	Gas and Mechanical Compliance Officer
DATE APPROVED:	
APPROVED BY:	Board
IMPLEMENTATION DATE:	February 2024
DATE FOR NEXT REVIEW:	February 2027
ADDITIONAL GUIDANCE:	Repairs and Maintenance Policy Health and Safety Policy Gas Policy
ASSOCIATED CUSTOMER PUBLICATIONS:	
TEAMS AFFECTED:	All Staff and Board Members
This Policy Replaces	New Policy

Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Best practice researched (House mark, HQN, Audit Commission, general websites)	Gas and Mechanical Compliance Officer	January 2024
Review current practices from similar organisations	Gas and Mechanical Compliance Office	January 2024
Review customer satisfaction data from the area the policy relates to	Not applicable	
Review Customer complaints from the area the policy relates to	Not applicable	
Undertake customer consultation if applicable	Not applicable	
Staff consultation if applicable	Gas and Mechanical Compliance Office Mechanical and Electrical Manager Mechanical Team Leader	January 2024
Trade Union consultation if applicable	Not applicable	
Stakeholder consultation if applicable	Not applicable	
Equality Analysis carried out	Gas and Mechanical Compliance Officer/Health Safety and Compliance Manager	February 2024

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

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2. Purpose
3. Scope
4. Legal Background & Responsibilities
5. Roles & Responsibilities
6. Policy Principles
7. Voids and Mutual Exchanges
8. Monitoring & Reviewing
9. Performance Standards
10. Quality Assurance
11. Partnerships

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POLICY DOCUMENT

Mechanical Policy

1.	Introduction
1.1	St Leger Homes of Doncaster (SLHD) is committed to maintaining the Health and Safety of employees, tenants and members of the public. The Company recognises the potential health risks associated with gas used for fuel in SLHD premises and in Council housing. Potential risks associated with gas as a fuel are significant, given the risk of fire/explosion, or from carbon monoxide poisoning due to incomplete combustion arising out of poor or irregular maintenance of appliances and systems.
1.2	SLHD will take all reasonable steps to ensure that appropriate management systems are in place to ensure employees and members of the public are not put at risk from the effects of gas or carbon monoxide.
1.3	This policy applies to all common areas, general needs and supported housing properties owned or managed by St Leger Homes. This document outlines the standards required for mechanical safety, installation, and repairs and testing within our properties and buildings to reduce risk and ensure adequate control measures are in place.
2.	Purpose
2.1	<p>St Leger Homes is committed to the safety of its tenants & employees.</p> <p>This policy covers the mechanical responsibilities of the Mechanical & Electrical Service Manager, which include.</p> <ul style="list-style-type: none"> • District Heating and High-Rise Flats Water Systems. • Dry Riser systems • Biomass Systems • Sewerage Tanks and Systems Procedure • Unvented cylinder Procedure • Air Source Heat Pump units • Any other renewables may be added to this policy following review <p>St Leger Homes will ensure the provision of safe homes for tenants and residents and a safe working environment in respect of all its mechanical installations, apparatus and equipment. This will be achieved by Planned Preventative Maintenance (PPM) setting standards based on statutory requirements, current good practice and historical evidence that supports PPM interpreted by persons competent to do so. No person is allowed to plan, order, install, repair, replace, maintain design or decommission any mechanical system or components unless competent to do so. St Leger Homes has set standards of competence for</p>

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	individuals to deliver the safe working environment.
2.2	The purpose of this document is to demonstrate SLHD's commitment to ensuring its employees, tenants and the general public are not knowingly exposed to any risks that would affect their safety. The documents covered by this Corporate Policy will provide guidance and specific instructions for all SLHD employees and external contractors, whilst undertaking gas contracts. This is to satisfy the legal duties of the regulations and may also include other aspects which will assist SLHD in satisfying its duty of care to its tenants.
3.	Scope
3.1	This policy applies to all properties under the management of SLHD, domestic rented properties, domestic housing stock, private landlords, private gasworks and commercial responsibilities, and all work undertaken in these properties on City of Doncaster Council's (CDC) behalf.
3.2	This policy will apply to all SLHD employees and contractors undertaking mechanical associated works on SLHD's behalf and anyone likely to be put at risk from work on those properties. This could include gas (Please refer to the SLHD Gas Policy)
3.3	The specifications as compiled will include the General Health and Safety Policy, along with relevant working procedures of St Leger Homes.
4.	Legal Background and Responsibilities
4.1	<p>St Leger Homes have policies and procedures reviewed regularly, all these documents must be followed at first instance with the knowledge that all comply with the relevant legal legislation and guidance. If anyone suspects that any SLHD policy or procedure doesn't comply, they must make this known to senior management team as soon as possible. Relevant legislation and guidance includes but is not limited to:</p> <p>1.1: Health and Safety at Work etc. Act 1974 1.2: The Management of Health and Safety at Work Regulations 1999 1.3: The Construction, Design and Management Regulations 2015 1.4 Unvented (UNV) and Air Source Heat Pump (ASHP) system regulations and manufacturers guidance. 1.5: District heating – Gas Safe - Building Control Part L – Pressurised System Regulations 2000. 1.6: Dry risers - Approved Document B (Fire Safety) of the Building Regulations (England & Wales). 1.7: Sewerage tanks and systems – The Environmental Protection Act 1990 Act - Water carrying regulations 1.8: The Electricity at Work Regulations 1989 1.9: Gas Safety (Installations and Use) Regulations 1998 1.10: The Control of Substances Hazardous to Health Regulations 2002</p>

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4.2	Health and Safety at Work Act 1974
4.2.1	There are two sections of the Health and Safety at Work etc. Act 1974 relevant to this context.
4.2.2	Section 2 (1) <i>“It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees”.</i>
4.2.3	This is supported by specific reference to maintaining the workplace in a condition such that it is safe and does not put employees at risk.
4.2.4	Section 3 (1) <i>“It shall be the duty of every employer to conduct his/hers undertaking in such a way so as to ensure, so far as reasonably practicable, that person not in his employment who may be affected thereby, are not thereby exposed to risks to their health or safety”.</i>
4.2.5	This can be interpreted to mean SLHD on behalf of CDC shall (so far as is reasonably practicable) ensure its housing stock (its business activity) does not cause harm to its tenants (non-employees). Section 3 (1) is clearly a very broad duty and is a section increasing in use in prosecutions.
4.3	The Management of Health and Safety at Work Regulations
4.3.1	In general terms this means that SLHD will: <ul style="list-style-type: none"> • Assess the risk to the Health and Safety of all employees and to anyone who may be affected as a result of work undertaken. • Endeavour to provide comprehensive information, instruction, training and supervision to ensure, so far as is reasonably practicable, the health and safety at work of every employee or person so affected. • Risk assesses all work activities.
4.4	Qualification & Supervision
4.4.1	All engineers with qualifications that are due to expire will be looked at in the previous financial year and then booked onto the relevant courses within the time frames ensuring their qualifications do not elapse and where possible they overlap.
4.4.2	If any member of the Mechanical Team, including the Team Leader, has relevant gas qualifications, they will follow and adhere not only to this policy but also the SLHD gas policy. Gas Team Leaders along with the Gas & Mechanical Compliance Officer can reorder new gas safe cards. Regular downloads from the Gas Safe Register can be produced and checked to keep compliant.

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5.	Roles, Responsibilities and Accountabilities
5.1	SLHD Board
5.1.2	The Board of SHLD has overall responsibility for approving this policy, delegating responsibility for its implementation, monitoring its effectiveness at a high level and receiving assurance of compliance.
5.2	Leadership Team (Executive Management Team and Heads of Service)
5.2.1	The Leadership Team will take overall responsibility for the delivery of the policy commitments described within this policy document.
5.3	Mechanical and Electrical Service Manager
5.3.1	The SLHD Mechanical and Electrical Service Manager is responsible for interpreting relevant legislation and defining the standards and procedures that ensure SLHD complies with such regulations. They are responsible for maintaining the work undertaken to ensure it complies with legislation, including having any relevant items covered by an examination schedule with records kept and sent to the Compliance Officer. They must also ensure that all persons working on gas appliances & relevant equipment are competent to do so, under the gas safe regulations.
5.3.2	The SLHD Mechanical and Electrical Service Manager will work closely with procurement on any contracts with a requirement for mechanical works. They will attend regular contract meetings or delegate these to the Mechanical Team Leader with any contractor carrying out mechanical works. Ensure regular Health & Safety monitoring visits are carried out on contractors and SLHD gas staff, work closely with all partners in relation to the development, monitoring and revision of all SLHD policies and procedures in relation to Mechanical work. Report any non-compliant issues found to the compliance department.
5.3.3	The SLHD Mechanical and Electrical Service Manager (or a nominated representative) will attend any applicable meetings as a means of engaging in discussion of mechanical best practice, changes of legislation and other relevant matters and report back and disseminate the information as required to SLHD staff.
5.4	Mechanical Team Leader
5.4.1	The SLHD Mechanical Team Leader is responsible for assisting and interpreting relevant legislation and standards and defining the standards and procedures that ensure St Leger Homes' compliance with such regulations. They are responsible for maintaining and monitoring the standard of mechanical work undertaken to ensure it complies with legislation, including having any relevant items covered by an examination schedule with records kept. They must also ensure that all persons working on mechanical systems are competent to do so. To manage the standard of all employee's workmanship and the PPM schedule and progress. This can also be delegated to the mechanical charge hand.
5.5	Responsible Person
5.5.1	The Responsible Person (RP) (Head of Building Safety) has the duty to ensure compliance with the Policy, management plan and compliance with the Regulations.

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5.6	Health & Safety Team
5.6.1	The Health & Safety team shall provide support and advice to all levels in the organisation with respect to associated standards and safety.
5.7	Gas and Mechanical Compliance Officer
5.7.1	The Gas and Mechanical Compliance Officer is responsible for providing guidance and advice to the internal service provider or any contractors, to ensure the requirements of this policy are implemented at all levels of the organisation.
5.7.2	Contribute towards the implementation and ongoing delivery of a comprehensive governance and performance monitoring framework for compliance safety.
5.7.3	Ensure servicing, testing, PPM and inspection process is fit for purpose and that records and certification is appropriately recorded, validated and current.
5.8	Employees
5.8.1	Employees must comply with this policy and relevant procedures listed in 2.1, and visually inspect mechanical items and carry out a dynamic risk assessment before work commences. If any defect or fault is found, the item must be removed from use, and it must be reported to their line manager immediately.
5.8.2	No employee must alter or work on any mechanical systems unless suitably trained and competent to do so.
5.9	Asset Management and ICT Teams
5.9.1	Ensure that component data is managed within SLHDs housing management system including updates to properties and individual components within them to ensure property information remains relevant.
6.	Policy Principles
6.1	As responsible social landlords, St Leger Homes will minimise the risks associated with mechanical safety and ensure that all safety duties are carried out. This includes;
6.2	<ul style="list-style-type: none"> • Invest in a periodic program of testing and upgrading of St Leger Homes' installations. • Ensure that all statutory tasks are undertaken on systems in a safe and controlled manner. • Give relevant staff appropriate training. • Undertake regular audits. • Maintain a clear policy and set of procedures, to be reviewed every three years.
6.3	New Installations
6.3.1	New mechanical installations will comply with current regulations and guidance, including all amendments current at the date of the installation. The relevant regulations and guidance include the following:
6.4	Testing and Certification
6.4.1	St Leger Homes will ensure that all buildings will have in place valid certification or record for mechanical equipment and appliances where required.

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6.5	Mechanical Program
6.5.1	<p>District Heating and Mechanical PPM</p> <ul style="list-style-type: none"> • Daily Boiler house inspections • Monthly Boiler house / Heat station inspections and testing • Monthly meter readings recording • Quarterly (Every 3 months) Pump rooms, Tank rooms and commercial fan inspections • Annual Boiler house inspection • Annual unvented inspections (excluding domestic properties) • Annual Air source pump inspections
6.5.2	To safely manage these and other regulations SLHD will ensure the following policies are adopted across all SLHD and are continuously reviewed and amended as required.
6.6	Planned Preventative Maintenance Program
6.6.1	Certificates will be made available to contractors, tenants and in-house staff where required. Examples of certification include:
6.6.2	<ul style="list-style-type: none"> • District heating – Commercial gas servicing • Planned Preventative Maintenance – In-house inspection record. • Insurance compliance – Safety valve calibrations • Sewerage tanks and systems – External certification (disposal) • For any Notifiable Work stipulated under Part P or Part L undertaken to St Leger Homes properties, the contractor will ensure a Building Regulations Compliance Certificate is issued within 30 days of completion of the work. • Unvented servicing – SLHD In-house record. • Air Source Heat Pump servicing – SLHD In-house record. • High rise roof top handrails (fall protection) – External specialist contractors servicing and repairs. • Air conditioning units – Maintenance, servicing and repairs are conducted by a third party. Relevant checks are carried out on the third party inline with regulated qualifications • Ventilation extraction devices – Maintenance, servicing and repairs are conducted by a third party.
6.6.3	The Mechanical PPM Program will be issued by the Mechanical Team Leader in accordance with the compliance management system. This is driven by component information from SLHD's housing management system.
6.7	Suspected Emissions
6.7.1	Suspected emissions (fumes) in a property investigation will only be tested by a qualified gas fitter with the CMDDA1 qualification. If any Mechanical staff members find this, they will need to report to a gas team leader via there mechanical team leader.

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6.7.2	A Carbon Monoxide (CO) detector should be installed in every room which is used as living accommodation containing a fixed combustion appliance (excluding gas cookers). The CO alarms should be positioned at head height, either on a wall or shelf, approximately 1-3 meters away from a potential source of carbon monoxide. This program is conducted by the gas team, but the mechanical staff need to be aware in case of no evidence of the any CO protection.
6.8	Activation of a CO Detector
6.8.1	If a CO detector activates, tenants are advised to switch off all gas appliances, open windows for ventilation and to contact the gas transporter (EG CADENT) and then SLHD. A visit will then be made by a competent qualified gas fitter to carry out necessary investigation as per the regulations.
7.	Void Properties
7.1	SLHD employees and contractors will ensure that in the case of a tenant vacating a property.
7.1.1	Voids team will notify the district heating team for domestic heating system visual inspection as soon as possible.
7.1.2	After the inspection, if further works are required, the district heating team must inform the relevant voids Team Leader, taking into account the ordering of materials and availability for planning in the further works.
7.1.3	Certificates will be made available to contractors, tenants, in-house staff and compliance where required. Examples of certification include ASHP records, Unvented Records, Biomass Records, etc.
7.2	Mutual Exchange / Transfers
7.2.1	The SLHD Mechanical Team will ensure that in the case of a tenant vacating/exchanging a property that mechanical appliances are safe before the property is re-let, and any switch 2 accounts and billing is correctly swapped over when an application for 'Mutual Exchange' of properties has been approved.
8.	Monitoring and Review
8.1	This policy will be reviewed every three years for accuracy and appropriateness, but sooner should there be any legislative changes or other requirements.
8.2	Monitoring of the policy will be through the performance framework and the results of the quality control inspections which are fed into the Mechanical management meetings.
8.3	The Gas Safe registration held by SLHD requires external monitoring by Gas Safe annually.
9.	Performance Standards
9.1	Planned Preventative Maintenance is essential to all mechanical works to increase reliability and efficiency. These must be completed to the highest standard, in-line with the manufacturer's instructions.

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9.2	<p>SLHD also has a performance management framework detailing target for Mechanical servicing work – including: -</p> <ul style="list-style-type: none"> • 100 % of mechanical properties with a in date mechanical record • 100 % of each annual program complete • The number of properties with no valid mechanical record and going through the legal proceedings to gain access. • Planned Preventative Maintenance (PPM) is essential to all mechanical works to increase reliability and efficiency. These must be completed to the highest standard, in line with Manufacturer’s instructions.
9.3	The monthly safety & compliance performance report is the governance and assurance reporting tool for stakeholders.
9.4	St Leger Homes of Doncaster use C365 as a Compliance Management system. This allows the Gas & Mechanical compliance Officer to proactively monitor, measure and report on compliance activities in real time.
10.	Quality Assurance
10.1	In-house PPM checks are completed by the district heating team to ensure the district heating site are working safety, efficiently and to high safety standards.
10.2	SLHD has appointed an independent organisation to undertake third party quality assurance audits of mechanical PPM checks. If identified, this external auditing option can be used for any area within the mechanical policy. The main reason for this is to ensure our in-house auditing team are up to standard.
10.3	In Addition, a 100% desktop review of all records will be undertaken by our appointed compliance software provider, and any actions will be discussed with the internal service provider and any actions will be taken if deemed necessary to make safe, make good and to improve staff knowledge and performance levels.
10.4	SLHD has appointed an independent organisation to undertake third party quality assurance audits of mechanical PPM works, there will be an agreed percentage sample of the total mechanical safety works undertaken. Any best practices will be recorded and used to improve our general gas safety within the organisation.
11.	Partnerships
11.1	The Mechanical & Electrical Service Manager and the Mechanical Team Leader will work closely in association with the Procurement Team on any contracts with a requirement for mechanical works, they will attend regular contract meetings with any contractor carrying out mechanical works, ensure regular health and safety monitoring visits are carried out on contractors and ensure that St Leger Homes employees work closely with all partners in relation to the development, monitoring and revision of all St Leger Homes policies in relation to mechanical works and safety.

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ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

- Date** : 04 April 2024
- Item** : 08
- Subject** : Statutory Complaint Handling Code self-assessment and 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 approve the self-assessment against the Code and to approve changes to the Compliments, Comments and Complaints Policy.
- Recommendation** : That the self-assessment against the Code and the Compliments, Comments and Complaints Policy are approved.

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

**Agenda Item No. 08
Date: 04 April 2024**

1. Report Title

1.1 Statutory Complaint Handling Code self-assessment and review of Policy.

2. Executive Summary

2.1 The statutory Code sets out requirements for organisations to ensure they respond to complaints effectively and fairly and became a statutory requirement on the 1st April, 2024. Appendix A accompanying the report, shows that we are compliant against all the requirements of the Code. The Compliments, Comments and Complaints policy, attached at Appendix B has been updated to reflect the new Housing Ombudsman Complaint Code.

3. Purpose

3.1 To approve the self-assessment against the Code and to approve changes to the Compliments, Comments and Complaints Policy

4. Recommendation

4.1 That the self-assessment against the Code and the Compliments, Comments and Complaints Policy are approved.

5. Background

5.1 The Housing Ombudsman has issued a new statutory Complaint Code, which came into effect on the 1st April. The Ombudsman's duty to monitor compliance also takes effect from this date.

5.2 The purpose of the Code is to enable landlords to resolve complaints raised by their residents quickly and to use the data and learning from complaints to drive service improvements.

5.3 The Housing Ombudsman has also published a Code Compliance Framework which details how they will monitor compliance. This will happen in three ways:

- Compliance in oversight and scrutiny;
- Compliance in policy;
- Compliance in practice.

5.4 One of the requirements of the Code is the organisation is to carry out a self-assessment against the Code and to report the outcome of the self-

assessment to the Housing Ombudsman's Office.

5.5 When assessing compliance, the Housing Ombudsman will engage with landlords to give them the opportunity to resolve any issues identified. If there is evidence of non- action they may issue a Complaint Handling Failure Orders, which they will publish.

5.6 We are required to submit our self-assessment to the Housing Ombudsman by the 30th June, 2024. This aligns with the Regulator of Social Housing's requirements for the publication and submission of TSM outcomes

6. Self-Assessment

6.1 The key changes in the Code are:

- That processes must have two stages only (including any 3rd party arrangements);
- Timescales and requirements for acknowledging complaints at each stage;
- Timescales for responding to complaints at each stage (including extensions);
- Exclusions to raising and/or escalating complaints;
- Resourcing arrangements, including the Member Responsible for Complaints;
- The requirement to produce and publish an annual complaints performance and service improvement report.

6.2 A self-assessment has been carried out against the Code and this is attached at Appendix A. Our Compliments, Comments and Complaints Policy has also been reviewed to ensure it meets the requirements of the new Code and to ensure we are meeting statutory requirements. This is attached at Appendix B. Appendix C shows the changes made to the Code in more detail which have impacted on the Policy.

7. Procurement

7.1 There are no procurement issues related to the review of the Policy

8. VFM Considerations

8.1 The implementation of the new policy may result in a reduction in the number of premature Ombudsman enquiries or complaints progressing to Stage 2.

9. Financial Implications

9.1 None associated with this report.

10. Legal Implications

10.1 We have a statutory duty to comply with the requirements of the Code from the 1st April 2024.

11. Risks

11.1 There are no risks associated with the changes to the Policy.

12. Health, Safety & Compliance Implication

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

13. IT Implications

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

14. Consultation

14.1 The Chair and Secretary of the Tenant Scrutiny Panel have reviewed the outcome of the self- assessment against the Code to ensure independence and challenge, focusing on the key changes and new criteria. They are in agreement with the comments proposed and the suggested documentation to evidence compliance.

15. Diversity

15.1 There are no diversity implications arising from the changes made to the Policy. The Code includes a section which focuses on Accessibility and Awareness, and we have demonstrated that we are compliant in these areas.

16. Communication Requirements

16.1 Following approval by Board the self-assessment will be published on our internet and the revised Policy will be communicated internally via the Intranet and will be made available for customers on our web.

18. Equality Analysis (new/revised Policies)

18.1 Not required as this is not a new policy.

19. Environmental Impact

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

20. Report Author, Position, Contact Details

20.1 Jackie Linacre, Head of Customer Services, 01302 862262

Appendix A: Self-assessment form

This self-assessment form should be completed by the complaints officer and it must be reviewed and approved by the landlord's governing body at least annually.

Once approved, landlords must publish the self-assessment as part of the annual complaints performance and service improvement report on their website. The governing body's response to the report must be published alongside this.

Landlords are required to complete the self-assessment in full and support all statements with evidence, with additional commentary as necessary.

We recognise that there may be a small number of circumstances where landlords are unable to meet the requirements, for example, if they do not have a website. In these circumstances, we expect landlords to deliver the intentions of the Code in an alternative way, for example by publishing information in a public area so that it is easily accessible.

Section 1: Definition of a complaint

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
1.1	Effective complaint handling enables residents to be heard and understood. The starting point for this is a shared understanding of what constitutes a complaint.	N/A	N/A	Response not required as not part of the self-assessment process. Included for completeness.
1.2	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 landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents.'</i>	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	The definition is set out in our Policy and is: " <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> "
1.3	A resident does not have to use the word 'complaint' for it to be treated as such. Whenever a resident expresses dissatisfaction landlords must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with the landlord's complaints policy.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	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.
1.4	Landlords must recognise the difference between a service request and a complaint. This must be set out in their complaints policy. A service request is a request from a resident to the landlord requiring action to be taken to put something right. Service requests are not complaints, but must be recorded, monitored and reviewed regularly.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Internal Complaints Charter .	The definition of what is regarded as a complaint is set out in our Policy. " <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> " We do not log requests for service as complaints, but we do record and monitor these using in our housing CRM system. These monitored and actioned by the relevant team. Our CRM system is a single system used across the organisation which captures all customer interactions,

				<p>recording the date the interaction was received and when, if action is required, it closed. We use the Housing Ombudsman's Service Request V Complaint Flow Chart as guidance to distinguish requests from complaints. 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.</p>
1.5	<p>A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Landlords must not stop their efforts to address the service request if the resident complains.</p>	YES	<p>This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i>. A copy of the policy can be found here. Stage 1 and Stage 2 investigation procedures.</p>	<p>As above. Our policy defines what we treat as a complaint as set out in 1.2 above. Our procedures sets out that we continue to address service requests regardless of whether or not a customer has made a complaint.</p>
1.6	<p>An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where landlords ask for wider feedback about their services, they also must provide details of how residents can complain.</p>	YES	<p>This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i>. A copy of the policy can be found here. Emails to Viewpoint and Voicescape.</p>	<p>When we undertake our TSM and Transactional Surveys we advise tenants that if they have expressed dissatisfaction they can access our complaints procedure and provide points information about the access channels they can use.</p>

Section 2: Exclusions

2.1	Landlords must accept a complaint unless there is a valid reason not to do so. If landlords decide not to accept a complaint they must be able to evidence their reasoning. Each complaint must be considered on its own merits.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	<p>The policy sets out the reasons where we would not accept a complaint as follows:</p> <ul style="list-style-type: none"> • 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, having been filed at court; • the subject of the complaint occurred more than 12 months ago and/or is already subject to an on-going or resolved complaint; • matters that have already been considered under the complaints policy.
2.2	<p>A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated, and these circumstances must be fair and reasonable to residents. Acceptable exclusions include:</p> <ul style="list-style-type: none"> • The issue giving rise to the complaint occurred over twelve months ago. • Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court. • Matters that have previously been considered under the complaints policy. 	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	As set out in our policy and shown at 2.1 above. The general law is where we have a legal duty to carry out work, such as a gas inspection, unless the complaint meets the definitions in 4.3 of our Complaints Policy.
2.3	Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of	This is a new criterion introduced in April 2024. We will only not accept a complaint for the reasons set out at 2.1 above. Prior to the new code we only accepted complaints within 6 months of the issue occurring.

	Landlords must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.		the policy can be found here .	
2.4	If a landlord decides not to accept a complaint, an 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. If the Ombudsman does not agree that the exclusion has been fairly applied, the Ombudsman may tell the landlord to take on the complaint.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	This rarely happens. We would not accept a complaint only if it fell in line with any of the exclusions listed in the complaints policy and advised at 2.1 above. Should it occur we would explain the reasons for not accepting the complaints and advise the complainant of the right to take our decision to the Ombudsman. to the complainant and we explain the Ombudsman's process at this time. Our policy states: <i>“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.”</i>
2.5	Landlords must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	When considering whether to exclude a complaint from our process we would take into account the exclusions shown in our policy, we would also consider the circumstances of the complaint, any vulnerabilities which may have impacted and whether any reasonable adjustments should be considered.

Section 3: Accessibility and Awareness

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
3.1	Landlords must make it easy for residents to complain by providing different channels through which they can make a complaint. Landlords must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process.	YES	The difference access channels customer can use make a complaint are set out in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	<p>We have multiple routes available to make a complaint to ensure that our process is accessible and so that customers are given a choice. This includes online via our website or social media platforms, face to face, over the telephone, email, and in writing.</p> <p>Our policy includes provision for reasonable adjustments.. We provide mandatory training on equality and diversity for all employees, including complaint handlers. The complaints policy includes the following statement: <i>“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.”</i></p> <p>Our Equality and Diversity Statement sets out that <i>“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)”</i></p>
3.2	Residents must be able to raise their complaints in any way and with any member of staff. All staff must be aware of the	YES	Open Housing System – Logging of complaints using Customer Contact	Our complaints process is that anyone is able to raise a complaint as all customer interaction is logged on our CRM system. Workflow is built into the system to deal with

	complaints process and be able to pass details of the complaint to the appropriate person within the landlord.		Complaints Procedures; Complaints Policy published on the Internal Intranet; Training for all Service Investigating Officers; Internal Complaints Charter	complaint and to ensure they are automatically routed to a Customer Relations Team who process all complaints received. Our complaints processes are publicised on our Intranet System. We have an internal complaints charter that sets out how to handle complaints.
3.3	High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.	YES	Performance and Improvement Committee Minutes;	We report the number of complaints we receive on a regular basis to our Executive Management Team, Our Performance and Improvement Committee and the City of Doncaster Council's Overview and Scrutiny Management Committee. We advise that whilst we are working to reduce the number of complaints received we do not see high volumes as negative. We also publish information on the number of complaints received on our website.
3.4	Landlords must make their complaint policy available in a clear and accessible format for all residents. This will detail the two-stage process, what will happen at each stage, and the timeframes for responding. The policy must also be published on the landlord's website.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Complaints Poster; Complaints Leaflet	A copy of our Complaints Policy is published on our website. The City of Doncaster Council also has a link to our Policy on their website. The website uses Reach-deck which means that the policy can be translated into different languages or read aloud for those sight impaired. The policy details our 2 Stage complaints process and sets out what will happen at each stage and by when. We also have a number of posters and leaflets that are available across a number of sites setting out the same information.
3.5	The policy must explain how the landlord will publicise details of the complaints policy, including information about the Ombudsman and this Code.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	The Policy document states: <i>"We will publicise details of this policy, including information about the Ombudsman and the Housing Ombudsman's Complaints Code on our website at www.stlegerhomes.co.uk. The same information will also be publicised in our HouseProud magazine on a yearly basis and will be advertised at our main reception."</i>
3.6	Landlords must 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.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	Our Policy states that complaints can be received via a Local Authority Councillor, Board Member, MP, Mayor's Office, or a 3 rd 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 rd party representative without consent.
3.7	Landlords must provide residents with	YES		Moved and amended for clarity. We inform tenants in all our

	information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.		Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	complaint responses of the full contact details for the Housing Ombudsman. We also advertise the details of the ombudsman on our web pages. 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. We publicise the Meet the Ombudsman Events on our website.
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Section 4: Complaint Handling Staff

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
4.1	Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the Ombudsman and ensuring complaints are reported to the governing body (or equivalent). This Code will refer to that person or team as the 'complaints officer.' This role may be in addition to other duties.	YES	Structure Chart detailing the Customer Relations Team; Customer Feedback Report to Performance and Scrutiny Committee. Minutes of City of Doncaster Council Overview and Scrutiny Committee.	We have a centralised team of Customer Relations Officers, who take responsibility for processing complaints. The Complaints Manager in the team is responsible for liaising with the Housing Ombudsman's Officer. The same team report quarterly to our 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.
4.2	The complaints officer must have access to staff at all levels to facilitate the prompt resolution of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly.	YES	Emails between Service Investigation Officers (SIO) and the Customer Relations Team.	The Customer Relations Team of officers and those investigating complaints have the authority to offer resolutions and remedies. The Customer Relations Team will challenge SIOs where they feel a complaint response does not sufficiently deal with complaint or where the remedy proposed is insufficient. Where approval is required by the relevant area of the business we have procedures in place to ensure that the approval receives a prompt response. There are escalation procedures built in where approval may not be forthcoming by escalation to the relevant Head of Service (i.e., the Head of Customer Services and the relevant Head of Service for the area being complained about.) Our Stage 2 reviews are carried out by a Head of Service to ensure a member of staff authorities to make the final decision is involved in determining the outcome and

				remedy.
4.3	Landlords are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff must be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively	YES	Internal Complaints Charter; Customer Excellence Training; Complaints Training.	All staff have received Customer Excellence Training which encompassed an element of dealing with complaints. All Service Investigation Officers and Officers in the Customer Relations Team have received detailed complaint training. An internal Customer Charter has recently been completed setting out the various stages of handling a complaint and employees' responsibilities. This will be launched in April 2024. An e-learning module based on the Customer Charter is also in the process of being produced and this will supplement the face to face training and the Charter. Learning from complaints is identified and reported to Performance and Improvement Committee and where appropriate to report back to customers using a You Said, We Did approach which is published on our website. .

Section 5: The Complaint Handling Process

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
5.1	Landlords must have a single policy in place for dealing with complaints covered by this Code. Residents must not be treated differently if they complain.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	We have a single policy for dealing with complaints and have a culture whereby complaints are seen as an opportunity to learn and improve. Other policies which include a reference to complaints will refer to the one policy to ensure consistency of approach across the organisation.
5.2	The early and local resolution of issues between landlords and residents is key to effective complaint handling. It is not appropriate to have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	We do not have an informal complaint or Stage 0 complaints stage or informal complaints as part of our procedures. We follow the requirement of criteria 1.2 and 1.4 of the Code.
5.3	A process with more than two stages is not acceptable under any circumstances as this will make the complaint process unduly long and delay access to the Ombudsman.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Stage 2 template letter.	Our Policy and process does not have more than 2 stages. All the information we provide to customers such as on the web, leaflets and posters clearly set this out. All stage two responses advise that this is the final stage, the next stage for the complainant being to refer the matter to the Housing Ombudsman Service.

5.4	Where a landlord's complaint response is handled by a third party (e.g., a contractor or independent adjudicator) at any stage, it must form part of the two stage complaints process set out in this Code. Residents must not be expected to go through two complaints processes.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	All complaints regarding the services provided by a contractor working on behalf of St Leger Homes are investigated by a St Leger Homes members of staff. This includes Stage 1 and Stage 2 complaints. Whilst we will contact the contractor to discuss the complaint the findings and response sent to the complainant are sent by St Leger Homes.
5.5	Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	As advised above.
5.6	When a complaint is logged at Stage 1 or escalated to Stage 2, landlords must set out their understanding of the complaint and the outcomes the resident is seeking. The Code will refer to this as "the complaint definition." If any aspect of the complaint is unclear, the resident must be asked for clarification.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Stage 2 template letter	Both our Stage 1 and Stage 2 letters sets out our understanding of the reasons for the complaint and the remedy the customer is looking for. Where this is not clear this is clarified with the complainant. This also forms part of our Stage 2 procedures..
5.7	When a complaint is acknowledged at either stage, landlords must be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Complaints Procedures	Our complaint procedures set out that where we are not responsible for any aspect of a complaint, that this is included in the acknowledgement letter, together with the reason. The need to manage expectations is covered in our complaint handling training. We would contact the complainant for further information where this is not clear.
5.8	At each stage of the complaints process, complaint handlers must: <ul style="list-style-type: none"> a. deal with complaints on their merits, act independently, and have an open mind; b. give the resident a fair chance to set out their position; c. take measures to address any actual or perceived conflict of interest; and 	YES	Complaints Training; Internal Complaints Charter	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 and fair response. All Service Investigating Officers and the Customer relations officers have had training to ensure fairness of approach and to ensure complaints are thoroughly investigated and where appropriate backed up by evidence. All Service Investigation Officers receive training on how to investigate complaints to ensure they have the

	d. consider all relevant information and evidence carefully.			skills and mindset to investigate complaints fairly and objectively. This training helps to embed a positive complaints culture throughout the organisation.
5.9	Where a response to a complaint will fall outside the timescales set out in this Code, the landlord must agree with the resident suitable intervals for keeping them informed about their complaint.		Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Complaints Procedures	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, this is also confirmed in writing. We capture this information in our Housing Management System.
5.10	Landlords must make reasonable adjustments for residents where appropriate under the Equality Act 2010. Landlords must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here . Open Housing System and tenant attribute fields	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.
5.11	Landlords must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Landlords must clearly set out these reasons, and they must comply with the provisions set out in section 2 of this Code.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	This is included in our Policy as below. We inform tenants in our responses about the right for review and all response letters / emails include full contact details for the Housing Ombudsman. <ul style="list-style-type: none"> • 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.

5.12	A full record must be kept of the complaint, 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 relevant supporting documentation such as reports or surveys.	YES	Open Housing – Customer Relationship Management System	All customer interaction is logged on our Customer Relations Management system. This captures when a customer contacted us, what about, what action we took as a result and when. This provides a full audit trail of the complaint. Correspondence and emails are all stored on our document management system.
5.13	Landlords must have processes in place to ensure a complaint can be remedied at any stage of its complaints process. Landlords must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation.	YES	Goodwill and Compensation Policy	Our aim is to remedy complaints as soon as possible. All staff are aware of this through discussions at Service Management Team meetings and as part of training delivered to Service Investigation Officers. Our Goodwill and Compensation policy sets out how we deal with remedies.
5.14	Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. Landlords must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	This is explained in our complaints policy. We have a set process, procedure and letter template that is followed for this. We have warning procedures in place for all employees to follow for managing unacceptable behaviours.
5.15	Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010.		Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	This is clearly set out in our Complaints Policy which includes sections for unreasonable behaviour and also sections on reasonable adjustments. All employees undertake mandatory equality and diversity training.

Section 6: Complaints Stages - Stage 1

	Code requirement	Comply : Yes / No	Evidence	Commentary / explanation
6.1	Landlords must have processes in place to consider which complaints can be responded to as early as possible, and which require further investigation. Landlords must consider factors such as the complexity of the complaint and whether the	YES	Stage 1 and Stage Complaints Procedures; Training for Service Investigating Officers	This is covered in the training delivered to the members of the Customer Relations Team and also is referenced in our complaint procedures.

	resident is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the resident.			
6.2	Complaints must be acknowledged, defined and logged at stage 1 of the complaints procedure <u>within five working days of the complaint being received.</u>	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here.	This is part of our procedures and is in our policy. All complaints are logged and acknowledged with 5 working days of receipt.
6.3	Landlords must issue a full response to stage 1 complaints <u>within 10 working days</u> of the complaint being acknowledged.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here.	We aim to respond to most stage one complaints in writing within 10 working days of date of acknowledgement, however this can take longer if the complaint is of a complex nature. If longer, we contact the customer and agree with the resident suitable intervals for keeping them informed.
6.4	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here.	As above at 6.3. We do not extend responses beyond an additional 10 working days unless there are extenuating circumstances which we would explain to the resident.
6.5	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here.	We always provide the Housing Ombudsman's contact details where we have informed a complainant about an extension to the response timescales.
6.6	A complaint response must be provided 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 promptly with appropriate updates provided to the	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here.	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 and is part of our procedures. We record these separately and they are monitored by the Customer Relations Team to ensure they are delivered.

	resident.			
6.7	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	A full response is given to the tenant in all cases. The Customer Relations Team provide a check and challenge procedure to ensure all issues raised in a complaint are responded to with full details of the investigation, the reasons the issue occurred, remedial actions to be taken, if applicable and learning.
6.8	Where residents raise additional complaints during the investigation, these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	This forms part of our policy and all staff are trained and aware of the procedures.
6.9	Landlords must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language: <ul style="list-style-type: none"> a. the complaint stage; b. the complaint definition; c. the decision on the complaint; d. the reasons for any decisions made; e. the details of any remedy offered to put things right; f. details of any outstanding actions; and g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response. 	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	A full response is given to the tenant in all cases and a template used by all Service Investigation Officers when responding to complaints. The Customer Relations Officer ensure that all these criteria are followed. 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. Details of how to escalate if the complainant is not happy are included with the response.

Stage 2

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.10	If all or part of the complaint is not resolved to the resident's satisfaction at stage 1, it must be progressed to stage 2 of the landlord's procedure. Stage 2 is the landlord's final response.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	Our policy and procedures include a Stage Two review process which is communicated in correspondence to complainants.
6.11	Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaints procedure within five working days of the escalation request being received.	YES	Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	These timescales are set out in our policy and meet the requirement of the code.
6.12	Residents must not be required to explain their reasons for requesting a stage 2 consideration. Landlords are expected to make reasonable efforts to understand why a resident remains unhappy as part of its stage 2 response.	YES	Stage 2 investigation procedures	A resident does not have to provide the landlord with their reasons for expressing dissatisfaction with their stage 1 complaint. We will communicate with the complainant to establish their reasons for escalating and their desired outcome however, we will not refuse an escalation request based on the resident not providing their reasons. A stage 2 response should be a review of the initial stage 1 response. Therefore, reasons for escalation are not required for this review to be carried out.
6.13	The person considering the complaint at stage 2 must not be the same person that considered the complaint at stage 1.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	A different Customer Relations Officer would be allocated the complaint at stage 2. Our procedures is for a Head of Service to review Stage 2 complaints. This is a different person to whom considered the complaint at Stage 1.
6.14	Landlords must issue a final response to the stage 2 <u>within 20 working days</u> of the complaint being acknowledged.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	The majority of Stage 2 complaints are responded to within 20 days of the Stage 2 acknowledgement, where the complaint is complex and this is not achievable, we advise the complainant.
6.15	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the	This is included in our complaints policy. As above at 6.14. we do not extend responses beyond an additional 10 working days unless there are extenuating circumstances which we would explain to the resident.

	the expected timescale for response. Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident.		policy can be found here .	
6.16	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	We always provide the Housing Ombudsman's contact details where we have informed a complainant about an extension to the response timescales.
6.17	A complaint response must be provided 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 promptly with appropriate updates provided to the resident.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	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 and is part of our procedures. We record these separately and they are monitored by the Customer Relations Team to ensure they are delivered.
6.18	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	A full response is given to the tenant in all cases. The Customer Relations Team provide a check and challenge procedure to ensure all issues raised in a complaint are responded to with full details of the investigation, the reasons the issue occurred, remedial actions to be taken, if applicable and learning. All Stage 2 reviews are undertaken by a Head of Service who has received full training on how to investigate a complaint.
6.19	Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language: a. the complaint stage; b. the complaint definition; c. the decision on the complaint; d. the reasons for any decisions made; e. the details of any remedy offered to put things right; f. details of any outstanding	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	A full response is given to the tenant in all cases and a template used by all Service Investigation Officers when responding to complaints. The Customer Relations Officer ensure that all these criteria are followed. 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. Details of how to escalate if the complainant is not happy are included with the response.

	g. actions; and details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.			
6.20	Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.	YES	This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i> . A copy of the policy can be found here .	Our Policy sets out that Stage 2 reviews are undertaken and responded to by a Head of Service. The letter to the complainant advises that this is the final response and advises on the contact details of the Housing Ombudsman's Office should the complainant remain dissatisfied. The training undertaken by Heads of Service includes how to fully review and investigate complaints.

Section 7: Putting things right

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
7.1	<p>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. These can include:</p> <ul style="list-style-type: none"> • Apologising; • Acknowledging where things have gone wrong; • Providing an explanation, assistance or reasons; • Taking action if there has been delay; • Reconsidering or changing a decision; • Amending a record or adding a correction or addendum; • Providing a financial remedy; • Changing policies, procedures or practices. 	YES	<p>This requirement is defined in our Policy document: <i>Compliments, Complaints and Comments</i>. A copy of the policy can be found here.</p> <p>Goodwill and Compensation Policy</p>	Where a complaint is upheld we provide a detailed explanation highlighting the improvements made and an apology. Our Goodwill and Compensation Policy supports the approach we will take to putting things right.

7.2	Any remedy offered must reflect the impact on the resident as a result of any fault identified.	YES	Goodwill and Compensation Policy; Ombudsman's Remedies Guidance published on our Intranet and referenced in our Internal Complaints Charter.	All decisions and resolutions to complaint cases are dealt with on a case-by-case basis and reviewed in line with our Goodwill and Compensation policy and by reference to the Housing Ombudsman's remedies guidance which we publish on our Intranet. The Customer Relations Team act as a check and challenge with regard to the remedies proposed by Service Investigating Officers to ensure any remedy offered reflects the impact on the resident.
7.3	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	Examples of responses to complaints.	This information is included in the response to the complainant. The Customer Relations Team track promises made to ensure these are actioned.
7.4	Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.	YES	Goodwill and Compensation Policy; Ombudsman's Remedies Guidance published on our Intranet and referenced in our Internal Complaints Charter.	Any remedy is awarded in line with our Goodwill and Compensation Policy and guidance issued by the Housing Ombudsman. The Housing Ombudsman's guidance is published on our Intranet and referenced in our Internal Complaints Charter.

Section 8: Putting things right

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
8.1	Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include: a. the annual self-assessment against this Code to ensure their complaint handling policy remains in line with its requirements. b. a qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to	YES	Annual Report to Overview and Scrutiny Management Committee (City of Doncaster Council); Performance Reports to Performance and Improvement Committee; Self-Assessment reported to Board annually.	Our performance is reported annually to the City of Doncaster's Council's Overview and Scrutiny Management Committee in September. St Leger's Board receives a report annually to approve the self-assessment against the Housing Ombudsman's Complaints Code. 1/4ly and year end performance is also reported to our Performance and Improvement Committee. Reports and publications from the HO such as spotlight reports are considered by the Executive Management Team. All this data will be pulled together in an annual report to be submitted to the Performance and Improvement Committee.

	<p>accept;</p> <p>c. any findings of non-compliance with this Code by the Ombudsman;</p> <p>d. the service improvements made as a result of the learning from complaints;</p> <p>e. any annual report about the landlord's performance from the Ombudsman; and</p> <p>f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord.</p>			
8.2	<p>The annual complaints performance and service improvement report must be reported to the landlord's governing body (or equivalent) and published on the on the section of its website relating to complaints. The governing body's response to the report must be published alongside this.</p>	YES	<p>Performance and Improvement Committee Report;</p> <p>Overview and Scrutiny Management Committee Report;</p> <p>Performance and Improvement Committee Minutes reported to Board</p>	<p>Our annual complaints performance is reported annually to the City of Doncaster's Council's Overview and Scrutiny Management Committee in September. The response and questions asked are taken down as minutes and are available on the CDC website.</p> <p>We publish our complaint performance on a quarterly basis on our website, this shows the cumulative position and therefore the position at year-end. Committee response to these reports are taken down as minutes and available on the SLHD website under the Board Reports section.</p>
8.3	<p>Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.</p>	YES	<p>Self-Assessment reported to Board</p>	<p>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.</p>
8.4	<p>Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.</p>	YES	<p>Self-Assessment reported to Board should this arise.</p>	<p>We will fully comply with this should this arise</p>
8.5	<p>If a landlord is unable to comply with the Code due to exceptional circumstances, such as a cyber incident, they must inform the</p>	YES	<p>Evidence will be provided should this occur</p>	<p>We will fully comply with this should this arise</p>

	Ombudsman, provide information to residents who may be affected, and publish this on their website Landlords must provide a timescale for returning to compliance with the Code.			
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Section 9: Scrutiny & oversight: continuous learning and improvement

	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
9.1	Landlords must look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.	YES	You Said, We Did on the website.	We use learning from complaints to change the way in which we deliver our services and publish this on our website under our You Said, We Did section. Complaints are also taken into account when reviewing policies. Learning is identified by Service Investigating Officers as part of the initial investigation of the complaint.
9.2	A positive complaint handling culture is integral to the effectiveness with which landlords resolve disputes. Landlords must use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.	YES	You Said, We Did on the website. Customer Excellence Training	A positive complaint handling culture is promoted across the organisation using a variety of methods. Our Customer Excellence training focused on the customer and complaints. Our internal Customer Charter has a specific section about learning. Feedback from complaints is discussed at Leadership level and individual team level to inform changes in service delivery and improvements. The Customer Relations Team support all staff to be fully engaged in the complaints process.
9.3	Accountability and transparency are also integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints to stakeholders, such as residents' panels, staff and relevant committees.	YES	You Said, We Did on the website.	We advise the complainant of our failures (where applicable) and the actions we have taken to address these. 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 discussing with our Tenant and Scrutiny Panel how they can increase their challenge on how we are dealing with complaints and learning. The Annual Review includes a section on complaints and the changes we have made as the result of learning from complaints.
9.4	Landlords must appoint a suitably senior lead person as accountable for their complaint handling. This person	YES	Complaint Performance Reports to EMT and Committee and Board	The senior lead person accountable for complaints is our Chief Executive who is provided with the organisational overview of performance via reports to the Executive

	must assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.			Management Team and Board.
9.5	In addition to this a member of the governing body (or equivalent) must be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This person is referred to as the Member Responsible for Complaints ('the MRC').	YES	Minute of Board meeting 7 th March 2024.	The Portfolio Holder for Housing from City of Doncaster Council is designated Member Responsible for Complaints (MRC)
9.6	The MRC will be responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings.	YES	Performance Reports to Performance and Improvement Committee; Report to City of Doncaster Council's Overview and Member Scrutiny Committee.	The Member Responsible for Complaints will be provided with reports submitted to the Performance and Improvement Committee which detail volumes, categories, and outcomes from complaints, along with complaint handling performance. They will also be provided with updates from the Housing Ombudsman's office on the outcomes of Ombudsman's investigations. The MRC has access to the Executive Management Team to ensure they have the information required to fulfil their role as MRC. They will have oversight of the annual performance report prior to this being submitted to the City of Doncaster Council's Overview and Scrutiny Management Committee.
9.7	As a minimum, the MRC and the governing body (or equivalent) must receive: a. regular updates on the volume, categories and outcomes of complaints, alongside complaint handling performance; b. regular reviews of issues and trends arising from complaint handling; c. regular updates on the outcomes of the Ombudsman's investigations and progress made in	YES	Performance Reports to Performance and Improvement Committee; Report to City of Doncaster Council's Overview and Member Scrutiny Committee.	As indicated above at 9.6. This information is reported to Performance & Improvement (P&I) Committee on a 1/4ly basis. In addition, the City of Doncaster Council's Overview and Scrutiny Management 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.

	<p>complying with orders related to severe maladministration findings; and</p> <p>d. annual complaints performance and service improvement report.</p>			
9.8	<p>Landlords must have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to:</p> <p>a. have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments;</p> <p>b. take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and</p> <p>c. act within the professional standards for engaging with complaints as set by any relevant professional body.</p>	YES	<p>Customer Feedback Reports to Performance and Improvement Committee;</p> <p>Values and behaviours documents</p>	<p>This is an objective that is set for the organisation. Our leadership team work collaboratively to ensure that we are compliant with the Housing Ombudsman's code and to ensure that complaint are dealt with fairly and effectively. Our aim is to embed a positive complaints culture across the organisation and to ensure that learning from complaints is used positively to improve the customer experience and to ensure that where we have fell short we put in place appropriate remedies. Training which is underpinned through our values and behaviours which incorporate the specific professional standards set by the Chartered Institute of Housing. We are currently reviewing the professional qualifications of all employees to ensure we will be compliant with the requirement in the consumer standards.</p>



Appendix B

POLICY DOCUMENT

Compliments, Comments and Complaints Policy

POLICY TITLE:	Compliments, Comments and Complaints Policy
LEAD OFFICER:	Head of Customer Services
DATE APPROVED:	April 2024
APPROVED BY:	St Leger Homes Board
IMPLEMENTATION DATE:	April 2024
DATE FOR NEXT REVIEW:	April 2028
ADDITIONAL GUIDANCE:	Customer Charter & Service Standards Dignity at Work Grievance Policy Compensation and Goodwill Policy Data Protection Policy Freedom of Information Policy Tenant Voice Strategy
ASSOCIATED CUSTOMER PUBLICATIONS:	Corporate Plan 2024 - 2028 Customer Access Strategy Equality and Diversity Strategy
TEAMS AFFECTED:	All Staff and Board Members and the Member Responsible for Complaints
THIS POLICY REPLACES WITH EFFECT FROM 1st 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

Date of this revision:	April 2024
Date of next review:	April 2028
Responsible Officer:	Head of Customer Services

Version Number	Version Date	Author/Group commenting	Summary of Changes
4.3	April 2024	Head of Customer Services	Changes in response to the implementation of a revised Housing Ombudsman Complaint Code.

Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Staff consultation through Trade Unions if applicable	Not applicable	
Trade Union consultation if applicable	Not applicable	
Stakeholder consultation if applicable	Consultation with Chair of the Tenant Scrutiny Panel and Secretary of the Tenant Scrutiny Panel	March 2024
Equality analysis carried out on the intranet	This is not a new Policy. Impact on equality is embedded within the Code and the Policy has been reviewed/changed to reflect this.	March 2024

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

Date of changes	Changes		
July 2019	Policy shortened in places to make more concise and to move to procedures where applicable Duplicate sections of policy removed Appeals section revised to reflect new approach to appeals using a tenant representative appeals panel. Removed reference to 'old' systems that were listed		
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	Added section setting out the different stages of the complaints process
July 2022	Changes in response to the review of the Housing Ombudsman's Complaints Code.
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.
March 2024	Updates to the policy to reflect the changes arising from the amended Housing Ombudsman's Complaint Code which came into force on the 1 st of April 2024. The Code sets out our statutory requirements. Addition to the Policy to include complaints about building safety risk, or the performance of an accountable person or principal accountable person, in a high-rise residential building.

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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;

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- 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;
- Customers are aware of their right and how ask for their complaint to be reviewed 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).

2.2 All compliments and comments received by SLHD are recorded and promoted to all staff. Compliments are used to ensure improved and consistent service delivery. The Complaints Policy supports a number of other key policies which impact on our customers. These include the Repairs and Maintenance Policy, the Housing Policy, the Damp Mould and Condensation Policy, the Domestic Abuse Policy, the Allocation Policy, the Sustainable Tenancy Fund Policy. Further information about these policies can be found on our website at [St.Leger Homes | Policies and Strategies \(stlegerhomes.co.uk\)](http://St.LegerHomes.com/Policies-and-Strategies) .

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 customers.

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- 4.3 The complainant does not have to use the word 'complaint' for it to be treated as such. Whenever a customer expresses dissatisfaction we will give the customer the choice to make complaint. A complaint that is submitted via a third party or representative will be handled in line with this Policy.
- 4.4 Where an issue is being reported for the first time, this will be treated as a service request, and we will take appropriate action to ensure it is dealt with. A service request is a request from a resident to the landlord requiring action to be taken to put something right. This is not recorded as a complaint and the customer will be informed this will be handled as a service request to be recorded, monitored and reviewed in accordance with internal procedures.
- 4.5 Where further enquiries are made about the same issue, the issue is of significant impact or where the customer advises they want to complain this would be recorded as a complaint.

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;
- 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.

- 4.6 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;
- Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and the Particulars of Claim, having been filed at court;
- the subject of the complaint occurred, or the complainant became aware of the issue more than 12 months ago and/or is already subject to an on-going or resolved complaint. We will consider whether to apply discretion to accept complaints outside of this

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time lime where there are good reasons to do so.

- matters that have already been considered under the complaints policy;
- expressions of dissatisfaction made through a survey. We will, however, provide details of how a customer can complain.

4.7 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. We will not take a blanket approach to excluding complaints and will consider the circumstances of each complaint.

5. Responsibilities, 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 to any member of the organisation, referred to as the Receiving Officer.

5.2 They can also be received via a Local Authority Councillor, Board Member, MP, Mayor's office or a 3rd party representative 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 3rd party representative without consent. 3rd party representatives can accompany the customer to any meetings.

5.3 Complaints about the services provided by a third party (e.g., a contractor or independent adjudicator) will be investigated and responded to in line with our complaints procedures.

5.4 Residents of high-rise residential buildings can use these procedures to make complaints about building safety or the performance of an accountable person or principal accountable person, which have been raised as service requests and where the complainant feels this is not being resolved.

5.5 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.

5.6 Where customers raise additional complaints during the investigation, these will be incorporated into the stage 1 response if they are related provided the stage 1 response has not been issued. Where the stage 1 response has been issued, where the new issues are unrelated to the issues already being investigated or it where it would unreasonably delay the response, the new issues will be logged as a new complaint. The complaint will be investigated taking into account:

- All the details provided by the complainant in support of their case;

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- 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.

5.7 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

Add in something about high rise and building safety.

6. Reasonable Adjustments

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.

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".

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 and where appropriate changing work practices, for example, contact preferences providing correspondence on coloured paper where requested, having an accessibility compliant website, taking into account diversity when delivering our services and ensuring that our complaints procedures are accessible for all. We keep a record of disabilities and adjustments in our Housing Management System, where customers have provided these, and these are updated as customers contact us and through our Keeping in Touch visits.

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

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7. Stages of the Complaint and Timescales

7.1 All complaints will be acknowledged within 5 working days from the day the complaint is received.

7.2 We will be clear which aspects of the complaint we are, and are not, responsible for and clarify any areas where this is not clear, setting out our understanding of the complaint when the complaint is logged. Where this is not clear we will ask for clarification.

7.3 There are two stages to the complaints process:

7.4 Stage 1

7.5 This is the first opportunity to resolve the customer's complaint. The majority of complaints will be resolved at this stage by the relevant Complaint Investigating Officer. If the customer is dissatisfied with the response the complaint can be escalated to Stage 2 of our procedures.

7.6 Complaints will be acknowledged, defined and logged at stage 1 of the complaints procedure within 5 working days of the complaint being received. The day the complaint is received is classed as day zero of the 5 working days.

7.7 We aim to respond to most stage 1 complaints in writing within 10 working days of date of acknowledgement. This can take longer if the complaint is of a complex nature. Where this is the case, we will contact the customer to extend our response time, agreeing suitable intervals for keeping the customer informed and will provide the contact details of the Ombudsman. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.

7.8 Where customers raise additional complaints during the investigation, these will be incorporated into the stage 1 response, if they are related and the stage 1 response has not been issued.

7.9 Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues will be logged as a new complaint.

7.10 Stage 2

7.11 Stage 2 is our final response. If the customer is not satisfied with the answer they receive, they have the right to ask for a review. Customers do not have to explain their reasons for requesting a stage 2 consideration.

7.12 Complaints must only escalate to stage 2 once it has completed at stage one. A request for a review must be submitted by the complainant within

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20 working days of the date of the response letter. We will however take into account individual circumstances and make reasonable adjustments as appropriate.

- 7.13 Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaints procedure, within five working days of the escalation request being received.
- 7.14 A stage 2 response will be a review of the initial stage 1 response unless further investigation is required. This will depend on the information and reasons for escalation set out by the customer in their escalation request. If no new information is provided, or there is nothing that requires further investigation, we will complete a review of the investigation carried out at stage 1.
- 7.15 If new information is provided or the Stage 1 findings are disputed we will carry out a further investigation of these matters. If the issues raised are new and not related to the issues already being investigated, the new issue must be logged as a new complaint.
- 7.16 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.
- 7.17 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.
- 7.18 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;
- 7.19 Visits, inspections and any interviews the Head of Service may want to conduct will be co-ordinated by the Customer Relations Team.
- 7.20 We will issue a final response to the stage 2 within 20 working days of the complaint being acknowledged.
- 7.21 If an extension is needed due to the complexity of the complaint we will inform the customer of the expected timescale for response. Any extension will be no more than 20 working days without good reason, and the reason(s) will be clearly explained. Where we do extend the timescale for responding we will provide contact details of the Housing Ombudsman.
- 7.22 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.

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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 12 months ago and/or is already subject to an on-going or resolved complaint;
- matters that have already been considered under the complaints policy

8. Unacceptable Behaviour and Unreasonably Persistent Complainants

8.1 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.

8.2 Any restrictions placed on contact due to unacceptable behaviour will be proportionate and demonstrate regard for the provisions of the Equality Act 2010.

8.3 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.

8.4 When a complainant's behaviour 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.

8.5 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.

8.6 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.

8.7 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;
- requesting contact is made through a third party;

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- 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;

8.8 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.

9. Unacceptable Behaviour

9.1 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.

9.2 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, 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.

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

10. Unreasonably Persistent Complainants

10.1 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 receipt and place it on file..

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

11. Compliments and Comments

11.1 Compliments

11.2 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.

11.3

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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.

11.4

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.

11.5

Comments

11.6

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.

11.7

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.

11.8

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

12. Service Promises

12.1 SLHD is committed to continuous improvement in service delivery.

12.2 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 on our website;
- We will publish the quarterly performance figures on the SLHD website on how we are meeting our set timescales;
- If we are unable to comply with the Code due to exceptional circumstances, such as a cyber incident, we will inform the Ombudsman, provide information to customers who may be affected, and publish this on our website.

13. Monitoring and Review

13.1 We record the numbers of and reasons for complaints as well as the information necessary to ensure response times are met.

13.2

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

13.3

We will publish this Policy, information about the Housing Ombudsman and their contact details, and our self-assessment against the Housing Ombudsman's Complaint Code, on our website and ensure we have a nominated Member Responsible for Complaints.

13.4

We will report annually on our complaints performance and service improvements to our governing body, or equivalent and publish this and the governing body's (or equivalent) response on our website.

14. Training

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

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

15. Partnership working

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

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Code Changes – Easy Reference Guide

Appendix C

<ul style="list-style-type: none"> Criteria 1.3 - Residents to be given the choice to make a complaint; 	<ul style="list-style-type: none"> Criteria 1.4 - Updated to clarify that service requests are not necessarily complaints ;
<ul style="list-style-type: none"> Criteria 1.6 - Amended to give residents choice to complain about a service following feedback; 	<ul style="list-style-type: none"> Criteria 2.1 - Where a complaint is not accepted evidence must be provided as to the reasons why;
<ul style="list-style-type: none"> Criteria 2.2. – Exclusions should not apply to complaints where the issue is less than 12 months old; 	<ul style="list-style-type: none"> Criteria 2.3 New provision – Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue. Must consider whether discretion should apply where outside this timescale;
<ul style="list-style-type: none"> Criteria 2.4 – change from Ombudsman may instruct to Ombudsman may tell the landlord; 	<ul style="list-style-type: none"> Criteria 2.5 New provision – Must not take a blanket approach to excluding complaints – must consider individual circumstances;
<ul style="list-style-type: none"> Criteria 3.1 – Amended to clarify landlords obligations to consider duties under the Equality Action 2010 and reasonable adjustments and the need to make it easy for residents to complain through different channels. 	<ul style="list-style-type: none"> Criteria 3.4 – Amended to clarify only 2 stages allowed in the process and need to publish policy on the website;
<ul style="list-style-type: none"> Criteria 4.1 - Amended to clarify must have a person or team assigned to take responsibility for complaint handling and ensuring complaints are reported to the governing body or equivalent; 	<ul style="list-style-type: none"> Criteria 5.2 – Amened to confirm it is not appropriate to have extra stages in the complaints process;
<ul style="list-style-type: none"> Criteria 5.6 – Amended to confirm that the definition of the complaint must be clarified at both stages of the complaints process; 	<ul style="list-style-type: none"> Criteria 5.7 – Amended to clarify about being clear which aspects of the complaint the organisation is responsible for and to clarify where this is not clear;
<ul style="list-style-type: none"> Criteria 5.13 – Amended to clarify that processes should be in place to ensure a complaint can be remedied at any stage of the complaints process. 	<ul style="list-style-type: none"> Criteria 5.14 – Amended to confirm must make evidenced based decision that are regularly reviewed;
<ul style="list-style-type: none"> Criteria 6.3 – Clarifies that a full response to Stage 1 must be sent within 10 working day of the complaint being acknowledged. 	<ul style="list-style-type: none"> Criteria 6.4 – Clarified to ensure tenants are informed of any extension to the response target timescale and not extended without good reason;
<ul style="list-style-type: none"> Criteria 6.5 – Sets out the residents must be provided with the details of Housing Ombudsman where a complaint response time has been extended; 	<ul style="list-style-type: none"> Criteria 6.6. – Amended to clarify complainant must be provided with appropriate updates on outstanding actions;
<ul style="list-style-type: none"> Criteria 6.8 – Amended to clarify that where a Stage 1 response has been issued and a new unrelated issue is raised or where an issue would unreasonably delay the response, a new issue must be logged; 	<ul style="list-style-type: none"> Criteria 6.10 – Amended to clarify that if the complainant is not satisfied with all or part of the Stage 1 response that it must be progressed to Stage 2;
<ul style="list-style-type: none"> Criteria 6.11 – Clarified responses to Stage 2 must be acknowledged within 5 days of the escalation request being received; 	<ul style="list-style-type: none"> Criteria 6.14 – Clarified to confirm Stage 2 response must be issued within 20 working days of the Stage 2 complaint being acknowledged;
<ul style="list-style-type: none"> Criteria 6.15 – Amended for clarity to advise that any extension at Stage 2 must be no more 	<ul style="list-style-type: none"> Criteria 6.16 - Amended to set out that all residents must be provided with contact

<p>than 20 working days without good reasons and the reason for the extension must be clearly explained.</p>	<p>details of the Ombudsman, regardless of whether or not an extension has been agreed;</p>
<ul style="list-style-type: none"> Criteria 6.19 – Amend to confirm complaints processes with more than 2 Stages are not acceptable; 	<ul style="list-style-type: none"> Criteria 7.1 – Amended to clarify that where something has gone wrong this must be acknowledged and actions taken to put things right must be set out in the complaint response;
<ul style="list-style-type: none"> Criteria 7.2 – Amended to clarify that any remedy offered must reflect the impact on the resident; 	<ul style="list-style-type: none"> Criteria 7.4 – Amended to ensure the Ombudsman guidance on remedies is taken into account;
<ul style="list-style-type: none"> Criteria 8.1 – Introduces the requirement to produce annual complaints reporting which must include the self- assessment against the code, findings of non-compliance against code and service improvements made from learning, which must be reported to the landlord’s governing body (or equivalent) and response published; 	<ul style="list-style-type: none"> Criteria 8.3 – added in need to carry out a self-assessment against the following a merger;
<ul style="list-style-type: none"> Criteria 8.4 – Amended to advise that following an Ombudsman investigation may be asked to update the self-assessment; 	<ul style="list-style-type: none"> Criteria 9.1 – Amended to ensure that service improvements are considered to support learning from the complaint;
<ul style="list-style-type: none"> Criteria 9.2 – Amended to clarify organisations must use complaints as a source of intelligence to identify issues; 	<ul style="list-style-type: none"> Criteria 9.3 – Amended to clarify that must report back on wider learning;
<ul style="list-style-type: none"> Criteria 9.5 – Amended to clarify that a Member Responsible for Complaints must be appointed to have lead responsibility; 	<ul style="list-style-type: none"> Criteria 9.8 – Amended to clarify the minimum information that needs to be reported to the governing body;

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Tenant Voice Strategy – Action Plan Update
Action Required:	Board Note Progress To Date
Item:	09
Prepared by:	Jackie Linacre, Head of Customer Services
Date:	04 April 2024

1. Background

- 1.1 The Tenant Voice Strategy 2022 – 2026 was approved by Board in April 2022. It sets out our strategic commitment to ensuring we properly engage and listen to tenants to take into account their views.
- 1.2 The Strategy sets out 5 key commitments:
- Widen the opportunities for more tenants to be able to be involved.
 - Ensure tenants are at the centre of decision-making at every level; influencing services across the organisation.
 - Support tenants to gain the knowledge, experience, and confidence, so they feel their contribution has value and impact.
 - Create a culture of mutual trust and transparency so that tenants can question and challenge effectively.
 - Ensure the environment is right so that Involvement is everyone’s business
- 1.3 An action plan has been developed to support the delivery of the five commitments above. Performance against the action plan is reviewed by the One Voice Forum as part of their role in monitoring and challenging delivery.
- 1.4 Updates against the actions are reported to Board on an annual basis so that Board can have a strategic overview of progress on delivering the Strategy to ensure we have a strong culture of involvement which drives business improvements for our tenants.

2. Progress

- 2.1 Good progress continues to be made on the actions contained in the plan and the achievement of milestones. A detailed action plan setting out the actions to deliver against each of the commitments shown above is attached at Appendix A.

- 2.2 Many of the actions were top loaded in 2023 as they were needed to support the achievement of one of the core actions, which is to successfully gain Tenant Participation Advisory Service (TPAS) exemplar accreditation.
- 2.3 The achievement of TPAS Exemplar Accreditation and the process we will need to go through to gain accreditation will underpin our overall commitment of listening to and working with our customers and will be part of our evidence of compliance against the Consumer Standards.
- 2.4 Some of the actions and milestones are cross cutting and will help achieve more than one of the five commitments headlined in the Tenant Voice Strategy. Where this is the case, the headline actions to deliver the commitments in the Strategy have been grouped together against the milestones to be achieved.

3. Progress to date

- 3.1 There are 75 milestone actions to be achieved during the lifespan of the Strategy and good progress has been made. A small number of actions have slipped due to the need to re-prioritise projects; these have been given new target dates. There are a number of measures and outcomes included in the plan to enable us to determine what difference the Strategy is making to our tenants. The Customer Involvement team monitors these.
- 3.2 Some of the actions are on-going and will continue throughout all four years of the delivery plan. Headline progress is shown below. The detailed action plan is attached at Appendix A.

The summary of progress to date for the first year of the plan is:

- 62 actions have been completed;
 - 1 action has commenced and is in target to complete in timescale;
 - 7 actions have commenced and slipped but have a revised date for completion;
 - 2 actions have not yet started and are planned for completion this year;
 - 2 actions have commenced and are on-going actions;
 - 1 action cannot commence as this is reliant on the introduction of new technology which will give on site web browser access to our housing system.
- 3.3 The difference we have made to tenant engagement following the implementation of the actions include:
- 79% of tenants satisfied that the landlord keeps tenants informed about things that matter to them' – top quartile performance mid-year;
 - 79% of tenants satisfied that we keep them informed about the things that matter to them – top quartile performance mid-year;
 - 72% of tenants satisfied we listen to their views and act upon them – top quartile performance mid-year;
 - One Voice Forum involved in shaping 20 policies;
 - One Voice Forum consulted on the Customer Service Standards;
 - One Voice Forum consulted on the review of the Customer Access Strategy;
 - Representative from the TSP and OVF involved in the review of the website, testing and a member on the implementation group;
 - 176 members of GIG , an increase of 37 compared to April 2022 of which 59 have identified as disabled, 13 have identified as being in a minority ethnic group and 2 identify as LGBTQ+.
 - 11 tenants members of OVF;
 - Tenant representatives on our Tenant Scrutiny Panel and One Voice Forum

supported through training delivered by TPAS to engage with and challenge on how we deliver our services;;

- Through the use of digital contact (Voicescape) increase in the number of customers who can feed back on our services following service transactions;
- Programme of scrutiny reviews developed for 24/25.

4. Recommendations

4.1 That Board note progress to date

5. Background Papers: The Tenant Voice Strategy

6. Author: Jackie Linacre, Head of Customer Services

TENANT VOICE STRATEGY ACTION PLAN

Overarching commitments and outcomes:

C1 - Commitment: Widen the opportunities for more tenants to be able to be involved.

C2 - Commitment: Ensure tenants are at the centre of decision-making at every level; influencing services across the organisation.

C3 - Commitment: Support tenants gain the knowledge, experience and confidence, so they feel their contribution has value and impact.

C4 - Commitment: Create a culture of mutual trust and transparency so tenants can question and challenge effectively.

C5 - Commitment: Ensure the environment is right so that involvement is everyone's business.

Headline Actions to deliver our Commitments	Target	Lead	Milestone Actions	Status	Measures and Outcomes
Achieve TPAS Accreditation	Mar 2023	CISM	Successfully achieve TPAS accreditation.	Completed	TPAS accreditation achieved.
Achieve TPAS 'Exemplar' Accreditation status.	Sept 2025	HOCS/ E&CSM	Successfully achieve TPAS exemplar accreditation by 2025.	Commenced Discussions held with TPAS to agree timeline for 2025.	TPAS 'Exemplar' Accreditation achieved.
Produce jargon-free, clear communications and no-nonsense guides.	Jul 2023	HOCS/ E&CSM	Conduct an external communication survey and feed any learning into improved communications.	Commenced Slipped - Survey being developed with a view to completing by June 2024.	Increase in the % of tenants satisfied that are communications are understandable and easy to read – measured through Transactional Surveys;
			Review the Editorial Panel's Terms of Reference to ensure they are fit for		

			purpose, review tenant representation to ensure it includes a diverse range of tenants and promote across the organisation.	Commenced and slipped. The use of the Editorial Panel. A different approach will be taken using interested members of GIG. Terms of reference have been drafted, with a view to complete the action in April 2024.	
			Review website content to ensure use of plain English across all pages.	Completed	
			Review SLHD's letter writing guidance to ensure communications are tenant reader friendly.	Completed	
Develop our communications through a dedicated Communications Plan and our community champions.	Jun 2023	E&CSM	Review the existing communication plan in partnership with tenants to identify and implement improvements and opportunities to build on connections with community champions.	Completed	Increase in the feedback received from community champions. Measured through face-to-face discussions and surveys
	Jun 2023	E&CSM	Review of the Customer Involvement section of the SLHD website setting out all the benefits of being involved	Completed	Increase in the number of tenants

<p>Publicise how we can support tenants to be involved.</p> <p>Publish the support we provide to ensure groups and individuals can play an active role</p> <p>Encourage and interact with tenants on social media, acting on what they say</p>					<p>involved on TSP, OVF and GIG.</p> <p>% increase in the tenant satisfied that we keep them informed about things that matter to them.</p>
			Develop a marketing plan setting out regular promotional content throughout the year – including HouseProud, web, social media, Voicescape, tenant talk (Blog)	Completed and on-going. Various communications have taken place using Facebook and the website to promote how tenants can be involved in influencing our services.	
	Aug 2023	E&CSM	Review the basket of involvement options and publicise across all communication channels.	Completed	
			Develop a Consultation Toolkit to ensure good practice and standards are followed and feedback is provided on service improvements and difference made.	Completed	
<p>Provide a broader range of opportunities for tenants to be involved in ways that suit them avoid a `one size fits all.`</p>	Aug 2023	E&CSM	Review the basket of involvement options that we have for tenants to be involved and publicise across communication channels.	Completed	<p>Increase in the number of diverse tenants involved in</p>
	July 2023	E&CSM	Attend various diversity Group Forums to talk about the different ways in which diverse tenants can get involved.	Completed	

	July 2023	E&CSM	Conduct a communication survey to gather feedback on the involvement options.	Commenced As above. Slipped - Survey being developed with a view to completing by June 2024.	tenant representative groups.
<p>Develop more opportunities for self-service with quick, easy ways to rate services and give us feedback.</p> <p>Extend our reach by improving our website and other media channels to display useful, relevant and up to date information.</p> <p>Develop modern, digital ways for tenants to stay in touch.</p>	Sept 2023	HOCS/ HoIT	Undertake customer journey mapping, involving service areas and customer representatives to capture how customers access and feedback on our services.	Completed	Increase in the number of tenants accessing our services digitally.
			Review the SLHD website to ensure customers have easy access to feedback on services.	Completed	% of Customers satisfied that the website provides easy access and opportunities to feedback on services.
			In partnership with the Digital Tenants Academy producing a video outlining the complaints procedures.	Completed	
			Investigate the use of chat bot technology and report to Digital Transformation Board with recommendations.	Investigation completed. Project board established to look at implementation of technology Oct/Nov 2024.	Increase in the number of ways customers can feedback on our services. Increase in number of tenants using Voicescape for consultation and feedback.
			Extend the use of VoiceScape to capture transactional feedback and additional opportunities for tenant feedback.	Completed	
			Extend the use of Teams to encourage more tenants to attend tenant representative meetings.	Completed	

Provide regular feedback to illustrate how tenants' views and contributions are acted on. Demonstrate how we can learn from complaints when we get it wrong and how tenants are involved in this.	On-going	E&CSM	Regular You Said, We Did articles published in HouseProud, Web and social media, including feeding back on outcomes from consultation, TSP reviews and learning from complaints.	Completed and on-going	% of tenants satisfied that we listen to their views and acts upon them..
Publish key performance, financial and budgetary information regularly and clearly to tenants	Various	E&CSM	Produce the Annual Review document and video and publicise key performance, including TSM feedback, in HouseProud, through social media and on the SLHD website.	Completed and on-going	Performance and budgetary information provided, updated and written in plain English.
Develop and facilitate special interest groups and consultation events on the issues that matter to tenants.	Sept 2023	E&CSM	Increase the amount of tenant profiling data we hold to identify the diversity and any vulnerability of tenants and tailor consultation with under-represented groups to increase involvement and tailor services to meet their needs.	Commenced and on-going. Increasing the data we hold through keeping in touch visits and first point of contact calls.	Increase in number of tenants involved from under-represented groups.
			Improve engagement with our under-represented groups.	Commenced and on-going Involvement Groups have been set up and now seeking to recruit new members.	
			Collect customer profile information for all the GIG members and collect		

			routinely as part of all future consultation exercises.	Completed and on-going	
			Improve engagement with under-represented groups by ensuring SLHD representation at various group meetings, such as the Minorities Partnership Group.	Completed and on-going	
			Develop a marketing plan, considering the different ways in which we can encourage engagement, particularly with under-represented groups.	Commenced Communication to encourage engagement with under-represented groups has taken place using the web, Facebook and Houseproud. A specific marketing will be completed by end of March 2024.	
			Customer Involvement Officers to attend various equality and diversity meetings with the Equalities and Diversity Manager to forge connections with various under-represented groups.	Completed and on-going	
Ensure tenants are fully involved in the initial project planning, delivery and monitoring of regeneration or other changes affecting them.	On-going	E&CSM	Implement a system of horizon scanning within the Customer Involvement Team to ensure timely communication and consultation with tenants on service delivery issues that matter to them.	Completed	Forward Plan developed and agreed by One Voice Forum for 2023/24

<p>Involve tenants in the production of key policies and procedures. Develop a One Voice Forum so tenants can influence decision-making, monitor and oversee the Tenant Voice Strategy; keeping us connected to local issues. Consult on and develop a One Voice Forum involving representatives from TARAs and GIG/ C4 Ensure the Tenant Voice Strategy involves meaningful monitoring by tenants – through the One Voice Forum.</p>			<p>Establish a One Voice Forum (OVF) with tenant representatives leading to support the Involve, Inform, Consult and Collaborate engagement model and the delivery of the Tenant Voice Strategy.</p>	Completed	<p>Number of key policies tenants involved in shaping.</p>
			<p>Establish a programme of scrutiny reviews to ensure the delivery efficient and effective services, which impact positively on our tenants.</p>	Completed	<p>Programme of scrutiny reviews developed for 2023/34</p>
	Early 23/24	HOCS	<p>Gather customers' views to inform the Ombudsman's consultation on a single Complaints Code that will the approach to complaint handling across local government Social Care.</p>	Completed	<p>% of customer satisfied that we listen to their views and acts upon them.</p>
<p>Encourage staff and teams to report on how they have listened and responded to tenants' views. Embed a culture of listening to, responding to and learning from tenants. Tenants genuinely involved in shaping services, setting standards, as well as monitoring and scrutinising these.</p>	May 2023	E&CSM	<p>E&CSM to meet with all Heads of Service to embed a culture of customer involvement across the organisation.</p>	Completed	<p>% of customer satisfied that we listen to their views and acts upon them.</p>
	Oct 2023	E&CSM	<p>Assign business partners within the Customer Involvement and Communications Team to work more collaboratively with Services across the business.</p>	Completed	
	Jul 2023	HOCS	<p>Involve tenants and tenant representative groups in the in the review of the Customer Charter and Service Standards.</p>	Completed	

Ensure tenants are at the heart of our Governance arrangements.	Dec 2023	E&CSM	Establish a Forward planning process to embed the One Voice Forum as a key tenant representative group.	Completed	Yearly report from the Chair of the OVF Customer Involvement Quarterly Report Improved feedback to customers on the difference their contributions and feedback has made.
	Jan 2023	E&CSM	Establish clear Terms of Reference for the OVF and ensure all Teams are aware.	Completed	
	Jan 2024	E&CSM	Introduce yearly report from the Chair of the OVF.	Completed	
	On-going	E&CSM	Regular You Said, We Did articles published in HouseProud and on the Web, feeding back from tenants on consultation, complaints and TSP reviews.	Completed and on-going	
	Sept 2023	HOCS	Produce and publicise the Annual Review document and Video.	Completed and on-going	
	On-going	E&CSM	Quarterly Tenant Voice Report to EMT.	Completed and on-going	
	2024	GSM/ HoFS	Develop and implement a process for the One Voice Forum and Board to oversee and monitor SLHDs against RSH Consumer Standards.	Completed	
Develop a Tenant Involvement Charter to set out what tenants and tenant groups can expect from us when they decide to be involved.	Aug 2023	E&CSM	Produce a Tenant Involvement Charter	Completed	% of customers involved in tenant representative groups. Measured by yearly tenant representative surveys.

Review the diversity of our tenants and make better connections to underrepresented tenants to understand their needs.	Aug 2023	E&CSM	Investigate the use of One Housing to increase the amount of customer profile information we hold about our tenants.	Cannot commence until One Housing is implemented. Currently investigating alternatives	Increase in the customer profile data we hold about our tenants.
Make tenant involvement rewarding, sociable and enjoyable - celebrating our tenants and successes	July 2023	E&CSM	Review the incentive and rewards scheme we offer to our tenant representatives.	Commenced Tenant Scrutiny Panel to undertake a scrutiny review on this. Will be completed by September 2024.	Increased number of applications for the awards. Increased attendance by tenant groups and partners.
	Feb 2023	E&CSM	Refresh the format of the Tenant Choice Awards to make them more inclusive and celebratory.	Completed	Positive feedback about the event.
Ensure tenants play a key role in our Governance and scrutiny	Dec 2023	E&CSM	Review the Tenant Voice Model Governance Structure	Completed	Governance structure reviewed and any changes approved by Board.
	May 2023	E&CSM	Ensure tenants groups are supported and aware of the opportunities to respond to the Government's consultation on the Directions government will issue in advance of the Regulator of Social Housing's consultation on consumer standards and the code of practice on consumer issues.	Completed	Improved opportunities for tenants to be involved in shaping statutory regulations.

Ensure tenants are equipped to be able to scrutinise aspects of service delivery and report back for improvements to be actioned	Dec 2023	E&CSM	Review TSPPs Terms of Reference (TORs) taking into account the role of the OVF and reporting arrangements.	Completed	Increase in the number of tenants overall satisfied with the services we provide – Measured through transactional surveys and Tenant Satisfaction Measures.
	Jul 2023	CESM	Review the Tenant Appeal Panel processes and identify any areas of training or support.	Completed	
	Mar 2023	E&CSM	Explore how we can use technology to identify funding opportunities for community groups	Completed	
	July Aug 2023	E&CSM	Develop a process to ensure action plans and service improvements plans from TSP are fed back to tenants.	Completed	% of customer satisfied that we listen to their views and acts upon them.
Develop a suite of Key Performance Indicators and Service Standards to deliver on the Tenant Voice Plan of Action.	Jun 2023	E&CSM	Consult with the OVF on a suite of key performance indicators to measure the delivery and effectiveness of the actions to deliver the commitments in the Tenant Voice Strategy. Take into account Customer Charter standards and TSMs.	Completed	Suite of performance indicators which can be tracked by the OVF
Develop and publish a programme of training for involved tenants, TARAs, etc; Use the skills and experience of our involved tenants to optimum use and offer a programme of training, mentoring and networking	Oct 2023	E&CSM /OD	Deliver a programme of training events to support tenants to be involved in the delivery of our services.	Completed	Number of training sessions taken place.
			Consult with tenants on developing a skills audit to support opportunities for shared learning across tenant representatives.	Not started (planned for August 2024)	Number of tenants who have taken part in the training sessions.

<p>opportunities to strengthen their contributions. Carry out a skills audit of GIG to explore opportunities for peer mentoring and training.</p>					<p>% of positive feedback.</p> <p>Increase in tenant membership of various groups.</p>
			<p>Explore the use of TPAS national training programme to ensure that all interested tenants are supported to have the skills and training needed to become actively involve</p>	<p>Completed and on going</p>	<p>Number of tenants who have taken part in the training sessions.</p> <p>% of positive feedback.</p> <p>Increase in tenant membership of various groups.</p>
			<p>Explore opportunities to work in partnership with local colleges to identify opportunities to promote learning across our tenant base.</p>	<p>Commenced</p> <p>Currently working to put this in place by Q1 2024.</p>	<p>Number of tenants who have taken part in the training sessions.</p> <p>% of positive feedback.</p> <p>Increase in tenant membership of various groups.</p>
<p>Develop the involvement arrangements to ensure tenants of High-Rise properties are monitoring</p>	<p>April 2023</p>	<p>E&CSM</p>	<p>Review tenant involvement arrangements for tenants living High Rise properties to ensure they are involved in monitoring the delivery of the Building Safety Engagement Strategy.</p>	<p>Completed</p>	<p>Increase in the number of tenants attending the Building Safety forum drop-ins.</p>

the delivery of the Building Safety Engagement Strategy			Review current methods of communicating with tenants in high-rise block to increase participation in the Building Safety Forum.	Completed	Increase in the % of customer living in high-rise accommodation who are satisfied we listen to their views.
			Working with partner contractors implement a high-rise newsletter to keep tenants informed and involved in work to High Rise properties.	Completed and ongoing	
	Jun 2023	E&CSM	Produce Building Safety Module video to encourage tenants to be engaged high-rise safety.	Completed	
Using pre-tenancy and new tenancy opportunities to promote tenant involvement.	Oct 2023	E&CSM	Work with the communications team to develop a video and leaflet for sign up which shows the different ways in which tenants can be involved.	Completed and ongoing	Increase in the number of tenants on various representative groups.
Develop the role of tenants in our procurement arrangements.	Nov 2023	E&CSM	Work with procurement to develop a process within the procurement procedures that ensure services procuring contractors or services involve tenants in the procurement process.	Completed	Tenants involved in various stages of the procurement process for goods and services.
Conduct an annual survey of our tenants to keep us focussed on the issues that matter. Consult with tenants at least every 3 years on how to govern and scrutinise the organisation	Aug 2023	E&CSM	Consult with tenants, using survey or focus group approach, on an annual basis about how they want to be involved in governance and scrutiny arrangements.	Not Started. Annual Survey will take place Aug 2024 following the embedding of the OVF and new TSP Terms of Reference	Number of responses received, and changes made because of feedback.
Hold regular meetings with tenant groups, supported by local area teams.	July 2023	E&CSM	Investigate arrangements for housing teams to be involved in meeting tenant		

			groups with a view to increasing greater involvement at a local level, supported by the Customer Involvement Team.	Completed and on-going	Number of meetings held	
Tenant-led service reviews commissioned by and reporting to the Performance and Improvement Committee and Board.	On-going	E&CSM	Continue to work with TSP to challenge and scrutinise how services are delivered.	Completed and on-going	Number of scrutiny reviews undertaken, and improvements identified.	
Review the annual awards and accreditation plan to support our aim of being a nationally recognised provider of housing services.	Feb 2023	HOCS	Awards reviewed by HOS service annually to identify any opportunities to show case our services	Completed	Number of award submissions made.	
Meet the objectives of the Housing Bill, for example in safety and compliance and the Tenant Satisfaction Measures and Standards Ensure all staff understand how they specifically can enhance the organisation`s ability to hear the tenants voice and act on it.	Jun 2023	HoHR&OD	Ensure a plan for delivery for professional housing qualifications achieved by all relevant staff.	Commenced but slipped as awaiting regulatory guidance. HR team currently auditing the number of staff who have or need this qualification. Awaiting further direction from Regulator, but likely to be rolled out in 2025.	Tenant Satisfaction Measures reported to meet regulatory requirements. One Voice Forum in place. Increase in compliments and a reduction in the number of upheld complaints. All relevant housing staff achieving the required professional qualification.	
	Oct 2022	HOCS		Publicise SLHD complaints procedures in HouseProud	Completed	Full compliance with the Housing
	Mar 2023	HOCS		Implement a process for gathering and reporting on Tenant Satisfaction Measures – customer satisfaction and management measures.	Completed	

	Aug 2023	HOCS	Review SLHD's complaints policy and procedures against the Housing Ombudsman's Complaints Code.	Completed	Ombudsman's complaint code.
	May 2023	HOCS	Deliver Customer Excellence Training to all employees	Completed	
	2022	HOBS	Establish a high-rise building safety forum, involving tenants in meetings.	Completed	
Conduct and review feedback from tenant satisfaction surveys across all services	On-going	CESM	Feedback from customer surveys, transactional and Tenant Satisfaction measures shared with SMT and Performance and Improvement Committee. Wider communication using email and Staff Focus to commence May 2023	Completed and on-going	% of customers satisfied with the services measured under transactional and tenant satisfaction measures.
Ensure staff use their Volunteering Days to support local groups and projects, taking part in community-led projects	July 2023	HoHR&OD	Raise awareness about volunteering days across the organisation that support community led projects.	Completed	Increase in the number of community groups supported throughout the City.

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	February 2024 KPI dashboard
Action Required:	For information
Item:	10
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	04 April 2024

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of February 2024 (period 11), and brief commentary for those KPIs where the target was not met.
- 1.2. The KPI dashboard is attached as Appendix A

2. Executive summary

- 2.1. In March 2023, eighteen KPIs were agreed with Doncaster Council (CDC) for 2023/24, and included some of the new Regulatory Tenant Satisfaction Measures (TSMs) as KPIs.
- 2.2. Performance data for the four additional Health and Safety measures which are TSMs is now captured and has been added to the KPI schedule from Q2 onwards, to give a schedule of 22 KPIs for 2023/24.
- 2.3. Of the now 22 KPIs, four are measured annually - tenant surveys (two), energy efficiency and Decent Homes Standard numbers, the same as in 2022/23. The tenant survey information is also now available and is again included in this report.
- 2.4. The table below summarises the KPIs at the end of February 2024, with comparatives. Of the KPIs measured at month end, eleven were met or were within agreed tolerances of target.

KPIs	Feb 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Green (meeting target)	8	9	8	4	6	7	5	6
Amber (within tolerance)	3	3	3	1	5	1	2	1
Red (not meeting target)	8	8	9	9	6	7	8	6
No target (homelessness)	-	-	-	-	2	2	2	2
Quarterly / Annual	3	2	2	4	0	2	2	4
Total	22	22	22	18	19	19	19	19

- 2.5. A further SLHD Board annual KPI has been set to measure employee satisfaction with SLHD as an employer (staff survey).

3. KPI commentary

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

Target 0.50%
February 23/24 YTD performance 0.67% WORSE THAN TARGET – RED

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

The number of lettable voids held in the year to date has generally fluctuated between 110 and 130. It improved significantly in the latter part of Q2 to be below 100 but increased again in Q3, as summarised below with comparatives.

	Feb 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Void rent loss YTD %	0.67%	0.68%	0.70%	0.73%	0.67%	0.67%	0.72%	0.76%
Target %	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%
Lettable Void numbers	112	108	79	122	127	118	92	133

The number of voids held at the end of February shows a slight reduction at 127, when comparing to the previous month (January) of 130. The total figure of 127 comprises 112 general voids, 8 acquisitions, and 7 non lettable voids.

Void Rent Loss (VRL) in month performance for February shows a decline at 0.69% when comparing to the previous month of 0.61%.

However, cumulative performance remains the same as the previous month at 0.67% and a slight improvement on the Q3 YTD position of 0.68%. Stringent monitoring remains in place to monitor all voids from keys in to the re-let stage, to ensure that accurate planning and communication is shared between all teams. As a result of this the number of voids held should show a reduction.

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

Target 20.0 days
February 23/24 YTD performance 24.9 days WORSE THAN TARGET – RED

	Feb 23/24	Q3 23/24	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Re-let days	24.9	24.6	25.8	25.6	26.7	26.9	29.1	33.6

In-month performance shows an improvement at 25.8 days when comparing to January of 26.3 days. Cumulative performance shows a slight decline at 24.9 days, when comparing to January's YTD of 24.8 days and Q3's 24.6 days. All standard voids held before the Christmas shut down period aged and have contributed to the slight decline in performance.

In summary, there have been 1,042 terminations in the year to date (Feb 23:1,070), with 1,038 Relets (Feb 2023 1,099). Of the relets this year, 779 were standard relets.

3.3. KPI4 : Households placed in hotel accommodation at month end

Target (February 24)	40	
February 23/24 performance	119	WORSE THAN TARGET – RED

110 placements in February following the 141 placed in January meant a high month end KPI. In comparison, there were 52 in February and 105 in January last year.

This resulted 3,336 total paid nights, a 22% increase on January. 559 placements made since Oct 2023 to date which represents a 59% increase when compared with the 352 made between October and February last year.

Whilst the number of households placed has increased, the team are continuing to minimise the number of nights they are staying and moved on 97 households from hotels during the month.

Recruitment and progress made in the last two months to significantly reduce the backlog of cases and with all Home Options Officer vacancies filled by April should result in a lower number of placements, which with the high levels of move-ons maintained will see numbers and length of stay reduce in Quarter 1 of 24/25.

3.4. KPI5 : % of Settled Accommodation at Prevention Stage

Target	60%	
February 23/24 YTD performance	30%	WORSE THAN TARGET – RED

There were 41 prevention cases closed within the month of which 18 were able to be secured existing or alternative accommodation.

Whilst demand remains high the additional capacity introduced via Agency Staff is evident with the number of cases prevented been the highest this year in both January and February, and on course to finish Q4 at around 40%.

This along with the ongoing work to clear the backlog of cases together with new appointments in April should mean commencing 2024/25 in a stronger position.

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

Profiled Target YTD	45.8	
February 23/24 YTD performance	59.3	WORSE THAN TARGET – RED

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 920 complaints would have been received. For the nine months to date, 1,178 complaints have been received and this equates to 59.3 complaints per 1,000 properties (54.9+4.4). The split is as follows:

Number of Stage 1 complaints received for the YTD is 1,090 = 54.9
Number of Stage 2 complaints received for the YTD is 88 = 4.4

Nearly three quarters of all complaints continue to be due to four main themes – in order; policy, time taken, staffing and service delivery. An action plan is in place and monitored by P&I Committee.

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

Target 8.5 days
February 23/24 YTD performance * 11.1 days **WORSE THAN TARGET – RED**

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

February saw one days sickness per FTE. This figure has remained relatively steady since October. This is against a monthly target of circa 0.73 days.

This brings the YTD figure to 10.35 days per FTE against a target of 7.72 days per FTE.

The YTD figure is converted into the annualised KPI and equates to 11.1 days against a target of 8.5 days.

In February, stress, depression and anxiety remain the highest reason for absence YTD accounting for 37.2%. This is followed by MSK contributing to 22.7% and infection and virus which now account for 13.6% of the absence YTD. Whilst stress related absence remains high there has been a further small decrease this month in the total number of days. Work related causes of stress remain low accounting for less than 10 days.

This month, long term cases account for 0.36 days per FTE (a reduction on the last 2 months from 0.41 days per FTE). Short term absence 0.65 days which is an increase on last month (0.56 days in January).

The volume of stage meetings and early interventions continues to remain high since the introduction of the new policy which is a positive step in ensuring that colleagues are supported to return to work / remain in work. The deep dive into sickness in Housing and Customer Services continues with a further meeting planned with the Leadership team in this Directorate to review progress on 22nd April.

Since January we have been looking at return to work documentation for short term absences, to ensure managers are sign posting to appropriate support if needed and having meaningful return to work discussions and short-term stage 1 meetings. We have also been looking for any trends or patterns that are emerging.

Individual cases continue to be managed on a case-by-case basis.

3.7. KPI 12 : % of Local Revenue and Capital Expenditure

Target 70.0%
February 23/24 YTD performance 40.8% **WORSE THAN TARGET – RED**

February spend figures of £2.36m were back to average monthly levels after a larger than normal spend in January (£3.37m).

The local percentage in the month was joint highest in the year to date at 47% (£1.11m) and this increased the YTD KPI slightly to nearly 41%. Local spend is still well below where it needs to be for the KPI to be meeting target.

Yorkshire & Humber spend % in February was also up slightly at 72% and the YTD figure now stands at 67%.

Wates were back again as the highest paid of 127 suppliers with £0.48m paid in the month. Wates are still classed as South East and therefore adversely impact on the KPI.

Half of the February spend (£1.17m) was with just five suppliers. Three of the five were in Doncaster and totalled £0.52m.

Report author
Nigel Feirn

Appendix A KPI Dashboard February 2024

St. Leger Homes 2023/24 Key Performance Indicator Summary February 2024

Appendix A

KPI	Indicator													Target	Target	
		Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Feb-24	Mar-24	
1	Percentage of current rent arrears against annual debit %	2.74%	2.60%	2.81%	2.80%	2.78%	2.95%	2.92%	2.99%	2.93%	3.09%	3.10%	2.86%	2.90%	2.75%	
2	Void rent loss (lettable voids) %	0.67%	0.79%	0.70%	0.73%	0.71%	0.71%	0.70%	0.68%	0.68%	0.68%	0.67%	0.67%	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	25.8	25.6	25.0	24.6	24.8	24.9	20	20	
4	No of Households in B&B accommodation at month end	16	26	48	50	43	37	42	76	111	91	106	119	40	30	
5	% of settled accommodation at Prevention stage	n/a	30%	30%	33%	32%	29%	28%	27%	27%	27%	28%	30%	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	32.5	38.1	44	47.8	54.3	59.3	45.8	50	
7	% of Complaints responded to within timescale	n/a	70.9%	93.3%	92.5%	87.7%	84.8%	83.8%	84.8%	84.1%	86.6%	87.6%	88.7%	92.3%	92.3%	
8	Number of tenancies sustained post support	96.8%	97.0%	97.4%	98.0%	97.6%	98.2%	98.4%	98.8%	98.9%	99.0%	99.0%	99.2%	97.3%	97.3%	
9	Number of repairs first visit complete	94.8%	94.4%	94.5%	94.8%	95.3%	95.5%	95.6%	95.7%	95.5%	95.4%	95.3%	95.1%	94.0%	94.0%	
10a	Gas : % of properties with a valid gas certificate	100%	99.90%	99.89%	99.97%	99.96%	99.95%	99.96%	99.94%	100%	100%	100%	100%	100%	100%	
10b	Fire : % of properties had fire risk assessments carried out	n/a	Not reported					100%	100%	100%	100%	100%	100%	100%	100%	100%
10c	Asbestos : % of properties where surveys and re-inspections carried out	n/a	Not reported					100%	100%	100%	100%	100%	100%	100%	100%	100%
10d	Legionella : % of properties had all legionella assessments carried out	n/a	Not reported					100%	100%	100%	100%	100%	100%	100%	100%	100%
10e	Lifts : % of properties where all communal lift safety checks completed	n/a	Not reported					100%	100%	100%	100%	100%	100%	100%	100%	100%
11	Days lost through sickness per FTE (annualised)	11.7	11.3	11.4	11.7	11.5	11.9	11.8	11.9	11.7	11.4	11.0	11.1	8.5	8.5	
12	Percentage of Local Expenditure % Revenue and Capital	67.6%	44.5%	45.7%	49.0%	49.0%	39.5%	38.9%	39.1%	39.9%	40.7%	40.1%	40.8%	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	36.1	40.5	44.8	47.9	53.5	58.2	55	60	
14	Residents in training, education or employment (Quarterly KPI)	58			9			53			82				97	
15	Tenant satisfaction levels overall % (Satisfaction TSM TP01)	81.30%	Annual KPI – performance available September 2023					76%	76%	76%	76%	76%	76%	76%	85.0%	85.0%
16	Homes maintaining decent standard %	99.69%	Annual KPI												100.0%	
17	Tenant satisfaction with property condition (repairs service TSM TP02) %	75.7%	Annual KPI – performance available September 2023					80%	80%	80%	80%	80%	80%	80%	83.0%	83.0%
18	Energy efficiency - EPC Level C by 2030 (Annual KPI)	69.2%	Annual KPI												73.5%	

Key :

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

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	Impact of External Wall Insulation Investment Programme: Sample Analysis
Action Required:	To note the contents of this briefing note
Item:	11
Prepared by:	Christine Tolson, Head of Asset Management
Date:	04 April 2024

1. Introduction and Background

- 1.1 Board have previously asked whether there is any data available that shows the impact the External Wall Insulation (EWI) Schemes are having. Board members are particularly interested to know how these schemes may have reduced the energy consumption and carbon emissions for individual properties.

2. Analysis Process / Methodology

- 2.1 To answer the question raised, and to test the methodology, a sample of data has been taken from the most recently completed EWI scheme in Armthorpe and Wheatley. 57 out of the 94 properties from this scheme have been included in this sample.
- 2.2 To provide a starting point or baseline, data has been taken from the Energy Performance Record (EPR). This is an assessment that is carried out prior to the EWI works commencing. The EPR process is similar to that undertaken for an Energy Performance Certificate (EPC), with the key difference being that the record isn't formally lodged as a certificate.
- 2.3 The EPR documents the status of the property pre-works taking place and this includes what the energy rating is, what the expected energy usage for the property in KWH is, the expected energy costs and what the expected carbon emissions are. These expected values will not be exact as it doesn't include how occupants may choose to live in the property and how they choose to use energy. However, it provides a typical benchmark for a property of that archetype.
- 2.4 Following completion of the EWI works, an EPC is then conducted and lodged. This includes the same information as the EPR in terms of energy usage, energy cost and carbon emissions. By comparing the before (EPR) and after (EPC) data, we can get an indicative assessment of the impact the scheme has had.
- 2.5 Currently this analysis has to be undertaken manually and is resource intensive, hence the

smaller sample size to test the effectiveness and usefulness of the methodology.

3. Findings

3.1 Based on the sample of 57 properties, the following has been established:

- All properties started with an EPC of below C and following the works achieved a new rating of **EPC C**.
- The average KWH saving for heating was **5,330 KWH**.
- The largest KWH saving for heating was **11,045 KWH**.
- The smallest KWH saving for heating was **1,607 KWH**
- There was no KWH saving for water heating.
- The average carbon saving per property was **1.46 tonnes**.
- The largest carbon saving was **3.151 tonnes**.

3.2 In terms of potential cost savings to tenants, it is difficult to estimate this given the fluctuating costs of energy. Also, the KWH savings noted above are based on the typical expected before and after usage and not actual tenant usage. Tenants may choose to use more or less energy to suit their household needs and budgets. These factors make it difficult to quantify what tenants might be saving in reality without direct access and comparison of actual energy usage/bills before and after the improvement works. However, based on the average heating saving of 5,330 KWH, multiplied by a typical cost per KWH for gas of 0.07p/KWH, there is potential for savings, on average, of **£373** per property per year.

4. Next Steps

4.1 The sample analysis carried out, whilst only on a relatively small number of properties, does highlight the positive benefits of the EWI schemes and supports the current 'fabric first' approach. Should there be a desire to carry out this level of analysis for all future EWI schemes going forward, further work will be required to try and automate the collation and analysis of information given that the manual process for this exercise was resource intensive.

5. Report Author

Christine Tolson, Head of Asset Management

Governance Summary Communications Template

Report from:	Performance and Improvement Committee	
Date of meeting:	22 February 2024	
Report author:	Stuart Booth	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p><u>1. Performance Spotlight – Service Level Agreements (SLAs)</u></p> <p><u>2. Customer Focus Update</u></p> <p><u>3. Service Standards</u></p>	<p>Members noted the detailed SLA information covering the whole suite of SLAs with the City of Doncaster Council. Members indicated that they would like to focus on the Ground Maintenance SLA, which was a key part of the organisations environmental upkeep, for the next P&I Meeting.</p> <p>Member were pleased to note the complaints response time had reduced comparing to the same period last year. However, they asked that the team drill down to draw out the strategic message in a better way.</p> <p>The Committee were advised that teams were still struggling with answering calls within standards and it had not improved in Quarter 3. They noted that an improvement plan was being drawn up and asked that a focus on this would be added to the May P&I agenda, including the timeline for implementation.</p>	
Additional notes for communication to governance:		
None.		

-Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

22 February 2024

Present

Stuart Booth (SB) (Chair), Milcah Walusimbi (MW), Barry Keable (BK)

In Attendance

Mark McEgan (MMc) Director of Housing and Customer Services, Jane Davies (JD), Head of Housing Services, Jackie Linacre (JL) Head of Customer Services, Chris Margrave (CM) Director of Property Services, Dave Wilkinson (DW)

	ACTION
1. Apologies and Quorum	
1.1 Apologies were received from Cllr Phil Cole	
2. Declarations of Interest by Committee Members	
2.1 No declarations of interest were received.	
3. Minutes of the meeting held on 16th November 2023 and matters arising	
3.1 The minutes of the meeting held on 16 th November 2023 were agreed as an accurate reflection of discussions held.	
3.2 All actions, with the exception of the Homelessness Presentation being sent to BK, were marked as complete. The presentation was then sent to BK during the meeting therefore closed.	
4. <u>Performance Information</u>	
4.1 CM presented the Performance information booklet and highlighted areas for members.	
4.2 <u>Voids – Rent Loss</u> Work on this area was progressing very gradually and it was a real team effort.	
4.3 <u>Number of Days to Relet Void Properties</u> EMT had had conversations with the Mayor to allow for a relaxation of targets, however this would need to be approved by the Council Executive Board.	
4.4 <u>Number of Households Placed in B&B at month end</u> Members were asked to note the immense pressure that the team were under. JD reported there were a number of issues impacting on this KPI. Refugee's that have been excluded out of hotels.	

There were high numbers of homeless tonight presentations, and the duty team were inundated every day. A lot of young people that presented we didn't have a duty to accommodate, however if we denied them accommodation, they could potentially rough sleep. She concluded by reporting that staff had made a huge effort to ensure there were no families in B&B over the Christmas period.

- 4.5 Number of Stage 1 & 2 Complaints per 1,000 properties
JL pointed out that a high volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.
- 4.6 First Visit Complete
Members noted the continuous positive trend.
- 4.7 Gas Servicing - % of Properties with a Valid Certificate
Although in green at the present time, it was likely this would go to amber and possibly red when gas servicing commenced as we track properties in our no access procedure.
- 4.8 Days Lost to Sickness Per Full Time Equivalent
Although the numbers were reducing slightly EMT would like to see better performance. The trigger points had been tightened and this was starting to have a positive impact with a higher number of stage meetings with managers.
- 4.9 The Chair observed that there was a fair amount of red on the dashboard, however if you take into the context the voids, staff should be commended; 24.6 days was the lowest he had seen since being appointed to his Board Member role. He would welcome a conversation with the Mayor so was pleased EMT were taking it forward.
- 4.10 For Households in B&B, the Chair pointed out that the whole country was being affected by homelessness and it was uncontrollable at present. His final comment for CM to take back to EMT, was to suggest that EMT take the opportunity to have a wholesale review of the KPI indicators. There was too much of an emphasis on input/output, and not on outcomes. One of the KPI indicators was complaints, which was currently in a red indicator, however we encourage tenants to complain; it's the outcome and whether they're being upheld or not which was key. Was there a better set of indicators and where do we want to be in the next 5 years? He suggested that when we were facing with the regulator, we needed to tell an objective story about the organisation.
- 4.11 JL agreed with the Chair's comments and the need to focus on learning around complaints for teams. The Housing Ombudsman were pushing learning from complaints and was in every webinar she attends.

5. Performance Spotlight – Service Level Agreements

5.1 CM presented the updated Service Level Agreements (SLAs), with costs and the progress towards being signed off by EMT and stated he was happy to take questions.

5.2 The Chair advised he would like to focus on picking one of the SLAs out for further review and advised that members would like to look at Ground Maintenance SLA, which was just over £1m and was a key part of the organisations environmental upkeep. He suggested a 'deep dive' would be useful to scrutinise at the next Committee meeting.

5.3 JD responded that realistically it would not be feasible to carry out a deep dive for the May P&I Committee. She proposed bringing the SLA and costs and breakdowns of standards performance and KPI, then talk about what we want to do for scope of Value for Money (VFM) and how it could be better managed. It would be hard to do a market test on this, because of the way CDC calculate their costs. However, they do have a set standard, which was 13 cuts a year on all open plan areas. In addition, we did have a list and timeframe on when they are done. There was some reality checking carried out a number of years ago due to a lot of complaints, pre-Covid. There have been improvements to the SLA but there could still be work done and it was a lot of money.

JD

5.4 Members queried if there was any hard data with customers views including satisfaction or complaints. It was acknowledged that the most consistent complaints were around not removing grass cuttings however this was standard in any local authority.

5.5 Following a brief discussion around the Tenant Scrutiny Panel, members asked that members from the Panel would be informed of the SLA scrutiny and invite them to the next P&I Committee to give their views.

JL

6. Customer Focus Update

6.1 JL presented the Customer Focus Update and was pleased to report complaints response time has reduced comparing to the same period last year. This was mainly due to a service improvement plan producing excellent results.

6.2 The number of upheld complaints had, however, increased. Her team were doing some analysis to find out the reasons behind this and enable managers to find the learning from this outcome. It was acknowledged they needed to focus on the learning to ensure that issues were not repeated.

6.3 CM pointed out that overall complaints were the lowest in 3 years, since post-Covid. He asked if the team could drill down on this to draw out the strategic messages better. Members agreed that there was so much information that the good news stories were sometimes hard to draw out.

JL

7. Metro-Clean Update

7.1 DW attended the Committee to lead on the Metro-Clean Update. He reminded members that the now called Tenants Scrutiny Panel (TSP) had undertaken a review of the cleaning services provided by Metro-Clean and results had been presented to the Committee in May 2023. Following an update submitted to the November Committee, a further update was requested around the proposal by Metro-Clean to employing a third team to cover any issues.

7.2 He has spoken with the Metro-Clean manager and had been advised that the third team was just for contingencies and would not impact or cause extra charges for the service provided to the organisation. Although the 2024/25 SLA was still being scrutinised for full VFM, Metro-Clean are proposing it will increase by £23k to cover pay rises and costs.

7.3 Members queried the increase and if it was for all Metro-Clean clients. DW responded that this was not an unusual increase and he was comfortable working to this total. He would report back to the Committee once the review of the SLA was completed.

7.4 JD confirmed it was not an increase that was not anticipated. We now have some information from Metro-Clean that does tell us how many staff are working, and better information on who is working on teams and where and when they would be working. The VFM review was concerned about reducing standards, however this was not the case.

7.5 A member commented that Metro-Clean had not visited his block for 2 months. DW agreed to investigate the issue and report directly back to the member.

DW

7.6 The Chair stated staff need to get better at contract management and use eyes and ears on the ground. His ambition for this and all SLAs were that we should manage this contract in the way we manage any other contractor. Tenants should be supplied with cleaning schedules to allow them to report back to area offices. JD advised that she had requested this information from Metro-Clean and cleaning staff would be supplied with cards to post through each letterbox to inform tenants after each visit.

7.7 A member queried when this would commence, and he was advised it was anticipated this would be rolled out in April 2024.

7.8 Members requested a 1 page briefing note at the May Committee meeting to summarise the implementation of the new way of working or advising tenants of visiting dates/cards. Following this, a short briefing note in the November Committee updating the bedding in of all new SLA's.

8. Tenant Voice Outcomes

8.1 JL presented the Tenant Voice Outcomes and reported good engagement and involvement with the organisation. The focus for the team moving forward would be embedding customer involvement and how officers can build on local connections that were being made.

8.2 Members were pleased to note the progress in engagement and were particularly pleased seeing the 'so what' outcomes evidencing the impact engagement was having.

9. Anti-Social Behaviour Report

9.1 JD provided an update on the Anti-Social Behaviour Team (ASB) which had been set up on 31 July 2023 as part of a wider review and realignment of teams. The main reason for setting up the team was in response to the White Paper, Tenant Satisfaction Measures (TSMs) and in respect of tenants requesting it.

9.2 TSMs around ASB was a very broad question and it was difficult to do a specific measure of performance. Therefore we were doing our own TSMs on closing cases down; then during future inspections we could evidence this in statistics. Members were referred to slide 4, new ASB cases reported per 1,000 units, and asked to note the 3 lines going down which was a positive sign. Members also noted that performance around high risk ASB cases were better than performance around medium ones.

9.3 The Committee were satisfied that the team now had a better grip on ASB and was compiling a fair body of evidence that the dedicated team appeared to be working well. A member also commented that he had personal experience of ASB and commended the team for their help and support throughout the issue.

10. Service Standards

10.1 JL led on the Service Standards presentation and reported that the new housing ombudsman standards would impact on how we process complaints. We would have to do them following statutory regulations which may mean changing working practices.

10.2 It was noted that teams were still struggling with answering calls within standards as it had not improved in Q3. This was due to quite high long term sickness levels, and the fact that telephony

hasn't been working properly. Added to this there had also been a number of vacancies within the team. JL planned to meet with senior managers and team leaders to work on an improvement plan, and consider technology advances to work smarter.

- 10.3 She asked members to note that although the call volumes may be reducing, challenging customers can take up a lot of staff time and this would also impact on customers having their calls answered.
- 10.4 The Chair commented that he has always been an advocate to get rid of timescales, and he was expecting much longer wait times. Members agreed with management decisions to address the issue, and asked that a focus at the next meeting on the improvement plan, and when it would be implemented.
- 10.5 Members queried from a contingency perspective, if the organisation had a contact with the Council for them to take a percentage of calls. It was explained that Council staff would not have the knowledge to take calls.

JL

11. Non-Executive Board Member – Complaints Champion

- 11.1 The Chair referred to the extract from the Chief Executive's Update to Board Report from 7 December 2023 Board Meeting included in Committee papers. He reminded members that as part of the Local Government and Housing Ombudsman complaint handling code, it was suggested that the organisation must appoint a suitably senior executive to oversee its complaint handling performance. Members asked if the Member for Complaints (MRC) would need to be a non-executive representative from the Council, or a Tenant representative.
- 11.2 JL reported that the information around the expectations for the MRC role had recently been updated. The accompanying frequently asked question (FAQ) sheet had emphasised the need for skills and experience in the lead member(s). In addition to this, the FAQ sheet made specific reference to ALMOs; they advised that consideration should be given to a Councillor Board Member who has oversight in the Cabinet for Housing, and if a Tenant Board Member were to be considered also, it might work well to have 2 MRCs.
- 11.3 Following a brief discussion around the fact that none of the 3 Councillors on the Board had oversight in the Cabinet for Housing, it was agreed that in light of the up to date information being received from the Housing Ombudsman, the issue should be added to the agenda and further discussed in the 7 March 2024 Board Meeting.

AT

12. Repairs Backlog

- 12.1 CM led on the presentation which detailed the issues around the current backlog of repairs, and the plan to reduce the backlog.
- 12.2 Members asked if there was capacity to address the number of paused repairs in a timely manner. CM explained he would have to discuss with his EMT colleagues how additional work could be funded. If there was any significant weather events this could have a huge impact on the Damp, Mould and Condensation Team (DMC). The regulation around DMC issues meant they had to be dealt with in a specific timescale.
- 12.3 Members asked what a reasonable backlog looked like. It was explained that the principles of one repair worked well. It was reasonable that we had an immediate responsive repairs, however standard repairs may take longer and this would have to be communicated to tenants.
- 12.4 In response to a question around the likely cost of funding for staff from a third part to clear the backlog, it was noted that that information was not available just yet. CM added that he could potentially utilise the voids team, then contract out the voids work, however Mayoral approval would be required for this. His concern around that would be that we wouldn't have cost assurance on voids and it could be an expensive option.
- 12.5 When members asked for a timeline for the backlog to be addressed CMT advised he would be compiling a report for EMT that would then be taken to Board.
- 13. Any Other Business**
- 13.1 No other business was raised.
- 14.** Date and time of next meeting
Friday 17th May 2024 at 3:00pm

Date	Action	Update	Completed Y/N
22.02.24	<p>Para 5.3 – Spotlight on Performance Garden Maintenance SLA to be added to May 2024 Agenda. JD</p> <p>Par 5.5 – Members from the Tenant Scrutiny Panel would be informed of the SLA scrutiny and invite them to the next P&I Committee to give their views. JL</p>		Y
22.02.24	Para 6.3 – Customer Focus Update		

	<p>CM pointed out that overall complaints were the lowest in 3 years, since post-Covid. He asked if the team could drill down on this to draw out the strategic messages better. JL</p>		
22.02.24	<p>Para 6.5 – Metro-Clean Update A member commented that Metro-Clean had not visited his block for 2 months. DW agreed to investigate the issue and report directly back to the member.DW</p> <p>Members requested a 1 page briefing note at the May Committee meeting to summarise the implementation of the new way of working or advising tenants of visiting dates/cards. Following this, a short briefing note in the November Committee updating the bedding in of all new SLA's. JD</p>		
22.04.24	<p>Para 7.4 – Service Standards Answering calls - Members agreed with management decisions to address the issue, and asked that a focus at the next meeting on the improvement plan, and when it would be implemented.JL</p>		
22.02.24	<p>Para 11.3 – Complaints Champion To be referred back to Board as 2 members may be required. AT</p>		

Governance Summary Communications Template

Report from:	Building Safety & Compliance Committee	
Date of meeting:	25 January 2024	
Report author:	Dave Wilkinson	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p>1. <u>Safety & Compliance Activity report</u></p> <p>Members received an up-to-date position in regards to all areas of compliance.</p> <p>Agreement reached to bring a short presentation to the next meeting regarding Awaabs Law consultation paper. What the consultation is suggesting and what that looks like for SLHD.</p> <p>2. <u>Air Source Heat Pumps (ASHP)</u></p> <p>Members received an initial briefing note regarding SLHD properties with an ASHP installed.</p> <p>Update briefing note with tenants survey results to be submitted to the next meeting.</p> <p>3. <u>Building Safety Cases</u></p> <p>Members received a demo of a Building Safety Case document produced by the Building Safety Manager.</p> <p>Members requested costs associated with the High Rise buildings.</p>		
Additional notes for communication to governance:		
None.		

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

Thursday 25 January 2024 at 10am

Present

Dave Wilkinson (DW), Trevor Mason (TM), Barry Keable (BK), Cllr Phil Cole (PC).

In Attendance

Chris Margrave (CM) - Director of Property Services, Danny Boardman (DB) - Head of Building Safety, Glen Shephard (GS) Building Safety Manager, Max Johnson (MJ) - Executive Support Officer.

	ACTION
1. Apologies and Quorum	
1.1 No apologies were received and the meeting was quorate.	
2. Declarations of Interest by Board Members	
2.1 There were no declarations made.	
3. Minutes of the meeting held on 23 November 2023 and matters arising	
3.1 The minutes of the meeting held on 23 November 2023 were approved.	
4. Safety & Compliance Activity report – November 2023	
4.1 DB presented the report that provided an update on all areas of compliance, occupational and building safety health and compliance performance. He explained that future reporting would be by exception, with a focus on other areas of compliance.	
4.2 <u>Landlords Gas Safety Record (LGSR) Programme</u> CM advised SLH finished the programme early after doing some targeted communications, we need to repeat this for electrical compliance. There were no particular issues in completing the programme.	
4.3 <u>Electrical Installations Condition Report (EICRs) Programme</u> DB advised the legislative requirement in social housing is that rented accommodation has a EICR every 10yrs, in private rented accommodation the requirement is every 5yrs. The expectation is that the social housing providers will have to mirror the requirement of private landlords and will move to 5yrs through legislation. Usually there have	

been transition periods following changes in legislation. However, it is expected that there won't be a transition period as it has been best practice for sometime to have all installation on a five year requirement.

- 4.4 DB stated as an organisation we only have 40 properties which have a ten-year EICR out of the 19,821 we are responsible for, of the 40, 10 of them have a EICR which was completed more than 10 years ago, all of these are in our access process and have received final notices informing them of our intention to seek legal permission to enter the property to comply with our legal compliance obligations as a landlords representative. Therefore, if we did no further testing before the end of March 2024 by the end of the financial year we would have 0 properties over with an EICR in excess of 10yrs.

The EICR is quite an invasive process and involves going in every room in the house and usually takes around four hours to complete which is why many of our tenants don't want the works test undertaken. We can evidence that we have attempted to gain access on three occasions to the property before seeking assistance from the housing management teams and the legal team at the council.

We have had meetings with the council legal team and designed a new final notice letter which will go to all tenants where the property has been difficult to access. Making the tenant aware that they are breaching their lease by not allowing access and we will consider legal access and demotion of their tenancy agreement.

He added currently we write to every resident to tell them we have appointed a contractor who will be in touch to arrange an appointment to undertake the EICR. The contractor then writes to the tenant with a date and time for their EICR informing them to make contact is the proposed time is not suitable we attend the property at the proposed appointment time.

- 4.5 One member asked - do we take a case study approach?

CM responded yes, we look at all cases individually and review missed appointments. All 40 have had multiply visits and knocks on the door to a lesser degree from our housing colleagues. The numbers are reducing in the right direction. He reminded members of the updated repairs policy which placed a stop on non-urgent repairs for those tenants calling in to report a repair with outstanding compliance work. He added, our legal powers will allow us to change the locks in properties where the tenant does not adhere to the final notice letter.

- 4.6 The Chair asked – how long does it take for the court procedure?

CM advised, due to Doncaster court closing, we are now having to use Barnsley court which can take up to 2–3 months.

- 4.7 Another member referred to point 4.2 Table 3 - he pointed out the total of 7,410 properties on the 2023-24 EICR programme and 2,818 completed to date. He asked, were we always aware of the significant numbers and

challenge in achieving them in this financial year?

DB advised it's been the intention to deliver the 7,410 by 31 March 2024, the tabled report is reporting to end November 2023. There are some challenges but with the use of the external contractors we are confident we will be close to achieving this and having all the residential properties other than those which have been difficult to access on a 5 year cycle. For clarity we have some supplies which need an annual inspection such as the G&T plots and the electrician as competent person is able to timescale the frequency on the EICR between 1 – 5 years.

4.8 One member queried if we are moving to a 5 year programme, will the current staffing levels be sufficient to deliver the programme?

CM advised we still have some vacancies within the current level of electricians. However, having secured 3 full time contractors this will help us deliver the numbers.

4.9 Following a discussion committee requested at the Building Safety Group on 6th February, SLH recommend to CDC that it does not self-refer to the regulator on the premise that all outstanding 10 properties are in the legal process with a robust action plan and timescale. Knowing should any further access issues arise, SLH have a legal right of entry.

DB

4.10 Water & Fire

DB raised there is some additional work we are planning to do around water and fire to establish a more robust external audit of the two compliance areas. We will included our plans in the report to the next committee meeting.

DB

4.11 DMC

One member referred to point 10.2 of the report and asked – are all these cases resolving the issues or are inspections always going to be raised?

DB advised we have Awaab's Law now and any significant hazards can be identified as a result of the housing health and safety rating system (HHSRS). So we can start to make the data more meaningful.

CM raised we have a Awaab's Law consultation paper that we are current working through. He said we can bring a short presentation to the next meeting to explain what the consultation is suggesting and what that looks like for our organisation.

CT

4.12 CO detection

Referring to 3.8 of the report DB highlighted that as at end of November 2023, 992 properties were being re-attended to fit a new CO detection. He commented the anticipated completion date by the in-house team will be May 2024.

5. Air Source Heat Pumps (ASHP)

5.1 DB presented the briefing note to update members on the requested survey relating to the experience of air source heat pump customers.

Members noted a further briefing note covering the results of the survey along with detailed information around the pros, cons and implications of the heating source will be provided at the next committee meeting in May 2024.

5.2 Drawing members attention to 1.2 of the report it was noted that SLHD currently have 15 properties: 7 semi-detached houses, 7 semi-detached bungalows and 1 end terrace house. In addition, the systems are situated in 5 areas in the City of Doncaster and aside from 1 semi-detached property all on the same streets.

5.3 DB advised of the questions covered in the survey:

- Ease of controls and use of overall system
- Energy efficiency and heating costs
- Maintenance and service of systems including noise from external units
- Reliability of systems and tenant perception of how well homes are heated
- Satisfaction of overall system performance
- How safe tenants feel using these devices and systems.

Additionally, it included free text questions around any suggestions for improvements and ensuring that tenants understand how to report issues.

He advised of the 15 surveys, 12 have been returned and the team are in the process of evaluating the findings.

5.4 A member requested to go back to the customers and enquire 'what was the amount for their last bill and what period did it cover?'

DB

This information could then be used as a comparator to benchmark against other properties of a similar archetype. Factor in costs and installation.

5.5 DB commented of the returned 12 surveys early indications were; none of the 12 customers thought the systems were unreliable and all felt that they were safe.

5.6 **Committee noted the contents of the briefing note and requested additional information at 5.3.**

6. Adverse Incidents 2023

6.1 DB presented the briefing note which provided members with an update on adverse incidents reported during 2023.

Members noted that the Head of Building Safety is responsible for determining if a serious and untoward (adverse) incident is required to be reported under RIDDOR (Reporting Injuries Dangerous Diseases Occurrence Regulations).

If the decision is made to report, the information is submitted to Executive Management Team and BS&C committee. Therefore, member recognised that this information had already been presented at previous committee meetings throughout the year.

6.2 Members noted that during 2023 the following RIDDOR reports were submitted:

- 5 over 7-day employee injuries
- 1 injury involving a member of the public
- 1 dangerous occurrence relating to a gas fitting
- 1 dangerous occurrence relating to an asbestos incident.

6.3 **Committee noted the contents of the briefing note.**

7. **Building Safety Cases (BSC)**

7.1 GS explained that all existing residential buildings within scope of the Building Safety Act need to be registered with the Building Safety Regulator.

Once registered, the Accountable Person or landlord must apply for a Building Assessment Certificate when they receive direction to do so from the Building Safety Regulator. The application is supported by a building safety case.

He added the purpose of the building safety case is the information that demonstrates that the Accountable Person is taking action to identify, manage and mitigate fire and structural risks, alongside demonstrating what is being done to address these risks.

7.1 GS then presented the building safety case for Sandbeck, taking members through the document in its entirety.

It was noted that this document was the first to be produced, with the remaining High Rise blocks needing a building safety case.

7.2 DW noted that Sandbeck House would be coming up to its 50th anniversary year since being built, and ask if consideration could to be given to recognising this milestone.

7.3 One member asked if the document would be made available to members of the public?

It was noted a copy of the building safety case would be made available upon request to members of the public. Although, a summary document would be made available on the internet.

CM

7.4 The same member enquired - is there a way for us to establish the costs now and in the future for each of the High Rise buildings? He was specifically thinking of regulatory impacts and resources.

CM advised this could be provided, the organisation was currently carrying out some work on the Intake High Rise buildings and looking at the total costs for render remediation. He said we will share this information at the next committee meeting in May 2024.

DB

8. **AOB**

8.1 DW recognised that this was CM's last Building Safety & Compliance Committee, following the recent announcement of his appointment to Chief Executive Officer on 6 May. On behalf of members he thanked CM for the successful implementation of the committee and providing valued guidance and support.

9. **Date and Time of Next Meeting**

Thursday 9 May 2024, 10am

Matters Arising from the previous minutes

Building Safety & Compliance - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
1.	Sep-22	3.2	Safety & Compliance Activity Report <u>No Access - Court Costs</u> Review court costs so they are passed onto tenants and not picked up by SLH.	<u>Update 17.05.23</u> Currently being reviewed by Housing Management teams. <u>Update 23.11.23</u> Going to be part of the recharge policy.	In progress	MME/DB
2.	Jan-24	4.9	Safety & Compliance report EICRs – Recommendation to CDC to not self-refer Members reached agreement to recommend to Building Safety Group on 6 February to not self-refer in relation to EICRs.		Complete	DB

3.	Jan-24	4.10	<p>Safety & Compliance report</p> <p>Next report to include plans around a more robust external audit in relation to water & fire.</p>		In progress	DB
4.	Jan-24	4.11	<p>Awaab's Law consultation paper</p> <p>Short presentation to be brought to the next meeting.</p>		In progress	CT
5.	Jan-24	5.4	<p>ASHP Briefing Note</p> <p>A member requested to go back to the customers and enquire 'what was the amount for their last bill and what period did it cover?'</p> <p>This information could then be used as a comparator to benchmark against other properties of a similar archetype. Factor in costs and installation.</p>	Initial briefing note submitted to the Jan-24 meeting, further update following tenant survey results to be submitted to the next meeting.	In Progress	DB
6.	Jan-24	7.2	<p>Building Safety Cases</p> <p>DW noted Sandbeck House would be coming up to its 50th anniversary year since being built, and ask if consideration could to be given to recognising this milestone.</p>		In progress	CM
7.	Jan-24	7.4	<p>Building Safety Cases</p> <p>One member asked if it was possible to establish current and future costs for each of the High Rise buildings?</p>		In progress	DB

Governance Summary Communications Template

Report from:	Audit & Risk Committee	
Date of meeting:	8 March 2024	
Report author:	Trevor Mason	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p>Internal Audit Reports and Outstanding Audit Actions</p> <p>The Committee noted the latest position and were pleased to see the level of assurance given and the very low number of outstanding actions.</p>	<p>The Committee reiterated that they wanted to see the Recharge Charge policy updated and approved as soon as possible.</p>	
<p>External Audit Strategy</p> <p>A member sought clarification that under ISA 240 there was a presumed risk as detailed on Page 12.</p> <p>This risk is where an organisation potentially overstates its income to make the financial position look better than it is. Richard Graham replied that some sources of income are not straightforward and therefore classed as an Audit Risk.</p> <p>A member queried if this was the case, was this categorised?</p> <p>Richard Graham replied that it was and items that were less predictable e.g. capital/repairs income were higher risk.</p>	<p>Richard Graham agreed to provide an update where required once he had reviewed the files.</p>	
Additional notes for communication to governance:		
None.		

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

8th March 2024

Present

Trevor Mason (Chair), Cllr R A Jones and Susan Jones

In Attendance

Julie Crook - Director of Corporate Services (JCr), Nigel Feirn - Head of Finance and Business Assurance (NF), Louise Robson - Governance Manager (LR), Sharon Ashurst - Business Assurance Officer (SA), Nicci Frost-Wilson - Doncaster Council's Internal Audit Manager (NFW), Richard Graham (Beever & Struthers) (Items 1-5) and Shauna Brady (SB) – Executive Support Officer (minutes).

	<u>Apologies and Quorum</u>	ACTION
1.		
1.1	Vicky Purcell (VP) and Sarah Vause (SV), Gatenby Sanderson.	
2.	<u>Declarations of Interest by Board Members</u>	
2.1	There were no declarations of interest.	
3.	<u>Private discussion with the External & Internal Auditors</u>	
3.1	The Chair reported that this was a private section of the meeting between ourselves and the Internal and External Auditors and introductions were made.	
3.2	The Chair explained that he had approved the roll-over of the current contract and how the External Auditors had adjusted their approach in order to not be too familiar with the organisation.	
3.3	Richard Graham, External Audit Director (Beever & Struthers) reported that there they always had a balanced approach and Sana Mumtaz (Audit Manager) had recently replaced Jason Burgess in working with SLHD. Sana had come in with a fresh pair of eyes and the audit team also rotated personnel as required to avoid any complacency.	
3.4	The Chair queried how B&S had factored in the forthcoming inspection and updated rules and regulations? Richard Graham confirmed that this was built into the Audit approach and monitoring forms were also built in.	

- 3.5 The Chair queried if B&S were aware of any forthcoming changes? Richard Graham reported that there was nothing to note at this point, however it was in the early stages.
- 3.6 Richard Graham reported that their Audits were predominantly from a financial perspective and this was more aligned with Internal Audit. The Internal Audit Manager agreed with this statement and confirmed that this was already within their plans.
- 3.7 The Chair queried if there were any concerns around missing information or anything similar in nature? Richard Graham confirmed that he had no concerns.
- 3.8 A Member queried the ethics of the Internal Audit team as the External Audit Manager had previously reported on their new Auditor and the value that she would bring to the process. The Internal Audit Manager responded that the Internal Team had the same ethics as the External Auditors and also worked to the same strict guidance. Staff were rotated regularly with checks by both Managers and Independent persons also in place.
- 4. Previous Minutes and Matters Arising – 30 October 2023**
- 4.1 The minutes of the meeting held on 30 October 2023 were agreed as a correct record.
- 4.2 ***From Agenda Item:- 3.2 Tendering for B&B homeless*** – The Head of Finance and Business Assurance reported that the tender had recently been awarded, therefore the contract awards should start to come through shortly. It was noted that having a Framework in place would speed up the process.
- 4.3 ***From Agenda Item:- 4.4 Monitoring of SLHD Internal Audit Programmes by DMBC Internal Audit*** – The Director of Corporate Services reported that the recharge policy was still outstanding, as discussed by Board at its last meeting.. This was on the forward plan for the Board to be considered in June.
- 4.4 ***From Agenda Item:-5.7-Internal Audit Reports-*** It was noted that this action was completed and outstanding actions had been signed off by Internal Audit in January 2024. Further details would be discussed in the update report at item 6 of the agenda.
- 4.5 ***From Agenda Item:- 6.7 Q2 Revenue Monitoring*** – The Director of Corporate Services confirmed that a special Employment & People Committee meeting had been arranged for April 2024 as requested.
- 5. External Audit Strategy**
- 5.1 Richard Graham, External Audit Director from Beever and Struthers, introduced this item.

- 5.2 The Director of Corporate Services reported that the main area last year was around Pensions.
- 5.3 Richard Graham reported that the document was the usual Audit Plan overview for the year ending 31st March 2024 and the group was familiar with this format.
- 5.4 Details of the Team was shared and as reported previously Sana Mumtaz (Audit Manager) had recently replaced Jason Burgess.
- 5.5 A member sought clarification that under ISA 240 there was a presumed risk as detailed on Page 12.
Richard Graham replied that other sources of income are not straightforward and therefore classed as an Audit Risk.
- 5.6 A member queried if this was the case, was this categorised?
Richard Graham replied that it was and items that were less predictable e.g., repairs/capital income were higher risk. Richard Graham agreed to provide an update where required once he had reviewed the files.
- 5.7 The Director of Corporate services provided an example of a Contractor that had ceased trading, they had not been paid for any work where a certificate had not been received..
- 5.8 A member queried how Sana, the new Audit Manager would be brought up to speed?
Richard Graham replied that Beever & Struthers had a small team of managers that worked closely together and Sana has had a through handover.
- 5.9 The Director of Corporate Services queried if there was any feedback on the interim work that had already occurred?
Richard Graham replied that it was early days as this had only just been completed, however early indications were that all appears well.
- 5.10 The Director of Corporate Services reported that the annual stock check was due to take place the weekend prior to Easter.
- 5.11 **The Committee noted the contents of the External Audit Strategy and thanked Richard Graham for his attendance.**
6. **Monitoring of SLHD Internal Audit Programme by DMBC Internal Audit**
- 6.1 The Head of Finance and Business Assurance provided an update against progress on the on 2023/2024 Internal Audit programme and an update on progress made regarding outstanding audit actions.

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6.2 It was noted that since the last meeting four recommendations had been implemented leaving just one outstanding, this was a good position to be in.

6.3 The Internal Audit Manager reported delays were inevitable with regards to the recharge policy due to it being a contentious area, although she was satisfied with the progress.

6.4 **The Committee noted the contents of the report.**

7. **Internal Audit Reports**

7.1 General Financial Audit – Payroll – The Internal Audit Manager reported that that this was a standard report and pleasingly the assurance level was substantial. It was explained that there were 4 general levels of opinion ranging from substantial assurance, partial assurance, limited assurance and lastly, no assurance.

7.2 It was noted that there had been 3 low level findings and relate to the level of detail and failure to check the establishment report correctly by one individual.

7.3 An Individual had been set up on the payroll system twice due to manager error. This was identified in the system due to being set up partially and further work had been undertaken within the system and no further concerns had been identified.

7.4 The Head of Finance and Business Assurance confirmed that he was happy with the actions taken and the Heads of Service group were aware of the low-level actions identified.

7.5 A member questioned how we had assurance that this was not going to re-occur and to make sure that there were no duplicate employees?

The Internal Audit Manager reported that sample testing had been carried out and those tests proved no further issues. Testing was the only way to identify such occurrences and Managers should be checking their establishment lists.

7.6 The Director of Corporate Services confirmed that she was confident that the measures in place were adequate and other checks were in place and ultimately it would be a HR issue if Managers were not adhering to their duties.

7.7 A member expressed his concerns around 6.8 of the report and checks not being carried out due to lack of resources. The Internal Audit Manager responded that this related to expenses and additional payments and all claims were signed off by a Manager so other checks were in place. LR reported that a business assurance officer was now in post therefore these checks had now been carried out and would be going forward.

- 7.8 General Financial Audit – Creditors – The Internal Audit Manager reported that this Audit was carried out on a data based audit this time and Substantial assurance had been given.
- 7.9 2 low risk findings had been identified and these related to outstanding orders and some issues of historic unapplied credit notes.
- 7.10 A member queried was there any process issues that were evident? The Internal Audit Manager reported that the processes in place were adequate and there was no financial risk. It was a people issue rather than a process one and staff had been reminded to undertake a system tidy once per month.
- 7.11 Core Financial Processes – Housing Rents – The Internal Audit Manager reported that substantial assurance had been given with two low level issues identified, and pleasingly these were now complete.
- 7.12 The Director of Corporate Services reported that at the recent Board meeting discussions had taken place around Consumer standards and rent standards.
- 7.13 A member requested an update on the identified issue around Missing Tenancy Agreements. The Director of Corporate Services confirmed that this action was now complete as all had been found. Staff training had been undertaken and the importance of following the correct procedure had been re-iterated.
- 7.14 Tenant Satisfaction Measures - The Internal Audit Manager provided an update on this audit and confirmed that she was happy with the data and findings.
- 7.15 The Director of Corporate Services reported that this was one of the Consumer Standards and this data would be submitted to the Regulator of Social Housing.
- 7.16 **The Committee noted the Internal Audit Reports.**
- 8. Internal Audit Plan, Strategy and Charter**
- 8.1 The Internal Audit Manager reported that we have updated this due to it expiring and included information from our data led approach and continued to do a three-year plan.
- 8.2 It was noted that years 2 and 3 remained fluid and the Internal Audit Manager confirmed that in her opinion the organisation continued to be low risk. Additional days had been added due to the consumer standards work.

8.3 The Chair reported that it was pleasing and re-assuring that we remained low risk and EMT also cross examine other authorities and this goes a long way in providing assurance.

8.4 **The Committee noted and approved the Internal Audit Plan, Strategy and Charter.**

9. **Update from Data Protection Officer (DPO)**

9.1 The Governance Manager addressed the regular report and it was noted that there had been small decrease in data protection requests received and a slight increase in Data Protection breaches compared to the same period last year.

9.2 A larger increase had been seen in the number of Freedom of Information requests received in comparison to the same period last year.

9.3 It was noted that overall, an improved trend had been seen in comparison to last year, although there were still improvements to be made.

9.4 **The Committee noted the contents of the report.**

10. **Business Continuity Plan**

10.1 The Head of Finance and Business Assurance reported that this was the regular annual review of the plan and this was the refreshed version taking into account personnel and structure/role changes.

10.2 **The Committee noted the contents of the report.**

11. **Emergency Plan**

11.1 The Head of Finance and Business Assurance reported that this was a wider document working with City of Doncaster Council and other bodies such as the Emergency Services.

11.2 The Head of Finance and Business Assurance reported that of recent years we had real life testing of the plan relating to flooding incidents and the pandemic.

11.3 The Chair questioned whether it would be beneficial to base a training exercise on Grenfell to ensure that our plan was robust? The Head of Finance and Business Assurance responded that he had discussed this with the Emergency Planning Manager and we would be involved in planning and testing such an exercise.

11.4 The Director of Corporate Services reported that with regards to Business Continuity we were routinely involved in IT systems failures and IT dropouts and a prioritisation exercise would be undertaken for any serious IT outages.

11.5 The Governance Service Manager reported that each Head of Service had reviewed business critical areas to ensure adequate back up plans were in place.

11.6 A member queried if tests on back ups had been carried out and the ability to retrieve information?

The Director of Corporate Services reported that documents were on autosave now and the Council also had a daily off site back up. External Audit had also carried out a review and considered the robustness of IT systems.

11.7 **The Committee noted the contents of the report.**

12. Fraud Register & Related Activities

12.1 The Director of Corporate Services reported that there had been one new case with a potentially fraudulent allegation since the last meeting that was being investigated at present. This was an allegation with regards to time keeping.

12.2 It was noted that Fraud training sessions were ongoing and delivered by the Internal Audit Manager and her team.

12.3 Cyber Security was also a key area with mandatory training for staff being undertaken and a refresher training session scheduled for Board in June 2024.

12.4 **The Committee noted the contents of the report.**

13. Forward Plan

13.1 Consideration was given to the forward plan. The Director of Corporate Services reported that due to moving timescales the date of the next meeting would be required to be pushed back and Committee members would be contacted in due course to agree a revised date.

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13.2 **The Committee noted the contents of the report.**

14. Any Other Business

14.1 Nothing to note.

15. Date and Time of Next meeting

Monday 8th July 2024 – 11am.