

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

**To be held at 1:15pm on Thursday 5 August 2021
Via MS Teams**

AGENDA

- | | | | |
|---|--|------------|-----------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3 | Minutes of the meeting held on 6 July 2021 and matters arising | | Enclosed |
| 4 | Chief Executive and Chair update | D Richmond | |

Policy and Strategy Items

- | | | | |
|----|---|------------|-----------------|
| 5 | Strategic Risk Register | J Crook | Enclosed |
| 6 | Asbestos Management Policy and Plan | C Margrave | Enclosed |
| 7 | Asset Management Strategy | C Margrave | Enclosed |
| 8 | Environmental Strategy | C Margrave | Enclosed |
| 9 | Health, Safety and Compliance Strategy | C Margrave | Enclosed |
| 10 | Review of the Fairness and Equality Statement | J Davies | Enclosed |

Financial and Performance

- | | | | |
|----|-----------------------------|---------------------------------------|-----------------|
| 11 | Key Performance Information | J Crook C Margrave S Waddington | Enclosed |
| 12 | Revenue Monitoring | J Crook | Enclosed |
| 13 | Capital Monitoring | J Crook | Enclosed |

For Information

- | | | | |
|----|---|----------|-----------------|
| 14 | Islamophobia and Antisemitism Commitments | J Davies | Enclosed |
| 15 | Committee Minutes for Noting <ul style="list-style-type: none">Audit and Risk Committee | | Enclosed |
| 16 | <i>Date of next meeting</i> 7 October 2021 at 2:00pm | | |

Company Number 05564649
A Company Limited by Guarantee
Registered in England

St. Leger Homes of Doncaster Limited

BOARD MEETING

Via MS Teams

6 July 2021

Present:

Dave Wilkinson (Chair), Trevor Mason, Susan Jones, Stuart Booth, Anthony French, Steve Lyons, Joe Blackham, Phil Cole, Dave Richmond.

Also In Attendance

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

Members of the public

Betty Clayton

| | | Action |
|----------|---|---------------|
| 1 | Apologies and Quorum | |
| 1.1 | Apologies were received from Sam Bartle, Richard Allan Jones and Chris Margrave. | |
| 2 | Declarations of Interest by Board Members | |
| 2.1 | There were no declarations of interest. | |
| 3 | Minutes of the meeting held on 26 May 2021 and matter arising | |
| | The minutes were agreed as a true reflection with the following matters arising: | |
| 3.1 | From agenda item: 8.0 – Fire Management Policy and Fire Management Plan Members noted the milestone plan with timeframes would be produced and brought to Board once the programme had been established. Detailed piece of work - in progress. | CM |
| 3.2 | From agenda item: 9.3 - 21/22 Strategic Risk Register (SRR) A discussion took place regarding the methodology of the scoring. EMT agreed to review the scoring of the risks before the next update to Board on 5 August 2021. | EMT |
| 3.3 | From agenda item: 6.3 - People Strategy Update | |

One member asked if the document could be strengthened specifically around agile working and managing employee performance by outputs. Action complete.

3.4 From agenda item: 6.4 – People Strategy Update

JC

Agreement was reached to submit a report to the next Employment & People Committee on 14 September 2021 on the impact of Covid-19 on staff attendance, shielding and productivity.

3.5 From agenda item: 9.3 - Year End Performance (Period 12) 2020/21

A member requested a profile of SLH tenants, that included age to help better understand where the focus of the organisation maybe in relation to working age or retirement age or both. In progress. Action complete.

3 Approval of Financial Statements

3.1 The Director of Corporate Services advised members that the Annual Financial Statements for the year ended 31 March 2021 had been audited by Beever and Struthers and presented to Audit and Risk Committee on 24 June 2021.

It was noted Beever and Struthers had not identified any adjustments necessary to the financial statements. In their audit report, they are presenting a true and fair view of the financial position for the year end.

3.2 She drew members attention to paragraph 4.3 within the covering report where members were made aware of their responsibilities in approving the financial statements.

3.3 The Chair of Audit & Risk Committee highlighted that the financial statements underwent an extensive review at the meeting on 24 June 2021, where the committee had recommended that the Board approve the financial statements.

The committee passed on their thanks to the Director of Corporate Services and the team.

3.4 One member highlighted that there had been no adjustments and asked – how confident are we that an effective external audit process has been followed by Beever and Struthers?

The Director of Corporate Services advised that SLHD can appoint its own external auditors. Beever and Struthers have been used since 2010 however, during that period of time different auditors had been used and in accordance with good practice the Audit Partner had changed, with one member of the team remaining constant.

She gave assurance and highlighted where the organisations largest expenditures were;

- a. Staffing – which internal audit also carry out an in-depth review of.
- b. Materials - where Beever & Struthers attended the stock check in person.
- c. SLA of apx £6m – reviewed in detail.
- d. Intercompany balances - between DC and SLHD where Beever & Struthers undertake an in-depth review.

3.6 Additionally, she provided further clarity regarding pension calculations as outlined in sections 6 and 7 of the report.

3.7 **The Board approved the Annual Financial Statements and the Letter of Representation, agreeing to the recommendation of using an electronic signature.**

4 Previous committee minutes

Members noted the following Committee minutes:

4.1 Building Safety & Compliance (18 June 2021)

The Chair of the committee advised the new role - Head of Building Safety had been recently recruited to.

4.2 Performance & Improvement (19 May 2021)

The Chair of the committee summarised by saying that overall performance was a positive reflection of the previous year.

There had been two very interesting updates, one regarding ASB (Anti Social Behaviour) and a second regarding Tenant Sustainability.

The meeting ended at 13:25hrs.

Matters Arising from the previous minutes

| Month | Ref | Action | Progress | Completed Y/N | Owner |
|------------|-----|--|---|---------------|-------|
| January'21 | 3.7 | <p>From Agenda Item 8.0 – Fire Management Policy and Fire Management Plan</p> <p>Members noted the milestone plan with timeframes would be produced and brought to Board once the programme had been established.</p> | <p>In progress</p> <p>Detailed piece of work.</p> | N | CM |
| March'21 | 9.3 | <p>21/22 Strategic Risk Register (SRR)</p> <p>A discussion took place regarding the methodology of the scoring. EMT agreed to review the scoring of the risks before the next update to Board.</p> | <p>In progress - Directorate review meetings scheduled for June in advance of Leadership discussion 1 July. Reported to Board 5 August.</p> | N | EMT |
| May'21 | 6.4 | <p>People Strategy Update</p> <p>Agreement was reached to submit a report to the next Employment & People Committee on 14.09.21 on the impact of Covid-19 on staff attendance, shielding and productivity.</p> | | N | JC |

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 5 August 2021

Item : 05

Subject : Strategic Risk review Quarter 1
2021/22

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business
Assurance

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

Recommendation: That Board note the updated
Strategic Risk Register.

**To: the Chair and Members
of the St Leger Homes of Doncaster Board**

**Agenda Item 5
Date: 5 August 2021**

1. Report Title

1.1. 2021/22 Strategic Risk Quarter 1 review

2. Executive Summary

2.1. Board and Audit and Risk Committee receive periodic updates on the company's Risk Registers, the most recent review being presented to Board in March 2021. The purpose of this report considers the Strategic risk position at the end of Quarter 1 2021/22.

2.2. A full review of the Strategic Risk Register (SRR) was undertaken within individual Directorates during quarter 1 2021/22 and also collectively by Leadership at their meeting on 1 July 2021.

2.3. Covid19 is still a feature on the Strategic Risk Register (SRR) after being added in May 2020 as a separate risk. Managing all aspects of Covid19 has become business as usual and although there was a financial impact in 2020/21, the budget for 2021/22 reflects this 'new normal' with minimal additional requirements. We continue to work closely with Doncaster Council (DC) and other borough stakeholders and the focus of recent meetings has been around recovery, in particular the vaccination programme and homelessness, rather than response.

2.4. **No risks have been added or removed**, but there have been updates to causes, effects, controls, assurances and actions. The risk ratings were discussed in full and scored based on the existing and planned controls in place.

2.5. It should be noted here that Leadership also reviewed the format of the SRR and agreed that an additional set of ratings be added to show what the forecast risk score would be once all the planned mitigation actions were complete. Therefore, the dashboard at **Appendix A** and table below shows ratings for each of the risks on the register as follows :

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

- 2.6. Each risk is assessed based on a 5 x 5 numerical traffic light scoring matrix, which comprises of **likelihood** and **impact**. The risk scoring matrices are attached at **Appendix B**.
- 2.7. The SRR has ten risks. The table below summarises their Inherent, Current and the new Forecast Residual ratings, with March 2021 comparatives.

| | Risk – Failure to : | Q1 June 21/22 | | | Q4 March 20/21 | |
|----|--|-----------------|-------------------------|--------------------------|-----------------|-------------------------|
| | | Inherent rating | Current Residual Rating | Forecast Residual Rating | Inherent Rating | Current Residual rating |
| 1 | manage Homelessness issues within the borough | 16 | 12 | 12 | 16 | 12 |
| 2 | develop, maintain and optimize use of ICT systems | 20 | 12 | 8 | 20 | 12 |
| 3 | manage political and local expectations of SLHD | 20 | 12 | 12 | 20 | 12 |
| 4 | deliver the digital transformation programme | 16 | 12 | 4 | 16 | 12 |
| 5 | recruit, develop and retain a skilled, efficient and effective workforce | 12 | 9 | 9 | 16 | 12 |
| 6 | manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements | 25 | 15 | 15 | 25 | 15 |
| 7 | manage corporate health, safety and compliance risks | 25 | 15 | 15 | 20 | 15 |
| 8 | deliver on performance and VFM as measured by Doncaster Council (DC) | 20 | 15 | 10 | 20 | 15 |
| 9 | effectively govern and manage in an increasingly regulated and uncertain economic climate | 20 | 10 | 5 | 20 | 10 |
| 10 | manage all issues surrounding the impact of the Covid19 pandemic | 25 | 9 | 6 | 25 | 12 |

| | | | |
|-------------------------------|-------|--------|-----|
| Risk rating score key : R A G | 20-25 | 7 - 19 | 1-6 |
|-------------------------------|-------|--------|-----|

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

3. Purpose

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

4. Recommendation

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

5. Background

- 5.1. Since the last update to Board in March 2021, the main focus areas have been progressing TOP implementation, year end financial and performance reporting, all aspects of service planning for 2021/22 including budget, KPIs, Health, Safety and Compliance, the Social Housing White Paper, and continuing to manage services within Covid19 government guidelines.
- 5.2. There have been a number of events within SLHD and also the sector/nationally, that could impact on the SRR. The items to note are:

SLHD / Sector

- Appointment of a Head of Building Safety (who will fulfil the role of Building Safety Manager) as part of new Compliance working arrangements;
- The Building Safety Bill was published on 5 July and had its first parliament reading;
- The Fire Safety Act 2021 received royal assent in April;
- Completion of a Business Continuity Plan (BCP) assessment for DC as part of planned responses to potential cyber attacks;
- 2020/21 Internal Audit programme concluded with 'Substantial Assurance' overall rating;
- Year ended 31 March 2021 External Audit of the financial statements concluded with 'clean' audit report and no audit adjustments required;
- TOP / Capita OpenHousing development and implementation progressing. Phase 2 (replacement of the other ICT systems) go live date deferred by three months to mid-October;
- Brexit planning ongoing, with limited impact on SLHD services. Main issues for SLHD in the last quarter have been:
 - to meet the EU Settled Status requirements for our tenants and residents by 30 June 2021; and
 - availability and price of contractors and some building materials starting to be evidenced, particularly with certain materials inflation.

Covid19

- SLHD continue to have extensive involvement with DC led coordination groups. The focus during Quarter 1 21/22 has been around the roll out of the vaccination programme and managing the homelessness demands, and SLHD have detailed plans in place to reduce the number of residents in hotels and place them in suitable accommodation;
- SLHD offices remain open on a limited basis and almost all office-based staff continue to work from home;
- Availability of contractors and some building materials had initially been adversely affected but there are no issues now other than some inflation, although this could also be Brexit related; and
- Impact on local and national economies in the short and long terms with undoubted recession and uncertainty of future outbreaks.

6. Procurement

- 6.1. Robust procurement procedures are inherent within a number of strategic and operational risks and are a fundamental part of SLHD's assurance framework.
- 6.2. A review of areas to potentially be affected by a no deal/poor deal Brexit was undertaken but these were considered minimal with no disruption to core services anticipated.

7. VFM Considerations

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

8. Financial Implications

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

9. Legal Implications

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

10. Risks

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

11. IT Implications

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

12. Consultation

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

13. Diversity

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

14. Communication Requirements

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

15. Equality Impact Assessment (new/revised Policies)

15.1. Not applicable to this report.

16. Environmental Impact

16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

Background Papers

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

Strategic Risk Register - Dashboard as at Q1 2021/22

| | INHERENT Risk | | | CURRENT RESIDUAL Risk | | | FORECAST RESIDUAL Risk (post actions) | | |
|--|---|---|---------------------------------|---|---|---------------------------------|---|---|---------------------------------|
| | Likelihood | Impact | Rating | Likelihood | Impact | Rating | Likelihood | Impact | Rating |
| Strategic Risk - Failure to : | 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | Impact score x likelihood score | 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | Impact score x likelihood score | 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | Impact score x likelihood score |
| 1. manage the Homelessness issues within the Doncaster borough | 4 | 4 | 16 | 3 | 4 | 12 | 3 | 4 | 12 |
| 2. to develop, maintain and optimise use of ICT systems | 4 | 5 | 20 | 3 | 4 | 12 | 2 | 4 | 8 |
| 3. manage political and local expectations of St Leger Homes | 4 | 5 | 20 | 3 | 4 | 12 | 3 | 4 | 12 |
| 4. deliver the Digital transformation programme | 4 | 4 | 16 | 3 | 4 | 12 | 2 | 2 | 4 |
| 5. recruit, develop and retain a skilled, efficient and effective workforce | 4 | 3 | 12 | 3 | 3 | 9 | 3 | 3 | 9 |
| 6. manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs) | 5 | 5 | 25 | 3 | 5 | 15 | 3 | 5 | 15 |
| 7. manage corporate health, safety and compliance risks | 5 | 5 | 25 | 3 | 5 | 15 | 3 | 5 | 15 |
| 8. deliver on performance and value for money as measured by DMBC | 4 | 5 | 20 | 3 | 5 | 15 | 2 | 5 | 10 |
| 9. effectively govern and manage in an increasingly regulated and uncertain economic climate | 4 | 5 | 20 | 2 | 5 | 10 | 1 | 5 | 5 |
| 10. manage all issues surrounding the impact of the Covid19 pandemic. | 5 | 5 | 25 | 3 | 3 | 9 | 2 | 3 | 6 |

| RISK OWNER | Head of Access to Homes | | |
|---|--|--|-----------|
| FAILURE TO | 1. manage the Homelessness issues within the Doncaster borough | | |
| <p>What might cause the risk to occur?</p> <p>'CAUSE'</p> | <ul style="list-style-type: none"> * Impact of Universal Credit (UC) and Welfare Benefit Reform * Homelessness Reduction Act 2017 (HRA17) * Additional Grants for homeless initiatives are time limited. * Unaffordable Private Rented Sector, access to Social Housing * Review and recommissioning of Supported Housing Model * Extreme Weather Events * Increases in number of rough sleepers * Reduction in commissioned services * Workforce - structure, vacancies, pay, retention, behaviours * Pandemic affects availability of Accommodation Options | | |
| <p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p> | <ul style="list-style-type: none"> * Internal Impact analysis of UC on affordability * Use of New Burdens Funding/increased Management Fee to increase capacity * Allocation Policy reviewed * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of DMBC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEP) * Revised staffing structure in development * Complex Lives Alliance * Multi agency engagement in developing a new housing support model. * New structure providing opportunity for progression and succession planning. * Multi agency monitoring in place through Complex Lives Alliance and Gold, Silver and Bronze meetings. * Establishment of a Homelessness Board to oversee a whole systems strategic approach to Homelessness. | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 16 | | |
| <p>What existing processes / controls are in place to manage the risk?</p> | <ul style="list-style-type: none"> * Internal Impact analysis of UC on affordability * Use of New Burdens Funding/increased Management Fee to increase capacity * Allocation Policy reviewed * Identify and apply for additional resources through new funding streams. * Monitoring and Flexible use of DMBC stock for temp accommodation * Annual review of Severe Weather Emergency Plan (SWEP) * Revised staffing structure in development * Complex Lives Alliance * Multi agency engagement in developing a new housing support model. * New structure providing opportunity for progression and succession planning. * Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings * MHCLG Funding | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 12 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Review of Local Lettings policy (Age Restrictions) | Home Choice Service Manager | Sep-21 |
| Action 2 | Review Home Options Structure to align with whole systems approach | Home Options Service Manager | Sep-21 |
| Action 3 | Review comms planner ensuring effective internal & external comms | Head of Customer Services | On-going |
| Action 4 | Review staffing structure to improve staff recruitment and retention | Head of Access to Homes | Sep-21 |
| Action 5 | Work in partnership to mainstream Rapid Rehousing Pathway Project | Head of Access to Homes / Housing Management | Sep-21 |
| Action 6 | Deliver Homelessness and Rough Sleeping Strategy Action Plan | Head of Access to Homes | Ongoing |
| Action 7 | Maximise use of all Housing Options including the Private Rented Sector | Head of Access to Homes / Housing Management | Sep-21 |
| Action 8 | MHCLG plans that include repurposing existing Grant Funding to tackle Rough Sleeping | Head of Access to Homes | Sep-21 |
| Action 9 | Develop next steps accommodation plan to reduce the number in Hotel Accommodation. | Head of Access to Homes | On-going |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 12 | | |

| RISK OWNER | Director of Corporate Services | | |
|---|---|---------------------------|-----------|
| FAILURE TO | 2. to develop, maintain and optimise use of ICT systems | | |
| <p>What might cause the risk to occur?</p> <p>'CAUSE'</p> | <ul style="list-style-type: none"> * Under investment in ICT systems * Inadequate IT strategy * Disparate systems * Lack of clear outcomes in service transformation/improvement * Insufficient ICT knowledge, skills and capacity * Security breach * Organisational cultural resistance to change * Lack of reliable and responsive access to ICT network and solutions (eMail, Office, Teams, back office solutions etc.) * Inadequate partnering arrangements with DC and key software and hardware suppliers | | |
| <p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p> | <ul style="list-style-type: none"> * Poor service delivery and inefficient/unproductive working practices * Reduction in customer satisfaction and confidence * Loss of customer information / Data Protection Act breach and fine * Lack of customer insight and IT systems to enable storing of information. * Inaccurate and/or delayed financial and performance information * Inefficiencies and duplication in data entry to maintain systems * Lack of access to information/intelligence to inform the business * Security breach * ICT system outages (downtime). Inability to perform activities due to lack of ICT access * Decision-making based on flawed or inaccurate data * Poor VFM - better systems would drive efficiency savings | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 20 | | |
| <p>What existing processes / controls are in place to manage the risk?</p> | <ul style="list-style-type: none"> * ICT Strategy * SLA with DC * Migration to O365 and cloud computing to improve ICT service response times and reliability * Issue of laptops and general kit to allow more flexible and remote working * Robust Business Continuity Plans with manual and paper based approaches when ICT outage occurs | | |
| <p>What are the current assurance activities around the risk?</p> | <ul style="list-style-type: none"> * Investment in ICT infrastructure and security protocols. * TOP - single system to replace several disparate systems * Liaison meetings with DC. * Business transformation programme identifying areas for improvement * Minimal system downtime and strong performance to maintain services into and during lockdown * Positive employee survey feedback * Customer Access Strategy which support transformational change for channel shift | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 12 | | |
| What further action is planned to treat the risk? | | | |
| | | Action owner ? | Timescale |
| Action 1 | Investment and development of a secure and reliable solutions and ICT network, while taking advantage of the O365 products and services. | Head of ICT & BT | on-going |
| Action 2 | Complete TOP Phase 2 | Head of ICT & BT | Oct-21 |
| Action 3 | Complete TOP Phase 1 | Head of ICT & BT | Jul-21 |
| Action 4 | Review of Customer Insight data - what, how we collect and how we keep it up to date. | Head of Customer Services | Sep-21 |
| Action 5 | | | |
| Action 6 | | | |
| Action 7 | | | |
| Action 8 | | | |
| Action 9 | | | |
| Action 10 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 2 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 8 | | |

| RISK OWNER | Chief Executive | | |
|--|--|---|---|
| FAILURE TO | 3. manage political and local expectations of St Leger Homes | | |
| What might cause the risk to occur? 'CAUSE' | <ul style="list-style-type: none"> * Unrealistic expectations * Lack of understanding of role and remit * Unexpected Increases in demand for services * Comparisons with better resourced Housing Associations * Failure to react to changing demand * Failure to sell the need for change to key council members * Change in national and local political leadership including Mayoral / full Council elections in 2021 * Conflicting priorities * Extensive partnership arrangements and unreasonable expectations * change in new Chief Executive approach | | |
| What are the possible consequences if the risk occurs? 'EFFECT' | <ul style="list-style-type: none"> * Unrealistic political expectations * Services taken back 'in house' * Increase in Councillor complaints * Reduced customer satisfaction * Failure to support strategic, operational and policy initiatives * Reputational damage * Excessive demands on time impacting on capacity for core service delivery | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 20 | | |
| What existing processes / controls are in place to manage the risk? | <ul style="list-style-type: none"> * Regular Mayoral and portfolio member briefings * Attendance at relevant member and officer briefings * Councillor complaints and monitoring system in place * STAR customer and transactional satisfaction survey * Member Consultation processes in place * Proactive engagement with our customers; * Promotion of positive news stories. * Ward member monthly updates by comms and area teams. * Estate walk invites * Area housing managers attend monthly ward member meetings * Inclusive and extensive selection process * Quarterly newsletter | | |
| What are the current assurance activities around the risk? | <ul style="list-style-type: none"> * New 5 year M'ment Agreement in place from April 2019 * From 2019/20 new corporate plan aligned with Doncaster Growing Together / Mayoral strategic plan * Customer Involvement strategy actions being completed * Regular Portfolio Member briefings * Review of external communications completed - will be used to inform a revised communications strategy to be produced in 21/22 * STAR survey to take place in July each year and Transactional Surveys to take place April and October each year. | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 12 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Review Customer Involvement strategy, model and structure | Head of Housing Management | Sep-21 |
| Action 2 | Increase effective engagement through implementation of outcome of review of model and stucture | Head of Housing Management | Oct-21 |
| Action 3 | Delivery of customer experience training - rolling programme. Training to be delivered in 21/22 | Head of Customer Services/Head of HR and OD | Commenced – scope of training approved. Delivery delayed due to Covid19 |
| Action 4 | Undertake review of 5 year Corporate Plan | EMT | Nov-21 |
| Action 5 | Undertake annual refresh of the ADP | Leadership | Nov-21 |
| Action 6 | Implement bi-annual Councillor forums | EMT | ongoing |
| Action 7 | Undertake 360 degree appraisals of the Chief Executive | Board | ongoing |
| Action 8 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 12 | | |

| RISK OWNER | Director of Corporate Services | | |
|---|--|-----------------------------------|-----------|
| FAILURE TO | 4. deliver the Digital transformation programme | | |
| <p>What might cause the risk to occur?</p> <p>'CAUSE'</p> | <ul style="list-style-type: none"> * Insufficient resources - staff, skills, knowledge, budget, to deliver projects and overall programme * Unclear objectives * Conflicting business priorities * Resistance to change from employees at all levels * Resistance from DMBC and/or partner organisations * Low take up/demand by customers * Loss of TOP Project Manager | | |
| <p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p> | <ul style="list-style-type: none"> * Services which do not meet tenants/customers needs or expectations = dissatisfaction * Failure to realise savings/efficiencies which the business needs to make * Inefficient processes * Reduced employee satisfaction, motivation and engagement | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 16 | | |
| <p>What existing processes / controls are in place to manage the risk?</p> | <ul style="list-style-type: none"> * Project plans in place for projects identified as part of the programme. * Third-party expertise brought in to increase capacity and contribute specialist knowledge * TOP Project manager job regraded/market supplement applied * Funding made available for back-filling internal posts to increase capacity * Priorities and outcomes defined and communicated. * Comms plan in place to help inform/engage staff and to promote cultural as well as procedural changes | | |
| <p>What are the current assurance activities around the risk?</p> | <ul style="list-style-type: none"> * Digital Transformation Board Programme chaired by Director of Corporate Services * Project Managers assigned for key projects * Procurement policies and procedures * Communication plans in place to involve employees * TOP Project Manager in place from September 18 * Deliver redesigned processes open to new ways of working * TOP team in place and working with Capita to develop and implement the new housing system 'OpenHousing' * Liaison meetings with DMBC, Capita and key suppliers. * ADP / SDP development to consider corporate priorities and capacity. * TOP training room established * Development of communications plan and CRM culture. | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 4 | | |
| Impact score x likelihood score | 12 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Deliver Digital Transformation Board programme | Director of Corporate Services | on-going |
| Action 2 | Continual clarification of objectives to optimise activities and resources | Director of Corporate Services | on-going |
| Action 3 | Develop and implement a consistent approach to managing change | Director of Corporate Services | on-going |
| Action 4 | Develop benefits realisation plan and timetable | All Heads of Services & Directors | on-going |
| Action 5 | Ongoing Learning and Organisational Development Support including recruitment and management of a systems trainer to deliver TOP | Head of HR and OD | on-going |
| Action 6 | | | |
| Action 7 | | | |
| Action 8 | | | |
| Action 9 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 2 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 2 | | |
| Impact score x likelihood score | 4 | | |

| RISK OWNER | Head of HR & OD | | |
|---|---|---|---|
| FAILURE TO | 5. recruit, develop and retain a skilled, efficient and effective workforce | | |
| <p>What might cause the risk to occur?</p> <p>'CAUSE'</p> | <ul style="list-style-type: none"> * Occupational shortages/skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment changes (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information or management * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Inadequate systems | | |
| <p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p> | <ul style="list-style-type: none"> * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 3 | | |
| Impact score x likelihood score | 12 | | |
| <p>What existing processes / controls are in place to manage the risk?</p> | <ul style="list-style-type: none"> * People Strategy in place * Health, Safety and Wellbeing Strategy 2016-2020 * New Behaviours framework launched * Financial and Performance Management framework in place * Leadership development programmes completed and structure in place which support succession planning; * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available | | |
| <p>What are the current assurance activities around the risk?</p> | <ul style="list-style-type: none"> * Workforce planning process in place * Leadership Development completed across the business * Wider range of apprenticeships across the business * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular 1:1 (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place * Increased resources. * Be well at work Silver award achieved in 2020 and plan to achieve Gold in 2022 - thorough wellbeing at work group * Development of the future ways of working including agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 3 | | |
| Impact score x likelihood score | 9 | | |
| What further action is planned to treat the risk? | | | |
| Action 1 | Management Development Programme. First Line Managers programme commencing Jan 20 | Head of HR and OD | Cohorts ongoing and planned into 2022 |
| Action 2 | Develop succession planning | Head of HR and OD | Mar-22 |
| Action 3 | Deliver recommendations from productivity related internal audits (linked to TOP go live for repairs) | Head of Repairs and Maintenance | Oct-21 |
| Action 4 | Introduce peer group performance benchmarking specifically for tradesteam DLO | Head of Repairs and Maintenance | Oct-21 |
| Action 5 | Implement refreshed people performance framework, linking regular goal setting and performance and compliance to regular one to one conversations | Head of HR and OD | Sep-21 |
| Action 6 | Complete new SOR implementation (linked to TOP repairs go live.) | Head of Repairs and Maintenance | Sep-21 |
| Action 7 | Deliver year 2 of the People Strategy | Head of HR and OD | Mar-22 |
| Action 8 | Define and implement future agile ways of working | Head of HR and OD | Mar-22 |
| Action 9 | Delivery of customer experience training - rolling programme. Training to be delivered in 21/22 | Head of Customer Services/Head of HR and OD | Commenced – scope of training approved. Delivery delayed due to Covid19 |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 3 | | |
| Impact score x likelihood score | 9 | | |

| RISK OWNER | Head of Asset Management and Compliance | | |
|--|--|---|-----------|
| FAILURE TO | 6. manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs) | | |
| What might cause the risk to occur? 'CAUSE' | <ul style="list-style-type: none"> * Failure to carry out risk assessments and deliver resultant recommendations * Lack of leadership, governance, scrutiny and performance monitoring of compliance * Failure to adhere to legislation and keep up to date with emerging best practice and legislative changes * Lack of a responsibility and accountability culture within employee roles in the organisation * Lack of suitably trained, sufficient and competent resources to monitor/deliver compliance * Failure to understand 'Building a Safer Future' (BSF) and implement adequate specific fire strategies * Lack of management of future works to buildings by ourselves and other contractors employed by tenants * Ability to manage ASB and wider estate issues and complex issues of vulnerable tenants living in HRRBs * Lack of engagement with tenants * Inability to complete recommendations due to unavailability of materials or specialist labour | | |
| What are the possible consequences if the risk occurs? 'EFFECT' | <ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Loss or serious damage to assets * Investigations and action by regulatory bodies * Legal action (criminal and civil) * Reputational damage, Financial penalties * High risk residential buildings are deemed as unsafe and residents put at risk * Failure to secure appropriate BSF certification (meaning occupation may not be possible). * Prohibition notice served or company prosecuted for failure to maintain safety standards * Properties become undesirable/difficult to let, estates have crime and ASB * Vulnerable tenants not receiving the support they need | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 5 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 25 | | |
| What existing processes / controls are in place to manage the risk? | <ul style="list-style-type: none"> * H&S management framework in place, including specific policies, plans and procedures and compliance register * High Rise Forum established * Processes to ensure employees are competent (skills, knowledge, training, experience, training, tool box talks) * Health, safety and compliance governance framework in place. Key stakeholder scheduled reporting * Annual budget allocation * Independent surveys and audits (i.e. gas and electricity) * Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert * Working Group established to monitor progress of FRA recommendations * Head of Building Safety appointed and starts in August 2021 | | |
| What are the current assurance activities around the risk? | <ul style="list-style-type: none"> * External 'experts' appointed to provide advice on building safety and fire related issues * Business Assurance Team around fire safety * New Board reporting governance - H&S Compliance sub group * Internal and external audit programme * Self assessment compliance check against legal register * On site caretaker service and CCTV monitoring reports * Fire risk assessments & type 4 surveys * Partnership working with South Yorkshire Fire and Police services * Engagement with tenants * Live sprinklers in all high rise * Decision made to increase capacity in team * Pilot door certification project completed | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 15 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Completion of recommendations arising from FRAs | Head of AM & Compliance | Ongoing |
| Action 2 | External health check on 'fire' undertaken | Director of Property Services | Completed |
| Action 3 | Review structure and staffing resources in relation to Building Safety | Head of AM & Compliance | Ongoing |
| Action 4 | Develop tenant engagement strategies for each high risk building | Head of Housing Management | Oct-21 |
| Action 5 | Identify HRRB training requirements across the business and develop training programme | Head of Asset Management/ Head of HR and OD | Feb-22 |
| Action 6 | | | |
| Action 7 | | | |
| Action 8 | | | |
| Action 9 | | | |
| Action 10 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 15 | | |

| RISK OWNER | Head of Asset Management and Compliance | | |
|--|--|---|-----------|
| FAILURE TO | 7. manage corporate health, safety and compliance risks | | |
| What might cause the risk to occur? 'CAUSE' | <ul style="list-style-type: none"> * Lack of an effective health and safety management system * Failure to carry out suitable and sufficient risk assessments and produce safe systems of work * Failure to adequately follow corporate policies, procedures and risk assessments (culture) * Lack of a responsibility and accountability culture within the organisation - both employees and management * Lack of leadership around health, safety & compliance * Ineffective health surveillance and monitoring programmes in place * Lack of resources to manage health, safety and compliance * Failure to adhere to legislation and keep up to date with codes of practice (compliance register) * Lack of competent and suitably qualified staff * Failure to maintain ongoing adequate health, safety and compliance training * Lack of governance, scrutiny and performance monitoring of health, safety & compliance * Failure to keep accurate compliance data, records and certification * Inadequate IT/data systems to capture key data and provide performance and assurance reporting * Lack of internal quality assurance processes and external audit and verification | | |
| What are the possible consequences if the risk occurs? 'EFFECT' | <ul style="list-style-type: none"> * Loss of life, serious physical or mental injury * Increased staff sickness * Increased turnover of staff * Reduced staff motivation and engagement * Legal action (criminal and civil) * Reputational damage * Financial penalties (fines) * Investigations and action by regulatory bodies * Termination of management agreement | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 5 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 25 | | |
| What existing processes / controls are in place to manage the risk? | <ul style="list-style-type: none"> * H&S Management System framework in place - polices, plans, policies, procedures and risk assessments * Legal register developed * Suitable control measures in place from risk assessments (including safe systems of work) * Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks) * Monitoring processes, with inspections at all levels across the organisation. * Audit programme in place for buildings and services. * Health and wellbeing promotion (incl. employee healthcare scheme) * Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme * New health, safety and compliance governance/performance management framework in place * Provision of additional capacity * Head of Building Safety appointed and starts in post August 2021 | | |
| What are the current assurance activities around the risk? | <ul style="list-style-type: none"> * External Verification. Internal/external audit programmes * Quarterly Audits through SLA by Doncaster Council * Assurance reports by Business Assurance Team specifically around fire safety * Inspection programme in place at all levels in the organisation * Workplace Wellbeing Charter external verification every 2 years (annual independent verification) * All staff trained on new SHE system (training commenced Sept 2018) * British Safety Council 5* award * New Board reporting governance * ISO45001 accreditation * Increased team resources | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 15 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Further full review of all risk assessments | Head of Building Safety | TBC |
| Action 2 | Implementation of health surveillance programme with DMBC OH following identification of needs by H, S and C Team | Head of Building Safety / Head of HR and OD | On-going |
| Action 3 | Achieve gold level in the BeWell@Work Award by March 2022 having achieved silver in March 2020 | Head of HR and OD | Mar-22 |
| Action 4 | Achievement of ISO45001 accreditation and delivery of ISO45001 project plan | Head of AM & Compliance | Completed |
| Action 5 | Complete external health check audit on key six areas of compliance | Director of Property Services | Completed |
| Action 6 | Introduce new health, safety and compliance sub group | Director of Property Services | Completed |
| Action 7 | Commence delivery of new safe, compliant, excellent model for key 6 areas of compliance | Head of Building Safety | Oct-21 |
| Action 8 | Review structures and staffing resources for Building Safety and Compliance | Head of Building Safety | Ongoing |
| Action 9 | | | |
| Action 10 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 15 | | |

| RISK OWNER | Chief Executive | | |
|--|--|-------------------------------------|--|
| FAILURE TO | 8. deliver on performance and value for money as measured by DMBC | | |
| What might cause the risk to occur? 'CAUSE' | <ul style="list-style-type: none"> * Poor / inadequate operational performance * Poor / inadequate budgetary control * Failure to deliver value for money * Change in new Chief Executive approach | | |
| What are the possible consequences if the risk occurs? 'EFFECT' | <ul style="list-style-type: none"> * Increase in complaints and members enquiries * Reduced customer satisfaction * Overspend and loss of trust of Board and Council, reduction in services * Upheld complaints and increased fines which impact on budget and service delivery * Poor, lower quartile benchmarking performance | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 20 | | |
| What existing processes / controls are in place to manage the risk? | <ul style="list-style-type: none"> * Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed * Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place * Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC * Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings. * National and service specific benchmarking arrangements in place; * Annual VFM self assessment and statement * Business Intelligence (BI) tool (Qlik) implemented producing real time performance information * Inclusive and extensive selection process * Weekly key KPIs published company wide - arrears, voids, tenancy management and repairs | | |
| What are the current assurance activities around the risk? | <ul style="list-style-type: none"> * Top quartile customer satisfaction (STAR and other surveys) * Timely, accurate, regular budget monitoring, both capital and revenue * Low cost, mid to high performance benchmarking position nationally and peer group * Revised Annual Review process * Housemark benchmarking submissions (quarterly and annual) * Review of Quartiles 3 and 4 indicators and actions * Positive annual VFM statement production 16/17, 17/18, 18/19, 19/20 * Letter of comfort from DMBC on KPIs and budgets for Covid affected 19/20 | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 15 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Annual VFM statement production 2020/21 | Head of Finance and BA | Nov 21 Board & On-going |
| Action 2 | Analysis of customer transactional and STAR survey feedback | Head of Customer Service | Transactional surveys (April & Oct 21), STAR (Jul 21). |
| Action 3 | TOP - new integrated housing management solution which will improve operational efficiency | Interim Head of Business Excellence | Sep-21 |
| Action 4 | e5 CP development for SLHD, HRA and Capital Programme budget monitoring | Head of Finance and BA | On-going |
| Action 5 | Redesign and implement refreshed 1:1 framework linking goal setting, performance and compliance to individual 1:1 Conversations | Head of HR and OD | Sep-21 |
| Action 6 | Re-design and deliver 1:1 and performance management training to all people managers | Head of HR and OD | Ongoing |
| Action 7 | Complete new SOR implementation (linked to TOP repairs go live.) | Head of Repairs and Maintenance | Sep-21 |
| Action 8 | | | |
| Action 9 | | | |
| Action 10 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 2 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 10 | | |

| RISK OWNER | Chief Executive | | |
|--|---|----------------------------|-----------|
| FAILURE TO | 9. effectively govern and manage in an increasingly regulated and uncertain economic climate | | |
| What might cause the risk to occur? 'CAUSE' | <ul style="list-style-type: none"> * Failure to manage Brexit impact on economy * Failure to meet requirements of Social Housing White Paper * Failure to manage Covid19 impact on economy * Failure to adhere to Regulator's Consumer and Economic Standards * Failure to adhere to Financial Regulations and corporate policies * High inflation * Contractor and materials prices increase causing budget pressures * Existing contracts tied to Brexit changes * Labour availability * Property prices and subsequent impact on RTB enquiries and sales * Regional unemployment / zero hours contracts / minimum wage levels impacts on poverty * Increase in anti-social behaviour and crime on our estates | | |
| What are the possible consequences if the risk occurs? 'EFFECT' | <ul style="list-style-type: none"> * Failing to meet all Regulatory and legal requirements * Unable to complete repairs and improvements and deliver other core services on time/target * Stockpiling impacting on supply chains * Budget overspend, loss of trust of Board and Council, reduction in services. * Poor financial and operational performance, customer dissatisfaction * Insufficient customer engagement, involvement and communications * Increase in complaints which impact on budget and service delivery * Poor, lower quartile benchmarking performance * Increased rent arrears / bad debts * Increased tenancy turnover and homelessness | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 4 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 20 | | |
| What existing processes / controls are in place to manage the risk? | <ul style="list-style-type: none"> * Close watching brief on local and national issues affecting the borough and sector * Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings * Team Doncaster member with close working relationships with key stakeholders. * Timely Financial and Operational performance indicators and information. * Robust procurement and Contractor monitoring arrangements in place. * Focus on VFM to drive efficiency savings and increase capacity * Alternative contractors available in the event of liquidation to prevent service disruption * Member of Prevent and ASB theme groups and hate crime reporting procedures in place. Staff trained * Anti-poverty steering group and financial inclusion group * Food bank collections & referrals and financial inclusion services | | |
| What are the current assurance activities around the risk? | <ul style="list-style-type: none"> * Robust Governance framework in place * Performance Management monitoring and reporting framework * Reports to Leadership, Audit & Risk and Performance & Improvement Committees, Board and DC * Timely, accurate, regular budget monitoring, both capital and revenue * KPIs meeting targets and positive benchmarking * Arrears levels and tenancy sustainment good through proactive tenancy management plans * KPIs reported quarterly to Anti Poverty Steering Group * Board training plans in place * Communication on impacts of uncertainty drivers (Brexit, economy, unemployment, etc.) | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 2 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 10 | | |
| What further action is planned to treat the risk? | | Action owner ? | Timescale |
| Action 1 | Maintain close watching brief of local and national economic developments | Leadership | On-going |
| Action 2 | Participate in council Brexit planning | Leadership | On-going |
| Action 3 | Deliver project on EUSS for tenants who are affected | Head of Housing Management | Jun-21 |
| Action 4 | Review of Housing Management structure and service to ensure arrears and ASB are managed effectively | Head of Housing Management | Mar-22 |
| Action 5 | Implement NHF Code of Governance | EMT | Sep-21 |
| Action 6 | | | |
| Action 7 | | | |
| Action 8 | | | |
| Action 9 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 1 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 5 | | |

| RISK OWNER | Leadership | | |
|--|--|--|-------------------------------------|
| FAILURE TO | 10. manage all issues surrounding the impact of the Covid19 pandemic. | | |
| What might cause the risk to occur? 'CAUSE' | <ul style="list-style-type: none"> * High levels of staff absence - self isolation or sickness * Reduced core services - business critical only * Reduced levels of asset investment and maintenance * Insufficient PPE for staff * Inability for all staff to work from home * Inadequate IT infrastructure (via DMBC) preventing system access * Employee health and wellbeing - change, anxiety, isolation * Tenants in increased financial hardship * Delays to key projects, eg TOP, CAT * Supplier and contractor availability to provide goods and services * Uncoordinated approach across borough * Delays to planned or required recruitment and required training * Disengaged / reluctant concerned workforce * Tenants refusing access for emergency repairs /statutory visits * Unrealistic expectations from government / partners * Increase in crime and ASB cases in neighbourhoods * Lack of visible Leadership * Inability to adequately support vulnerable tenants * Lack of a clear communication strategy | | |
| What are the possible consequences if the risk occurs? 'EFFECT' | <ul style="list-style-type: none"> * Excessive demands on remaining staff not sustainable * Operational and reputational risk of services not delivered * SLHD budget pressures from new, unanticipated demands and reduced income. * H&S risks. Concerned frontline staff. May need to stop services. * Some staff unable to do any work at all. * Reduced productivity. Employee and customer frustrations * Poor KPI performance - arrears, homelessness, gas, voids, sickness. Impact on future staff retention. * Rent arrears increasing - HRA cashflow and budget pressures * Budget pressures, service changes targets not met * Unable to deliver required services due to suppliers and contractors * Customer dissatisfaction and increase in complaints * Vulnerable tenants and residents 'missed' and/or efforts being duplicated * Sustained gaps in key positions - H&S risks, required skills, and behaviours not met | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 5 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 5 | | |
| Impact score x likelihood score | 25 | | |
| What existing processes / controls are in place to manage the risk? | <ul style="list-style-type: none"> * Robust Business Continuity and Emergency Plans * Managers reviewing health and wellbeing of staff through frequent contact * IT infrastructure for staff to enable home working. Remote working capabilities quickly embedded * Performance Management Framework in place - early identification of issues * Monthly budget monitoring by EMT and quarterly by Board * Project Boards in place to monitor progress and agree actions, eg. DTB * Daily team, HOS & EMT, weekly Leadership virtual meetings * Risk assessments and working procedures in place * Increased stock holding of key items, incl parts & PPE * Contractor arrangements to maintain critical services, i.e. sprinklers, FRAs, lifts * Essential services still being delivered including gas servicing and provision of homelessness support * Systems to ensure statutory training can continue. Delivery of essential training to be carried out online or via software. * EMT Key Messages / notes from daily meetings / Sharing of information between EMT and HOS / FAQs * Offices closed. Most staff working from home effectively * Gold Command, TCG Silver and Cells addressing all issues * Timely, accurate budgets monitoring * Options for TOP delays considered and plans in place * Recruitment processes in place, e-recruitment operational. Able to recruit using skype or other video software for interviews * Service area Team meetings / Directors joining service area Team meetings. * Contact process in place for outbound calling to vulnerable tenants/community hub support; * Involvement in partner communication cell; * Weekly updates to employees; * Medi-cash referrals * Staff surveys undertaken * Work on offices undertaken to make them Covid ready * Measures adopted to maintain community facilities for welfare | | |
| What are the current assurance activities around the risk? | <ul style="list-style-type: none"> * Business critical services maintained * Offices closed and most staff working from home effectively * Consultation on impact on service delivery undertaken with customers * Gold Command, TCG Silver and active cells addressing all issues * Timely, accurate, regular KPI and MI production * Timely, accurate, regular budget monitoring, both capital and revenue * Options for TOP delays considered and plans put in place * Existing recruitment processes in place, e-recruitment system still operational * Systems in place to ensure statutory training can continue * Testing regime in place * Additional consultation meetings in place with Unions and JCC | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 3 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 3 | | |
| Impact score x likelihood score | 9 | | |
| What further action is planned to treat the risk? | | | |
| Action 1 | Produce regular, up to date FAQs for employees | Leadership | As required |
| Action 2 | Continue with business critical procurement. Including joint procurement with DMBC | Head Of AM | Ongoing |
| Action 3 | Produce regular, up to date information for customers | Leadership | Ongoing |
| Action 4 | Review FAQs format using drop down format on internet and intranet | Head of Customer Services / Acting Head of IT and BT | Linked to the review of the website |
| Action 5 | Develop our role in the partnership localities model | Head of Housing Management | Ongoing |
| Action 7 | Develop St Leger Roadmap to Recovery in line with the up to date government guidance | Head of HR and OD | ongoing |
| Action 8 | Review Tenancy Sustainability model to ensure we support as many tenants as possible in the right way | Head of Housing Management | Sep-21 |
| Action 9 | | | |
| Action 10 | | | |
| 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely | 2 | | |
| 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical | 3 | | |
| Impact score x likelihood score | 6 | | |

Risk rating methodology

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

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

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

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

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

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD

Date : 5 August 2021

Item : 06

Subject : Asbestos Policy and Asbestos
Management Plan

Presented by : Chris Margrave
Director of Property Services

Prepared by : Christine Tolson
Head of Asset Management

Purpose : The purpose of this report is to present
the newly drafted Asbestos Policy and
Asbestos Management Plan for
consideration and approval.

Recommendation :

Board are asked to consider and approve the newly drafted Asbestos Policy
and Asbestos Management Plan.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

**To the Chair and Members of the
St Leger Homes of Doncaster BOARD**

**Agenda Item No. 06
Date: 5 August 2021**

1 Report Title

- 1.1 Asbestos Policy and Asbestos Management Plan

2 Executive Summary

- 2.1 The previous asbestos policy and asbestos management plan was a joint document, written in 2016, and was due for review in 2019. This had been significantly delayed due to ongoing capacity and resource issues within the wider health, safety and compliance team.
- 2.2 In recognition of the importance of the asbestos policy and asbestos management plan, and in order to expedite its review and refresh, Pennington Choices Ltd were commissioned to work with SLHD to update both documents.
- 2.3 Following two 'policy principle' workshops, the policy and plan have been fully reviewed and redrafted and the two new documents are attached at Appendix 1 and Appendix 2.

3 Purpose

- 3.1 The purpose of this report is to present the newly drafted Asbestos Policy and Asbestos Management Plan for consideration and approval.

4 Recommendation

- 4.1 Board are asked to consider and approve the newly drafted Asbestos Policy and Asbestos Management Plan.

5 Background

- 5.1 SLHD's existing Asbestos Policy and Asbestos Management Plan was last updated in 2016 and was due for review in 2019. However, ongoing resource issues meant that the plan was not updated in a timely manner as it should have been.
- 5.2 The absence of an up to date policy or plan was also highlighted in a recent wider review of asbestos management, commissioned by SLHD, and carried out by Pennington Choices Ltd.
- 5.3 Without a clear, up to date policy or management plan, setting out how SLHD intends to meet its legal requirements in respect of asbestos, the

processes which fall out of this, used by operational teams on the ground, could become inconsistent, confusing and potentially result in non-compliance.

- 5.4 For all of the reasons highlighted above, the development of a new, up to date asbestos policy and asbestos management plan was identified as a key, business critical priority. To assist in expediting the development of the plan, and in order to offer an independent and validated perspective, Pennington Choices Ltd was commissioned to develop the documents now being presented for consideration.
- 5.5 Two 'policy principles' workshops were held, involving key staff for Property Services, to discuss and understand:
 - The various regulations and codes of practice that govern asbestos management;
 - Best practice in relation to asbestos management;
 - Operational considerations in relation to asbestos management;
 - How SLHD wanted to incorporate all of the above into their ways of working going forward.

6 New Asbestos Policy and Asbestos Management Plan

- 6.1 The in-depth discussions that came out of the two workshops referred to above led to a number of key decisions and policy principles being agreed that have subsequently formed the basis of the new asbestos policy and asbestos management plan attached at Appendix 1 and Appendix 2.
- 6.2 The new policy and plan will ensure that SLHD can meet all of its legal obligations in relation to asbestos and will enable operational teams to work both safely and effectively.
- 6.3 The policy sets out the key pieces of legislation, regulation and codes of practice that SLHD must adhere to in relation to asbestos and provides an overarching commitment and 'statement of intent' in terms of meeting these obligations. The asbestos management plan provides details of how SLHD will meet these obligations and is intended more as a day to day reference document. Whilst it is acknowledged that there is some duplication across both documents, this is necessary to enable both documents to be read independently to some degree, and to ensure that the plan (which we need to be used more operationally) remains as concise as possible for service users.

7 Procurement

- 7.1 There are no direct procurement implications arising from the development of the asbestos policy or asbestos management plan. However, the documents will provide clarity on how SLHD will meet its obligations in relation to asbestos, which in turn will inform any ongoing or future procurement exercises. This is both directly in relation to the procurement of

any asbestos related contracts (for example asbestos surveying, sampling or removals), as well as wider contracts (for example works contracts), where the supply of asbestos information forms an integral part of the pre-construction information that must be provided by the client (SLHD).

8 VFM Considerations

- 8.1 There are no value for money implications arising from this report.

9 Financial Implications

- 9.1 The proposal from Penningtons will cost approximately £29k and budget is available to pay for this piece of work.
- 9.2 There is an annual budget of £700k to pay for asbestos surveys, remedial works and/or removal. At this stage this budget is sufficient for all known work.

10 Legal Implications

- 10.1 In order to comply with the Control of Asbestos Regulations (CAR) 2012, SLHD has a 'duty to manage' all non-domestic properties (communal blocks, commercial properties, offices and other buildings) to find out if there are asbestos containing materials (ACMs) within these properties.
- 10.2 In addition, SLHD has a duty, under the Health & Safety at Work Act 1974, to ensure workplaces are safe and known hazards are either (ideally) avoided, or measures put in place to mitigate risks. As tenanted homes, and other assets managed by SLHD are in-effect workplaces to a large proportion of staff, any risks present in these buildings should be adequately risk assessed and managed. As much of the managed housing stock pre-dates the year 2000, most properties will have some form of asbestos containing materials present. It is therefore vitally important that information is ascertained as to where these materials are present in order to ensure that staff operate safely and do not inadvertently disturb asbestos.
- 10.3 Having a robust asbestos policy and asbestos management plan enables SLHD to fulfil its obligations under these requirements by setting out exactly how it will manage asbestos. This will protect both employees as well as tenants, residents and the wider public as they go about their daily lives and business in these buildings.

11 Risks

- 11.1 It is important that SLHD acknowledges and accepts its responsibilities in accordance with regulatory standards, legislation and approved codes of practice, and that failure to discharge these responsibilities properly could lead to a range of sanctions including; prosecution by the Health & Safety Executive under the Health & Safety at Work Act 1974, prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007, and via a

serious detriment judgement from the Regulator of Social Housing. Without a robust and up to date asbestos management plan in place, there is potential for SLHD to fail to meet its obligations as a result of poor data, poor operating procedures, poor governance and poor overall management of asbestos.

12. Health, Safety & Compliance Implications

12.1 The health, safety and compliance implications are already covered in sections 5, 9 and 10 of this report.

13 IT Implications

13.1 There are no direct IT implications arising from the development of the new asbestos policy or asbestos management plan. However, more broadly, the agreement to progress with the implementation of C365 will have a positive impact on the management of all areas of compliance, including asbestos.

14 Consultation

14.1 Two dedicated workshops have taken place involving key staff within Property Services to discuss the key policy principles that have subsequently formed the basis of the new asbestos management plan.

14.2 Both documents have been considered by SLHD's Building Safety Committee prior to presentation to Board. Minor adjustments have been made to the Asbestos Management Plan based on the feedback received.

15. Diversity

15.1 There are no diversity issues arising from production of a new asbestos management plan.

16 Communication Requirements

16.1 Once approved, the new asbestos policy and asbestos management plan (and supporting procedures) will need to be communicated to all relevant staff. This will be facilitated in a number of ways including:

- Included in EMT key messages;
- Through targeted toolbox talks;
- Provision of information (including a copy of the plan itself) on the intranet;
- Through on-going refresher training as and when required.

17 Equality Analysis

17.1 An equality analysis has been carried out in July 2021.

18 Environmental Impact

- 18.1 All asbestos waste will be transported and disposed of in accordance with relevant statutory requirements, approved codes of practice and the attached asbestos management plan.

19. Report Author, Position, Contact Details

- 19.1 Christine Tolson
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20. Background Papers

- 20.1 Appendix 1 – Asbestos Policy
Appendix 2 - Asbestos Management Plan

Asbestos Policy



| | |
|-----------------------------------|-------------------------------|
| Name | Asbestos Policy |
| Owner | Director of Property Services |
| Last Review | June 2021 |
| Next Review | June 2023 |
| Equality Impact Assessment | July 2021 |
| Confidentiality | Low |
| Board Approval | August 2021 |

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1.0 Introduction

- 1.1 Any St. Leger Homes of Doncaster (SLHD) home or building built or refurbished before the year 2000 may contain asbestos. If the asbestos containing material (ACM) is disturbed or damaged it can become a danger to health, because people may breathe in any asbestos fibres released into the air. Workers who carry out repairs and maintenance work are at particular risk, but others occupying the homes or buildings could also be put at risk.
- 1.2 SLHD is responsible for the maintenance and repairs to homes, non-domestic properties (communal blocks) and 'other' properties (e.g. offices, commercial shops, community centres, depots, etc.), many of which will have been constructed using asbestos containing materials. As such, SLHD has a legal 'duty to manage' asbestos in its homes and buildings.

2.0 Policy Objectives and Scope

- 2.1 The key objective of this policy is to ensure that our Board, staff, partners and tenants are clear on our legal and regulatory obligations and how we will meet them. It provides the framework our staff and partners will operate within in respect of the management of asbestos and control of the risks arising from it.
- 2.2 SLHD must establish an Asbestos Policy which meets the requirements of the key legislation and codes of practice set out in section 3. In addition to this, the Asbestos Policy must provide assurance that measures are in place to identify, manage and/or mitigate risks associated with asbestos. We must also establish an Asbestos Management Plan (AMP), which outlines key information on roles and responsibilities, and the management of programmes, information, works, and asbestos containing materials (ACMs).
- 2.3 The policy is relevant to all SLHD employees, tenants, contractors and other persons or other stakeholders who may work on, occupy, visit, or use its premises, or who may be affected by its activities or services.
- 2.4 It should be used by all to ensure they understand the obligations placed upon SLHD to maintain a safe environment for tenants and employees within the homes of each tenant, and within all communal areas of buildings and 'other' properties (owned and managed). Adherence to the policy is mandatory.

3.0 Regulatory Standards, Legislation, and Approved Codes of Practice

- 3.1 **Regulatory Standards** - SLHD must comply with the requirements of the Regulator of Social Housing's (RSH) regulatory framework and consumer standards for social housing in England. The delivery of this policy will ensure compliance with the relevant standards, with the Homes Standard being the key one.
- 3.2 **Legislation** - the principal legislation applicable to this policy is The Control of Asbestos Regulations (CAR) 2012. SLHD has a legal obligation under Part 2, Section 4 of the legislation (Duty to manage asbestos in non-domestic properties) and is the 'Duty Holder' for the purposes of the legislation.
- 3.3 **Approved Codes of Practice and Guidance** - the principal approved codes of practice and guidance (as updated) applicable to this policy are:

- **ACoP L143** - 'Managing and working with Asbestos' (Second edition December 2013)
- **HSG264** - 'Asbestos: The survey guide' (Second edition 2012, this holds ACoP status)
- **HSG248** - 'Asbestos: The analysts guide for sampling, analysis and clearance procedures' (First edition 2006)
- **HSG247** - 'Asbestos: The licensed contractors' guide' (First edition 2006)
- **HSG227** - 'A comprehensive guide to managing asbestos in premises' (First edition 2002)
- **HSG210** - 'Asbestos Essentials - A task manual for building, maintenance and allied trades and non-licensed asbestos work' (Fourth edition 2018)

3.4 **Sanctions** - SLHD acknowledges and accepts its responsibilities in accordance with the regulatory standards, legislation, and approved codes of practice, and that failure to discharge these responsibilities properly could lead to a range of sanctions including prosecution by the Health and Safety Executive under the Health and Safety at Work Act 1974, prosecution under the Corporate Manslaughter and Corporate Homicide Act 2007 and via a serious detriment judgement from the Regulator of Social Housing.

4.0 Additional Legislation

4.1 This asbestos policy also operates in the context of the following additional legislation:

4.1.1 Health and Safety at Work Act 1974

4.1.2 The Management of Health and Safety at Work Regulations 1999

4.1.3 The Workplace (Health Safety and Welfare) Regulations 1992

4.1.4 Personal Protective Equipment at Work Regulations 1992

4.1.5 Hazardous Waste (England and Wales) Regulations 2005 (Amendment 2009)

4.1.6 Control of Substances Hazardous to Health (COSHH) Regulations (as amended) 2002

4.1.7 Construction (Design and Management) Regulations 2015

4.1.8 Defective Premises Act 1972

4.1.9 Landlord and Tenant Act 1985

4.1.10 Data Protection Act 2018

4.1.11 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

4.1.12 Homes (Fitness for Human Habitation) Act 2018

4.1.13 The Asbestos (Licensing) (Amendment) Regulations 1998

5.0 Obligations

5.1 The duty to manage asbestos requires us to manage the risk from asbestos by:

5.1.1 Finding out if there is asbestos present, where we have an obligation to do so, in the homes and buildings owned and managed by us (or assessing if asbestos containing materials are liable to be present and making a presumption that materials contain asbestos, unless we have strong evidence that they do not). We must also identify the

location of any asbestos and identify what condition it is in. If the home or building was built prior to the year 2000 we must assume asbestos is present, but if it was built after the year 2000 asbestos is unlikely to be present and no further action will be required.

- 5.1.2 Making and keeping an up-to-date record (referred to as the 'Asbestos Register') of the location and condition of the asbestos containing materials or presumed asbestos containing materials in the homes and buildings owned or managed by us.
- 5.1.3 Assessing the risk from the asbestos containing materials found.
- 5.1.4 Preparing an Asbestos Management Plan that sets out in detail how we will manage the risk from the asbestos containing materials, and taking the steps needed to put the Asbestos Management Plan into action.
- 5.1.5 We must also review and monitor the Asbestos Management Plan and the arrangements made to put it in place, and set up a system for providing information on the location and condition of the asbestos containing materials to anyone who is liable to work on or disturb these materials.
- 5.2 Anyone who has information on the whereabouts of asbestos in homes and buildings is required to make this available to us as the 'duty holder' and we then have to assess the reliability of this information.

6.0 Statement of Intent

- 6.1 SLHD recognises that the main hazard in relation to asbestos is the non-identification of ACMs, and as such we will protect those persons potentially exposed to asbestos as far as is reasonably practical by minimising the exposure through the use of appropriate control measures and working methods.
- 6.2 We accept that asbestos is likely to be present in the majority of our properties built prior to the year 2000 and will therefore manage these properties accordingly.
- 6.3 In order to fully comply with the legislation we will have a Board approved Asbestos Policy. In addition we will have an Asbestos Management Plan and an Asbestos Register which will hold records of the non-domestic properties and domestic properties which have asbestos containing materials in them.
- 6.4 We will carry out an asbestos survey to domestic and non-domestic properties as and when required as per HSG264. This will also be in accordance with the criteria set out in the SLHD Asbestos Management Plan, which should be read in conjunction with this policy.
- 6.5 We will manage the risk of impartiality by having an asbestos surveying consultant carry out all survey and analytical work, and a separate contractor for carrying out remedial works.
- 6.6 We consider good communication to be essential in the safe delivery of asbestos management and will therefore ensure that information about asbestos containing materials (known or suspect) is provided to those persons liable to disturb it, accidentally or during the course of the work. This includes employees, contractors and tenants.
- 6.7 We will ensure contracts/service level agreements are in place with the consultants and contractors responsible for delivering asbestos services.
- 6.8 We will operate effective contract management arrangements, in the form of regular client-led meetings, with standard agendas and minutes produced, key performance indicators analysed and programmes and performance scrutinised.

- 6.9 We will generally not use asbestos labelling in domestic premises, however, in non-domestic premises and common areas of residential blocks, labelling will be used where practicable.
- 6.10 We will ensure that there is a robust process in place for the management of immediately dangerous situations identified from any asbestos related works undertaken on our properties.
- 6.11 We will use the legal remedies available within the terms of the tenancy and lease agreement should any tenant, leaseholder or shared owner refuse access to carry out essential asbestos related inspection and remediation works.

7.0 Resident Involvement and Engagement

- 7.1 SLHD considers good communication essential in the safe management of asbestos, and we will establish and maintain a resident engagement strategy and programme to support tenants in their understanding of asbestos safety and to assist us in engaging with vulnerable tenants successfully.
- 7.2 We will share information clearly and transparently and will ensure that information is available to tenants through leaflets, information on our website and other media channels.
- 7.3 We will provide leaseholders and tenants with an asbestos survey report for the property at the start of the tenancy, where one exists. Tenants and Leaseholders may request a copy of the survey for communal areas of their block of residence.
- 7.4 We will provide tenants with information about asbestos that will tell them of possible asbestos containing materials (ACMs) in their home, advice about what to do if they wish to carry out DIY or employ a contractor to undertake work, and advice on who to contact if ACMs are accidentally disturbed.

8.0 Compliance Risk Assessment/Inspection Programmes

- 8.1 **CDM** - to comply with the requirements of the Construction, Design and Management Regulations 2015 (CDM) a Construction Phase Plan will be completed for all repairs work to void and tenanted properties (at the start of the contract and reviewed annually thereafter), component replacement works and refurbishment projects where applicable.
- 8.2 **Non-Domestic Stock** - we will review existing asbestos related information prior to carrying out any repairs (responsive and scheduled) or planned maintenance works which may involve working on, or adjacent to, any asbestos containing materials within a non-domestic (communal block) or 'other' property (e.g. office, commercial shop, depot, etc.). This is to ensure that any asbestos containing materials likely to pose a risk are identified prior to works commencing and the details passed onto the relevant operatives or external contractors and managed in an appropriate way. Where required a new hybrid R&D/management survey will be commissioned prior to work commencing.
- 8.3 We will ensure that all non-domestic (communal blocks) and 'other' properties (offices, shops, depots, etc.) in ownership or management have an initial asbestos management survey carried out. All surveys will comply with the CAR 2012 legislation and therefore be dated after 6th April 2012 when the legislation came into effect. Any management surveys which currently pre-date 2012 will be updated as part of a staged programme of surveys.

- 8.4 Thereafter all non-domestic (communal blocks) and ‘other’ properties (offices, shops and depots, etc.) will have a re-inspection survey and an assigned re-inspection date where applicable. This date will be in accordance with the specific needs of the building. It will either be annual or at a period dictated by the previous survey/re-inspection. Re-inspection dates may change following the re-categorisation of a property or a building.
- 8.5 We will not re-inspect any non-domestic (communal blocks) or ‘other’ properties (offices, shops or depots, etc.) built after the year 2000, or any properties built before this date where the initial asbestos management survey confirms that there are no asbestos containing materials present, providing all relevant areas within the building where accessed for inspection.
- 8.6 **Domestic Stock** - we will review existing asbestos related information prior to carrying out any void repairs, responsive or scheduled repairs, or planned refurbishment works which may involve working on or adjacent to any asbestos containing materials within a domestic property. This is to ensure that any asbestos containing materials likely to pose a risk are identified prior to works commencing, and the details passed onto the relevant operatives or external contractors and managed in an appropriate way.
- 8.7 Where there is no suitable asbestos related information in respect of a domestic property to carry void repairs, responsive or scheduled repairs or planned refurbishment work, an appropriate survey will be undertaken, the scope of the survey agreed in accordance with the works due to be carried out. If the void only requires the standard safety checks (gas, electric and EPC) and there is no intrusive repair work, an asbestos survey is not required. However, in some circumstances it may be appropriate for a management survey to be commissioned as part of the wider surveying strategy and plan to increase the volume and quality of asbestos related information.
- 8.8 We will not need to inspect any domestic properties built after the year 2000, or re-inspect any properties built before this date where the initial asbestos management survey confirms that there are no asbestos containing materials present, providing all relevant areas of the property where accessed for inspection.
- 8.9 **Planned Refurbishment Work** - we will undertake an intrusive refurbishment and demolition (R&D) survey to domestic, non-domestic (communal blocks) and ‘other’ (offices, shops, depots, etc.) properties prior to planned maintenance works taking place, (this includes scheduled repairs). The survey will be to the areas of the property that are likely to be disturbed as part of the proposed works. We will also undertake a management survey to the remainder of the property as part of the same R&D survey. This will be in accordance with the criteria set out in our Asbestos Management Plan, which should be read in conjunction with this policy.
- 8.10 **Garages** - we have garages in our ownership and management, and these may contain asbestos containing materials. As such, we will carry out a programme of sample inspections (as per the relevant guidance) to assess the location and condition of the asbestos containing materials within these garages and implement a programme of remedial works thereafter as necessary.

9.0 Compliance Follow up Work

- 9.1 SLHD will ensure there is a robust process in place for the management of any follow-up remedial works required following the completion of an asbestos management survey or re-inspection.

- 9.2 Where asbestos is positively identified and, as a result of a risk assessment (conducted in accordance with published guidance), removal, sealing or encapsulation is recommended, this will be carried out as follows:
- 9.2.1 Non-licensed works - as defined in regulation 2 of the CAR 2012 - by specifically trained contractors (including operatives working for SLHD) with appropriate equipment and working procedures in place which are sufficient to comply with the CAR 2012;
 - 9.2.2 Notifiable non-licensed works - as defined in regulation 2 of the CAR 2012 - by a Licensed Asbestos Removal Contractor (LARC) licensed by the Health and Safety Executive in compliance with the CAR 2012; or
 - 9.2.3 Licensed works - as defined in regulation 2 of the CAR 2012 - by a LARC, licensed by the Health and Safety Executive in compliance with the CAR 2012.
 - 9.2.4 When non-licensed works are carried out by the internal team, the Health & Safety Executive's Asbestos Essentials Guidance will be followed and adhered to. This will include ensuring operatives have the relevant category A and category B training for the work they are undertaking.

10.0 Record Keeping

- 10.1 We will establish and maintain a programme of non-domestic (communal blocks) and 'other' property surveys and re-inspections, and an Asbestos Register of all the asbestos containing materials by type, address, location and condition.
- 10.2 We will operate a robust process to deal with all changes to stock, including new property acquisitions, disposals and stock transfers, in order to ensure that properties are not omitted from the asbestos programme, and to ensure the programme remains up-to-date.
- 10.3 Survey and re-inspection dates, details of ACM's, and asbestos management survey reports will be held electronically in our Asbestos Register.
- 10.4 Compliance C365 will be used to record the details of all asbestos surveys undertaken on our non-domestic (communal blocks), domestic properties and other properties. This will include the date of the most recent survey and/or re-inspection where applicable.
- 10.5 The findings from the asbestos survey, including any ACM's and remediation works identified and subsequently completed (including evidence of removal and encapsulation) will also be recorded on Compliance C365.
- 10.6 We will ensure that all contractors' employee and public liability insurances are up to date on an annual basis.
- 10.7 We will operate robust processes and controls to provide and maintain appropriate levels of security for all asbestos related data.

11.0 Key Roles and Responsibilities

- 11.1 SLHD Board will have overall governance responsibility for ensuring the asbestos policy is fully implemented to ensure full compliance with the regulatory standards, legislation and approved codes of practice. The Board will need to confirm this is the case to Doncaster Council under the terms of the current ALMO arrangement.
- 11.2 As such, the Board will formally approve this policy and review it periodically. The review will be undertaken 2 years after the approval of this new policy, and then every

two years thereafter (or sooner if there is a change in regulation, legislation or codes of practice).

- 11.3 The Board will receive regular updates on the implementation of the Asbestos Policy and asbestos performance along with notification of any non-compliance issue which is identified. This is so they have assurance that the policy is operating effectively in practice.
- 11.4 The Executive Management Team (EMT) will receive reports in respect of asbestos management performance and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 11.5 The Director of Property Services has strategic responsibility for the management of asbestos and ensuring compliance is achieved and maintained. They will also oversee the implementation of the Asbestos Policy.
- 11.6 The Head of Building Safety will be responsible for overseeing the delivery of the agreed survey inspection programmes and for the prioritisation and implementation of any remedial works arising from the surveys. The Head of Building Safety will receive operational support from the Health, Safety and Compliance Team with this.
- 11.7 The housing teams will provide key support in gaining access into properties where access is proving difficult and use standard methods to do so. They will also facilitate the legal process to gain access as necessary.
- 11.8 The Director of Property Services will be responsible for ensuring the policy is reviewed every two years, and will notify the Board, the Council, EMT and the operational team responsible for the delivery of the compliance programme, of the upcoming review. The Director of Property Services will ensure that this review process takes place before the policy expires in June 2023.
- 11.9 The Director of Property Services will ensure that this policy is saved on our shared drive and distributed to all relevant members of staff.

12.0 Competent Persons

- 12.1 The manager/staff member with lead responsibility for operational delivery will be suitably qualified, holding a P405, P402, or P407 qualification. If they do not have P405, they will obtain this within 12 months of the approval of this policy.
- 12.2 Competent contractors (as per HSG264) will carry out asbestos management surveys and be accredited by UKAS.
- 12.3 Competent Licensed Asbestos Removal Contractors will carry out all notifiable non-licensed work or licensed works.
- 12.4 Suitably competent persons will undertake asbestos re-inspections and the removal of non-licensed asbestos.
- 12.5 The Health, Safety and Compliance Team will annually check and record the relevant qualifications of internal employees and those employees working for other consultants and contractors to ensure that all persons are appropriately qualified and accredited for the work that they are carrying out.

13.0 Training

- 13.1 Training will be delivered on this policy and the plan that supports it.

- 13.2 Training will include team briefings for those employees who need to have a basic understanding and awareness of asbestos safety but who may not be actively involved in the delivery of the asbestos policy. This will be basic asbestos safety awareness training.
- 13.3 Specific on the job training will be provided as required to those employees who will be responsible for managing or delivering the programme of asbestos safety, planned maintenance and repair works as part of their daily job. This will include category A and category B training for any operatives who are asked to work on non-licensed works. A record of all such training will be kept and maintained by the Manager with responsibility for the operatives.

14.0 Performance Reporting

- 14.1 Robust key performance indicator (KPI) measures will be established and maintained to report on performance in relation to asbestos.
- 14.2 KPI measures will be produced and provided at EMT level on a monthly basis and at Board level three times a year. As a minimum these KPI measures will include reporting on:
- 14.3 The total number of:

Data - the total number of:

- Properties - split by non-domestic properties (communal blocks) and 'other' properties;
- Properties on the asbestos management/re-inspection programme;
- Properties not on the asbestos management/re-inspection programme;
- Properties with a valid 'in date' survey/re-inspection. This is the level of compliance expressed as a number and a %;
- Properties where the survey/re-inspection has expired and is 'out of date'. This is the level of non-compliance expressed as a number and a %;
- Properties which are due to be surveyed/re-inspected within the next 90 days. This is the early warning system;
- The percentage of domestic stock with a full management survey;
- The number of follow up works/actions arising from any surveys/re-inspections, and the numbers 'completed', 'in time' and 'overdue'

Narrative - an explanation of the:

- Current position;
- Corrective action required;
- Anticipated impact of corrective action.

15.0 Quality Assurance

- 15.1 We will require external consultants and contractors to provide the results of their own 5% quality assurance audit checks, as required by UKAS, upon request.

- 15.2 We will commission an independent audit of asbestos at least once every two years. This audit will specifically test for compliance with the regulation, legislation and codes of practice and identify any non-compliance issues for correction.

16.0 Non-Compliance/Escalation Process

- 16.1 The definition of non-compliance in relation to this policy refers to any incident which results in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety.
- 16.2 Any non-compliance issue identified at an operational level will be formally reported to the Director of Property Services in the first instance.
- 16.3 The Director of Property Services will agree an appropriate course of corrective action with the Head of Building Safety and Health, Safety and Compliance Team in order to address the non-compliance issue and report details of the same to the EMT.
- 16.4 The EMT will ensure the Board are made aware of any non-compliance issue so they can consider the implications and take action as appropriate.
- 16.5 In cases of a serious non-compliance issue the EMT and Board will consider whether it is necessary to discuss the issue with the Council; and potentially disclose the issue to the Regulator of Social Housing in the spirit of co-regulation, or any other relevant organisation such as the HSE, as part of the Regulatory Framework.

17.0 Approval

Strategic Lead: Director of Property Services

Sign/date: _____

Chair Board: _____

Sign/date: _____

Board Member: _____

Sign/date: _____

18.0 Glossary

- 18.1 This glossary defines the key terms used throughout this asbestos policy:
- 18.1.1 **Duty Holder:** the owner of the non-domestic premises or the person or organisation that has clear responsibility for the maintenance or repair of non-domestic premises, for example through an explicit agreement such as a tenancy agreement or contract.
- 18.1.2 **UKAS:** the appointed national accreditation body for asbestos surveyors. Accreditation is a means of assessing, in the public interest, the technical competence and integrity of organisations offering evaluation services.

Asbestos Management Plan



| | |
|-----------------------------------|---------------------------------|
| Name | Asbestos Management Plan |
| Owner | Director of Property Services |
| Last Review | July 2021 |
| Next Review | November 2021, then August 2022 |
| Equality Impact Assessment | July 2021 |
| Confidentiality | Low |

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1 Introduction

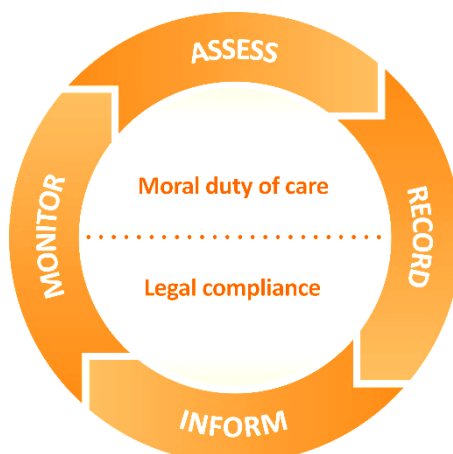
- 1.1 Breathing in air containing asbestos fibres can lead to asbestos-related diseases, such as lung cancer and asbestosis. There is usually a long delay between first exposure to asbestos and the onset of the disease (approximately 15-60 years). Asbestos-related diseases currently kill around 5,000 people a year in Great Britain. Only by preventing or minimising these exposures now can asbestos-related diseases eventually be reduced.
- 1.2 Any St. Leger Homes of Doncaster (SLHD) property built or refurbished before the year 2000 may contain asbestos. As long as the asbestos containing material (ACM) is in good condition and is not going to be disturbed or damaged, there is negligible risk. However, if it is disturbed or damaged it can become a danger to health, as people may breathe in asbestos fibres that have been released into the air.
- 1.3 Workers who carry out repairs and maintenance work are at particular risk. If asbestos is present and can be readily disturbed, is in poor condition and not managed properly, others who may be occupying our homes or buildings could also be put at risk.
- 1.4 We are responsible for the maintenance and repairs to domestic properties, communal blocks and other properties (offices, commercial shops, depots, and so on), many of which will have been constructed using ACMs.

2 Scope

- 2.1 We have established a Board approved Asbestos Policy which is designed to ensure the organisation meets the requirements of the Control of Asbestos Regulations 2012 (CAR 2012), which came into force on 6 April 2012. We must also establish an Asbestos Management Plan (this Plan) which specifically meets the requirements of Regulation 4 within CAR 2012.
- 2.2 Regulation 4 covers the 'Duty to Manage' asbestos in non-domestic premises and the common parts of domestic premises (communal areas). It requires duty-holders to identify the location and condition of asbestos and to manage the risk to prevent harm to anyone who works on the building or to building occupants. It also explains what is required of those who have a duty to co-operate with the main duty-holder to enable them to comply with the regulation.
- 2.3 This Plan is relevant to all our employees, tenants, contractors and other persons or stakeholders who may work on, occupy, visit, or use our premises, or who may be affected by our activities or services. It should be used by all to ensure they understand the obligations placed upon SLHD to maintain a safe environment for tenants and employees within domestic, non-domestic and other (offices, shops, depots, etc.) properties.
- 2.4 This Plan is designed to be a live document that is to be regularly reviewed, amended and updated as dynamic changes happen within the organisation and its operating processes. It should be read in conjunction with the Asbestos Policy and the Asbestos Management Process Map.

3 Principles of Asbestos Management

- 3.1 The key principals of Asbestos Management are: **Assess, Record, Inform and Monitor**.
- 3.2 The diagram below shows the ongoing nature of these four principles which enable continual compliance, and demonstrate good practice and the moral duty of care the organisation holds.



3.3 ASSESS:

Asbestos in premises does not necessarily create an unacceptable risk. Asbestos is the hazard; the risk can only be defined when this hazard is assessed within the environment in which it is found.

This assessment must take into account the activities carried out near or on the asbestos and the level of human occupation in the immediate area around the asbestos for the assessment to be able to present viable recommendations. The best way to achieve this is to conduct a full asbestos survey, compliant with current guidance, which will identify and assess those hazards and risks and provide recommendations for the ongoing management of any ACMs found in those premises.

3.4 RECORD:

All assessments and the location and condition of any known or presumed ACMs must be recorded, updated and regularly reviewed within an Asbestos Register. Similarly, any changes to the condition or location of any known or suspected ACMs, any training, any controlled removal works, un-controlled disturbances, re-inspections, and so on, must all be recorded. It is imperative that all asbestos documents are kept up to date, are coherent, and are accessible to all members of SLHD, contracted workers, regular building users, maintenance operatives and tenants.

3.5 INFORM:

Staff, contracted workers, regular building users, maintenance operatives, tenants, and so on, may require access to asbestos records. Therefore, all asbestos records held must be made available to anyone who may require them.

A system of training, seminars, question and answer sessions, and site inductions should be adopted where appropriate to ensure that everyone is kept informed about

asbestos. The information they have access to should be relevant, accurate and understandable.

3.6 MONITOR:

All asbestos records, procedures, training and safe systems of work must be regularly monitored and reviewed; this is an Approved Code of Practice (ACoP) requirement. The purpose of this on-going monitoring is to ensure that the aims of the Asbestos Policy and Asbestos Management Plan are being met, that all systems are efficient and workable and that no one is being exposed to asbestos.

4 Key Roles and Responsibilities

- 4.1 SLHD's Board has overall governance responsibility for ensuring the Asbestos Policy, and this supporting Plan, is fully implemented to ensure full compliance with regulatory standards, legislation and approved codes of practice.
- 4.2 The Board and the Executive Management Team (EMT) will receive reports in respect of asbestos management performance and ensure compliance is being achieved. They will also be notified of any non-compliance issue identified.
- 4.3 The Director of Property Services has strategic responsibility for the management of asbestos and will oversee the implementation of this Plan. See Section 14 for details of the review schedule for this Plan.
- 4.4 The Head of Building Safety will be responsible for overseeing the delivery of the agreed survey inspection programmes and for the prioritisation and implementation of any remedial works arising from the surveys. The Head of Building Safety will receive operational support from the Health, Safety and Compliance Team, and other SLHD teams as required.
- 4.5 Housing teams will provide support with difficult to access properties and facilitate the legal process.

5 Competent Persons

- 5.1 We will employ competent external third party surveyors to undertake asbestos surveys (including management surveys and refurbishment and demolition surveys). The Health and Safety Executive (HSE) strongly recommends using UKAS accredited surveyors. The Health, Safety and Compliance Team will check the accreditations and qualifications of these surveyors on an annual basis.
- 5.2 SLHD will ensure that competent asbestos removal contractors (or building contractors with suitable training, methods and insurance to conduct non-licensed removal works) are procured and appointed to conduct asbestos remedial works. The Health, Safety and Compliance Team will check the relevant accreditations of these contractors and the qualifications of employees working for these contractors (including any internal operatives) on an annual basis.
- 5.3 Where there is a requirement for analytical services, either during or following asbestos removal or disturbance, we will engage the services of a competent, suitably accredited, asbestos analytical company. This arrangement will avoid any conflict of interest that may occur if the analyst were to be employed directly by the removal contractor.

- 5.4 SLHD employees who instruct survey works should be suitably experienced and competent to do so, or be authorised to do so by someone who holds relevant qualifications, such as the BOHS P402, P405, P407, or W504, or recognised equivalents. This is to ensure that the correct type of survey is instructed and the correct scope of works is provided to the contractor appointed.
- 5.5 All asbestos management survey and re-inspection survey requests, and all requests to carry out asbestos remedial works must be referred via the Health, Safety and Compliance Team so that they are able to ensure the Asbestos Register is populated with up to date and accurate asbestos information.

6 Instruction of Survey Works

6.1 Inspection Programme (non-domestic/communal blocks)

We will ensure that all non-domestic (communal blocks and other properties including offices, shops, depots, etc.) properties that we own or manage have an initial asbestos management survey carried out. All surveys will comply with CAR 2012, and will therefore be dated after 6 April 2012 when the regulations came into effect.

Thereafter, all non-domestic properties on the programme will have a re-inspection survey and an assigned re-inspection date where applicable. The re-inspection date will either be annual or at a period specified in the previous survey. We will not need to survey non-domestic properties built after the year 2000 or re-inspect properties where the initial asbestos management survey did not find ACMs, providing all relevant areas were accessed at the time of survey. If no asbestos is found to be present, but any areas were not accessed, these properties should remain on the re-inspection programme until the areas are access and asbestos is confirmed to be not present.

Within communal blocks, surveys will include inspection of communal areas such as, hallways, bin stores and communal garages.

Where areas of no access have been recorded, these will be re-visited to attempt to gain access where practicable.

6.2 Responsive Repairs, Scheduled Repairs and Planned Works (non-domestic/communal blocks)

We will review existing asbestos related information prior to carrying out any responsive repair, scheduled repair or planned maintenance works which may involve working on or adjacent to any ACMs within a non-domestic or communal property. This will ensure that any ACMs likely to pose a risk are identified prior to work starting and the details passed on to the relevant operatives or external contractors.

Where required for work to continue safely a targeted refurbishment and demolition (R&D) survey of the area of works should be commissioned prior to work starting, via the Health, Safety and Compliance Team. A management survey should be considered if required for that property on review by the HSC Team. We will not need to survey properties built after the year 2000 or re-inspect properties where the initial asbestos management survey did not find ACMs.

6.3 Responsive Repairs, Scheduled Repairs and Planned Works (tenanted domestic)

We will review existing asbestos related information prior to carrying out any responsive repairs, scheduled repairs or planned maintenance works which may

involve working on or adjacent to any ACMs. This is to ensure that any ACMs likely to pose a risk are identified prior to work starting and the details passed on to the relevant operatives or external contractors. We will not need to survey properties built after the year 2000 or re-inspect properties where the initial asbestos management survey did not find ACMs.

Where there is no asbestos information and for work to continue safely a targeted refurbishment and demolition (R&D) survey of the area of works should be commissioned prior to work starting, via the Health, Safety and Compliance Team. A management survey should be considered if required for that property on review by the HSC Team

Surveys will be required to 100% of properties in any planned works programme.

6.4 Void Properties

We will review existing asbestos related information prior to carrying out any responsive repairs, scheduled repairs or planned maintenance works which may involve working on or adjacent to any ACMs within a void property. This is to ensure that any ACMs likely to pose a risk are identified prior to work starting and the details passed on to the relevant operatives or external contractors.

If there is no suitable asbestos related information available to carry out the work safely, voids will require a targeted R&D survey to facilitate the works and a management survey to the remainder of the property.

Void properties (constructed prior to 2000) which are classed as major works, or those that are newly acquired, will have R&D surveys instructed. The scope for this survey will be defined to the surveyor to ensure all areas where works are likely to take place are covered by intrusive inspection within that survey. This must include details of; floor voids, pipe runs, electrical routes, loft spaces, wall voids and any changes to fitted kitchen and bathroom suites.

Note: If the void only requires standard safety checks (gas, electric and EPC), and there is no repair work, an asbestos survey is not required. (However, in some circumstances it may be appropriate for a management survey to be commissioned as part of the wider surveying strategy and plan to increase the volume and quality of asbestos related information).

7 Asbestos Programmes - Main Process

- 7.1 **Process Map** - The Asbestos Management Process Map (to be developed and appended) will detail the key stages in the process along with who is assigned accountability at each key stage i.e. Health, Safety and Compliance Team, other internal teams, Asbestos Surveying Consultant and Licensed Asbestos Removal Contractor (LARC).
- 7.2 **Asset Lists** - We will ensure that all domestic properties and non-domestic properties (communal blocks, offices, shops, depots, etc.) we own or manage are included on the appropriate asbestos programmes. The address lists for the programmes will be drawn from Open Housing and validated on an ongoing basis to take into account property acquisitions, disposals and any changes in use. A full reconciliation of property assets will take place annually in June.
- 7.3 **Data and Records** - We will hold accurate asbestos records against each block and property we own or manage. We will use Compliance C365 as our Asbestos Register to

record asbestos survey dates, survey reports, survey results and updates following remedial works. Electronic copies of the surveys will be saved in Compliance C365. The Health, Safety and Compliance Team will have overall responsibility for instructing asbestos surveys or remedial works, and will ensure that Keystone/Compliance C365 is updated with information and dates to show a clear audit trail of any action taken.

- 7.4 **Scheduling** - Works orders for all properties on each programme are generated in Open Housing by the Health, Safety and Compliance Team. A planning meeting is undertaken with the Asbestos Surveying Consultant to agree scope of surveys and a timetable for completion. Where necessary (for example, planned works), the Health, Safety and Compliance Team will batch and issue properties on an ongoing basis to the Asbestos Surveying Consultant.
- 7.5 **Tenant Notification** - Once works orders have been generated, notification letters are issued to tenants, using a standard letter, to advise of the forthcoming asbestos surveys. This is undertaken by the contractor.
- 7.6 **Asbestos Surveys for Voids, Responsive Repairs and Scheduled Repairs** - at any point throughout the financial year the need for additional survey works may be identified. All new asbestos survey requests for voids, responsive repairs and scheduled repairs must be raised through the Health, Safety and Compliance Team and generated in Open Housing.
- 7.7 **Attend Site** - The Asbestos Surveying Consultant will attend site and undertake the asbestos management survey, R&D survey or re-inspection survey, take context photographs (for example, of the external building) and photographic evidence of remedial actions, such as the location and condition of ACMs as per the tender specification. The Asbestos Surveying Consultant will raise any immediate actions with the Health, Safety and Compliance Team. The Asbestos Surveying Consultant will issue the asbestos surveys to the Health, Safety and Compliance Team within ten working days of the site visit, or 72 hours if it is a void property.
- 7.8 **Quality Assurance** - The Health, Safety and Compliance Team will review 100% of the surveys submitted by the Asbestos Surveying Consultant to provide quality assurance. Any issues identified will be referred back to the Asbestos Surveying Consultant for correction.
- 7.9 **Tenants and Leaseholders** - We will use the legal remedies available within the terms of the tenancy/lease agreement should any tenant/leaseholder/shared owner refuse access to carry out essential asbestos related inspection and remediation works

8 Remedial Works

- 8.1 The Health, Safety and Compliance Team will extract remedial actions from the surveys and record them in Compliance C365. Works orders will be raised in Open Housing and issued to the Licensed Asbestos Removal Contractor (LARC) or the internal team). The LARC or the internal team will then complete the following:
 - Attend site and undertake the remedial works as per the instruction received.
 - Provide the required removal information to the Health, Safety and Compliance Team including all relevant evidence (for example, before and after photographs, certificates and documents).

- 8.2 All notifiable and non-notifiable remedial works are to be completed by a Licenced Asbestos Removal Contractor (LARC).
- 8.3 When non-licensed works are carried out by the internal team, the Health & Safety Executive Asbestos Essentials guidance will be followed and adhered to.
- 8.4 Once remedial actions have been completed and the required evidence received, the Health, Safety and Compliance Team will update Compliance C365 with the new asbestos information (including survey date, date of next inspection, and any changes to the condition ACMs), and ensure the survey is saved electronically.
- 8.5 Where partial remedial works or removals have been conducted, this must be made clear within Compliance C365. For example, if only perimeter floor tiles are removed to allow installation of carpet grips, the entry in Compliance C365 relating to the asbestos floor tiles must remain, with a note to say only perimeter tiles have been removed.
- 8.6 If required, the Health, Safety and Compliance Team will attend site to undertake a post-inspection of the completed works. If any issues are identified, these will be referred back to the LARC or internal team for correction. Following this, the Health, Safety and Compliance Team will complete the post-inspection and record all relevant information, including photographic evidence, in Compliance C365.

9 Auditing of Asbestos Surveys and Remedial Works

- 9.1 SLHD will establish an auditing process to ensure we are monitoring the performance of our selected asbestos consultants and removal contractors. The audits will be a combination of retrospective and work-in-progress audits.
- 9.2 We will outsource auditing tasks to suitably qualified, independent consultants if required. However, the audit process will be owned and implemented by SLHD staff.
- 9.3 All audits of asbestos information will be saved in a secure location and made available to all persons as required. The data gathered will be reviewed by a suitably competent person to establish if there are any anomalies, evidence of errors or poor performance of the consultants or contractors. The audit process will document how to proceed if anomalies are found or further action is required.

10 Emergency Procedure

- 10.1 SLHD will implement a formal Emergency Procedure to be followed by all staff and contractors in the event of accidental disturbance of an ACM in any of our properties, communal blocks or other buildings. This procedure is outlined in the flow chart below (Figure 1).
- 10.2 The Emergency Procedure will be approved, signed off at Board level and implemented by the Director of Property Services.
- 10.3 The Emergency Procedure will be communicated to all staff and will be included in all instructions to any internal staff, contractors and/or surveyors working on our properties.

11 Training

- 11.1 Training will be delivered on this Plan and refresher training will be provided as appropriate.
- 11.2 Training will include team briefings for those employees who need to have a basic understanding and awareness of asbestos safety but who may not be actively involved in the delivery of the asbestos policy. This will be basic asbestos safety awareness training.
- 11.3 Specific on the job training will be provided as required to those employees who will be responsible for managing or delivering the programme of asbestos planned maintenance and repair works as part of their daily job. This will include category A and category B training for any operatives who are asked to work on non-licensed works. A record of all such training will be kept and maintained by the Manager with responsibility for the operatives.

12 Monitoring Performance

- 12.1 KPI measures will be provided at EMT level on a monthly basis and Board level three times a year. As a minimum they will include:

Data - the total number of:

- Properties - split by category (communal blocks and others);
- Properties on the asbestos management/re-inspection programme;
- Properties not on the asbestos management/re-inspection programme;
- Properties with a valid and in date survey (level of compliance);
- Properties with an invalid and out of date survey (level of non-compliance);
- Properties due to be surveyed within the next 90 days (early warning system);
- Percentage of domestic stock with full* asbestos data; and
- Number of follow-up actions, completed, in-time and overdue.

Narrative - an explanation of the:

- Current position;
- Corrective action required; and
- Anticipated impact of corrective actions.

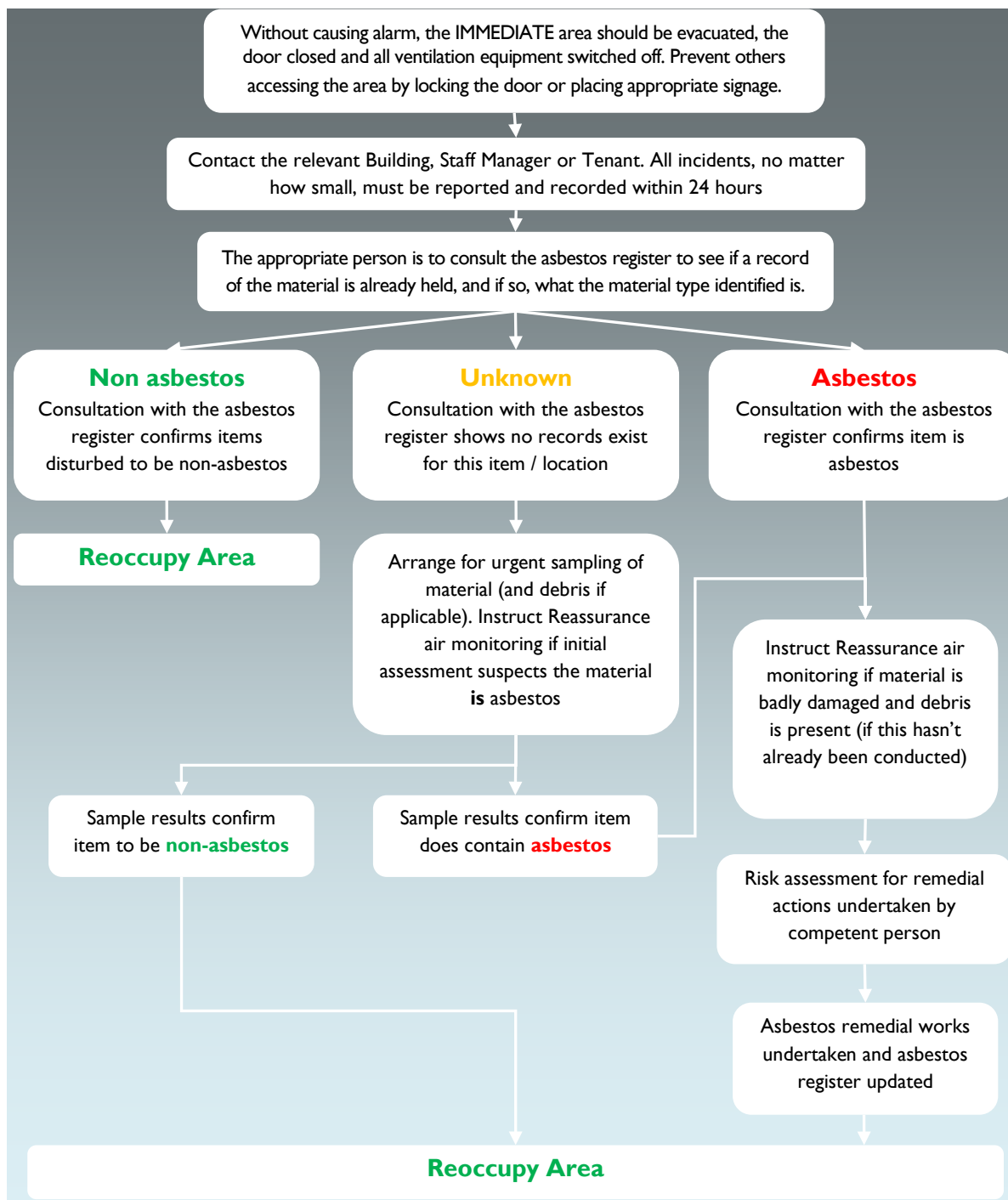
*Full asbestos data would be where all areas of the property have been surveyed

13 Non-Compliance/Escalation Process

- 13.1 Our definition of non-compliance is; any incident which results in a potential breach of legislation or regulatory standard, or which causes a risk to health or safety.
- 13.2 All non-compliance issues should be reported within 24 hours.
- 13.3 Any non-compliance issue identified at an operational level will be formally reported to the Director of Property Services in the first instance.

- 13.4 The Director of Property Services will agree an appropriate course of corrective action with the Head of Building Safety and report details of the same to the EMT.
- 13.5 The EMT will ensure the Board are made aware of any non-compliance issue so they can consider the implications and take action as appropriate.
- 13.6 In cases of a serious non-compliance issue the EMT and Board will consider whether it is necessary to disclose the issue to the Regulator of Social Housing in the spirit of co-regulation, or any other relevant organisation such as the HSE, as part of the Regulatory Framework.

Figure 1 - Emergency Asbestos Procedure



EMERGENCY CONTACTS

| | | |
|--------------------------------|--------------------------------|-------------|
| Name: Team Leader / H,S,C Team | Tel: 01302 862346 (H,S,C Team) | Mobile: N/A |
|--------------------------------|--------------------------------|-------------|

| | | |
|---|-------------------|-------------|
| Out of Hours: Alarm Receiving Centre | Tel: 01302 341628 | Mobile: N/A |
|---|-------------------|-------------|

14 Action Plan

14.1 This section details what steps should be undertaken to achieve the goal of effective asbestos management within SLHD.

14.2 Short-term Actions (to be completed within 3 months)

| Action | Timescale | Responsibility | Status |
|---|----------------|--------------------------------------|-------------|
| 1. Prepare an Asbestos Policy and Asbestos Management Plan | August 2021 | Director of Property Services | Drafted |
| 2. Develop end to end process map for asbestos delivery | September 2021 | Head of Building Safety | Not started |
| 3. Approve & implement an Emergency Procedure for asbestos disturbance (within draft AMP) | August 2021 | Director of Property Services | Drafted |
| 4. Commission new management surveys for all communal blocks and other non-domestic properties | 2020-2021 | Heath, Safety and Compliance Manager | Completed |
| 5. Commission re-inspection programme for all communal blocks and other non-domestic properties | 2021-2022 | Heath, Safety and Compliance Manager | Completed |
| 6. Set up audit arrangements to validate if non-licensed works can be carried out through internal teams | September 2021 | Head of Building Safety | Not started |
| 7. Ensure operatives working on non-licensed asbestos have relevant category A and category B training and are trained in HSE asbestos essentials | October 2021 | Safety & Compliance Service Manager | Not started |
| 8. Audit the surveyors carrying out void inspections to ensure void asbestos surveys are being commissioned as and when required | September 2021 | Asbestos Inspectors | Not started |

14.3 Medium-term Actions (to be completed within 6 months)

| Action | Timescale | Responsibility | Status |
|---|--------------|-------------------------------|-------------|
| 1. Prepare an Asbestos Audit Process and Audit Plan (Survey & Remedial) | October 2021 | Director of Property Services | Not Started |

| | | | |
|---|--------------|---------------------------------------|-------------|
| 2. Carry out data validation of all domestic property data held in Asbestos Register - retain accurate data, archive all other data | October 2021 | Head of Building Safety | Ongoing |
| 3. Procure and tender new surveying and analytical contract | October 2021 | Health, Safety and Compliance Manager | Ongoing |
| 4. Procure and tender new asbestos removal contract | TBC | Health, Safety and Compliance Manager | Not started |

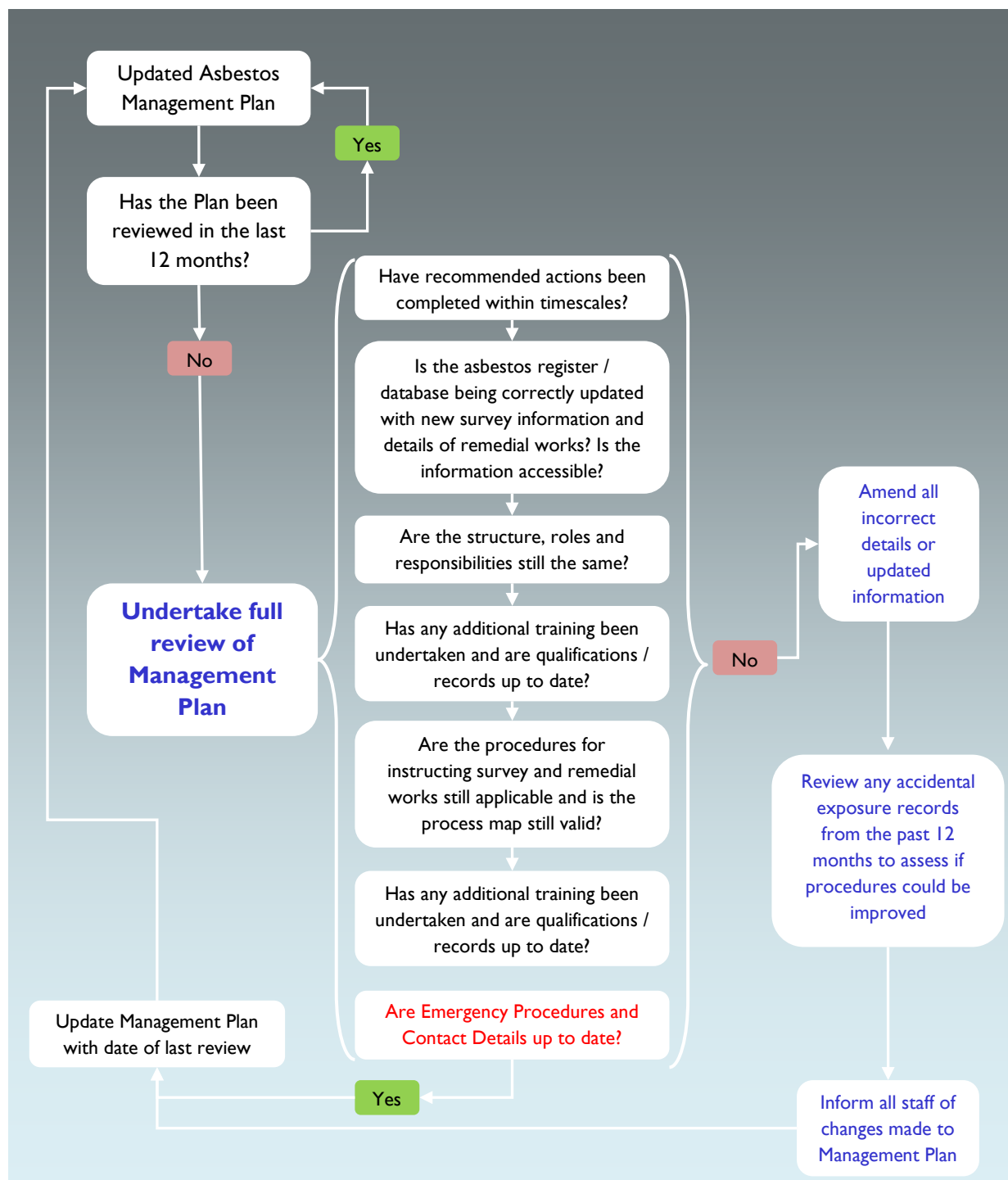
14.4 Ongoing Actions

| Action | Timescale | Responsibility | |
|---|--|------------------------------------|------------------------|
| 1. Annual Review and update of Asbestos Management Plan | November 2021, then August 2022 | Director of Property Services | Next due November 2021 |
| 2. Re-inspections of Communal Areas containing asbestos materials | Every 12 months | Health, Safety and Compliance Team | Ongoing |
| 3. Increase known asbestos data by commissioning surveys as required as part of responsive repairs, scheduled repairs, planned works and void works | Continual | Health, Safety and Compliance Team | Ongoing |
| 4. Update Asbestos Register to accurately reflect any remedial works undertaken | Following completion of remedial works | Health, Safety and Compliance Team | Ongoing |

15 How to Monitor & Review the Management Plan

- 15.1 The key objective of this Plan is to reduce the risk of asbestos exposure. If it can be demonstrated that the risk from ACMs is under control, this Plan will be fulfilling its intended purpose.
- 15.2 To ensure that this Plan remains effective, it will be reviewed initially after three months of implementation, then at 12 monthly intervals thereafter (or sooner if there is a change in regulation, legislation or Approved Code of Practice). This may not mean that any changes are necessary, but rather that all current provisions are appraised, checked and audited so that any changes which may make them more efficient are discussed and implemented where necessary.
- 15.3 The procedure in the flow chart below (Figure 2) should be followed in order to ensure this Plan remains a valid document, and that the risks from asbestos are being adequately assessed.

Figure 2 - Maintaining the Asbestos Management Plan



16 Approval

Strategic Lead: Director of Property Services

Sign/date: _____

17 Appendices

Appendix 1 Asbestos Management Process Map (to be developed)

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD

REPORT

Date : 5 August 2021

Item : 07

Subject : Asset Management Strategy

Presented by : Chris Margrave
Director of Property Services

Prepared by : Mark Tomkinson
Interim Head of Assets

Purpose : To seek approval of the Asset
Management Strategy 2021 - 2024.

Recommendation :

To approve the Asset Management Strategy 2021 - 2024.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 07
Date: 5 August 2021**

1. Report Title

1.1 Asset Management Strategy

2. Executive Summary

2.1 The asset management strategy articulates how we will invest in our homes and the infrastructure that supports that investment, in order to meet our statutory and regulatory obligations and to provide homes in neighbourhoods people are proud to live in.

2.2 It covers the period between 2021 and 2024 and provides the foundation for a significant increase in investment in the following years. The strategy sets a vision for a new standard for our homes to be:

- Modern
- Safe
- Energy Efficient
- Sustainable
- Well Places
- Resilient
- Digitally Included
- Contributing

The Strategy document is attached to the report at appendix 1

2.3 In order to achieve this vision and meet escalating statutory and regulatory obligations we need to 'get fit to invest'. We also need to maintain business excellence as we proceed. We have set a number of strategic objectives to support us in achieving these:

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

2.4 The Asset Management Strategy is linked closely with the Environmental Strategy as the latter will require unprecedented investment to meet statutory targets and will strongly influence what and where assets are improved.

3. Purpose

3.1 To seek approval of the Asset Management Strategy 2021 - 2024.

4. Recommendation

4.1 To approve the Asset Management Strategy 2021 - 2024.

5. Background

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

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

Considering each element of the vision:

5.2 Modern

We will continue to ensure that all homes have modern facilities that meet the Decent Homes Standard as a minimum. Works to bring our homes up to the original Decent Homes Standard were conducted between 2005 and 2015.

In 2025 to 2035, all the kitchens installed in the original programme will become 20 years old and require replacing, followed in 2035 to 2045 by the bathrooms, which will, by then, be reaching 30 years old. Kitchens and bathrooms are the only components that are allocated 'Decency' lifecycles. Other components must remain fit for purpose and are replaced in accordance with St Leger asset replacement lifecycles.

As part of our long term planning for component replacement, we will model different investment scenarios, for example, by considering bringing forward some replacements and putting back others to smooth the spending profile over a longer period of time.

5.3 Safe

We will continue to ensure that all homes are free of hazards and are in a good state of repair.

From a building safety and compliance perspective, we will continue to adhere with all legislation and codes of practice in the six areas of compliance; fire, water, asbestos, gas, electricity and lifts. We will commission regular independent health checks on how we are managing those areas of compliance to make sure that we fully understand our duties,

that our policies and practices are robust, that our coverage is comprehensive and we have processes in place for training and assessing competency for operatives and contractors.

To help us manage and demonstrate compliance we are investing in a dedicated ICT system that will provide a single live dashboard of the status in all six areas of compliance.

We are also preparing for the requirements of the Fire Safety Bill and the Building Safety Bill.

5.4 Energy Efficient

Our proposed Asset Management Strategy echoes our Environmental Strategy in this respect. Having delivered the decent homes programme between 2005 and 2015 we know that the low carbon housing agenda is the next imperative for Doncaster. Our strategy is an incremental approach to finish addressing affordable warmth in the short to medium term leading on to net zero carbon in the longer term

5.5 Sustainable

Under this aspect we are considering asset attributes that contribute towards homes continuing to meet needs and what changes may need to be built in to meet future expectations as lifestyles and peoples' circumstances change. These will include but not limited to:

- Maximising use of adapted homes
- Smarter use of space
- Supporting home working
- Wider neighbourhood investment

5.6 Well Placed

The Social Housing White Paper includes the importance of having both a good quality home and a neighbourhood to live in. Whilst investment has hitherto primarily been in improving homes, we have an ongoing programme of environmental improvements including car parking schemes, streetscape improvements and re-purposing old garage sites

5.7 Resilient

Climate change is causing extreme weather events to become more intense and frequent. The Asset Management Strategy will refer to the commitments made in the Environmental Strategy with regard to flooding and over-heating risks.

We will ensure that resilience to climate change is incorporated into asset modelling and option appraisal methodology so that consideration of these risks helps to inform decision-making

5.8 **Digitally Included**

We will pilot connectivity solutions that promote; reduced maintenance costs, lower energy bills and better quality home environment for residents.

We will look at solutions that give us data in real time that homes are healthy places to live and alert us to the warning signs of extremes of temperature and humidity that can lead to damp and mould growth, alert us to water leaks and impending boiler failures.

5.9 **Contributing**

The investment requirements of meeting the zero carbon agenda and Building/Fire Safety Bills were not envisaged in the current 30-year business plan. Additionally, some homes may not be able to be improved to meet the new standards within viable costs.

Mindful of this we will be adopting active asset management techniques to assess viability of high investment demand properties and establish Net Present Values (NPV's) to inform difficult investment decisions. This can be on an individual property up to estate level and will support wider regeneration initiatives. The assessments not only consider financial challenges but social, managerial and political aspects, too.

6. **Procurement**

6.1 SLHD Procurement Strategy stresses the importance of corporate social responsibility in sourcing locally wherever possible, for the social, environmental and economic well-being of Doncaster.

6.2 There are a number of actions requiring procurement in the strategy, for example, stock condition surveying and asset evaluation software. Procurement of these will follow all standing orders.

7. **VFM Considerations**

7.1 VFM is about achieving the optimum balance of cost and performance.

7.2 The strategy means increased spend by way of investment into properties. However, this investment will generate cost savings to SLHD by way of lower maintenance costs, and performance will also improve in a number of areas, namely repairs, energy efficiency, customer satisfaction, tenancy turnover and potentially arrears.

7.3 Many of the objectives contained in the strategy are designed to improve operational efficiency and our ability to deliver investment in an effective and efficient manner.

- 7.4 Investing in stock intelligence and assistive technology will help us to make the right decisions at the right time, investing wisely and avoiding abortive cost.

8. Financial Implications

- 8.1 It is envisaged that the initiatives in the strategy can all be achieved within existing budgets.
- 8.2 Four year budgets have been set for the improvements and investment within the Council's housing stock therefore we have clear financial budgets within which we must target our expenditure.
- 8.3 SLHD has a three year budget strategy and these are approved by the Board in March each year.
- 8.4 Stock condition survey plans are currently being finalised and will commence in this financial year. The results of the surveys will be used to inform medium and longer term financial planning.

9. Legal Implications

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

10. Risks

- 10.1 This strategy addresses the risk of planning substantial capital investment without robust property information and the potential to invest unwisely in assets that remain unviable.
- 10.2 It also supports the realignment of staffing resources to plan and deliver investment in an effective and efficient manner.
- 10.3 This strategy will help to mitigate the following risks in the strategic risk register

1 Failure to deliver relevant and appropriate services effectively – The strategy contains measures to be more efficient and improve our asset and environmental performance

3 Failure to maintain and improve existing assets (homes and properties including shops and garages) by investing wisely and managing effectively, and use resources appropriately to increase the asset base – The strategy contains measures to further improve assets and improve energy efficiency.

6 Failure to respond effectively to emerging political (national and local) priorities – The strategy sets out how SLHD intends maintain homes and reduce carbon in line with Government priorities and commitments.

11. IT Implications

- 11.1 During the design and development stages of TOP for Assets it was decided that the Capita OpenHousing solution did not meet all the requirements for Assets and in particular the Compliance functionality that SLHD demands and so the decision to implement C365 was agreed.
- 11.2 Achieving the aims of the strategy will depend on the successful implementation and integration between Open Housing and C365. These products will enable the strategic priorities of efficient processes, asset intelligence and capital investment to be realised. It is imperative the implementation and integration of these solutions are prioritised.
- 11.3 Any further innovative or new solutions should be investigated in conjunction with the Business Transformation and ICT Teams, to assist in the development of the business cases and implementation plans.

12. Consultation

- 12.1 In the light of the COVID restrictions in 2020-21 we consulted virtually with 200 customers on the Get Involved Group (GIG) and asked them to complete a short survey. We received 22 surveys back and there was 100% support for the vision of the strategy.
- 12.2 Consultation was also held with Board Members, DMBC Senior officers and DMBC Councillors. Comments and observations have helped to shape this strategy.

13. Diversity

- 13.1 An Equality Assessment has been completed.

14. Communication Requirements

- 14.1 The themes of this Strategy lead to better places and neighbourhood for our customers to live in. Once adopted, this strategy is to be published on our website and communicated to customers, stakeholders and around the organisation.
- 14.3 As the strategy is delivered there will be positive messages to be sent out to the public in Doncaster, which will help to strengthen the St Leger brand as an organisation that takes its landlord responsibilities very seriously.

15. Equality Analysis (new/revised Policies)

- 15.1 An Equality Impact Assessment has been completed and the conclusion is that none of the initiatives in the strategy would have an adverse effect on one of more of the groups in the Equality Act.

16. Environmental Impact

- 16.1 This strategy, together with the more focused Environmental Strategy aims to reduce the environmental impact of the work that SLHD does and the impact its assets have upon the environment.

17. Report Author, Position, Contact Details

- 17.1 Mark Tomkinson, Interim Head of Assets
Tel: 07834 489435

18. Background Papers

- 18.1 Appendix 1 – Asset Management Strategy 2021 - 2024

St Leger Homes – Asset Management Strategy 2021-2024

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1 Introduction

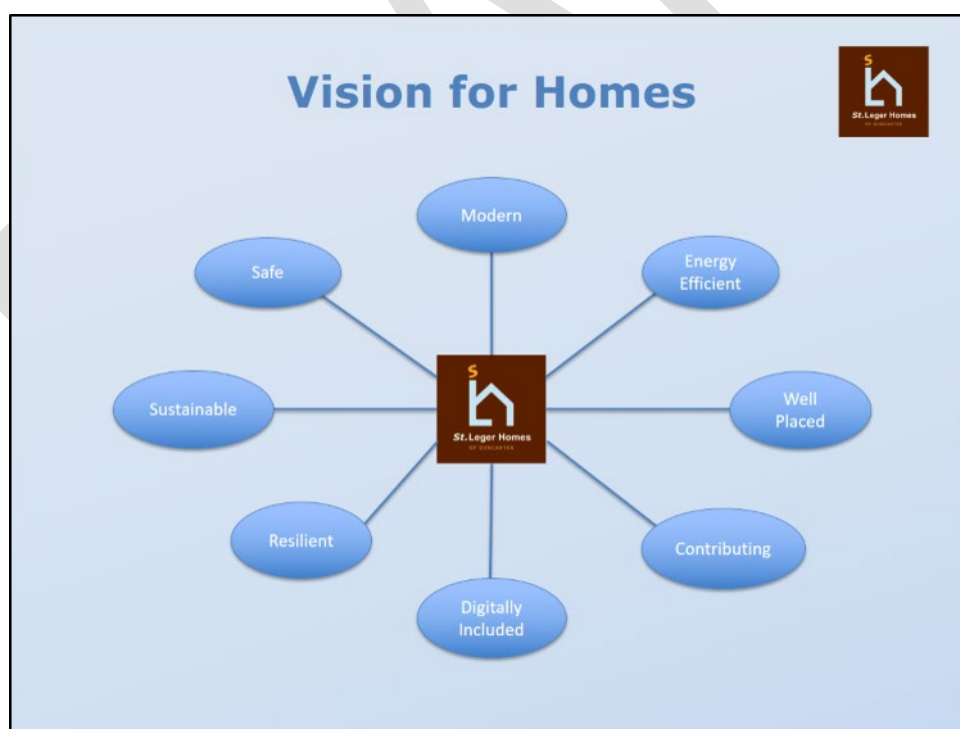
St Leger Homes is an Arm's Length Management Organisation (ALMO), established in 2005 to manage Doncaster Council's housing stock. We manage over 20,000 council homes, shops, community facilities, garages, Gypsy and Traveller sites, and other residential sites.

This strategy defines our asset management goals over the next 3 years, from 2021 to 2024. It sets out shorter term targets in the light of longer-term ambitions, most notably, to work towards a new standard for Council homes in Doncaster and to meet all new statutory and regulatory standards.

Having delivered the Decent Homes programme between 2005 and 2015 and subsequently continued to invest in further programmes of improvement we feel the time is right to review our quality standard along-side the anticipated 'Decent Homes 2' that will emerge.

Therefore, within this asset management strategy we are setting out our proposals for a new home standard for Doncaster's Council Homes. Our vision is:

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



The strategy is aimed at everyone with an interest in housing in Doncaster, our customers, staff, partners and suppliers.

Operating Environment and Context

An overview of the national and regional context in relation to the strategy

National Context

In November 2020 the Government published its charter for social housing residents in the social housing white paper. It sets out the actions the Government will take to ensure that residents in social housing are safe, are listened to, live in good quality homes, and have access to redress when things go wrong.

Against the backdrop of the Grenfell tragedy the charter aims to put residents back at the heart of building safety and proposes further changes to make sure every social housing resident is safe inside their home, including strengthened powers for the housing regulator and a requirement that social landlords have a nominated lead person for health and safety.

Chapter 6 of the White Paper stresses the importance of having a good quality home and neighbourhood to live in. The White Paper makes the commitment to review the Decent Homes Standard, including energy efficiency and improving communal and green spaces.

We agree with the aims of the White Paper which is why we are setting out our proposals for a new homes standard in this strategy. And, to demonstrate our ongoing commitment to safety, in 2021 we will become a signatory to the Building a Safer Future Charter.

Turning to the environment, the [Climate Change Act 2008](#) introduced the UK's first legally binding target to reduce greenhouse gas emissions by at least 80% by 2050, compared to 1990 levels. In June 2019 the UK government [amended the Climate Change Act](#) and set a legally binding target to achieve net zero greenhouse gas emissions from across the UK economy by 2050.

In November 2020 the Government unveiled its 10 point plan for a green industrial revolution accelerating our path to net zero carbon, including greener transport, greener buildings and protecting our natural environment. The plan references a Future Home Standard comprising high levels of energy efficiency and low carbon heating.

Our asset management strategy acknowledges the importance of net zero carbon and sets out our preliminary proposals for achieving this in the homes that we manage, by building on the investment made thus far.

The government's updated fuel poverty strategy *Sustainable Warmth – Protecting Vulnerable Households in England*¹ updates, the measure defines a household to be fuel poor if it:

- Has a residual income below the poverty line (net of required fuel costs) and
- Lives in a home that has an energy efficiency rating below Band C

The government strategy sets the fuel poverty threshold for as many fuel poor homes to be Band C or higher, as is reasonably practicable. We know that affordable warmth is also a priority for our customers and this strategy reflects our continuing commitment to achieve a minimum EPC C wherever possible in the housing stock.

Local Context

The developing Borough strategy in Doncaster for wellbeing (WD2030) contains six goals including those relevant to Asset Management:

- Greener and Cleaner
- Safe and Resilient

Doncaster Council's Housing Strategy Vision to 2025 has the following aims:

- Our residents live in safe & healthy homes, in communities that are resilient and prosperous
- All agencies and residents work together to make our homes fit for the future
- Homes will change over time to meet our changing needs, with adaptable design, greater digital connectivity, higher energy efficiency and remain affordable

An overview of St Leger Homes Vision, Strategic Objectives and Behaviours

A link to Corporate Plan objectives

In 2019 SLHD agreed a new 5-year corporate plan, 2019-24, with a mission to provide homes in neighbourhoods that people are proud to live in. In our efforts to achieve that, a key objective is to ensure that all homes are modern, decent and energy efficient.

And as part of team Doncaster delivering the aims of Doncaster, growing together SLHD will help to deliver anti-poverty commitments by reducing the risk of fuel poverty and support 'this is my Doncaster' campaign to ensure that all assets and land are clean, green and well maintained.

¹ <https://www.gov.uk/government/publications/sustainable-warmth-protecting-vulnerable-households-in-england>

There are strong links between our asset management and environmental strategies because we realise that as a housing management company over 90% of carbon emissions come from the homes in management. Our environmental strategy contains our commitment to reduce the risk of fuel poverty to under 5% by 2030, to manage the effects of climate change and to improve the housing stock towards net zero carbon.

Consultation and our Customers

In developing this strategy we have consulted with customers and stakeholders. To ensure that we are accountable for the delivery of this strategy it will be published on our website.

In consultation with our customers through the 'Get Involved Group' (GIG) there is 100% support for the vision established in this Asset Management Strategy and they ranked the objectives as:

1. Safe
2. Energy Efficient
3. Sustainable
4. Resilient
5. Well Placed
6. Modern
7. Digitally Included
8. Contributing

Consultation has also taken place with Board Members, DMBC senior officers and DMBC councillors. Comments and observations from these stakeholders have helped to shape this strategy.

2 Asset Portfolio

SLHD manages a diverse range of over 20,000 homes ranging in age from brand new to over 100 years old. The characteristics of our housing stock are detailed in Appendix A and comprise:

- Dwelling type and bedroom number
- Non housing stock
- Conservation area and listed buildings
- Non-traditional homes
- Year built
- Homes by electoral ward

Changes to the asset profile over the last 5 years

The table below shows the change in the housing stock profile since 2015. Over the last five years the number of homes in management has reduced by 414, mainly as a result of right to buy sales but a significant number of new build homes have been introduced. These are constructed to modern standards and promote sustainability of our portfolio into the future.

When the profile of the stock is compared from 2015 to 2020, it can be seen that the biggest reduction in numbers is in 3 bed houses, which are the greatest proportion of RTB sales. Right to buy sales have had an effect on the numbers of 2 bed houses too, but not to the same extent. In the case of 2 bed houses the sales have been more than off-set by the council housing new build programme, which has contributed 284 new 2 bed houses into the housing stock.

| Stock Profile 5 Year Change | | | | |
|------------------------------------|----------------|---------------|---------------|---------------|
| Dwelling Type | No Beds | 2015 | 2020 | Change |
| Houses | 1 | 5 | 8 | 3 |
| | 2 | 1,876 | 2,011 | 135 |
| | 3 | 8,517 | 8,031 | -486 |
| | 4 | 385 | 384 | -1 |
| | 5+ | 5 | 6 | 1 |
| Bungalows | 1 | 3,273 | 3,270 | -3 |
| | 2 | 2,549 | 2,587 | 38 |
| | 3 | 64 | 65 | 1 |
| | 4 | 1 | 1 | 0 |
| Flats and Maisonettes | Bedsit | 109 | 57 | -52 |
| | 1 | 1,732 | 1,691 | -41 |
| | 2 | 1,647 | 1,643 | -4 |
| | 3 | 333 | 329 | -4 |
| | 4 | 12 | 11 | -1 |
| Total | | 20,508 | 20,094 | -414 |

Portfolio Performance

There is currently very little information available on asset performance such as individual and average Net Present Values (NPV). In order to understand asset performance and to help us make more sophisticated and informed investment decisions, we will be developing our active asset management capability. This will also contribute to, and compliment wider regeneration activity, improving the sustainability of the SLHD portfolio and the wider neighbourhoods in which they sit.

3 Strategic Priorities

During the currency of this Asset Management Strategy, strategic priorities will be driven by achieving and maintaining service excellence in business as usual and becoming 'Fit to Invest' in promulgated initiatives that will present escalating demands on resource and investment. The most significant of these being Decent Homes 2, the Homes (Fitness for Human Habitation) Act 2018, the Zero Carbon Agenda and Building Safety Assurance.

The six priorities detailed below focus on achieving these objectives in a planned and deliverable manner, providing the foundations for effective delivery and long-term clarity on future demands.

a. Operational Efficiency

Existing resource structures, processes, procedures and ways of working have evolved to serve the business since its inception. Changes in strategic direction and world events have generated the opportunity to modernise the way asset management is delivered, and the impending escalation in investment detailed above, will require a different approach.

A process of realignment of delivery structures is underway and the introduction of better technology through the TOP project, Open Housing and C365 will help us to operate more efficiently at the same time as reducing risk.

The challenge now, is to develop simplified, intuitive systems, processes and procedures that support service excellence and operational efficiency.

The introduction of technology will also benefit our customers and allow us to respond more effectively. To promote this, we will pilot connectivity solutions that provide benefits such as reduced maintenance costs, lower energy bills and a better quality home environment for residents.

We will look at solutions that give us data in real time that help us maintain homes as healthy places in which to live and alert us to the warning signs of extremes of temperature and humidity that can lead to damp and mould growth, detect leaks and alert us to boiler failures.

b. Asset Intelligence

Complete, robust and reliable stock information is essential for us to make the right investment decisions at the right time. It informs the 30-year business plan and determines required programmes of work, together with the costs associated with that work. Where data is absent, incomplete or dated, the risk of inaccurate investment demands on the business is substantial.

A programme of stock condition surveying commenced in 2018 but was hampered by resource diversion to respond to floods and latterly by access issues during the COVID 19 pandemic. Consequently, we only hold data for 18% of our stock, under the sector benchmark for aged data of 5 years.

In order to plan effectively for escalating investment in Decent Homes 2 and the Zero Carbon agenda, we need to understand exactly what the current condition of our assets is and what the investment demand will be. Accordingly, a full-scale stock condition survey needs to be completed, well ahead of the anticipated escalation.

To meet sector standards we will require 20% of stock to be surveyed each year, a full stock survey once every 5 years, or a hybrid approach. Given our current status of 18% surveyed in the last 5 years, a loaded front-end approach would mitigate risk of unreliable business planning for the medium-term investment.

As a provider of social housing we are required to consider the viability of investment and balance commercial and social value where investment would appear to be unwise. The introduction of Active Asset Management and Stock Profiling will provide an evidence based, scientific approach to assessing the value of investment in properties that deliver a marginal or negative return. We currently need to understand the Net Present Value (NPV) of each of our assets and determine at what point they become a commercial liability. Decisions on whether to retain, dispose or find an alternative use can then be considered on a strategic or social basis. This may be applied to single properties, blocks, or wider patches where regeneration opportunities present.

We are aware that there are some big challenges ahead in asset management in Doncaster, including the decarbonisation of the housing stock and the building safety agenda. The investment requirements of these challenges will be over and above the provision in the current 30-year business plan. In addition, it is possible that some homes are not able to be improved to meet the new standards within acceptable cost.

c. High Rise Blocks

The status of high-rise ownership within social housing is being interrogated nationally in the context of the Grenfell tragedy and in the substantial increase in operational and financial obligations placed upon landlords. However, the viability of high-rise retention has been questioned for a number of years before Grenfell. This flows from the cost of bringing such properties up to a satisfactory standard against the remaining lifespan of the building.

SLHD high-rise portfolio has enjoyed significant investment in recent years, in making them safe and warm. Investment continues, to promote further safety and includes fire door upgrades and fire safety upgrades. There remains three high rise blocks that have a gas infrastructure for heating. As the risk posed by gas installations in buildings over 18m tall is elevated, subject to funding becoming available, we will remove gas services and replace with renewable energy heat sources. Grant funding should be available to part fund this proposal.

Issues with the cladding systems applied in recent times has presented issues but also opportunities to rethink investment in the short to medium term.

Notwithstanding this, a longer-term strategy needs to be developed to ensure future liabilities and remaining structural life are considered when planning current and medium-term investment.

Options appraisals will be conducted to objectively determine viability of investment and these need to consider social issues, wider neighbourhood sustainability and the political landscape.

d. Capital Investment

Capital Investment will continue to ensure the Decent Homes Standard is sustained, maintain external structure and fabric to a good standard that mitigates repairs, presents properties in a favourable light, and promote a good quality of public realm.

The strategic objective for 2021 will be to introduce longer term programmes of work, providing clarity and certainty for the medium term. This will not only allow us to plan effectively in terms of programme content and cashflow, but will generate efficiencies in contract delivery through continuity of work, resource allocation and scale. It will also enable us to engage more effectively with our customers.

Building stronger relationships with external contractors will promote us as clients of choice and this will become increasingly important as demand for contracting support is likely to escalate in the sector.

We will ensure that all homes have modern facilities which means that they have, for example, a reasonably modern kitchen (20 years old or less) and a reasonably modern bathroom (30 years old or less). Works to bring our homes up to the Decent Homes Standard were completed to the majority of the stock between 2005 and 2015, although some properties were not improved either through no access or customer refusal. These amounted to 1,400 in total. Since 2015 many of these homes have been improved to decent homes standard at re-let stage and others as part of an ad hoc re-inclusion programme.

Between 2025 and 2035 all the kitchens installed in the Decent Homes Programme will become 20 years old and require replacing, followed in 2035 to 2045 by the bathrooms, which will be reaching 30 years old. Our strategic priorities of Operational Efficiency and Asset Intelligence will support successful delivery of these future programmes.

As part of our longer-term planning, we will model different investment scenarios by considering bringing forward some replacements and putting back others to smooth the spending profile over a longer period of time. The modelling will take account of customer feedback, repairs data and stock condition survey information.

Through ongoing capital investment we will also continue to improve homes, through the re-let and re-inclusion programmes.

The Social Housing White Paper highlights the importance of having both a good quality home and a good quality neighbourhood to live in. Whilst investment has hitherto primarily been in improving homes, we have an ongoing programme of environmental improvements including car parking schemes, streetscape improvements and re-purposing of old garage sites. Recent examples include the repurposing of old garage sites in Rossington and a new access road, enclosing gardens and fencing in Highfield.

Green spaces and biodiversity can deliver major benefits to our health and wellbeing. St Leger Homes manages 20,090 homes set in 1,266 hectares of land of which, we estimate 7% is protected land comprising trees and woodland.

e. Carbon Reduction

SLHD is committed to meeting a number of targets set by government and DMBC. Our approach to doing so is detailed in the Environmental Strategy 2021-2024.

We recognise the growing importance of having energy efficient homes from the viewpoint of affordable warmth and the need, in the light of the climate emergency, to be moving to net zero carbon. Our Asset Management Strategy is complemented by our Environmental Strategy. Having delivered the decent homes programme between 2005 and 2015 we know that the low carbon housing agenda is the next imperative for Doncaster. Our strategy is an incremental approach to addressing affordable warmth in the short to medium term, leading on to net zero carbon in the longer term.

Affordable Warmth

Having a warm home is a basic need and is at the very core of our new housing standard.

We are using SAP to measure our journey to affordable warmth because SAP is an indicator of how much it costs to heat a home. Our target, in line with the government's fuel poverty strategy² is to meet EPC C as a minimum for all homes by 2030. EPC C is the level at which it is known from research that the risk of fuel poverty is less than 5%.

Currently, 64.85% of our homes are at EPC C and above and having the goal of wanting to achieve 100% by 2030 requires improving 4.39% each year, thus the targets for the next three years are:

2022 – 69.24% 2023 – 73.63% 2024 – 78.02%

We will achieve this through our capital investment programme which between 2021 and 2024 will benefit over 3,000 homes with External Wall Insulation and heating upgrades. [1,000 EWI (3 x 329 pa) on solid wall homes and 2,100 heating upgrades]

Net Zero carbon

A housing company's stock is responsible on average for 99% of its total carbon footprint³, therefore we want to continue to deliver energy efficiency improvements to those homes in management as a way of reducing their environmental impact. However, we realise that we will need to adopt a much more radical approach in the coming years, including deep retro fit and low carbon heating if we are to achieve net zero carbon.

As recommended in a report commissioned by SLHD and produced by 'Savills', a three-stage strategy to achieving net zero carbon by 2050 is proposed. In doing so, it is realised that if we follow the 2050 target we will not meet the Climate Emergency Declarations to which DMBC subscribes, to be carbon zero by 2040, and also to have achieved an 85% reduction by 2030. However, Savills has identified that there are some real financial and delivery challenges in meeting the climate emergency targets. Accordingly, the Asset Management Strategy and Environmental Strategy follow the Savills recommended zero carbon strategy, thus:

Stage 1 (2021 to 2035) – Reducing energy demand by upgrading insulation and the introduction of improved air tightness and ventilation. Within this stage, we will ensure that all homes below EPC C are upgraded to the C standard by 2030 to promote affordable warmth (see above).

² <https://www.gov.uk/government/publications/sustainable-warmth-protecting-vulnerable-households-in-england>

³ Sustainable Homes (2017) The Review: Safe as Houses

Stage 2 (2035 to 2045) - The removal of fossil fuel appliances and the introduction of electric heating and hot water forms the next stage of the strategy. Most likely through the introduction of air source and ground source heat pumps, although we will embrace new technology as it emerges.

Stage 3 (2040 or 2050) - This stage involves the introduction of low and zero carbon renewable technology to homes in order to offset residual carbon, based upon known decarbonisation rates of the national electricity grid. The Savills strategy assumes the BEIS projections for a fully decarbonised electricity grid will be achieved by 2050. If that is the case stages 1 and 2 will be sufficient to get our housing stock to net zero through our proposals for stages 1 and 2 alone. However, if we are to decarbonise by 2040, in line with the Doncaster climate emergency declaration then we will need to adopt other measures to offset residual CO2 emissions. These could include:

- Installing renewables such as solar PV with additional battery storage
- Installing solar hot water heating
- Community solar PV and community wind farms
- Tree planting to offset carbon

These additional measures will demand very significant investment.

f. Building Safety

Building Safety is of paramount importance to SLHD and significant investment has been made to ensure we are providing the safest of environments for our customers. A dedicated Building Safety Strategy is being developed but in summary we will ensure that all homes are free of hazards and are in a good state of repair. In terms of hazards this means a regime of regular checks and servicing to ensure that homes are safe from risk.

Our high level approach is summarised in the table below:

| Control of Risk | Frequency |
|------------------------|---|
| Fire risk assessment | 3 Yearly |
| Smoke Alarm | Annual |
| CO Detector | Annual |
| Gas safety | Annual |
| Solid Fuel | Annual |
| Electrical Check | 5 Yearly |
| Legionella | Weekly and six-monthly |
| Lifts | Monthly, bi-monthly and six-monthly |
| Asbestos | Risk based re-inspection regime according to Asbestos Management Plan |

From a building safety and compliance perspective, we will continue to adhere with all legislation, regulation and codes of practice in the six areas of compliance: fire, water, asbestos, gas, electricity and lifts & lifting equipment. We will commission regular independent health checks on how we are managing those areas of compliance to make sure that we fully understand our duty, that our policies and practices are robust, that our coverage is comprehensive and we have processes in place for training and assessing competency for operatives and contractors.

To help us manage and demonstrate compliance we are investing in a new ICT system that will provide a single live dashboard of the status in all six areas of compliance. This investment will allow us to provide customers with health check reports on their homes to provide peace of mind and demonstrate that we are transparent in our working practices.

We are preparing for the requirements of the Fire Safety Bill and the Building Safety Bill. With regard to the second, we are making arrangements to allocate resource to have designated Building Safety Managers for the High Rise blocks, who will oversee the creation of the building safety case and building safety files. In addition, we will review our pre-construction processes to include the gateway principles proposed in the Bill.

In all this our customers' voice will be key. Through our community engagement strategy, we will be open and transparent in the way we manage safety and compliance and provide easy access for customers to raise any concerns they have.

We are aware that the Decent Homes Consultation, introduced in the Housing White paper, will contain safety requirements so we will keep a watching brief so that we are ready to introduce any other changes that are part of the new standard.

Housing Health and Safety Rating System, Homes (Fitness for Human Habitation) Act 2018

We will ensure that all homes are free from risk when they are let retaining 'as let' photographs as a record of condition to evidence this in the light of subsequent claims that it was not. Our staff will continue to use every home visit as an opportunity to check for hazards and instances of disrepair, and make sure that these are reported back to the relevant team so they can be rectified.

In ensuring that all our homes are safe and in a good state of repair we will rigorously defend any claims of disrepair where we consider that we are not at fault. We have strong record in successfully defending disrepair claims where we consider that there is no liability and we will continue to take this firm approach. At the same time we will maintain our strategy to encourage customers to report repairs to us so that we can address them in a timely and effective manner. We will also continue to promote our complaints procedure so that customers who are unhappy with the condition of their home can come to us directly with their concerns.

4 Delivery and Performance

This strategy does not lend itself to a delivery action plan, but rather, the development of a set of project plans to cover each of the six Strategic Objectives. Although the Asset Management team will own the project plans, they will be developed cross service to capture impacts and influences from the wider business, residents and stakeholders. It is envisaged that these will be live documents as the nature of each objective is evolution. This is necessarily so, to ensure the outcomes support the optimum efficiency and effectiveness of the major capital investment delivery that will follow.

Finance of operational delivery of the proposals for the term of this strategy is secured through established budget allocation and efficiency savings to date, with the exception of the following:

- Gas installation removal to three High Rise Blocks. As alluded to previously, the majority can be financed through grant funding but it is likely that further budget allocation will be required to facilitate collateral works.
- External assistance with stock condition surveying for asset intelligence. Roughly 20% of stock surveying is accounted for from the current year efficiency savings, we hold about 18% good stock data, and a further 20% should be achieved internally. The balance will need to be funded through further budget allocation or from efficiency savings. It is important to note that this process will also capture the detailed thermal performance data for each home, that will inform delivery of the Environmental Strategy.
- Asset Performance Evaluation software will be essential to appropriately grade the viability of our existing portfolio. Enquiries and market research to source a best fit solution has commenced and it is anticipated that this will be funded from further budget allocation.

Success will be measured through delivery against targets and the development of a dedicated set of outputs and Key Performance Indicators (KIP's). These will be for individual initiatives and projects as well as programmes, and will take a 360 view including customer as well as business. They will be drawn from the Strategic Objectives of:

- a. Operational Efficiency**
- b. Asset Intelligence**
- c. High Rise**
- d. Capital Investment**
- e. Carbon Reduction**
- f. Building Safety**

It is recognised that some of these objectives will only be measurable by implementation and completion, but amongst these will emerge specific and measurable targets which will be developed by service leads in consultation with their teams and wider stakeholders.

Once established, outputs and indicators will be monitored on an ongoing basis and reported to Executive Management Team at regular intervals to ensure strategic objectives are being fulfilled.

5 Appendices

- a. Asset portfolio information
- b. 30-year business plan – to be inserted
- c. 3-year business plan – to be inserted

Appendix A – Asset Portfolio Categories

Dwelling Type and Bedroom Number

| Dwelling Type by Bedroom | Number |
|--------------------------|---------------|
| Bedsit | 57 |
| 1 | 57 |
| Bungalow | 5,923 |
| 1 | 3,270 |
| 2 | 2,587 |
| 3 | 65 |
| 4 | 1 |
| Flat | 3,417 |
| 1 | 1,683 |
| 2 | 1,610 |
| 3 | 123 |
| 4 | 1 |
| House | 10,440 |
| 1 | 8 |
| 2 | 2,011 |
| 3 | 8,031 |
| 4 | 384 |
| 5 | 3 |
| 6 | 3 |
| Maisonette | 257 |
| 1 | 8 |
| 2 | 33 |
| 3 | 206 |
| 4 | 10 |
| Total | 20,094 |

Non Housing Stock

| Non Housing Stock | Number |
|--------------------------|--------------|
| Caravan Plots | 145 |
| Shops and Flats | 105 |
| Garages and Garage plots | 2,526 |
| Leaseholders | 276 |
| Total | 3,052 |

Conservation Area and Listed Buildings

| Area | Number in Conservation Area | Number Grade II Status | Total |
|--------------|-----------------------------|------------------------|------------|
| Arksey | 22 | | 22 |
| Clayton | 9 | | 9 |
| Clifton | 3 | | 3 |
| Conisbrough | 4 | | 4 |
| Finningley | 4 | | 4 |
| Tickhill | 41 | | 41 |
| Wadworth | 2 | | 2 |
| Woodlands | 144 | 29 | 173 |
| Total | 229 | 29 | 258 |

Non-Traditional Homes

| Non Traditional Homes | Number |
|---|--------------|
| 239 - Myton (Brick Cavity) | 52 |
| 240 - Myton | 84 |
| 242 - Dorman Long | 100 |
| 243 - Bisf | 122 |
| 244 - Wimpey 1 | 801 |
| 245 - Easiform | 226 |
| 246 - Tower Block | 595 |
| 248 - Hawksley | 5 |
| 249 - Airey | 254 |
| 250 - Swedish Timber | 11 |
| 251 - Tarran | 94 |
| 252 - Reema | 259 |
| 253 - Unitys | 110 |
| 254 - Spooner | 82 |
| 256 - Cross Wall | 28 |
| 257 - Trusteel | 49 |
| 258 - Parkinson | 39 |
| 260 - Easiform (External Wall Insulation) | 22 |
| Total | 2,933 |

Build Period

| Year Built | Number |
|--------------|---------------|
| Pre 1919 | 103 |
| 1919-44 | 4,712 |
| 1945-64 | 6,421 |
| 1965-74 | 2,472 |
| 1975-99 | 5,902 |
| 2000-25 | 484 |
| Total | 20,094 |

Homes by Electoral Ward

| Ward | Number Homes | Number Households | % Homes in Ward |
|-----------------------------|---------------|-------------------|-----------------|
| Adwick and Carcroft | 1,720 | 6,695 | 26% |
| Armthorpe | 677 | 6,267 | 11% |
| Balby South | 949 | 4,409 | 22% |
| Bentley | 1,132 | 7,441 | 15% |
| Bessacarr | 768 | 6,188 | 12% |
| Conisbrough | 1,851 | 6,913 | 27% |
| Edenthorpe and Kirk Sandall | 313 | 3,442 | 9% |
| Edlington and Warmsworth | 796 | 4,944 | 16% |
| Finningley | 316 | 5,567 | 6% |
| Hatfield | 745 | 6,331 | 12% |
| Hexthorpe and Balby North | 700 | 7,106 | 10% |
| Mexborough | 1,653 | 6,549 | 25% |
| Norton and Askern | 798 | 6,580 | 12% |
| Roman Ridge | 710 | 5,057 | 14% |
| Rossington and Bawtry | 1,146 | 7,996 | 14% |
| Sprotbrough | 108 | 5,209 | 2% |
| Stainforth and Barnby Dun | 937 | 4,603 | 20% |
| Thorne and Moorends | 1,246 | 7,276 | 17% |
| Tickhill and Wadworth | 282 | 2,981 | 9% |
| Town | 1,118 | 7,614 | 15% |
| Wheatley Hills and Intake | 2,129 | 7,319 | 29% |
| Total | 20,094 | 126,487 | 16% |

Appendix B – 30 Year Business Plan

Appendix C – 3 Year Business Plan

DRAFT

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD

REPORT

Date : 5 August 2021

Item : 08

Subject : Environmental Strategy

Presented by : Chris Margrave
Director of Property Services

Prepared by : Chris Litherland
Asset Strategy Manager

Purpose : To approve the Environmental
Strategy 2021 - 2024.

Recommendation :

To approve the Environmental Strategy 2021 - 2024.

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. 08
Date: 5 August 2021**

1. Report Title

1.1 Environmental Strategy

2. Executive Summary

2.1 An Environmental Strategy has been produced for 2021 to 2024 and this outlines SLHD's commitment to environmental sustainability. The strategy covers the following areas of the business;

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

The strategy is attached to the report at appendix 1

2.2 Doncaster Council declared a climate and biodiversity emergency in September 2019. Subsequently, in July 2020 Doncaster's Commission on the Climate and Biodiversity Emergency, agreed an interim position statement, which reads:

'Doncaster, all of its public institutions, businesses and communities, should keep within its carbon budget, deliver an 85% reduction in net greenhouse gas emissions by 2030 and net-zero emissions by 2040.'

2.3 Our vision is to achieve net zero carbon. With this strategy, we are making the preparations for that journey. Over the lifetime of this strategy, we will:

Year 1 – Undertake detailed design and technical appraisal of building archetypes.

Year 2 – Trial technical solutions at pilot scale.

Year 3 – Develop a long term investment plan and procurement strategy.

Having completed that preparatory work, we will commence a 3 stage plan to achieve net zero carbon.

On our transition to net zero carbon, we will reduce the risk of households living in fuel poverty.

2.4 We recognise that sustainability is not solely about zero carbon. Our strategy has other important sustainability targets for our homes, such as, improving resilience to climate change and helping customers to reduce waste and water usage

3. Purpose

3.1 To approve the Environmental Strategy 2021 - 2024.

4. Recommendation

4.1 To approve the Environmental Strategy 2021 - 2024.

5. Background

5.1 This strategy builds on the progress made in delivering the 2017 to 2020 Environmental Strategy.

5.2 The Environmental Strategy is designed to support the vision, values, strategic objectives and delivery of the 5 year corporate plan to provide homes in neighbourhoods that people are proud to live in. In our efforts to achieve that, a key objective is to ensure that all homes are modern, decent and energy efficient. We aim to do this by delivering this new environmental strategy and by improving the energy efficiency of properties.

6. Environmental Strategy 2021 - 24

6.1 Our first priorities are fuel poverty and resilience to climate change recognising that these are the things that are most important to our customers. We have set targets to ensure that 75% of homes are at EPC level C and above by 2024 on our way to achieve 100% by 2030.

6.2 As temperatures increase the likelihood of extreme weather events is greater. We will continue to refine our risk assessments, we will see that residents are signed up for flood warnings, and that homes at risk of overheating have mitigation measures in place.

6.3 We will continue to engage with customers and staff to encourage good environmental behaviours.

6.4 We will be piloting connectivity solutions that give the following benefits; reduced maintenance costs, lower energy bills and better quality home environment for residents.

6.5 We will begin a programme to increase the biomass density of our green

spaces, for example, with wildlife planting and we will encourage our customers to do the same in their gardens.

- 6.6 In this, we are making a clear statement that environmental responsibility is an integral part of our business. We have targets for reducing waste, reducing travel and sustainable purchasing. We will continue to benchmark our performance using the 21 environmental criteria in the SHIFT assessment with the aim of retaining our gold status. More details are contained in the delivery plan at appendix 2.

7. Procurement

- 7.1 SLHD Procurement Strategy stresses the importance of corporate social responsibility in sourcing locally wherever possible, for the social, environmental and economic well-being of Doncaster.

- 7.2 There are a number of actions regarding procurement in the strategy, for example, increasing the amount of materials and supplies from sustainable sources.

8. VFM Considerations

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

- 8.2 Goods from sustainable sources should offer good VfM, taking into account whole life costings, as well as environmental benefits.

9. Financial Implications

- 9.1 It is envisaged that the initiatives in the 3-year strategy can all be achieved within existing budgets.

- 9.2 Four year budgets have been set for the improvements and investment within the Council's housing stock therefore we have clear financial budgets within which we must target our expenditure.

- 9.3 SLHD has a three year budget strategy and these are approved by the Board in March each year.

- 9.4 Stock condition survey plans are currently being finalised and will commence in this financial year. The results of the surveys will be used to inform medium and longer term financial planning.

10. Legal Implications

10.1 There are no legal implications arising from this report.

11. Risks

11.1 Risk implications are detailed in the strategy. Climate change is causing more extreme weather events and governments around the world including the UK are committing to reducing carbon omissions and adopting a greener approach. SLHD is committed to contributing the UK's and more specifically Doncaster's plans to meet environmental targets.

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

3 manage political and local expectations of St Leger Homes

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

7 manage corporate health, safety and compliance risks

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

12. IT Implications

12.1 The Environmental Strategy proposes trialling technical solutions in Year 2 of the plan (in 2023) and can be incorporated into the ICT Strategy Action Plan, to ensure a consistent, secure and practical implementation of any pilot(s).

12.2 The use of existing solutions can be explored to deliver some of the proposed Aims, however there are also good opportunities to investigate and introduce more innovative solutions, such as Internet of Things (IoT) technologies.

12.3 All proposals should be done in conjunction with the Business Transformation and ICT Teams, to assist in the development of the business cases and implementation plans.

13. Consultation

13.1 In the light of the COVID restrictions in 2020-21 we consulted virtually with 200 customers on the Get Involved Group (GIG) and asked them to complete a short survey. We received 39 surveys back, representing a 20% response rate.

There was unanimous support for the sustainability goals as set out in this strategy.

- 13.2 Staff surveys were undertaken in 2018 and 2020 to ascertain how colleagues' attitudes to green issues had changed over time. Staff measured their carbon footprint in 2018 and again in 2020. It was heartening to see that over that time the footprints had decreased by 9%, indicating that messages about changing behaviours are translating in positive actions
- 13.3 We also invited an independent opinion on our draft strategy from SHIFT Environmental, who were impressed at the detail and coverage of our plans spanning both offices and housing stock as well as business operations backed up with SMART targets in the action plan.
- 13.4 Consultation has taken place with officers and elected members of the Council. Feedback received has been incorporated into the proposed strategy.

14. Diversity

- 14.1 An Equality Assessment has been completed (see below).

15. Communication Requirements

- 15.1 One of the themes Strategy is to raise awareness on environmental matters with staff and customers alike. The key message is we can all make small changes in what we do, which put together can have a big impact on reducing environmental damage.
- 15.2 Research has shown that physical improvements to improve energy efficiency, for example, are more effective when they are done alongside, behavioural change programmes.
- 15.3 As the strategy is delivered there will be some great messages to be sent out to the public in Doncaster, which will help to strengthen the St Leger brand as an organisation that takes its environmental responsibility very seriously.

16. Equality Analysis (new/revised Policies)

- 16.1 An Equality Impact Assessment has been completed and the conclusion is that none of the initiatives in the strategy would have an adverse effect on one of more of the groups in the Equality Act.
- 16.2
 - Decreasing the numbers of homes at risk of fuel poverty will have a positive impact on older people and those with disability or pregnant.
 - Action of homes at danger of overheating will have a positive impact on the same protected groups.
 - Improving the amount of biodiversity will boost mental health in all

- protected groups.
- Using technology as an early warning sign of air quality, condensation and mould growth will have a positive impact on all groups.

16.3 There is a danger that if we do not move to zero carbon in a sequential way (by reducing heat demand before investing in low carbon heating) that residents fuel bills will increase. The strategy must ensure that this does not happen by laying a foundation for the journey to zero carbon based on asset intelligence, detailed survey, design work and pilot studies.

Post implementation analysis need to be put in place to measure real performance change and ensure there are no unwanted outcomes. In this awareness raising with staff and residents will be crucial so that all understand how new heating technologies work.

17. Environmental Impact

17.1 The purpose of the strategy is to reduce the environmental impact of the work that SLHD does.

18. Report Author, Position, Contact Details

18.1 Chris Litherland, Asset Strategy Manager
Tel: 01302 737002

19. Background Papers

19.1 Appendix 1 – Environmental Strategy 2021 - 24
Appendix 2 – Delivery Plan

Foreword

Our Environmental Strategy shows that we at St Leger Homes take green issues very seriously and recognise our responsibility to help protect the planet. We are committed to improving the sustainability of everything we do and minimising the impact we have on the environment through this strategy. We have come a long way in recent years by investing in the housing stock, and reducing the amount we travel but we recognise there is still more to do, not least, with the need to achieve Net Zero Carbon.

In this strategy, we lay the important preparations for the journey to make St Leger Homes Net Zero Carbon. In addition, we set out our plans to continue to improve the sustainability of our business practices.

I would encourage you to read the Environmental Strategy and to reflect as to how you, as an interested individual, can help to reduce your carbon footprint. Remember lots of small changes add up to make a big difference.

Dave Richmond – Chief Executive

Introduction

St Leger Homes is an award winning company that has gained external accreditation for its environmental performance. We have achieved a lot over recent years, but, there is much more to do in the future in order to continue to improve our sustainability as a business. This strategy marks the next step in our journey.

The strategy sets out our corporate sustainability goals over the next 3 years, from 2021 to 2024. It sets those shorter term targets in the light of longer term ambitions, most notably, to achieve net zero carbon housing. In setting these ambitious targets we are making a clear statement that environmental responsibility is an integral part of our business.

We were very proud to receive external recognition of our environmental performance in 2020 when we achieved SHIFT Gold. With this strategy we aim to maintain that gold award and use the SHIFT recommendations to further improve our sustainability.

Details of the targets and actions in the strategy are contained in the development plan, which can be found at appendix A.

This strategy is to support tenants and residents to reduce energy consumption whilst reducing the risk of fuel poverty, to keep them safe and warm. Whilst doing this, we will also be targeting our operations and supply chain emissions to ensure that the organisation's environmental actions are holistic and span all areas of the business. This strategy is also for our employees and their wellbeing.

Context and organisational overview

The National Context

The [Climate Change Act 2008](#) introduced the UK's first legally binding target for 2050 to reduce greenhouse gas emissions by at least 80% compared to 1990 levels.

On 27 June 2019 the UK government [amended the Climate Change Act](#) and set a legally binding target to achieve net zero greenhouse gas emissions from across the UK economy by 2050. This world-leading target will bring to an end the UK's contribution to climate change¹.

The Climate Change Committee report that 14% of the UK's carbon emissions come from homes². The Government wants social housing to take the lead in the transition to low carbon homes by bringing forward solutions that can be replicated in the private sector. In doing so, it is expected that social housing providers will be developing long term procurement strategies providing economic benefits to local communities with training and employment opportunities.

In November 2020 the Government unveiled it's 10 point plan for a green industrial revolution accelerating our path to net zero, including greener transport, greener buildings and protecting our natural environment. There will be a Future Home Standard comprising of high levels of energy efficiency and low carbon heating.

We want to be part of the Government's drive to stimulate the post COVID economy via a green recovery, making use of Green Homes Grants, Local Authority Delivery and the Social Housing Decarbonisation Fund to contribute to the cost of making our homes more energy efficient.

We are also aware of the Government's consultation on parts L and F of the building regulations concerning overheating in buildings and a minimum standard for replacement thermal elements, such as doors and windows etc. as part of any refurbishment programme.

SHIFT

SLHD belongs to SHIFT (Sustainable Homes Index for Tomorrow). SHIFT is the sustainability standard for the housing sector. Provided by Suss Housing, supported by key organisations in the sector, it is an independent assessment and accreditation scheme that demonstrates organisations are delivering against challenging environmental targets.

The SHIFT assessment measures organisations against 21 environmental criteria, including CO2 emissions, water use, landfill waste and response to climate change risks. Organisations that are assessed receive SHIFT Commended, Bronze, Silver, Gold or Platinum accreditation, depending on their performance, and a bespoke report with tailored recommendations on how to improve. The benchmarking assessment covers all areas of the business; existing homes, new build homes, offices, strategy, management and supply chain.

In 2019, our first submission, we achieved silver accreditation and in 2020 we improved on that by achieving gold.

¹ <https://www.gov.uk/guidance/climate-change-explained#history>

² <https://www.theccc.org.uk/2019/02/21/uk-homes-unfit-for-the-challenges-of-climate-change-ccc-says/>



Achieving SHIFT accreditation allows us to demonstrate our environmental credentials to funders, partners and regulators. It also helps reduce fuel poverty and improve the financial resilience of our customers.

SHIFT provides us with recommendations for improvement, helps us to understand where to focus future strategy and investment to achieve better environmental performance. SHIFT helps us to improve the quality of life for our residents and staff through higher quality homes and offices. It also improves the environment for everyone.

Naturally, over time, we would like to achieve SHIFT Platinum, which in 2020 was 77 points, some 20 higher than we achieved. Platinum also requires 12 key targets to be met and in 2020 we hit 7 of these. At the time of writing, no other housing provider has achieved platinum.

We will undertake a gap analysis of the improvements required to reach platinum level as part of this strategy, but we understand achieving that will involve real progress in the journey to net zero carbon, through significant investment in the housing stock.

The Local Context

Doncaster Council declared a climate and biodiversity emergency in September 2019. Subsequently, in July 2020 Doncaster's Commission on the Climate and Biodiversity Emergency, agreed an interim position statement, which reads:

'Doncaster, all of its public institutions, businesses and communities, should keep within its carbon budget, deliver an 85% reduction in net greenhouse gas emissions by 2030 and net-zero emissions by 2040.'

The developing Borough strategy in Doncaster for wellbeing (WD2030) contains six goals including

- Greener and Cleaner
- Safe and Resilient

Turning to housing, the Doncaster Council's Housing Strategy Vision to 2025 has the following aims:

- Our residents live in safe & healthy homes, in communities that are resilient and prosperous
- All agencies and residents work together to make our homes fit for the future
- Homes will change over time to meet our changing needs, with adaptable design, greater digital connectivity, higher energy efficiency and remain affordability

Whilst the strategic vision to 2030 and beyond is to make homes greener and more energy efficient to reduce carbon emissions and keep energy costs affordable.

St Leger Homes Vision, Strategic Objectives and Behaviours

In 2019 SLHD agreed a new 5 year corporate plan, 2019-24, with a mission to provide homes in neighbourhoods that people are proud to live in. In our efforts to achieve that, a key objective is to ensure that all homes are modern decent and energy efficient. We aim to do this by delivering this new environmental strategy and by improving the energy efficiency of properties.

Furthermore, as part of team Doncaster, delivering the aims of *Doncaster Growing Together*, SLHD will help to deliver anti-poverty commitments, by reducing the risk of fuel poverty and support 'this is my Doncaster' campaign to ensure that all assets and land are clean, green and well maintained.

There are clear and strong links to our asset management strategy, which is being updated and will reflect our ambitions for a net zero carbon making sure we are choosing the right investment choices for the long term sustainability of the housing stock.

Consultation and our Customers

To ensure that we are publicly accountable for the delivery of this strategy it will be published on our website

In compiling the strategy we have consulted with customers, staff and stakeholders.

In the light of the COVID restrictions in 2020-21 we consulted virtually with 200 customers on the Get Involved Group (GIG) and asked them to complete a short survey. We received 39 surveys back, representing a 20% response rate.

There was unanimous support for the sustainability goals as set out in this strategy. One customer commented:

I think all the (priorities) offered are very important and it's at least good that these problems are being addressed

And there was a clear endorsement that affordable warmth and resilience to climate change should be our priorities in 2021 to 2024.

Other customers commented on the importance of the environment about them with suggestions to 'plant more trees' and 'there's a lot of waste space that could be generated into social areas thus improving social capital through community spirit'.

The quality of the air both inside and outside the home were also commented upon with customers concerned about the adverse effect on their health caused by condensation and vehicle pollution.

Staff surveys were undertaken in 2018 and 2020 to ascertain how colleagues' attitudes to green issues had changed over time. The 2020 survey was carried out prior to COVID 19 and a number of things coming out of it have subsequently been addressed by the Company's response to the pandemic.

- Commuting – 90% of staff commute to and from work by car, but as a result of home working through the COVID restrictions the amount of commuting has drastically reduced. We have calculated not commuting every day reduces the amount of greenhouse gases by 200 tonnes per year. Through this strategy SLHD wants to encourage agile working, including working from home for the greater proportion of the working week
- Video conferencing – the survey showed that prior to COVID 19 many staff struggled to make video conferencing work for them. Better software put in to facilitate agile working during the lock down has resulted in video conferencing becoming a normal work activity.
- Carbon footprint – Staff measured their carbon footprint in 2018 and again in 2020. It was heartening to see that over that time the footprints had decreased by 9%, indicating that messages about changing behaviours are translating in positive actions
- Recycling – This was a stand-out theme in the 2020 survey but the responses showed that many staff are simply not aware of the amount of recycling that actually goes on. This strategy needs to ensure that communication with staff on green issues remains a priority

Consultation has taken place with officers and elected members of Doncaster Council. Feedback received has been incorporated into the proposed strategy.

We also invited an independent opinion on our draft strategy from SHIFT Environmental, who were impressed at the detail and coverage of our plans spanning both offices and housing stock as well as business operations backed up with SMART targets in the action plan.

Strategy Outcomes and Commitments

Our vision is to achieve Net Zero Carbon.

With this strategy, we are making the preparations for that journey. Over the lifetime of this strategy, we will:

| | |
|-----------|--|
| 2021 - 22 | Undertake detailed design surveys across the stock to identify technical suitability for zero carbon measures in different building archetypes |
|-----------|--|

| | |
|-----------|---|
| 2022 - 23 | Explore and trial technical solutions across building archetypes to ensure suitability and affordability. This could involve localised scheme upgrades designed to inform the wider strategy. |
| 2023 – 24 | Develop a long-term investment plan and procurement strategy that provides low carbon training and job opportunities in Doncaster and reflects budget availability for both in house and contractor delivery. |

Having completed that preparatory work, we will commence with stage 1-fabric improvements from 2024.

On our transition to net zero carbon, we will reduce the risk of households living in fuel poverty.

We will operate as a responsible business with excellent environmental practices, policies and procedures.

The following sections of the strategy layout our rationale for change and our commitments for improvement as we strive for greater sustainability. These are grouped into the following areas:

- Homes
- Ecology
- Innovation and Technology
- Responsible Business
- Raising Awareness

Homes

Our first priorities are fuel poverty and resilience to climate change recognising that these are the things that are most important to our customers.

Fuel Poverty

In 2017 we set a target that all properties should be at a minimum level of EPC D (SAP 55) by 2020, which we have achieved, through investment and updating of energy data. The government’s updated fuel poverty strategy *Sustainable Warmth – Protecting Vulnerable Households in England*³ updates the measure defines household to be fuel poor if it:

- Has a residual income below the poverty line (net of required fuel costs) and
- Lives in a home that has an energy efficiency rating below Band C

The government strategy sets a fuel poverty target for as many fuel poor homes to be Band C as is reasonably practicable.

³ <https://www.gov.uk/government/publications/sustainable-warmth-protecting-vulnerable-households-in-england>

We agree and this is the target that we will set ourselves in Doncaster. EPC C is the level at which it is known from research that the risk of fuel poverty is less than 5%.

The picture in 2020 was that 64.85% of homes are EPC Band C and above and 7,069 (35.14%) of homes are below band C. We know that we are ahead of the curve in addressing fuel poverty compared to homes in other tenures⁴ (see table below), but that is not a reason to be complacent and we aim to continue to lead the way.

| Tenure | % of A – C rated homes |
|---------------------|------------------------|
| Owner Occupied | 29.1 |
| Private rented | 32.6 |
| Local Authority | 50.4 |
| Housing Association | 59.6 |
| All Dwellings | 34.3 |

Our revised target for this strategy is to further reduce the risk of households living in fuel poverty by setting a new target of the number of homes in EPC Band C and above.

Taking 64.85% of homes at C and above as a starting point and having the goal of wanting to achieve 100% in 2030 requires improving 4.39% each year, thus the targets for the next four years are:

2022 – 69.24%

2023 – 73.63%

2024 – 78.02%

Our 30 year asset management plan shows that achieving level C for all homes by 2030 is achievable for most homes, however, some will require additional investment, such as renewables or low carbon heating.

Resilience to Climate Change

According to the Met Office, climate change is causing many extreme weather events to become more intense and frequent, such as heatwaves, droughts, and floods.

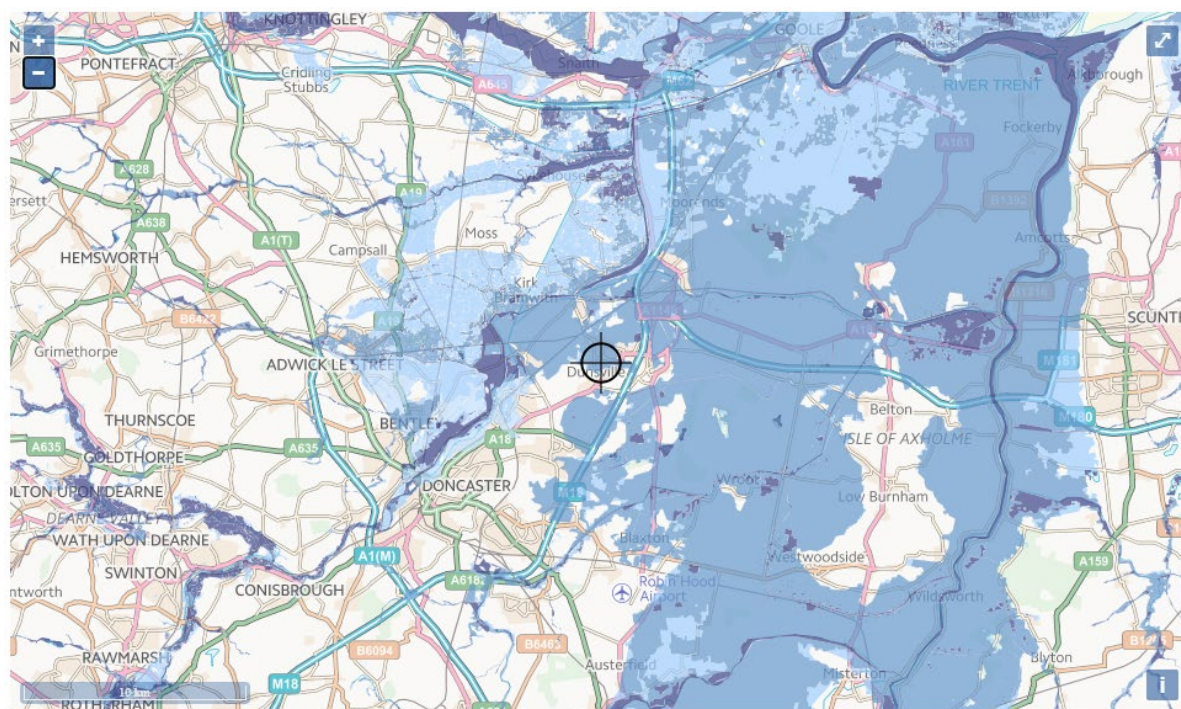
Flooding

In November 2019 some communities in Doncaster, along with others in northern England experienced devastating flooding after a period of prolonged heavy rainfall. For some in Doncaster, this was the second time they had flooded, in recent years, having experienced a previous incident in 2007. Increased flooding is the biggest impact on the UK of the climate crisis according to the Committee on Climate

⁴ English Housing Survey Energy efficiency, 2018-19

Change⁵. Met Office data shows the amount of rain from extremely wet days has increased by 17%, when comparing 2008-17 records with those from 1961-90.

Doncaster lies on the west to east down slope from the Peak District and a level basin just east of the town. There are a number of rivers running through the Borough, including the Don, Dearne, Torne and EA Beck. Flood defences include walls, embankments, flood storage areas and land drainage systems both pumped and gravity fed. Due to the low lying nature of the land, high fluvial flows from upstream and the high tidal influences downstream parts of the Borough have a long history of widespread flooding⁶. The map below from the Environment Agency shows the large extent of fluvial flood risk in the Borough.



Extent of flooding from rivers or the sea

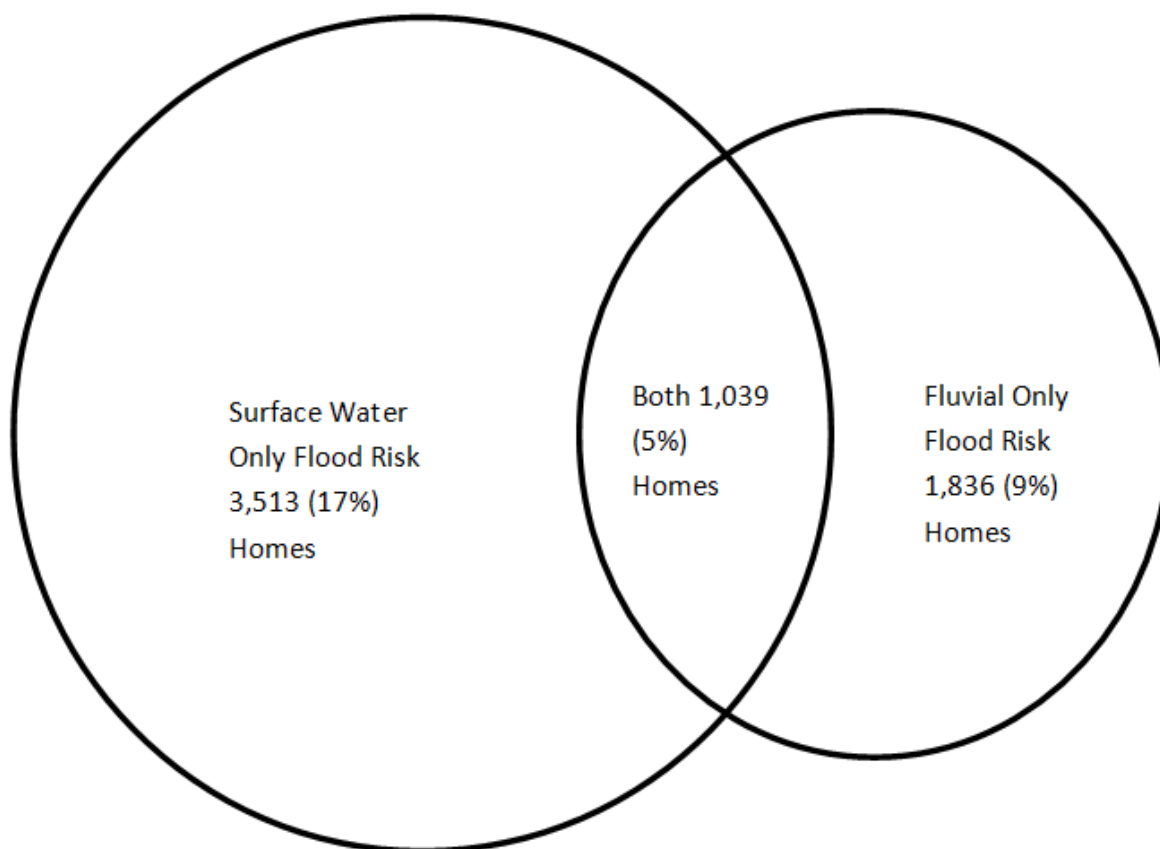
● High ● Medium ● Low ● Very low ⊕ Location you selected

In 2020 we completed a flood risk assessment exercise on all the homes in management using Environment Agency data on surface water and fluvial flood risk. The results of the assessment reveal that just under a third of homes (31.80%) are at medium or high risk of flooding. Given the nature of the water catchment area in Doncaster this figure is not a surprise.

The diagram below illustrates there are 1,836 homes at risk of fluvial flooding only and 3,513 at risk of surface water flooding only. 1,039 homes are at risk of both types of flooding, making 6,388 homes in total that are at medium or high risk of at least one sort of flooding.

⁵ <https://www.theguardian.com/environment/2019/nov/12/flooding-caused-by-poor-management-and-floodplain-building>

⁶ [Section 19 Flood Investigation Report V2.pdf](#)



| Medium and High Flood Risk | No Homes | % Total Homes |
|----------------------------|----------|---------------|
| Fluvial Flooding Only | 1,836 | 9.14% |
| Surface Flooding Only | 3,513 | 17.49% |
| Both | 1,039 | 5.17% |
| Total | 6,388 | 31.80% |

We will continue to work with the Council to ensure drains are fully functional and maintained and we will investigate what attenuation measures, for example, by investing in good quality green areas and property level protection we can provide.

We will contact the 1,836 customers that live in homes in medium or high risk to fluvial flooding to ensure they are signed up to early flood alerts.

Overheating

Met office projections indicate more heatwaves in future. In 2020 we undertook a high level overheating risk assessment using asset data, including post code, build year, property type and heating type. Using the SHIFT risk assessment tool we calculated that 97% of homes are at a low risk of overheating.

We will ensure that for the 600 homes identified at high risk, there is adequate ventilation in place, or that fans are available in the event of a heatwave. We will investigate what attenuation measures, can be put in place, for example, by investing in good quality green areas because we know that the cooling benefit they can bring in heatwaves.

Net Zero Carbon

A housing company's stock is responsible on average for 99% of its total carbon footprint⁷, therefore we want to continue to deliver energy efficiency improvements to those homes in management as a way of reducing their environmental impact. However, we realise that we will need to adopt a much more radical approach in the coming years, including deep retro fit and low carbon heating, if we are to get to net zero carbon.

The initial emphasis in this strategy will be to get as many homes as possible to the fuel poverty target of EPC level C or better (see above), but, as part of that commitment, we recognise we need a road map to help us to make the right investment options to get to zero carbon. We plan to have that road map in place and to have started the investment as part of the delivery of this strategy.

The average SAP level in 2017 was 66.09 and SLHD set a target for this to be improved to 70 by 2020. As a result of continuing investment and updating energy data the average SAP in 2020 had risen to 71.49. Note both these SAP figures are calculated using SAP 2009, which was the current SAP version in 2017. The average SAP calculated using the current version SAP, which is 2012, is 70.19

That figure compares well with housing stock in in England where the average SAP in 2018 was 63.2⁸ The same survey breaks down average SAP in 2018 by tenure, which is reproduced in the table below:

| Tenure | Average SAP |
|---------------------|-------------|
| Owner Occupied | 62.1 |
| Private rented | 62.3 |
| Local Authority | 67.6 |
| Housing Association | 68.9 |
| All Dwellings | 63.2 |

However, there is little room for complacency; in 2019 the SHIFT landlord's average SAP was 70.3, and the science based target for zero carbon by 2050 is average SAP 86. To be on course for that 2050 target, SHIFT recommends that average SAP in 2020 should be 72.89.

SAP is a measure of the energy efficiency of a home and not, in itself, a measure of carbon emissions. Do get at that figure and also provide some options for zero carbon we asked Savills to do some in depth analysis of the housing stock.

Work by Savills in 2020-21 calculated that the current total tonnes of Co2 produced per annum by the homes in management is 56,611. Prior to the investment in the Decent Homes Programme from 2005 we calculate that the annual carbon productions was 16,718 tonnes higher at 73,329 tonnes per annum. Savills propose that St Leger Homes adopts a three stage strategy to decarbonise the housing stock,

⁷ Sustainable Homes (2017) The Review: Safe as Houses

⁸ English Housing Survey Energy efficiency, 2018-19

which would reduce the carbon production to 10,075 tonnes per annum, which represents an 86% reduction, relative to 2005 levels.

Stage 1 Reduction of Energy Demand – Fabric Improvements 2021 to 2035/40

Reducing heat demand will require upgrading building insulation and the introduction of improved air tightness and ventilation. In most cases it will be necessary to insulate the whole building envelope including floors, walls, roofs, windows and doors. Ventilation systems will be required to minimise any condensation/mould arising from sealing up the building. Within this stage we will ensure that all homes below EPC are upgraded to the C standard by 2030, for the reasons of affordable warmth (see above).

Stage 2 Technological Solutions to Building Services 2035 to 2045

The removal of fossil fuel appliances and the introduction of electric heating and hot water forms the next stage of the strategy, most likely through the introduction of air source and ground source heat pumps. Other forms of low carbon heating, such as hydrogen may be an alternative to gas but presently the technology is not as advanced as the electric options proposed. Nevertheless, this is something we will keep under review over the coming years.

Stage 3 Achieving Net Zero Carbon 2040 or 2050

This stage involves the introduction of low and zero carbon renewable technology to homes in order to offset residual carbon based upon known decarbonisation rates of the electric grid. Following implementation of stages 1 and 2 and depending on archetype, in the region of 40% - 60% of future energy consumption and residual CO₂ emissions comes from hot water generation and the use of solar thermal hot water systems where practicable would help mitigate this. The Savills strategy assumes the BEIS projections for a fully decarbonised electricity grid will be achieved by 2050. If that is the case stages 1 and 2 will be sufficient to get the housing stock to net zero by stages 1 and 2 alone. However, if we are to decarbonise by 2040, in line with the climate emergency declaration then we will need to adopt other measures to offset residual CO₂ emissions. These could include:

- Installing renewables such as solar PV, including battery storage
- Installing solar hot water heating
- Community solar PV and community wind farms
- Tree planting to offset carbon

The cost of treating each dwelling to achieve net zero carbon (stages 1 and 2 above) vary from about £10,000 to over £40,000 per dwelling excluding VAT, with an average cost of approx. £30,000. The total cost for all homes in management is estimated to be in the region of £608m.

As stated above stages 1 and 2 result in residual carbon emissions of 10,075 tonnes. If the 2050 (Government) target is adopted and we assume that the electricity grid is decarbonised by then, these emissions will be eliminated and the

housing stock will be net zero. To achieve net zero by 2040 (the Doncaster target) there will be the additional costs of stage 3 to add, for example with the addition of solar PV to at least 12,000 homes at a cost of approx. £48m. The table below compares the cost of 2040 and 2050 net zero.

| STANDARD | 2040 | 2050 |
|--|--------------|--------------|
| Stage 1 Fabric Improvements (inc floors) | £399m | £399m |
| Stage 2 Building technology and Heating | £209m | £209m |
| Total Near Zero Carbon | £608m | £608m |
| Stage 3 Net Zero Carbon via PVs | £48m | n/a |
| Budget for NZC | £656m | £608m |

Some of these costs can be covered by existing provision in the 30 year business plan for the replacement of heating systems, doors, windows and insulation upgrades. Looking at the plan £294m is already accounted for up to 2050 but the for the earlier 2040 target the amount reduces to £205m. See the following table:

| SCS Zero Carbon related Costs | 2040 | 2050 |
|--|----------------|----------------|
| Heating | £41.6m | £51.1m |
| Windows and doors | £35.9m | £65.6m |
| External fabric inc walls & flat roofs | £67.6m | £89.3m |
| Other – EWI, energy eff work etc | £60.1m | £88.1m |
| Net Deduction | £205.2m | £294.1m |

The additional cost of achieving net zero for each timeframe is therefore:

| | 2040 | 2050 |
|--|----------------|----------------|
| Total Net Zero Carbon | £656m | £608m |
| 30 year capital programme deduction | £205.2m | £294.1m |
| Indicative Net Zero Carbon Costs | £450.8m | £313.9m |
| Average Net Cost per dwelling | £22,435 | £15,624 |

In terms of gearing up for the proposed staged route to zero carbon, over the lifetime of this strategy we will:

- Continue validating the stock condition and energy data and filling gaps as necessary.

- Model the stock NPVs to determine financial performance in light of the zero carbon standard and confirm the long term future to support the levels of investment required. It must be borne in mind that this represents a significant investment in homes that will be expected to have a life in excess of 50+ years.
- For marginal and negative performing stock undertake option appraisals to determine their future and confirm whether investment is to go ahead.
- Review difficult to treat properties and determine appropriate solutions.
- For stock with a long term sustainable future, develop a new holistic and sustainable investment plan that reflects both normal stock investment, EPC C and zero carbon work. As option appraisals are completed of poor performing stock, these homes will be added to the investment plan as appropriate.
- Review all zero carbon work components in relation to life cycle replacements of existing components.
- Undertake detailed design surveys across the stock to identify technical suitability for zero carbon measures for different building archetypes.
- Explore and trial technical solutions across building archetypes to ensure suitability and affordability. This could involve localised scheme upgrades designed to inform the wider strategy.
- Review affordability and explore funding.
- Embark on the implementation of improvement measures to selected sustainable pilot properties/blocks/estates that reflect the wider agreed strategy and build up a level of expertise internally as well as a supply chain.
- Consult with tenants and leaseholders.
- Develop a long term implementation and procurement strategy that reflects the investment plan and budget availability for both in house and contractor delivery.
- Gear up to commence programme delivery from 2023/24

We recognise that sustainability is not solely about zero carbon. Our development plan has other important sustainability targets for our homes, such as helping customers to reduce waste and water usage (please refer to the development plan for more details of these actions).

Ecology

Green spaces and biodiversity can deliver major benefits to our health and wellbeing. These include air quality improvement, flood attenuation and cooling during heatwaves. St Leger Homes manages 20,090 homes set in 1,266 hectares of land, of which, from the SHIFT assessment we estimate 7% is protected land, comprising trees and woodland. The assessment was based on a sample area of homes and gardens and open space. SHIFT research indicates that 19% of housing land should be protected by 2043.

We want to provide more protected areas, for the benefit of the environment and the wellbeing of our neighbourhoods and in order to do that we will continue with our tree surveys, in partnership with Doncaster Council (8,095 trees in gardens and 5,453 in open spaces have been identified so far) and we will use other innovative methods, such as satellite imaging, to establish to baseline position of protected land.

Once the baseline position is accurately known we will begin a programme to increase the biomass density of our green spaces, for example, with wildlife planting and we will encourage our customers to do the same in their gardens. At this point it will be possible to set targets to reach the 19% target for protected areas by 2043.

We will also co-ordinate with the Council to play our part in the delivery of the Mayor's commitment to plant one million trees in the Borough.

As we increase the amount of protected land, we will as far as we can make these areas self-maintaining and we will reduce the amount of land requiring grass cutting. Any resultant cost savings will be used to help deliver the priorities in this strategy, for example, by offering encouragement for TARAs and tenants to increase biodiversity in the areas in and around their homes.

Innovation and Technology

The coming years will see more and more innovation as the green economy develops and we want to be part of that, making use of Green Homes Grants, Local Authority Delivery and the Social Housing Decarbonisation Fund to invest in new technologies.

We will be piloting connectivity solutions that give the following benefits; reduced maintenance costs, lower energy bills and better quality home environment for residents. In particular, we will be looking to trial technological innovation that provides:

- Diagnostic information on heating faults
- The ability to test fire boilers ahead of the colder months
- Temperature and humidity monitoring to alert to the dangers of condensation and mould growth
- Offer smart heating controls to customers that enable them to save money

Responsible Business

With this strategy we are making a clear statement that environmental responsibility in an integral part of our business and we will continue to benchmark our performance using the 21 criteria in the SHIFT's assessment. These include targets for reducing waste, travel and sustainable purchasing. More details can be found in the development plan.

We will continue to develop our approach to agile working making use of the opportunity that provides to work more sustainably. We will monitor our energy and water usage in offices and have set targets to maintain our good performance and further improve over the life of the strategy.

In transport terms we will review our driving policy and challenge ourselves and our contractors to reduce vehicle emissions, for example, by considering electric vehicles and other greener travel options.

With regard to reducing waste we are committing to make all our processes paperless over the next 3 years, taking advantage of the better ways of working we are able to benefit from with the introduction of our new integrated TOP computer system. We will undertake audits of construction waste and implement auditable processes for reducing the amounts of waste we produce over time.

Looking at the procurement of responsibly resourced materials, we realise that we need to do more compared to peers, so we have set some stretching targets to accelerate the rate of change over the next 3 years.

Raising Awareness

We will continue to work with customers and staff to encourage good environmental behaviours.

For customers the emphasis will be on activities that save money, for example, by reducing energy and water usage. We will promote messages to reduce waste by re-using and recycling more. As we pilot new technologies, we will work with residents to ensure that they understand how to fully take advantage of the benefits that they offer.

We will use the opportunities that homes visits provide, for example, the annual gas safety check and tenancy support visits to offer energy advice. We will also work with residents to reduce fly tipping on our estates, recognising the negative visual impact it can have on an area.

With staff our approach will be to build on the great work that has been undertaken to get us to SHIFT gold. We'll promote agile working, responsible purchasing, greener travel options and waste reduction. We'll continue to survey staff attitudes to environmental issues to measure distance travelled.

Monitoring and next steps

The Strategy Development Plan can be found at Appendix A (appendix 2 of the Board report).

The delivery of the strategy will involve multiple teams within the Company with the Asset Team co-ordinating and monitoring. Annual progress reports will be made to EMT.

| Number | Strategic Area | Aim | Detail | Target (s) | Lead | Timescale |
|--------|----------------|------------------------------|---|---|------|--|
| 1 | Homes | Net Zero Carbon | Undertake detailed design surveys across the stock to identify technical suitability for zero carbon measures in different building archetypes. | All archetypes surveyed and modelled | | 2022 |
| 2 | Homes | Net Zero Carbon | Explore and trial technical solutions across building archetypes to ensure suitability and affordability. This could involve localised scheme upgrades designed to inform the wider strategy. | Pilot schemes completed trialling different options | | 2023 |
| 3 | Homes | Net Zero Carbon | Develop a long-term investment plan and procurement strategy that reflects budget availability for both in house and contractor delivery. | Investment plan and procurement strategy in place | | 2024 |
| 4 | Homes | Fuel Poverty | All homes to be EPC C (SAP 69) minimum by 2030 to reduce risk of fuel poverty to 5% | Increasing all existing homes to a minimum SAP 69 by 2030 | | 2022 – 69.24%, 2023 – 73.64%, 2024 – 78.03% |
| 5 | Homes | Resilience to Climate Change | Ensure homes at medium or high risk of river flooding are signed up to early flood alerts and ensure responsive actions are in the event of flooding. | Contact 4,552 households to advise to sign up for EA river flood alert and develop flood response plan based on lessons learnt from 2019. | | To have completed both parts of the action by September 2021 |
| 6 | Homes | Resilience to Climate Change | In areas of surface water flooding liaise with Doncaster Council whose responsibility is to ensure drains are fully functional and maintained. | Work with Doncaster Council on this. I think there is/are task groups already set up? So this action may not be necessary? | | |

| Number | Strategic Area | Aim | Detail | Target (s) | Lead | Timescale |
|--------|---------------------------|--|---|--|------|---|
| 7 | Homes | Resilience to Climate Change | Survey homes identified at high risk of overheating survey and install adequate ventilation measures if not already present | 600 homes surveyed and fans installed as required | | Surveys - summer 2022, fans installed where required spring 2023 |
| 8 | Homes | Resilience to Climate Change | Prepare reaction plan for the event of heatwaves. | Develop an overheating response plan | | 2022 |
| 9 | Homes | Reduce Water Usage | Ensure bathroom replacements specification includes dual flush WCs and low flow taps or aerators | Current estimate of usage is 139 litres per person per day, target to reduce to 135 by 2024 and 130 by 2030. | | Review specification in 2021 for roll out in 2022 |
| 10 | Ecology | Increase Biodiversity | Derive efficient base line measurement of green spaces biodiversity quality | Tree surveys complete for all common areas and part way through for enclosed gardens | | to complete during 2021 |
| 11 | Ecology | Increase Biodiversity | Create higher density biomass areas in existing green spaces. | Programme in place to improve biodiversity to 19% of land total by 2043 including tree planting in partnership with the Council. | | Programme for 19% land protected for biodiversity by 2043 to be in place by 2022. |
| 12 | Innovation and Technology | Increased efficiency and lower heating bills | Pilot connectivity solutions in homes to improve maintenance services and save residents money | 20 homes in pilot | | 2022 |
| 13 | Innovation and Technology | Greater energy efficiency in homes in conservation areas | Use off site manufacture and other innovation to improve homes while retaining heritage appearance | 4 homes with solid walls in conservation areas with improved insulation | | 2024 |
| 14 | Responsible Business | Reduce business mileage | Review mileage claims processes to ensure perversions do not exist that encourage staff to drive more. | Review Driving Policy | | 2023 |

| Number | Strategic Area | Aim | Detail | Target (s) | Lead | Timescale |
|--------|----------------------|-----------------------------------|--|--|------|-------------------------------------|
| 15 | Responsible Business | Green Transport | Consider electric vehicle pool cars and vans, the installation of EV charging infrastructure to encourage more sustainable modes of transport. | Review Driving Policy | | 2023 |
| 16 | Responsible Business | Reduce fleet emissions | For your own fleet, vehicle tracking, benchmarking between drivers and fuel-efficient driving training have been shown to reduce emissions. | Review Driving Policy | | 2023 |
| 17 | Responsible Business | Reduce contractor fleet emissions | Partner contractor to provide details of emissions and agree action plan to reduce over length of contract | Set baseline, agree realistic targets and monitor | | 2021 |
| 18 | Responsible Business | Reduce energy usage in offices | Carry out an energy audit of offices with an aim of achieving 25kgs CO2/m2 or less and implement recommendations. | 2020 assessment is 28kgs CO2/m2. Through agile working review and accommodation review target to reduce to 28kgs CO2/m2 over life of this strategy | | 28kgs CO2/m2 by 2024 |
| 19 | Responsible Business | Reduce Water Usage | Carry out a water audit and implement water saving measures. Where water facilities are already efficient but usage is high, check for leaks or incorrect billing. | Water usage calculated to be 3.2 cubic metres per employee in 2020, indicates we are well on track to achieve 3 cubic metres per employee well before 2030 | | 3 cubic metres per employee by 2024 |
| 20 | Responsible Business | Reduce waste | To reduce office waste and with the introduction of TOP move to 100% paperless processes. | 100% paperless processes | | 2023 |
| 21 | Responsible Business | Reduce waste | Disposable cups and other utensils to be phased out | No disposable cups and utensils | | 2022 |

| Number | Strategic Area | Aim | Detail | Target (s) | Lead | Timescale |
|--------|----------------------|--|---|---|-----------------|---|
| 22 | Raising Awareness | Responsibly sourced office consumables | Encourage purchasers to choose the responsibly sourced consumables e.g. FSC paper, toner cartridges with high recycled content. | In 2020 30% of all purchases were responsibly sourced. We will aim to increase this to 50% over the time of the strategy, but review on annual basis. | | 2021 - 35%, 2022 - 40%, 2023 - 45%, 2024 - 50% |
| 23 | Responsible Business | Responsibly sourced construction materials | Increase the number and amount of responsibly resourced building materials, e.g. FSC and PEFC, by in house team and contractor partner | In 2020 38% of construction materials were responsibly sourced. We aim to increase this to 60% over the course of this strategy. We know this is a realistic target because that is what the best peer organisations are achieving. | | 2021 - 43%, 2022 - 48%, 2023 - 54%, 2024 - 60% |
| 24 | Responsible Business | Reduce construction waste | For contractor partner and in house team carry out waste audits and implement auditable plans to reduce waste. | Undertake waste audits and begin to implement recommendations, setting realistic but challenging targets to reduce waste | | Audit 2022, implementation 2023 |
| 25 | Raising Awareness | Reduce energy usage in homes | Include energy advice in contact with residents, e.g. annual gas safety checks, heating heating upgrades, tenancy support and verification visits | With the introduction of TOP and CRM in 2021 we will be able to record and report on every time we have provided energy advice to customers in a home visit. We will aim to reach 95% of all customers each year from 2022 onwards. | | 2022 - 95% |
| 26 | Raising Awareness | Reduce waste | Ensure web site is kept up to date with useful information how to recycle more and dispose of waste responsibly. | 6 monthly reviews of information | Green Champions | 2 reviews per year from 2020 to take place in March and September |
| 27 | Raising Awareness | Reduce waste and fly tipping | Engage residents about recycling and waste during estate clean-ups | 2 estate clean ups per year | | 2 estate clean ups per year |

| Number | Strategic Area | Aim | Detail | Target (s) | Lead | Timescale |
|--------|-------------------|--------------------|---|---|------|--|
| 28 | Raising Awareness | Reduce fly tipping | Leave notices on fly tipped waste to show we are investigating the source | In 2020 there were 31 recorded instances of fly tipping per 1,000 homes. Over the course of the next 4 years we aim to reduce this to 15 based on what others in the SHIFT peer group are achieving | | 2021 - 27, 2022 - 23, 2023 - 19, 2024 - 15 |

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

BOARD

Date : 5 August 2021

Item : 09

Subject : Health & Safety Strategy

Presented by : Chris Margrave
Director of Property Services

Prepared by : Mark Tomkinson
Interim Head of Asset Management

Purpose : The purpose of this report is to present the newly developed Health and Safety Strategy to SLHD Board.

Recommendation :

Members of the Board are asked to consider and approve the newly developed Health and Safety Strategy.

**To the Chair and Members of the
BOARD**

**Agenda Item No. 09
Date: 5 August 2021**

1 Report Title

- 1.1 Health and Safety Strategy

2 Executive Summary

- 2.1 SLHD's previous health and safety strategy was written in 2016 and covered the period 2016 to 2020. This document not only encompassed health and safety, it also strongly featured employee wellbeing. This was reflective of the organisational structure at that time.
- 2.2 Since then, fundamental changes have been made to staffing structures within SLHD, with the responsibility for health and safety transferring to the Property Services Directorate. Consequently the element of wellbeing has been separated out into a dedicated People Strategy, which has been previously approved by Board.
- 2.3 The health and safety aspect of the previous strategy has, until now, not been updated, although a health and safety policy has been agreed and implemented.
- 2.4 With this in mind, a new Health and Safety strategy has now been developed and is attached at Appendix 1. This strategy sets out the overarching commitment, vision and direction for health and safety across the business, and the policy already in place will support the delivery of this. This new strategy will also be complemented by a dedicated Building Safety and Compliance Strategy, which is the subject of a separate report to the Board.
- 2.5 The strategy has been presented to, and considered by the Building Safety Committee and relevant comments have informed the final iteration.

3 Purpose

- 3.1 The purpose of this report is to present the newly developed Health and Safety Strategy for comment and approval by SLHD Board.

4 Recommendation

- 4.1 Members of the Board are asked to consider and approve the newly developed Health and Safety Strategy.

5 Background

- 5.1 SLHD's last Health, Safety and Wellbeing strategy was implemented in 2016 and ran up to 2020. Annual reports on the progress of the delivery of this strategy were presented to Board, with the last one being presented in summer 2020.
- 5.2 This strategy reflected both company priorities and aligned to the staffing structures in place at the time it was developed. Since then SLHD has evolved and organisational structures refined to reflect new ways of working and further focus on some key priorities – in particular building safety and welfare. In practical terms, this has led to health, safety and welfare being separated, and the responsibility for these different disciplines shifting within the business. To reflect this, when the new People Strategy was developed the wellbeing element was incorporated into that document. However, the health and safety element has not been refreshed until now.
- 5.3 Taking this on board, and recognising the need for a revised Health and Safety Strategy to be put in place (to support the existing health and safety policy which is already implemented), a new strategy has subsequently been developed and is attached at Appendix 1.
- 5.4 This high level document sets out SLHD's overall commitment to health and safety and the key policy principles it will adopt in order to meet its legal obligations in this area, (as highlighted in the health, safety and compliance legal register). It forms an important part of SLHD's overall health and safety management system, and helps to demonstrate that health and safety is led from the top of the organisation and is reflected in our company values and behaviours. This important document sets the backdrop to our approach to health and safety and will be an integral document that is considered as part of any future British Safety Council and ISO45001 audits.
- 5.5 The strategy will span a period of 4 years, from 2021-2025 and is centred on 5 key themes:
- To have robust and sustainable health and safety management systems;
 - Embedding strong leadership and management in a positive health and safety culture;
 - Ensuring all employees have the right skills, knowledge, training and experience to be competent in their role;
 - Maximising the communication and consultation arrangements currently in place;
 - Expanding the health and safety management system to include an operational procedure guide.
- 5.6 To facilitate the delivery of this strategy, a high level action plan will be developed which will set out the specific actions required to achieve the objectives set out in the strategy. Progress on the delivery of the strategy will be reported annually to Board and six monthly to Building Safety

Committee.

- 5.7 The new strategy will ensure that SLHD can meet all of its legal obligations in relation to health and safety, and will enable operational teams to work both safely and effectively.
- 5.8 Members of the Board are now asked to consider the newly drafted document for formal approval.

6 Procurement

- 6.1 There are no direct procurement implications arising from the development of the Health and Safety Strategy. However, the document will provide clarity on how SLHD will meet its obligations in relation to health and safety, which in turn will inform any future procurement exercises. This is both directly in relation to the procurement of any health and safety related contracts (for example health surveillance or health and safety training), as well as wider contracts (for example works contracts), which could impact on overall health and safety.

7 VFM Considerations

- 7.1 VFM is about achieving the optimum balance of economy, efficiency and effectiveness. The planned health and safety training and the implementation of the C365 software providing a central database to replace a number of disparate, unintegrated systems, and operations will ensure SLHD operates more efficiently and also effectively by complying with all legislative and regulatory requirements.

8 Financial Implications

- 8.1 The structure for the Asset Management Directorate has been reviewed a number of times in recent years to address changes in legislative, regulatory and operational requirements, most recently in 2020/21.
- 8.2 SLHD has a dedicated Health and Safety team, led by a Service Manager – a post that was created and filled in 2018/19 and was strengthened with additional appointments in 2019/20 and 2020/21, although some positions remain unfilled.
- 8.3 The Directorate will be strengthened further in 2021/22 with a new Head of Service post.
- 8.4 The service will benefit from new compliance software (C365) being implemented in 2021/22, which is market leading industry software that will capture all health and safety information to provide a detailed and comprehensive view of all areas in one central place.

- 8.5 A key area with financial implications for Health and Safety is training for relevant employees and the operating budget for 2021/22, approved by SLHD Board and by DMBC in March 2021, has sufficient provision for the required training for relevant personnel

9 Legal Implications

- 9.1 SLHD has a number of legal obligations in relation to health and safety. 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 Act 1974.
- 9.2 Having a robust strategy in place enables SLHD to fulfil its obligations under these requirements by setting out exactly how it will manage health and safety. This will protect both employees as well as other key stakeholders that SLHD staff will come into contact with on a daily basis.

10 Risks

- 10.1 It is important that SLHD acknowledges and accepts its responsibilities in accordance with regulatory standards, legislation and approved codes of 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 strategy in place, there is potential for SLHD to fail to meet its obligations.
- 10.2 Not addressing the substantial risks around health, safety compliance could result in extensive financial, operational and, in particular, reputational consequences
- 10.3 SLHD recognises related risks in its governance framework with Building Safety Compliance being explicitly referred to on the Strategic Risk Register - **manage corporate health, safety and compliance risks** - but is also addressed in several others, namely:
- recruit, develop and retain a skilled, efficient and effective workforce;
 - manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs); and
 - effectively govern and manage in an increasingly regulated and uncertain economic climate.
- 10.4 The Strategic Risk Register is reviewed quarterly by Leadership and Board.
- 10.5 Health, safety and compliance also appears explicitly in departmental operational risk registers.
- ## **11. Health, Safety & Compliance Implications**
- 11.1 The health, safety and compliance implications are already covered in sections 5, 9 and 10 of this report.

12 IT Implications

- 12.1 The key IT system currently being used to help manage health and safety is SHE assure. This is system also used by Doncaster Council. Going forward SLHD will need to consider the effectiveness of current systems and may wish to explore other IT solutions particularly in relation to the recording of site and wider safety inspections.

13 Consultation

- 13.1 The draft strategy has been to consultation through key members of staff, the Executive Management Team and Health and Safety Committee. Feedback has been incorporated and refinements made to the draft, culminating in the current iteration.

14. Diversity

- 14.1 There are no diversity issues arising from production of this new strategy.

15 Communication Requirements

- 15.1 Once approved, the new Health and Safety Strategy will be communicated to all relevant staff. This will be facilitated in a number of ways including:
- Included in EMT key messages;
 - Through targeted toolbox talks;
 - Provision of information (copy of the strategy) on the intranet;
 - Through on-going refresher training as and when required.

16 Equality Analysis

- 16.1 An equality analysis has yet to be carried out on this strategy but it is understood that the strategy meets with all statutory, regulatory and policy requirements. Further, it will be implemented in the spirit of equality.

17 Environmental Impact

- 17.1 There are no direct environmental impacts anticipated as a result of this Health and Safety Strategy.

18. Report Author, Position, Contact Details

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19. Background Papers

19.1 Appendix 1 – Health and Safety Strategy

St Leger Homes of Doncaster

Health and Safety Strategy

Contents

1. Introduction
2. Values and Objectives
3. Strategic Objectives
4. Key Strategic Themes
5. Managing and Monitoring Success

1. Introduction

- 1.1 St Leger Homes has legal duties to ensure the health and safety (H&S) at work of our employees as well as our customers and other stakeholders who may be affected by our work activities. We manage a legal register to identify the relevant legislations, approved codes of practice (ACoPs) and guidance that are relevant to the organisation and monitor our compliance with these, including the consumer standards
- 1.2 In addition to its legal responsibilities, St Leger Homes is also aware, and fully embraces, its moral duty to 'do the right thing', ensuring our employees, customers and other stakeholders are safe at work and not adversely affected by the activities we carry out.
- 1.3 This Health and Safety Strategy compliments the Health and Safety Policy 2020-2023 and is part of the H&S Management system St Leger Homes operates. The overall management system is there to guide and assist management teams and all employees to develop and maintain a positive H&S culture.
- 1.4 This strategy will detail our approach to upholding health and safety within the organisation and identify key strategic objectives and themes, maintaining a 'Golden Thread' with the vision and values of SLHD.
- 1.5 St Leger Homes is an Arm's Length Management Organisation (ALMO) that was established in 2005 to manage Doncaster Council's housing stock. We manage over 20,000 council homes, shops, community facilities, garages, Gypsy and Traveller sites, and other residential sites. We manage properties on behalf of private sector landlords via our St Leger Lettings service and undertake the Council's statutory homeless function.
- 1.6 We have a diverse workforce, including office and trade employees, who work over an extensive geographical area covering urban and rural locations. Our employee profile includes apprentices through to experienced employees, supporting our commitment to career opportunities and succession planning.

- 1.7 External issues, such as national policy changes, and internal issues, such as the diverse workplaces of our employees, feedback from employees and recommendations from audit processes, can affect our management of H&S. St Leger Homes identifies these issues by managing strategic and operational risk registers. Managing these risk registers allows St Leger Homes to identify any threats, along with opportunities to improve the management controls in place.

2. Values and Objectives

The overriding objective in the management of health and safety is summarised in the Leadership Statement of Intent:

The Leadership Team of St Leger Homes considers that health, safety and wellbeing (H&S) is one of the highest priorities within our organisation. We are committed to keeping our employees, our customers and the public safe by promoting high standards of H&S in all of our workplaces, premises, and in all of our activities. We aim to go beyond compliance demonstrating best in class practice to make us a nationally recognised housing provider of choice.

To achieve this, we will:

- Constantly work towards improving the H&S culture at all levels within the organisation, using a 'top down' and 'bottom up' approach where worker participation and feedback is encouraged and recognised.
- Ensure compliance with all relevant legal duties in respect of H&S at work legislation.
- Align H&S within corporate objectives and set annual development and service delivery plans.
- Monitor performance on objectives set and report on these.
- Provide adequate resources to identify and evaluate risk, with the aim to eliminate hazards or reduce to an acceptable level.
- Ensure operational teams are supported in the planning, provision and maintenance of safe working conditions.
- Develop and implement a management system to support all aspects of the business ensuring that relevant documented information is available.
- Take action where standards fall short of our expected behaviours and values.
- Encourage reporting of incidents including near misses. Employees are encouraged to report short falls but equally to contribute good ideas and improvements.

Health & Safety Strategy 2021-2025

- Informal involvement and participation of employees in H&S is encouraged through discussions with management teams.
- Engage Tenants Voice to inform and influence the way we manage H&S.
- Formal involvement of employees in H&S will take place through team meetings, inspection programmes and Joint Safety Committee.

SLHD Values and Behaviours are reflected in our approach to health and safety with themes specific to health and safety within each value being:

Living fairness - I do the right thing for the right reasons; I work safely and considerately

Living excellence - I keep up to date with information relevant to my role; I contribute my ideas and solutions

Living empowerment - I actively help and support others; I ask for help and support when needed

Living local - I actively collaborate and work well with others; I share knowledge and information appropriately

This reinforces the corporate vision of individuals taking responsibility for all that they do, and the organisation helping and supporting them in so doing.

SLHD continues to hold ISO45001:2018 certification through British Safety Council audit, achieving a score of 97.52%. This gave us a Five Star rating for Occupational Health and Safety. It is our intention to retain this highest of validations.

3. Strategic Objectives

The SLHD Corporate Plan 2019 objective of “We will be a nationally recognised provider of housing services” defines that we will embed a positive health, safety and wellbeing culture, with a key indicator to improve Health & Safety outcomes. This is the main driver behind our approach to this Health and Safety strategy which aims to:

- Improve the health and safety of our employees and other people who may be affected by our activities.
- Reduce the risk of harm or ill health to our employees, tenants and other affected persons.
- Fully embed a culture of health and safety throughout all operations of the organisation.
- Be nationally recognised for best in class practice in health and safety management within the sector.

Over the course of this strategy we will maintain:

- Continual development and review of the Health and Safety Management System and introduce an Operational Procedure Guide that details requirements for all aspects of operational delivery.
- Continual promotion of a health and safety centric culture.
- Excellence in training to ensure employees are competent to conduct their roles and support others in the promotion of health and safety.
- Proactive communication and consultation to uphold development and evolution of health and safety best practice.
- Manage, monitor and report on health and safety performance.

The main drivers that will support these objectives are:

- The health and safety of employees, tenants, contractors and any other persons affected by our operations.
- The provision of safe places to work and live.
- The culture of health and safety being at the centre of all we do.
- Compliance with legislative and regulatory requirements.
- Engagement and consultation with all those affected by our operations.
- Measurement and benchmarking of our health and safety performance to understand how we can continually improve.

4. Key Strategic Themes

The majority of the key themes in delivering health and safety across the organisation remain unchanged from the previous Health and Safety Strategy of 2016-2020. These themes led to the development of the Health and Safety Management System and this strategy recognises the progress made with those themes and intends to develop them further. However, an additional theme is to introduce an Operational Procedure Guide that will assist employees in delivering services with the best of health and safety in mind. An action plan to guide and monitor progress in achieving objectives will be developed upon adoption of this strategy.

It is also recognised that Wellbeing is now managed separately from health and safety and the key themes have been adjusted to accommodate this.

The Key Strategic Themes are:

- 1 To have robust and sustainable health and safety management systems
- 2 Embedding strong leadership and management in a positive health and safety culture
- 3 Ensuring all employees have the right skills, knowledge, training and experience to be competent in their role
- 4 Maximising the communication and consultation arrangements currently in place
- 5 Expend the health and safety management system to include an operational procedure guide

Theme 1 - Robust and Sustainable Health and Safety Management Systems

Health and Safety management systems need to support SLHD core objectives, helping to drive continuous improvement, transformation and core organisational capability. We want to ensure we are an organisation that has excellent health and safety management practice in all aspects of our activities and a system that promotes a safe, healthy, positive working and living environment.

SLHD is committed to continuous improvement and the external verification from the British Safety Council Five Star Audit is beneficial to the organisation in identifying best practice and opportunities for improvement. Developing internal audit systems for all areas of the organisation will ensure that standards of best practice are continually being developed, implemented, shared and maintained.

Objectives:

1 Continually improve existing management systems.

Most health and safety management systems and audits use a 'Plan, Do, Check, Act' methodology. Both the BSC Five Star Audit and the HSG 65 'Managing for Health and Safety' use this framework and are industry best practices. We will continue to review our existing system to identify where improvement can be made.

2 Develop on internal audit systems to support health and safety management system and external auditing systems.

We are committed to achieving and maintaining the standards of the BSC Five Star Audit. To support this, internal audit systems will continue to reflect the Five Star Audit process. These are conducted by DMBC to introduce a degree of separation and objectivity which contributes significantly to the credibility of the audit process and provides a 'fresh pair of eyes' in assessing health and safety compliance. Programmed audits will be conducted on a regular and scheduled basis.

3 Considering the risk profile to ensure that the organisation is prepared for and supported through change by management systems.

Health and safety is an integral part of the plan and review process in all areas of the organisation. Change management and adapting to new ways of working is critical and the health and safety management system will support the business through this.

Theme 2 – Embedding Strong Leadership and Management in a Positive Health and Safety Culture

SLHD aims to be an organisation that expects and exemplifies strong leadership and management in health and safety. This promotes a climate in which a positive health and safety culture thrives. The commitment to being a nationally recognised housing provider of choice extends to providing the highest standards of Health and Safety and this is reflected in our culture.

Health & Safety Strategy 2021-2025

Successful health and safety management flows from the top of the organisation and health and safety leadership must start here. Board members have collective responsibility for health and safety and must be effective leaders. Good leadership is central in embedding good health and safety management systems and practices across an organisation. This is reinforced by robust governance arrangements through the Building Safety Committee and the Safe Group.

Visible and active commitment from the Board, Executive Management Team and senior managers clearly demonstrates a commitment which will be embraced by all other employees. Active management and ownership of health and safety is a clear indication of a positive health and safety culture.

Objectives:

1 Maintain a formal joint inspection programme

A Joint programme of inspections including management, health and safety and other stakeholders will be further developed, operating throughout the organisation and with contracting partners. This will be an opportunity to demonstrate commitment at a senior level and assist in monitoring performance.

2 Examine options for formal review of individuals health and safety understanding and approach

Opportunities to formally explore individuals' approach to health and safety and how they may be discussed and recorded will be examined. This will also present the opportunity to understand how health and safety is perceived amongst employees and how it may be improved.

3 Promote a corporate health and safety vision to embed culture

In consultation with the Board, managers and other employees, refine a corporate vision for health and safety and understand options to promote the message throughout the organisation.

4 Sustain campaigns to increase awareness and continually improve performance

Continually examine health and safety performance, risk assessments and statistics to identify specific areas for improvement, and prepare annual schedule of campaigns to promote the reduction of accidents and improve performance.

5 Health and safety climate monitoring

Adopt the use of tools to monitor the health and safety climate within SLHD to provide us with an evidence base to suggest refinements to overall culture. Understanding the ways in which health and safety operates is fundamental to this, and attitudes and perceptions will further inform improvements.

Theme 3 – Ensuring all Employees have the Right Skills, Knowledge, Training and Experience to be Competent in their Role

Competence can be described as the combination of training, skills, experience and knowledge of a person, and their ability to apply them in performing tasks safely. Other factors such as attitude and physical ability can also influence this. Competence in health and safety should be seen as an important component of every day workplace activity, not an add-on or inconvenience.

The 'Living' values of SLHD provide a foundation and 'golden thread' linking our vision of individuals taking responsibility for all that they do, and the organisation helping and supporting them in so doing. More specifically, the behaviours that compliment this Theme include:

- I keep up to date with information relevant to my role.
- I contribute my ideas and solutions.
- I ask for help and support when needed.
- I share knowledge and information appropriately.

SLHD wants to ensure that all employees are competent to carry out their job roles. This needs to be proportionate to their role and place of work. It includes ensuring that there are systems in place to assist management teams with identifying levels of competence required and how to fill any deficit identified.

Health & Safety Strategy 2021-2025

Effective health and safety management requires competence at every level. It is the ability for all employees to recognise the foreseeable risks in their work activities and understand that they must be able to apply the right measures to control and manage those risks. This should be applied consistently throughout the organisation with the use of appropriate risk management and assessment techniques.

Competence is not only developed through attendance on training courses, but by enabling and empowering employees to take responsibility for, and ownership of health and safety. Actions to ensure competence should not be limited to employees. Tenants and other stakeholders can benefit from gaining health and safety awareness and training.

Objectives:

1 Develop formalised training plans

Working with People Development we will develop a formalised training plan to capture health and safety competencies and scheduled training, including refresher courses as necessary. This will embrace both internal expertise in order to maintain a best in class strategic and operational approach to health and safety.

2 Carry out reviews of health and safety training

In consultation with People Development, review health and safety training needs for our employees, and develop and implement a training programme that meets individual and corporate needs.

3 Develop and implement e-learning programmes

Working with People Development, develop and implement an e-learning programme for health and safety to make training consistent and reduce the amount of time employees spend away from their core duties.

4 Monitor training and learning at 1 to 1's and 'check-in's'

As part of the 1 to 1 and 'check-in' process, health and safety training and learning will be discussed. This will highlight achievements to date and any further opportunities to enhance knowledge and understanding. It will also ensure supervisory responsibilities are able to be discharged by identifying deficits in knowledge and facilitating appropriate training.

5 Refine existing risk assessment systems to empower employees to take responsibility and ownership

We will develop point of work risk assessments into 'dynamic risk assessments' that are used consistently throughout the organisation by all employees. We will also review existing risk assessment processes to ensure that all employees are fully engaged with these, taking responsibility and ownership of their risk assessment duties.

Theme 4 – Maximising the Communication and Consultation Arrangements Currently in Place

Successful health and safety management is a collective responsibility in which all employees must play a part. The responsibility must be embedded through clear demonstration of high health and safety standards by management and a willingness to accept escalated communication.

Clear communication and consultation routes must be established and maintained. Developing a genuine management/workforce partnership is based on trust, respect and co-operation and ensures that risks are managed and controlled in proportional and effective ways. Engaging the workforce in the promotion and achievement of health and safety can significantly improve culture.

Involving and engaging with other stakeholders is critical in ensuring successful health and safety management. Stakeholders are involved formally through the Health, Safety and Asbestos Advisory Group (HSAAG) and through specific initiatives such as fire safety information on high-rise blocks. We work closely with DMBC and colleagues at South Yorkshire Fire Service.

Objectives:

1 Review of Joint Safety Committee (JSC) and HSAAG terms of reference

These groups are well established within the organisation. We shall review the terms of reference of each group to ensure they are still relevant for organisational requirements. Information provided for discussion at both groups will be reviewed as part of monitoring and reporting on performance.

2 Review of safety representatives' involvement in the management of health and safety

We will review and improve the way we engage safety representatives so that they are able to contribute more effectively, to the management of health and safety, and are better informed and more involved in specific activities, eg, inspections of workplaces.

3 Embrace opportunities to raise tenant awareness through initiatives and campaigns

Working with colleagues and tenant representatives, we will identify appropriate initiatives and campaigns to raise awareness of health and safety matters. This will form part of the delivery action plan to be developed upon approval of this strategy.

Theme 5 - Expand the Health and Safety Management System to include an Operational Procedure Guide.

To compliment the health and safety system, establish expectations and bring clarity to the health and safety aspects of operational delivery, an Operational Procedure Guide will be developed. This will be a live document and will be continually updated to accommodate changes in the way we work and introduce new operations. It will provide a consistent approach and support those in conducting their duties with the assurance they are so doing in a healthy and safe manner. Briefly, it will comprise procedures for:

- Health and Hygiene
- Risk Assessments & Method Statements
- Construction (Design and Management) Regulations 2015 (CDM 2015)
- Site Set Up
- Visits by Enforcing Authorities

Health & Safety Strategy 2021-2025

- Site Operations
- Smoking, Drug Abuse, Drinking
- Lone Working
- First Aid
- Accident Reporting
- Personal Protective Equipment
- Driving

5. Managing and Monitoring Success

Our approach to health and safety is to proactively manage performance and compliance rather than just monitor performance within the management system. Health and safety is at the top of the agenda in everything we do and reflects the culture of SLHD. A matrix of how this is delivered is included at **Appendix 1**.

The 'Plan, Do, Check, Act' approach sets the management process that supports and upholds excellence in maintaining health and safety and the matrix of Roles and Responsibilities identifies who will be accountable for the actions detailed therein.

In managing performance, the health and safety team will:

- Produce detailed accident / incident statistics.
- Report any individual accident/incident that means we need to review procedures to the Director of Property Services.
- Work-place inspections will be carried out as required by policy in conjunction with recognised trade union involvement.
- Review of health and safety risk assessments in all areas of service.
- Benchmark our performance against those of our peer group and report on a regular basis.

To reinforce and uphold a health and safety culture, we will:

- Health and safety will be a standing item on all employee supervision and workplace employee meetings.
- Health and safety will be a standing item on all JCCs.
- Health and safety training will be included as a core element of the Corporate Training Plan. The focus of health and safety training will reflect the outcome of the monitoring/review across the department.
- Management development training will emphasise the need to monitor and review health and safety as a core management activity.
- Monitoring and reviewing of health and safety will be incorporated into the reviews of all providers contracted to provide services for SLHD.

Appendix 1 – Roles and Responsibilities Matrix

| Responsibility | Plan | | | | | | | Do | | | | | | | | | Check | | | | | Act | | | | |
|---|--|---|--------------------------------|----------------------------------|--|---|---|---------------------|--------------------------|---|--|------------------------------|---|---|---|---|---|-------------------------------------|-----------------------------------|-------------------------------|--|--------------------------------------|--|---|----------------------------------|--|
| | Determine legal and other requirements | Set overall commitments to managing H&S | Set objectives for improvement | Identify risks and opportunities | System in place to identify hazards and assess risks | Resources in place to deliver H&S and the H&S management system | Processes in place to deliver H&S and the H&S Management System | Assessment of risks | Lead by personal example | Follow risk assessments and safe working methods in place | Learning and development activities in place | Managing change as it occurs | Managing external contractors and suppliers | H&S standard agenda item of team meetings | Report accident and incidents including near misses | Report short falls in H&S Management and contribute solutions | Providing and using Personal Protective Equipment | Emergency preparedness and response | Internal audit programme in place | Governance of H&S performance | Accident / Incident Reporting Investigation / Monitoring | Workplace Inspections and Monitoring | Management Review of the H&S Management System | Learning from accident and incident outcome | Feedback from internal programme | Continual improvement of H&S Management System |
| Role | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | | ✓ | | ✓ | ✓ | | ✓ | | | ✓ | | | | | | ✓ |
| Executive Management Team | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Heads of Service | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Service Managers | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Line Managers | | | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Employees | | | | ✓ | | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | ✓ | | | | | ✓ |
| Health, Safety and Compliance Team | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| HR and OD Team | | | | | | | ✓ | | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | | | | | | | | |
| Trade Union Safety Representatives | | | | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | | ✓ | | ✓ |
| Joint Safety Committee | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 5

Item : 10

Subject : Review of the Fairness and Equality Statement

Presented by : Steve Waddington, Director of Housing and Customer Services

Prepared by : Jackie Linacre, Head of Customer Services

| | | |
|----------------|---|---|
| Purpose | : | To seek Board approval for a revised Fairness and Equality Statement. |
|----------------|---|---|

Recommendation :

That Board approve the revised Fairness and Equality Statement.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 10
Date: 05 August 2021**

1. Report Title

1.1 Review of the Fairness and Equality Statement

2. Executive Summary

2.1 The report seeks approval for a revised Fairness and Equality Statement which has been reviewed following a recommendation that St Leger Homes of Doncaster adopt the Islamophobia and Antisemitism definitions, both of which have been adopted by Doncaster Council. The commitments to fairness and equality which are set out within the Statement continue to reflect our aims to create a fairer and inclusive environment for our customers and employees, therefore only minor amendments have been made to the Statement.

3. Purpose

3.1 To seek Board approval for a revised Fairness and Equality Statement

4. Recommendations

4.1 That Board approve the revised Fairness and Equality Statement.

5. Background

5.1 The Fairness and Equality Statement was approved by Board in July 2018. The Statement replaced a very lengthy equality and diversity policy that was no longer fit for purpose. The Statement underlines our commitment to go further than just meeting our legal obligations under the Equality Act: we want to ensure as an organisation we are leading the way in creating a fairer, more inclusive environment within our communities and for our employees.

5.2 Following a Board Strategic Planning Day in February 2021 and a planned review of the Equality and Diversity Strategy, which will be reported to Board in October 2021, it is timely to review the Statement to ensure the commitments contained therein are still fit for purpose and continue to meet our vision, values and behaviours.

5.3 Benchmarking has been undertaken with the organisations shown below when considering any revisions and to take on board best practice. Where organisations had a separate Statement these were found to be very similar with regard to the commitments made on our Statement.

- Your Homes Newcastle,
- Six Town Housing,
- Stockport Homes,
- Sutton Housing Group,
- Your Housing Group and
- Hyde Homes

5.4 The St Leger Homes' Statement is attached at Appendix A with revisions marked in red for Board's consideration.

6. Changes to the Statement

6.1 It is considered that the commitments included in the Statement, which will form the basis of our revised Fairness and Equality Strategy, are still fit for purpose and reflect our aims to create a fairer and inclusive environment for our customers and employees. The key piece of work will be turning these commitments into actions in the Strategy to demonstrate that we are living the Statement through our behaviours and service delivery.

6.2 The reference to the Framework for Fairness Group has been completely removed as we are reviewing the approach we need to take to embed fairness and equalities across the organisation for this to make a real difference to the promotion and understanding of diversity from an employee and a service delivery point of view. As part of the review contact has been made with Paragon Housing who recently won an award for their internal equality, diversity and inclusivity advisory group to capture any potential learning that can be implemented within St Leger. We will also be consulting with employees through the use of focus group sessions to understand how we can better promote awareness of Equality, Diversity and Inclusion within the organisation.

6.3 At the Board Strategic Planning day, Board Members discussed the organisation adopting the Islamophobia and Antisemitism definitions, both of which have been adopted by Doncaster Council. A report in respect of this is included on this Agenda for Board's approval.

6.4 The Statement has therefore been reviewed taking the definitions into account and whilst it is considered that the Statement encompasses St Leger's commitment to prevent all racism, and therefore, supports both definitions, this will be made more explicit by the introduction of the sentence at the end of the first bullet point at Appendix A which specifically mentions race and religion.

7. Procurement

7.1 A Social Value evaluation matrix is used by our Procurement Team which assesses how a contractor contributes to St Leger's social values and the Doncaster Growing Together strategy. The terms and conditions of all contracts now incorporates a section about equalities, discrimination and a section around Modern Slavery.

8. VFM Considerations

8.1 There are no VFM considerations associated with this report.

9. Financial Implications

9.1 There are no financial implications associated with this report.

10. Legal Implications

10.1 The Equality Act 2010 sets out the obligations in relation to the prevention of, amongst other characteristics, discrimination on the grounds of race or religious beliefs.

11. Risks

11.1 There are no risks associated with this report.

12. Health, Safety & Compliance Implication

12.1 Racism in whatever form has direct and indirect impacts on health. Reviewing the Statement, reinforcing the commitments contained therein and embedding these within our future Strategy will support the well-being of our staff and communities.

13. IT Implications

13.1 There are no IT implications associated with this report.

14. Consultation

14.1 Consultation was carried out with customers and employees when the Statement was introduced. Further consultation will take place on the draft Equality and Diversity Strategy. The Strategy will incorporate the commitments from the Fairness and Equality Statement. This may result in some additional changes to the Statement.

14.2 Colleagues in HR have been contacted for their comments from an employee perspective. The comments are included in the revisions.

15. Communication Requirements

15.1 There are communication requirements internally and externally to promote our commitment to fairness and equality.

16. Equality Analysis (new/revised Policies)

16.1 Not applicable for this report.

17. Environmental Impact

17.1 There is no environmental impact arising from this report.

18. Report Author, Position, Contact Details

18.1 Jackie Linacre, Head of Customer Services, 01302 862262

Background Papers

Appendix A – Revised Fairness and Equality Statement



FAIRNESS AND EQUALITY STATEMENT



This statement supports our commitment to advancing fairness and equality for all customers, staff, contractors, visitors, the public and any others who come into contact with our organisation **or who provide services on our behalf**. As a champion of equality, diversity and human rights, St Leger Homes will act against unlawful conduct prohibited by the Equality Act 2010 and Human Rights Act 1998. We will look beyond our legal obligations, taking into account the wider factors which may have an impact on people's access to opportunities, **to ensure no one is discriminated against due to age, race, pregnancy and maternity, marriage and civil partnership, gender reassignment, disability, sexual orientation, sex, religion or belief**.

We understand that we need to treat all our customers and staff equally and fairly. As a customer focussed organisation, we aim to put our diverse tenants and customers at the heart of our work. Equally, we strive to ensure our organisation offers an inclusive and welcoming environment for all staff, in which no one feels disadvantaged. **We are a Disability Confident Employer and are signed up to the Armed Forces Covenant to recognise the extra support we may need to put in place to allow these groups to fully participate in the workforce.**

We rely on the dedication of all our staff, who are expected to take personal responsibility for ensuring fairness and equality in their day-to-day interactions with colleagues, customers and members of the public. We appreciate that it is the daily experience of our customers that matters most, and place them at the heart of what we do. We will continue to support and develop our staff in their individual roles as ambassadors for fairness and equality.

Our ~~Equality Strategy and Equality Action Plan are supported by~~ five commitments **to embed fairness and equalities are:**

1. To understand our customers and support their needs

- 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.
- We are dedicated to advancing fairness and equality for the people we involve in our organisation. We will continue to monitor our ~~workforce profile~~, customer ~~insight data~~ and the community profile for the Doncaster borough, to maintain a business that is diverse, accommodating and reflective of the community we serve.

2. To ensure the organisation is a leader in inclusion and fairness

- We will continue to ensure that access to services, the quality of services and the guidance provided about our services, will not lead to disadvantage for any individuals or groups.
- We will actively challenge all forms of inequality in the delivery of our services and employment, and we will provide services that are consistent with best practice in fairness, equality and human rights.
- We will work with our contractors to ensure they also comply with our expected equality and diversity standards. **The Terms and Conditions of contracts will incorporate a section about equalities, discrimination and modern slavery.** We will provide guidance to all future contractors and set out the standards which they are expected to uphold as Part of their working relationship with St Leger Homes.

3. To engage customers effectively, foster good relations and advance equality in our local communities

- Recognising the diverse communities in which we work, we will continue to foster good relations between groups, and to celebrate the richness of culture, backgrounds and traditions we share.
- We are committed to engaging **and communicating** with our customers, taking their views into account and advancing equality in our local communities. We will support our partner organisations to deliver shared local priorities, working together to achieve greater community cohesion.

4. To fulfil our safeguarding responsibilities to the highest standards

- We will take a proactive approach to preventing and tackling safeguarding concerns **and hate crime** by working in partnership with other agencies to deal with perpetrators and to support victims.
- We will continue to actively participate in a wide range of safeguarding boards, groups and panels, maintaining a comprehensive safeguarding approach which is embedded within all our services, including our successful 'single

point of contact' system.

5. To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment

- We promote dignity at work by fostering a working environment where employees are treated with respect, and in which discrimination, bullying, harassment and victimisation are unacceptable. All staff are expected to take personal responsibility in helping to ensure we maintain a positive and inclusive workplace.

- ~~We will continue to monitor our workforce profile, to maintain a business that is diverse, accommodating, and reflective of the community we serve.~~

- We take seriously any complaints of bullying, harassment, victimisation and unlawful discrimination raised by our staff, customers, contractors, suppliers, visitors, the public and any others in the course of the organisation's work activities. We will proactively investigate and address any incidents arising.

- ~~Our Framework for Fairness Group scrutinises progress in terms of fairness and equality. The group will help ensure that equality is embedded thoroughly, identifying areas of concern and challenging where appropriate. We will involve employees across the business to promote equalities and to identify areas of concern and challenge inappropriate behaviour.~~

- St Leger Homes employees will continue to receive equality and diversity training to support them in maintaining a positive and inclusive workplace.

Who to speak to for more guidance, support and further information:

- Customers and tenants can report any instances of discrimination, harassment, victimisation or unwanted conduct to the Customer Relations Team on 01302 862726, or by email at customercare@stlegerhomes.co.uk

- Staff are encouraged to speak with their line manager ~~or~~ alternatively:

- The ~~Fairness and Insight Manager~~ **Equality and Diversity Manager**

- The Wellbeing First Contact Support Officers, who are available to:

- Empower and support the employee to raise awareness of unwanted behaviour with the other party before it escalates or becomes embedded

- Signpost an employee to the appropriate process routes with their manager and then provide ongoing support for the employee throughout any internal process

- Direct employees to mediation resources to facilitate them in finding their own resolution.

- If you are a member of a trade union, you can seek advice and support from your trade union representative.

Where to look for further guidance:

Employee Code of Conduct - ~~April 2018~~

https://intranet.stlegerhomes.co.uk/_resources/assets/attachment/full/0/459361.pdf

Dignity at Work Policy

https://intranet.stlegerhomes.co.uk/_resources/assets/attachment/full/0/459249.pdf

Grievance Policy

https://intranet.stlegerhomes.co.uk/_resources/assets/attachment/full/0/1606.pdf

Equality Analysis Web Form

<https://intranet.stlegerhomes.co.uk/internal-forms/equality-analysis/>

Equality Strategy ~~2017-2021~~

<https://www.stlegerhomes.co.uk/EasySiteWeb/GatewayLink.aspx?allId=13333>

Equality Analysis Guide ~~2018~~

<https://intranet.stlegerhomes.co.uk/EasySiteWeb/GatewayLink.aspx?allId=459497>

Safeguarding Children and Adults

<https://intranet.stlegerhomes.co.uk/our-organisation/safeguarding-children-and-adults/>

Wellbeing First Contact Officer information

<https://intranet.stlegerhomes.co.uk/our-organisation/first-contact-officers/>

Values and Behaviours

<https://intranet.stlegerhomes.co.uk/our-organisation/our-values-behaviour>



ST LEGER HOMES OF DONCASTER FAIRNESS AND EQUALITY STATEMENT

Contact Us:
St Leger Court
White Rose Way
Doncaster
DN4 5ND
Tel: 01302 862862

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

| | |
|-------------------------|---|
| Title: | Month/Quarter end 30 June 2021 KPI dashboard Quarter 1 21/22 |
| Action Required: | For information |
| Item: | 11 |
| Prepared by: | Nigel Feirn Head of Finance and Business Assurance |
| Date: | 8 July 2021 |

1. Purpose

1.1. To provide Board members with the KPI dashboard as at 30 June 2021 (Quarter 1 21/22) and brief commentary. The KPI dashboard is attached at **Appendix A**.

2. Executive summary

2.1. For 2021/22 :

- there are 19 KPIs;
- two will be measured quarterly – residents supported in training and employment;
- four will be measured annually - STAR survey (2), energy efficiency and Decent Homes Standard numbers;
- three KPIs relating to Homelessness do not yet have a target due to ongoing Covid19 requirements. Targets will be considered at the end of Quarter 1; and
- the only KPI change from 2020/21 is for gas servicing; we are now reporting properties with a valid safety certificate rather than properties attended.

2.2. The table below summarises the KPI dashboard as at 30 June 2021. Comparatives have been included from 2020/21 as the KPIs are the same this year, apart from the gas KPI. There are **six KPIs not meeting target** – data appears below.

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

NB :

¹ For 2020/21, there were four annual KPIs. Two of these are related to STAR survey results for overall satisfaction and property condition satisfaction. STAR was originally planned for January 2021 but deferred until July 2021 as part of a wider programme of surveys.

3. KPI commentary

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

Target **0.50%**
Q1 21/22 YTD Performance **0.81%** **WORSE THAN TARGET – RED**

| | June 21/22 | May 21/22 | April 21/22 | Q4 20/21 | Q3 20/21 | Q2 20/21 | Q1 20/21 |
|-----------------------------------|------------|-----------|-------------|----------|----------|----------|----------|
| Void rent loss % | 0.81% | 0.81% | 0.86% | 1.00% | 1.02% | 0.97% | 0.97% |
| Void numbers at month/quarter end | 142 | 139 | 162 | 159 | 216 | 195 | 209 |

Still worse than target but void numbers reducing slowly from the high levels in early 20/21 due to Covid19.

The number of voids held at the end of June at 142, includes 8 non lettable voids and 11 acquired properties, ie 123 lettable. The Scheduled Repairs team are completing work in all acquisitions.

In month performance at 0.81% shows a decline when comparing to May's performance (0.78%). Cumulative year to date (YTD) performance remains the same at 0.81%. The number of terminations is showing an increase, totalling 353 YTD and exceeds the YTD number of re-lets at 274. The number of re-lets must be higher than the number of terminations to ensure a continued improvement in performance. As of mid-July, the total number of voids held shows a further increase at 153.

There are a number of issues contributing to the increase in voids held; shortage of materials, delays waiting for the delivery of non-stock items, and a reduction in resources due to isolation or Covid-19.

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

Target **20.00 days**
Q1 21/22 YTD Performance **32.72 days** **WORSE THAN TARGET – RED**

| | June 21/22 | May 21/22 | April 21/22 | Q4 20/21 | Q3 20/21 | Q2 20/21 | Q1 20/21 |
|-------------|------------|-----------|-------------|----------|----------|----------|----------|
| Re-let days | 32.72 | 32.81 | 34.61 | 46.11 | 48.27 | 49.32 | 55.05 |

In month performance for June stands at 32.54 days and shows a slight decline when comparing to May's 31.50 days.

Cumulative performance shows a slight improvement, standing 32.72 days but is still worse than target. As of mid July, the number of lettable voids held is 144, of which 108 require standard repair work. Of the 108 standard voids, 38 are above the 20 day target (35%), a slight increase when comparing to the previous month, with 42% of standard voids held above the target of 20 days.

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

3.3. KPI 4: Number of Households placed in B&B Accommodation

**Target
Q1 21/22 YTD**

**No target until Q2 (Covid19 restrictions dependent)
193**

| | no. |
|-----------|-----|
| April | 78 |
| May | 54 |
| June | 61 |
| Total YTD | 193 |

The number of nights remains high but is improving slowly. Progress is ahead of our projected milestones within the 'Roadmap' to reduce placements into hotels, aligned to the easing of restrictions and return to pre Covid levels by the end of September 2021.

3.4. KPI 5: Number of Full Duty Homelessness Acceptances

**Target
Q1 21/22 YTD**

**No target until Q2 (Covid19 restrictions dependent)
112**

| | no. |
|-----------|-----|
| April | 31 |
| May | 45 |
| June | 36 |
| Total YTD | 112 |

The number of cases reaching full duty decisions in June was lower than May, reflecting the high volume of cases opened during the last 3 months and the reduced opportunities to prevent and secure alternative accommodation, resulting in a Full Duty decision having to be made at the end of the 56 days of relief.

3.5. KPI 6: Number of homeless preventions

**Target
Q1 21/22 YTD**

**No target until Q2 (Covid19 restrictions dependent)
154**

| | no. |
|-----------|-----|
| April | 50 |
| May | 41 |
| June | 63 |
| Total YTD | 154 |

We successfully prevented or supported a successful intervention for 63 households during June compared with 41 in the previous month. Due to the reasons for homelessness continuing to be at the 'Relief' stage of homelessness the number of opportunities to prevent homelessness remain limited.

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

| | | |
|---------------------------------|---------------|--------------------------------|
| Target | 0.070% | |
| Q1 21/22 YTD Performance | 0.092% | WORSE THAN TARGET – RED |

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

Volumes of both interactions and complaints continue to fluctuate each month, which makes comparisons to previous years unrepresentative due to restrictions placed on the organisation due to Covid-19.

In May 2021 we received 87 complaints. This is 24 more than we received compared to May 2020 due to the start of the Covid pandemic however, similar to last month, this is also the highest number received in the month of May over the past 3 years.

As with the overall number of complaints received, the number of complaints upheld has increased by 4 from 2020. 28 complaints were upheld in May 2021, compared to 24 in May 2020.

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

The information for May 2021 shows that we have not achieved our 0.070% target, achieving 0.090%. Cumulatively we are also over our target, achieving 0.092%.

The main themes for upheld complaints relate to time taken to complete a repair and lack of information / communication.

3.7. KPI 10 : Gas Servicing - percentage of dwellings with a valid gas safety certificate

| | | |
|---------------------------------|----------------|--------------------------------|
| Target | 100.00% | |
| Q1 21/22 YTD Performance | 99.98% | WORSE THAN TARGET – RED |

This is a changed KPI for 2021/22 and reports the percentage of dwellings with a valid gas safety certificate rather than percentage of properties attended (2020/21 KPI). As at end of June 2021, there were **four** properties that didn't have a valid certificate but the required legal process to gain access has commenced.

3.8. KPI 12 : Local expenditure

| | | |
|---------------------------------|---------------|--------------------------------|
| Target | 70.00% | |
| Q1 21/22 YTD Performance | 51.65% | WORSE THAN TARGET – RED |

Local (revenue) spend during Quarter 1 was £1.56m (51.65%) of the overall £3.0m contracted (revenue) spend for the month. This is against the target of 70%. In monetary terms this under performance is £0.55m.

If capital spend was included, then the position would be 71% spent locally.

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

In addition, the Procurement Strategy and Contract Standing Orders have been developed to try and optimise local spend and social value.

However, despite all of this, based on the types of goods and services due to be procured over the next few months, for the reasons already specified above, it is not anticipated that SLHD will be able to increase local revenue spend much further than it is currently.

3.9. KPI 14 : Number of residents undertaking training or education

| | | |
|---------------------------------|-----------|--------------------------------|
| Target YTD | 19 | |
| Q1 21/22 YTD Performance | 10 | WORSE THAN TARGET – RED |

Despite the same number of opportunities made available as planned, due to fewer initial enquiries to by SLHD and Job Centre Plus, which resulted in fewer course participants than planned this target has not been met for this quarter.

Work continues in the coming months, strengthened by the agreement of the revised Early Careers Frameworks which identifies further opportunities to expand the support and learn cohorts and introduce traineeships, it is hoped that there will be increased opportunity introduced appealing to a wider audience.

Nigel Feirn
Head of Finance and Business Assurance
01302 737485

Appendix A – 30 June 2021 (Q1 21/22) KPI dashboard

St Leger Homes of Doncaster Performance Dashboard June 2021

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

Arrows = comparison against previous month's monthly performance (↑= Improved, ↓= Not Improved, ↔ = Remained the same)



ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 5 August 2021

Item : 12

Subject : Q1 Revenue Monitoring Report
2021/22

Presented by : Julie Crook
Director of Corporate Services

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

Purpose : To inform Board of the projected
revenue income and expenditure for
2021/22 and the actual and committed
income and expenditure to date as at
30 June 2021.

Recommendation :

For Board to:

1. note the Revenue Monitoring report as at 30 June 2021 and the projected outturn for the financial year 2021/22; and
2. approve the unbudgeted expenditure on stock condition surveys and electrical testing works.

1. Report title

1.1. Q1 Revenue Monitoring Report 2021/22.

2. Purpose

2.1. To report income and expenditure to 30 June 2021, projected for 2021/22, variances to the approved budget and related commentary.

3. Executive Summary

3.1. After three months, an **overall Deficit for the year of £231k** is projected. This comprises a **Surplus** on Housing Revenue Account (HRA) operations of £15k and a £246k **Deficit** on Housing Options activities, which are funded from the General Fund (GF). Below summarises variances by Directorate and Surplus/Deficits compared to the '£zero' budget. Approval of additional Management Fee from the General Fund for this deficit is expected following the Q1 review of the GF Finance and Performance in July 2021.

3.2. There are some material variances being projected at Quarter one (Q1) and the table below summarises where these are occurring. As salaries are the largest variance, it also indicates the vacant posts currently in each Directorate. Commentary is in the report for HRA and Housing Options operations.

| <u>Variances</u> | Housing | Corporate | Property | Asset | HRA 21/22 variance | Housing Options 21/22 variance |
|-------------------------------|-------------|------------|-------------|-------------|--------------------------|---|
| | £k | £k | £k | £k | £k | £k |
| <u>Expenditure</u> | | | | | | |
| Salaries | -26 | -7 | -494 | -340 | -867 | 2 |
| Temporary staff | 82 | 67 | 63 | 170 | 382 | 72 |
| Training | 0 | 58 | 0 | 0 | 58 | 0 |
| IT | 0 | 145 | 0 | 0 | 145 | 0 |
| Materials | 0 | 0 | -380 | 0 | -380 | 0 |
| Supplies & Services | 0 | 78 | 29 | -3 | 104 | 0 |
| Arboriculture SLA | 50 | 0 | 0 | 0 | 50 | 0 |
| Premises Other (Rents) | 0 | 0 | 0 | 0 | 0 | 141 |
| B&B and Security | 0 | 0 | 0 | 0 | 0 | 895 |
| External Contractors | 0 | 0 | 157 | 0 | 157 | 0 |
| Net Others | -44 | 2 | -29 | -19 | -90 | 21 |
| <u>Income</u> | | | | | | |
| Capital Income | 0 | 0 | 695 | 0 | 695 | 0 |
| Other Income | -65 | 0 | 0 | -3 | -68 | -885 |
| Additional Mgmt. Fee * | -50 | -103 | 0 | -48 | -201 | 0 |
| Surplus(-) / Deficit | -53 | 240 | 41 | -243 | -15 | 246 |
| <i>FTE vacant posts (no.)</i> | <i>13.7</i> | <i>4.0</i> | <i>30.3</i> | <i>13.5</i> | <i>61.5</i> | <i>6.0</i> |

- 3.3. * Included in the above is increased expenditure totalling £201k projected on specific items. Additional 'carry forward' income from DMBC totalling £201k has been approved towards these extra costs, so will have a nil effect on the projected outturn, as shown below:

| <u>Description</u> | <u>£k</u> |
|--|-----------|
| Arboriculture SLA | 50 |
| Compliance 365 system software | 45 |
| Agency costs (acting Head of Service – Assets) | 48 |
| Penningtons health checks consultancy costs | 58 |
| Additional costs total | 201 |
| Additional Management Fee income | -201 |
| Surplus and Deficit impact | 0 |

- 3.4. Electrical testing work was postponed in 2020/21, largely due to Covid19 restrictions, and stock condition survey work planning has progressed during Q1 2021/22. Each will be in the region of £600k over a two year period – circa £1.2m in total. **These costs have not yet been projected and will be met from any budget savings generated in the year. As this is unbudgeted and in excess of £250k, Board approval is required under SLHD's Scheme of Delegation.**

HRA Operations

- 3.5. The main HRA variances projected for the year are largely in the following areas:
- Salary costs; £867k under budget - due to vacant posts;
 - Temporary staff: £382k over budget to cover for vacant posts and additional requirements;
 - Training: £58k over budget – due to a backlog of compliance training arising from delays in 2020/21;
 - IT: £145k over budget, of which
 - £73k relates TOP implementation moving to October 2021; and
 - £45k for C365 software, for which additional management fee has been agreed as stated in 3.4 above;
 - Supplies & Services; £58k additional expenditure on consultancy costs. Penningtons (contractor) carrying out 'health checks' on the company compliance to H&S. Additional management fee to fund this as stated in 3.4;
 - Materials; £380k saving largely due to a £292k reduction in capital heating installs and £100k reduction in Scheduled Repairs requirements as works backlogs have been passed onto a contractor (see below).
 - External Contractor; projected to overspend by £157k at Q1 due a backlog of Scheduled repairs and plastering works assigned to an external contractor as detailed in Appendix D.
 - Capital Income; £695k shortfall projected at Q1. £650k Heating/Boiler installs due to resources being committed to gas servicing, including agency staff and not having a dedicated heating team during the servicing programme. Also there has been an increase in repairs in Q1. There is potential for some of the shortfall to be clawed back if factors such as Covid (future restrictions), resource levels and the weather (mild winter) are favourable;

- SLAs: £50k over budget. This is the Arboriculture SLA, funded from additional management fee, to fund works carried over from 2020/21; and
- Other income: £68k additional income relating to RSI (Rough Sleeper Initiative) grant funded temporary posts in Tenancy Support and St Leger Lettings.

Housing Options operations

- 3.6. The main Housing Options variances projected for the year are largely in the following areas:
- Temporary staff: £72k over budget to cover for vacant posts and additional demands;
 - Premises : £141k over budget due higher than anticipated demand for Temporary Accommodation;
 - Supplies & Services: £895k over budget due to emergency hotel accommodation and security costs arising from government instructions in response to Covid-19; and
 - Other income: £885k additional income;
 - £552k assuming 70% recovery of Housing Benefit income relating to additional hotel accommodation costs.
 - In addition to this, grant funding of £200k has been secured from the MHCLG Emergency Fund in contribution to these those costs and to fund temporary staff, and
 - further external funding has been secured to fund temporary posts (RSI & Better Care Fund (BCF)).

4. Operations - year to date key points

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

Housing and Customer Services:

- 4.2. The main issues identified at this stage for Housing Services are around possible changes relating to agile working and different ways of working for area teams which may result in budget savings and pressures which should become clearer as the year progresses.
- 4.3. There are no other material financial changes from the budgeted position projected at this stage, other than those identified that will be funded by additional management fee.

Corporate Services:

- 4.4. In Corporate Services the main budget pressures identified at this stage are ICT and project team costs relating to the extension of TOP implementation to mid October 2021. This extension has incurred additional staff and software costs. The forecast also includes additional costs relating the recently acquired 'Voicescape' software package which will increase our communication and engagement with customers.

- 4.5. The pressure reported on the training budget is largely due to compliance led training to ensure that known historical gaps are closed and that the training plan delivers newly highlighted requirements. This leaves little room for any wider developmental work. Close monitoring of the budget is ongoing alongside work to understand any potential learning needs, which have not already been identified for this coming year.
- 4.6. There are no other material financial changes from budgeted position projected at this stage other than those identified funded by additional management fee.

Asset Management Services

- 4.7. The Asset Management Team main issues are around certain vacant posts that continue to be difficult to appoint to the Procurement and Health and Safety teams. There is a current review of the structure so key Health, Safety and Compliance requirements have the most suitable and efficient resources to ensure the company is meeting these requirements to high standards. A small number of the Job descriptions for the new posts have passed through moderation panel and recruitment will commence in August.
- 4.8. Apart from staffing savings there are no material financial changes from the position projected at Q1.

Property Services

- 4.9. The repairs service is still operating under Covid restrictions and whilst the government are likely to relax social distancing restrictions, some staff and customers preferences will still require some form of safety, mainly PPE requirements and continued social distancing. The workforce currently is back to normal with the occasional self-isolation case.
- 4.10. Capital income has reduced by £695k (£650k on Heating/Boiler installs) offset with a reduction in materials of £312k as detailed in Appendix D.
- 4.11. Due to the Covid restrictions, resource issues (self isolating through the pandemic and vacancies) has left a backlog of works. Scheduled and plastering works where £157k have been projected to be carried out by contractor although this has the potential to increase.
- 4.12. There is still a number of vacant posts within Property Services (see below) that have not yet been appointed to, although recruitment is in progress for the majority of the vacant posts there has been difficulty in appointing especially in certain trades such as Electricians, Joiners and Gas Fitters. Agency staff and overtime are being utilised to cover certain vacant posts and to ensure essential delivery targets are met.
- 4.13. Due to the pandemic restrictions, Electrical testing was postponed in 2020/21 and has caused a backlog in the programme. Current in house resource levels are unable to catch up and there will be electrical tests outsourced externally with a contractor. The overall financial cost of outsourcing is anticipated to be £600k over a two year period.

- 4.14. In addition, stock condition survey is required to inform the new Asset Management and Environmental Strategies and the resultant investment planning, This is also expected to cost in the region of £600k over two years
- 4.15. Subject to budget savings being made in 2021/22, the plan is for any savings to be spent on the electrical testing work and stock condition surveys.
- 4.16. Lettable voids numbers continue to reduce (see table below) and have reduced slowly since the same period last year. Overtime work for most of the previous financial year and the first two months this year have helped reduce the numbers although overtime has now ceased at this stage now the numbers are manageable.
- 4.17. The table below shows repairs orders and void numbers after three months, and comparatives from last two years, highlighting the impact of the first Covid19 lockdown during the first quarter of the last financial year.

| <u>Year to date repairs orders</u> – 3 months | June-21 | June-20 | June-19 |
|---|----------------|---------|---------|
| | no. | no. | no. |
| Emergency Orders | 1,941 | 1,848 | 1,982 |
| Urgent Orders | 8,046 | 5,531 | 7,983 |
| Routine Orders | 4,258 | 1,012 | 4,099 |
| Scheduled Orders | 1,816 | 2,302 | 2,785 |
| Total | 16,061 | 10,693 | 16,849 |
| <u>Voids</u> | | | |
| Terminations – <u>Year to date</u> | 351 | 219 | 378 |
| Lettable voids <u>at month end</u> | 125 | 134 | 99 |
| Non lettable <u>at month end</u> | 8 | 0 | 0 |
| Earmarked for demolition | 0 | 0 | 0 |
| Gross voids <u>at month end</u> | 135 | 209 | 143 |

General Fund Housing Options:

- 4.18. The main challenges remain around dealing with the government requirements around homelessness and the impact of Covid19.
- 4.19. The table at 3.2 and the details at 3.6 above show where and why the main variances to budget are projected at this stage
- 4.20. There is a roadmap to reduce the number of placements in hotels and B&B accommodation to pre Covid19 levels by the end of September 2021. Although the number of nights continues to be high, there was a 20% reduction in April, a 34% fall in May and a small increase in June, but we are ahead of the roadmap at this stage.
- 4.21. The main challenges continue to be dealing with the high volume of cases that have been opened in the last three months and the reduced opportunities to prevent and secure alternative accommodation.

- 4.22. A major risk is that despite the significant progress made with the mobilisation of the recovery plan from 1 June the private rented sector's required period of notice has reduced from six to four months. This gives potential for a spike in homelessness applications, which could overwhelm the service, prior to the use of Hotels recovering to pre-Covid levels and prolong the use and cost of providing such accommodation.

5. Key risks / issues / actions

Employees:

- 5.1. The largest projected variance is in salary costs (£865k), largely due to the vacant posts. There are currently 64.7 FTE posts vacant which equates to a 7.9% vacancy factor (VF). The budget assumes a 3.5% VF, equating to approximately 29.5 FTEs.

| Budgeted Establishment | Vacant posts | 21/22 Total vacant | 21/22 Total vacant | 20/21 Total vacant |
|------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| 2021/22 FTE | | Q1 FTE | May-21 FTE | Q4 FTE |
| 236.6 | Housing and Customer Services | 13.7 | 14.7 | 14.0 |
| 73.6 | Corporate Services | 4.0 | 5.5 | 4.0 |
| 78.2 | Asset Management | 13.5 | 13.5 | 11.0 |
| 401.2 | Property Services | 30.3 | 31.3 | 28.4 |
| 29.5 | Housing Options | 6.0 | 7.0 | 6.5 |
| 819.1 | Total | 67.5 | 72.0 | 63.9 |
| | Not appointing to ** | -2.8 | -2.8 | -21.9 |
| 819.1 | Net Total vacant posts* | 64.7 | 69.2 | 42.0 |

- 5.2. There are currently 18 temporary agency staff covering vacant posts - 11 in Property Services and 7 across the other directorates.
- 5.3. At this stage, it is anticipated that some of the above posts will not be recruited to in 2021/22, as shown below:

| | | FTEs |
|-------------------|-------------|------------|
| Property Services | Handyperson | 2.0 |
| Property Services | Plumber | 0.4 |
| Property Services | Surveyor | 0.4 |
| | | <u>2.8</u> |

Capital income

- 5.4. The next largest projected variance on HRA operations is on Capital income, with heating installations currently showing £650k under budget. Savings will be made on materials and staff costs offsetting this variance but the ability to recruit gas fitters and electricians is a risk to achieving income targets

Contractor costs :

- 5.5. As referred to in Property Services above, at this stage the projections do not include contractor costs in relation to the required stock condition surveys and electrical testing. Combined, these two projects would cost over £1m and plans are being developed to fully cost these works, but are subject to savings being achieved in year.

Covid19:

- 5.6. Normal services resumed and have continued to be delivered since June 2020, despite further waves and changing restrictions. July 2021 sees the lifting of all restrictions at a time when infection rates are increasing and this could lead to some service disruption, and is being monitored and actions planned accordingly.

6. Recommendation

6.1. For Board to:

- note the Revenue Monitoring report as at 30 June 2021 and the projected outturn for the financial year 2021/22; and
- approve the unbudgeted expenditure on stock condition surveys and electrical testing works subject to budget savings being generated.

7. Procurement

- 7.1. Procurement implications are referenced as appropriate in the body of the report. There are direct procurement issues arising from the Covid19 pandemic and also Brexit, with availability and inflation pressures emerging and being managed. Core services are still being delivered as normal

8. Value For Money

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

9. Financial Implications

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

10. Legal implications

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

11. Risks

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

12. IT Implications

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

13. Consultation

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

14. Equality and Diversity

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

15. Communication

15.1. There are no communication requirements arising from this report

16. Environmental

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

17. Recommendation

17.1. For EMT to note the Revenue Monitoring Report as at 30 June 2021 and the projected outturn for the financial year 2021/22.

Report author

Nigel Feirn – Head of Finance and Business Assurance
Budget Monitoring Working Papers
2021/22 Budget
Appendices A to F – Directorate Revenue Summaries

1. Housing and Customer Services

1.1. At the end of June, the Housing and Customer Services Directorate is projecting a **surplus of £53k**.

Housing Management

1.2. There are no major concerns or issues main issues identified at this stage for Housing Services. Possible changes and pressures relate to agile working and different ways of working for area teams and the subsequent impact on budgets, and these will emerge as the year progresses.

Customer Services

1.3. No major concerns or issues to report in respect of this budget. Currently forecasting an under spend on variance to date due to SLAs awaiting invoicing and employee vacancies (salaries) which are being filled.

Choice Based Lettings

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

| Vacant Posts | FTEs |
|----------------------------|------|
| Customer Services Advisor | 1.0 |
| Modern Apprentice | 2.0 |
| Homechoice Support Officer | 0.5 |
| Occupational Therapist | 1.0 |
| Estate Management Officer | 1.0 |
| Designer | 0.6 |
| Customer Access Officer | 4.1 |
| Tenancy Support Officer | 1.0 |
| Community Caretaker | 1.0 |
| Gardener | 1.0 |
| | 13.2 |

2. Corporate Services

2.1. At the end of Q1 2021/22, the Corporate Services Directorate is projecting a **deficit of £240k**.

2.2. The main elements to this variance are :

- Employee costs over budget by £117k, including £67k for temporary staff and £58k for training;
- IT Equipment & Licenses over budget by £145k, of which £45k is funded by additional management fee for C365 software, and £100k relating to

additional licensing costs arising from the extension of TOP, and Voicescape software costs;

- Supplies and Services over budget by £78k, including £58k additional expenditure on consultancy costs. Penningtons carrying out 'health checks' on the company compliance to H&S. Additional management fee to fund this as stated in the main body of the report.

Human Resources & Organisational Development (HR&OD)

- 2.3. The current planned training spend is heavily focused on compliance led training ensuring that known historical gaps are closed and that the training plan delivers newly highlighted requirements. This leaves little room for any wider developmental work. Close monitoring of the budget is ongoing alongside work to understand any potentially learning needs, which have not already been identified for this coming year. Additional cost is currently being incurred due to limited capacity in physical training venues which means that what in the past would have been 1 course is now 2 and as such incurring double the cost. Acknowledging the lack of space in the original program for non-compliance related development the opportunity for CIH membership has been communicated incurring a further potential budget pressure (up to £20k) in the event that all 100 places are allocated. Further details will be known during August.
- 2.4. A newly agreed retainer arrangement is now in place which sits within the existing legal advice framework but delivers a cost saving. However one ongoing Employment Tribunal case is likely to continue to incur costs in the coming months, an end date to this is not yet in sight. This ET case sits outside of the retainer agreement.

Financial Services

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

ICT & Business Excellence

- 2.6. Staffing budgets have overspent mainly due to additional TOP requirements, and the service area currently has a small number of vacant posts, as shown below.

| Vacant Posts | FTEs |
|-------------------------------|------------|
| Administration Officer | 1.0 |
| Modern Apprentice | 1.0 |
| ICT Service Manager | 1.0 |
| ICT Technical Support Officer | 1.0 |
| | <u>4.0</u> |

- 2.7. There will be a pressure on the SLA budget as the latest version supplied by DMBC takes into account additional services and equipment resulting in around £5k increase.
- 2.8. There are no risks with the general supplies and services spend. However, the funding of C365 and Voicescape products have put some pressure on the software budget.

- 2.9. As above, there is a risk to the increased SLA charges. Also as a result of Covid19 there continues to be a demand for additional devices to be issued to internal and agency staff.
- 2.10. Actions include the continual monitoring of the budgets and identifying spend and potential risks.
- 2.11. Assumptions are that no further major issues arise from TOP or Office 365.

Appendix C

3. Asset Management Services

- 3.1. In summary there are a number of key issues to note.
- 3.2. Whilst still very early in the financial year, the current end of year forecast is that the department's budget will **underspend by £243k**. This is a marginal increase on last month
- 3.3. The key contributing factor to the forecast position is the continuing number of staffing vacancies across the team.
- 3.4. There remains early concerns regarding the external contractor's revenue budget and the potential for this to overspend by year end. This will continue to be carefully monitored over the coming months.

Appendix D

4. Property Services

- 4.1. There are a number of key issues to note contributing to the projected **deficit of £43k**.
- 4.2. **Materials** – Highlights a £380k saving reported this month, but due to reduction in Gas and electrical capital works. Also a £100k reduction is included in the £380k for scheduled repairs due to Tomlinson's undertaking some of the works in Q2. We have increased responsive materials by £50k due to the current significant price increases in Timber/glazing that current budget levels will be unable to absorb them.
- 4.3. **Contractors** – Projecting a £157k overspend; £100k Tomlinson's as noted above for Scheduled, £67k plastering work (Labour only) on internal capital works (Tomlinsons/Shawfords) due to support with current resources and increased workloads.
- 4.4. **Capital Income** - Details a £695k reduction in income (£650k gas, £45k electrical) gas due to servicing starting in Feb and increased repairs during the Q1 period, as most heating resources were on repairs. Also resources have been hard to recruit to with agency supporting on gas servicing. M&E Manager has been cautious with his forecast so this has the potential to increase if resource levels are met, heating repairs continue to reduce and that we have no additional Covid issues. Electrical income is down due to 3 vacancies and our focus is on Testing.

4.5. Risks

- Call out/Run over jobs (ROJs) potentially could increase than currently forecast if the volumes of work continue to increase in Q2, with more jobs being completed on overtime as diary capacity is tight for plumbing and roofing trades;
- Scheduled repairs projects a £100k extra contractor spend, but could possibly increase once Tomlinson's confirm their rates and availability;
- Electrical Testing – no projection as of yet until the EICR testing “catch up” sub-contractors budget is signed off at circa £600k over 2 years;
- Material shortages/further price increases with operational and financial risk. Currently prices are around 5% up on P2, with more shortages being forecast as supply and demand comes into effect.
- As we enter period 4 a number of Covid related ‘isolating’ absences are already impacting out trades, so we will keep a watching brief on the impact of this and any foreseeable communications to customers etc.

Appendix E

5. General Fund Housing Options

- 5.1. The Housing Options service is projecting a **deficit of £246k**.
- 5.2. The main elements to this variance are detailed at 3.7 in the main body of the report, namely Temporary staff (£72k), Premises/Temporary Accommodation (£141k), Supplies & Services (Hotels £1,166k) Other income (Housing Benefit/grants £885k).
- 5.3. The service currently has a number of vacant posts

| Vacant Posts | FTEs |
|------------------------------|-------|
| Home Options Assistant | 2.0 |
| Home Options Officer | 1.0 |
| Home Options Support Officer | 1.0 |
| Implementation Manager | 1.0 |
| Senior Development Officer | 1.0 |
| | <hr/> |
| | 6.0 |

- 5.4. The major variance is due to the high cost being incurred to support the ‘Everyone In’ response to the pandemic and the resourcing of the agreed Roadmap out of Covid during Q1 & Q2.
- 5.5. At this stage, the pressures reported are the hotel & security costs associated with the recovery plan for moving customers out of emergency hotel accommodation, which is currently on target.
- 5.6. Housing Benefit (HB) recovery is affected by the proportionate increase in Non HB recovery costs, such as void rooms as we reduce usage and the impact ‘no shows’ and the cost of accommodating No Recourse to Public Fund cases, which reduces net income recovered against costs.
- 5.7. Placement numbers are monitored weekly and the associated levels of security required in order to mitigate exposure to avoidable costs.

- 5.8. Also reported at period 3 are emerging pressures associated with hotel room damages & gypsy & traveller site repairs.
- 5.9. In summary we are still reporting the pressures in line with the 'road map' projections the same as previous months. Additional costs have been projected in June to reflect hotel damages, G&T site repairs and changes in HB recovery due to block bookings of hotel rooms
- 5.10. The projection assumes these pressures will be partially offset by the £200k Emergency Fund grant, and also includes the RSI/BCF/FHSG funding for temporary posts.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2021

| | Income / Expenditure for the year | | | | Projected Outturn at year end | Projected Variance at year end | |
|--|-----------------------------------|-------------------------|--|---------------------------|-------------------------------|--------------------------------|---------------|
| | Original Budget £'000 | Budget to Date £'000 | Actuals as at 30 June 2021 £'000 | Variance to Date £'000 | Estimates £'000 | Variance £'000 | Variance % |
| Management Expenditure | | | | | | | |
| Employee Expenses | 28,594 | 7,150 | 6,887 | -263 | 28,227 | -366 | -1% |
| Premises Expenses | 2,068 | 520 | 356 | -164 | 2,210 | 142 | 7% |
| Transport | 2,367 | 590 | 605 | 15 | 2,323 | -44 | -2% |
| Supplies & Services | 3,159 | 790 | 1,442 | 652 | 4,285 | 1,125 | 36% |
| Materials-Buildings Services | 5,941 | 1,490 | 1,306 | -184 | 5,561 | -380 | -6% |
| Service Level Agreements | 3,534 | 880 | -76 | -956 | 3,588 | 54 | 2% |
| Total Management Expenditure | 45,663 | 11,420 | 10,519 | -901 | 46,194 | 531 | 1% |
| Maintenance Expenditure | | | | | | | |
| External Maintenance Contractors (Revenue) | 1,253 | 310 | 351 | 41 | 1,411 | 157 | 13% |
| External Maintenance Contractors (Capital) | 674 | 170 | 118 | -52 | 674 | 0 | 0% |
| Total Maintenance Expenditure | 1,927 | 480 | 469 | -11 | 2,085 | 157 | 8% |
| Gross Expenditure | 47,590 | 11,900 | 10,987 | -913 | 48,279 | 689 | 1% |
| Income | | | | | | | |
| Management Fee - HRA | -32,724 | -8,180 | -8,181 | -1 | -32,925 | -201 | 1% |
| Management Fee - General Fund | -1,531 | -380 | -380 | 0 | -1,531 | 0 | 0% |
| Recharges to Capital Schemes (In House) | -10,588 | -2,650 | -3,032 | -382 | -9,893 | 695 | -7% |
| Recharges to Capital Schemes (Contractors) | -674 | -170 | -118 | 52 | -674 | 0 | 0% |
| Other Income | -2,073 | -520 | 2 | 522 | -3,025 | -952 | 46% |
| Direct Charge to HRA | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Total Income | -47,590 | -11,900 | -11,709 | 191 | -48,048 | -458 | 1% |
| Surplus(-) / Deficit | 0 | 0 | -721 | -721 | 231 | 231 | - |

St. Leger Homes of Doncaster Ltd Revenue Summary as at 30 June 2021 - General Fund Housing Options

| | Income / Expenditure for the year | | | | Projected Outturn at year end | Projected Variance at year end | |
|--|-----------------------------------|-------------------------|--|---------------------------|-------------------------------|--------------------------------|---------------|
| | Original Budget £'000 | Budget to Date £'000 | Actuals as at 30 June 2021 £'000 | Variance to Date £'000 | Estimates £'000 | Variance £'000 | Variance % |
| Management Expenditure | | | | | | | |
| Employee Expenses | 1,075 | 270 | 245 | -25 | 1,148 | 73 | 7% |
| Premises Expenses | 618 | 150 | 74 | -76 | 780 | 162 | 26% |
| Transport | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Supplies & Services | 280 | 70 | 561 | 491 | 1,175 | 895 | 319% |
| Materials-Buildings Services | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Service Level Agreements | 50 | 10 | 0 | -10 | 50 | 0 | 0% |
| Total Management Expenditure | 2,024 | 500 | 879 | 379 | 3,154 | 1,130 | 56% |
| Maintenance Expenditure | | | | | | | |
| External Maintenance Contractors (Revenue) | 0 | 0 | 0 | 0 | 0 | 0 | - |
| External Maintenance Contractors (Capital) | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Total Maintenance Expenditure | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Gross Expenditure | 2,024 | 500 | 879 | 379 | 3,154 | 1,130 | 56% |
| Income | | | | | | | |
| Management Fee - HRA | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Management Fee - General Fund | -1,531 | -380 | -380 | 0 | -1,531 | 0 | 0% |
| Recharges to Capital Schemes (In House) | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Recharges to Capital Schemes (Contractors) | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Other Income | -493 | -120 | 0 | 120 | -1,377 | -885 | 179% |
| Direct Charge to HRA | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Total Income | -2,024 | -500 | -380 | 120 | -2,909 | -885 | 44% |
| Surplus(-) / Deficit | 0 | 0 | 499 | 499 | 246 | 246 | - |

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board

REPORT

Date : 5 August 2021

Item : 13

Subject : Q1 Capital Monitoring Report
2021/22

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the projected capital expenditure for 2021/22, the funding available and the actual and committed expenditure to date as at 30th June 2021.

Recommendation:

For Board to acknowledge the Capital Monitoring Report and the projected outturn for the financial year 2021/22.

Company Number 05564649
A Company Limited by Guarantee
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**To: The Chair and Members
of St Leger Homes of Doncaster Board**

**Agenda Item No. 13
Date: 5 August 2021**

1. Report Title

1.1 Q1 Capital Monitoring Report 2021/22 as at 30 June 2021.

2. Executive Summary

2.1 The reported projections at Q1 show the planned, in-year spend on the Housing Capital Programme would be £28.20m, an under-spend to budget of £7.15m.

3. Purpose

3.1 To inform Board of the projected capital expenditure for 2021/2022, the funding available and the actual and committed income and expenditure to date as at 30th June 2021.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the forecast outturn for the financial year 2021/2022.

5. Background - Housing Capital Programme 2021/22

5.1 The Housing Capital Programme for 2021/22, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £28.20m is an under-spend of £7.15m from the budgeted figure of £35.35m.

5.2 Further analysis of the Housing Capital Programme can be found at **Appendices B&C**:-
1. **Appendix B**. Public Sector Housing Capital Programme.
2. **Appendix C**. Private Sector Housing Capital Programme.

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

5.4 The Council approved a four year Housing Capital Programme on 1st March 2021, totalling £174m across the four years.

The main priorities of the programme in 2021/22 are:

- Council House build programme.
- Council House improvement and maintenance programme.

- Fire safety improvements.
- Electrical works.
- Energy efficiency works.
- Net zero carbon.

6. Expenditure Variances

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

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD is forecast to outturn at £21.97m against resources of £24.51m, an under-spend of £2.54m.

6.3 (£0.69m, 24%, under budget), Mechanical and Electrical Works.
(£0.65m) Heating Conversions / Upgrades

The planned spend has been revised due to issues relating to recruitment to the current vacancies. Agency personnel are assisting the team however; they are currently only helping on the servicing side, not the new heating installations.

(£0.04m) Electrical Planned Works In House
Vacancies within the team are affecting the forecast spend.

6.4 (£0.92m, 30%, under budget) Internal Works

The planned spend on fire related works to the low rise / communal areas has been revised. The contractor at their own risk had carried out a small element of works but all works have now been suspended pending agreement of the terms of the contract. The uncertainty around risk acceptance is affecting the whole sector. The funding will be slipped into 2022/23.

6.5 (£1.24m, 12%, under budget) External Works

(£0.12m) Soil stacks

The planned spend on the replacement of the soil stacks in the high rise buildings has been revised. As above, the agreement of the terms of the contract, specifically around risk is preventing the contractor commencing any works. The funding will be slipped into 2022/23.

(£1.01m) Other works

Also delayed due to contract issues. The funding will be slipped into 2022/23.

(£0.70m) External Planned/ Thermal Works

The contractor has advised additional staffing resources are required to complete the remaining schemes. Consequently, the costs associated with the Intake scheme will be slipped into 2022/23.

£0.59m Flood Recovery Works

Planned measures to improve a property's resilience to future flood damage will be carried out to an estimated 74 eligible properties. Government support in the form of a DEFRA grant will contribute up to £5k towards the cost of the works on each property. The deadline for applications (completed expenditure) from communities flooded in November 2019 is now 31 December 2021, while those flooded in February 2020 have until 1 July 2022.

6.6 £0.30m, 77%, over budget, Acquisition Refurbishment

The forecast has been revised to reflect the refurbishment of a number of properties acquired last year.

7. DMBC Managed Schemes

7.1 The element of the capital programme managed by DMBC is forecast to outturn at £6.23m against resources of £10.84m, an under-spend of £4.61m.

7.2 (£4.47m, 58%, under budget) Council House new build.

(£1.70m) Adwick Lane, Toll Bar. 21 units

(£0.48m) Athelstance Cres, Edenthorpe. 5 units

(£0.66m) Appleby Road, Intake. 7 units.

The supply chain and material cost increases across the building sector has resulted in an increase to the original contract price. The increase will require further approval before any construction contract is agreed. Subject to approval, assuming a contract is agreed by the end of July then enabling works will commence September 2021. No units will be handed over this financial year.

(£1.70m) North East Road, Thorne 20 units.

The planning application is anticipated to be at the September planning committee. There is no predicated spend this financial year with units anticipated to be delivered from quarter 4 2022/23.

7.3 (£0.09m, 25%, under budget) Affordable Housing

The proposed contribution to aid viability of the development of the former depot and offices at Cooke / Truman Street, Bentley has been delayed due to planning issues. The revised start on site date is now November with practical completion expected November 2022.

8. Future Plans / Work In Progress.

8.1 The Asset Management Plan and Environmental Strategy are currently being finalised and will shape the investment in future years. It is likely a 10-year capital programme will be approved in the next budget round.

9. Procurement

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

9.2 Delivery of the projected programme for 2021/22 will be subject to ability to procure building materials and contractors as the company, borough and the country moves out of lockdown and returns to delivering normal services.

10. VFM Considerations

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

11. Financial Implications

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

12. Legal Implications

12.1 There are no legal implications arising from this report.

13. Risks

13.1 Risk implications are implicit in the report. DMBC's Capital Programme budget was £35.5m to deliver a number of priorities, primarily building new affordable homes and improving and maintaining existing housing stock.

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

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

14. IT Implications

14.1 Not applicable.

15. Consultation

15.1 All Budget holders and EMT.

16. Diversity

16.1 There are no diversity issues arising from this report.

17. Communication Requirements

17.1 There are no communication requirements arising from this report.

18. Equality Impact Assessment (New / Revised Policies)

18.1 Not Applicable

19. Environmental Impact

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

20. Report Author, Position, Contact Details

20.1 David Henderson
Management Accountant 01302 737987

21. Background Papers

21.1 Capital Programme (2021/22-2024/25) budget report 1st March 2021.

Summary of Housing Capital Programme 2021/22 as at 30th June 2021

:A

| | Original Estimate - Approved Programme £000 | Revised Budget Inc slippage £000 | Forecast Outturn £000 | Variance Outturn to Revised budget £000 |
|--|--|-------------------------------------|--------------------------|--|
| SLHD Managed Schemes | | | | |
| Capital Management Delivery Fee | 1,500 | 1,500 | 1,500 | 0 |
| Void Improvements | 3,150 | 3,150 | 3,150 | 0 |
| Mechanical and Electrical Improvements | 2,953 | 2,953 | 2,256 | (697) |
| Sprinklers / Fire Safety Works | 200 | 200 | 200 | 0 |
| Internal Works | 3,119 | 3,119 | 2,199 | (920) |
| External Works | 10,087 | 10,087 | 8,844 | (1,243) |
| Environmental Works | 1,860 | 2,024 | 1,964 | (60) |
| IT Improvements | 196 | 209 | 209 | 0 |
| Acquisitions | 391 | 391 | 691 | 300 |
| Caravan Site Improvements | 640 | 644 | 644 | 0 |
| Assistance Loans | 220 | 233 | 233 | 0 |
| Demolition HRA | - | - | 80 | 80 |
| Sub-Total | 24,315 | 24,509 | 21,969 | (2,540) |
| DMBC Managed Schemes | | | | |
| Adaptations for the Disabled | 2,200 | 2,200 | 2,200 | 0 |
| Council House New Build | 7,072 | 7,669 | 3,198 | (4,472) |
| Affordable Housing | - | 350 | 263 | (88) |
| Demolitions | 530 | 625 | 568 | (57) |
| Sub-Total | 9,802 | 10,845 | 6,228 | (4,617) |
| Overall Housing Programme Total | | | | |
| | 34,117 | 35,354 | 28,197 | (7,157) |
| Funding | | | | |
| Major Repairs Reserve / Depreciation | 22,557 | 22,880 | 15,560 | (7,320) |
| Revenue Contribution - HRA | 9,349 | 9,660 | 9,660 | 0 |
| Usable Capital Receipts | 2,211 | 2,464 | 2,407 | (57) |
| Section 106 | - | 350 | 263 | (88) |
| Prudential Borrowing | - | - | - | 0 |
| Flood Grant | - | - | 308 | 308 |
| Under(-) / Over Commitments | 34,117 | 35,354 | 28,197 | (7,157) |
| Percentage Funded | 100% | 100% | 100% | |

Summary of Housing Capital Programme 2021/22 as at 30th June 2021

| | Original Estimate - Approved Programme | Revised Budget Inc slippage | Forecast Outturn | Variance - Outturn to Revised Budget |
|--|--|-----------------------------|------------------|--------------------------------------|
| | £000 | £000 | £000 | £000 |
| SLHD Managed Schemes | | | | |
| Capital Management Delivery Fee | 1,500 | 1,500 | 1,500 | 0 |
| Void Improvements | 3,150 | 3,150 | 3,150 | 0 |
| Mechanical and Electrical Improvements | 2,953 | 2,953 | 2,256 | (697) |
| Sprinklers / Fire Safety Works | 200 | 200 | 200 | 0 |
| Internal Works | 3,119 | 3,119 | 2,199 | (920) |
| External Works | 10,087 | 10,087 | 8,844 | (1,243) |
| Environmental Works | 1,860 | 2,024 | 1,964 | (60) |
| IT Improvements | 196 | 209 | 209 | (0) |
| Acquisitions | 391 | 391 | 691 | 300 |
| Demolition HRA | 0 | 0 | 80 | 80 |
| Sub-Total | 23,455 | 23,632 | 21,092 | (2,540) |
| DMBC Managed Schemes | | | | |
| Adaptations for the Disabled | 2,200 | 2,200 | 2,200 | 0 |
| Council House New Build | 7,072 | 7,669 | 3,198 | (4,472) |
| Sub-Total | 9,272 | 9,869 | 5,398 | (4,472) |
| Overall Housing Programme Total | 32,727 | 33,502 | 26,490 | (7,012) |
| Funding | | | | |
| Major Repairs Reserve / Depreciation | 22,557 | 22,880 | 15,560 | (7,320) |
| Revenue Contribution - HRA | 9,349 | 9,660 | 9,660 | 0 |
| Usable Capital Receipts | 821 | 962 | 962 | 0 |
| Prudential Borrowing | 0 | 0 | 0 | 0 |
| Flood Grant | 0 | 0 | 308 | 308 |
| Under(-) / Over Commitments | 32,727 | 33,502 | 26,490 | (7,012) |
| Percentage Funded | 100% | 100% | 100% | |

Summary of Housing Capital Programme 2021/22 as at 30th June 2021

| | Original Estimate - Approved Programme £000 | Revised Budget Inc slippage £000 | Forecast Outturn £000 | Variance - Outturn to Revised Budget £000 |
|--|---|----------------------------------|-----------------------|---|
| SLHD Managed Schemes | | | | |
| Caravan Site Improvements | 640 | 644 | 644 | 0 |
| Assistance Loans | 220 | 233 | 233 | 0 |
| Sub-Total | 860 | 877 | 877 | 0 |
| DMBC Managed Schemes | | | | |
| Affordable Housing | 0 | 350 | 263 | (88) |
| Demolitions | 530 | 625 | 568 | (57) |
| Sub-Total | 530 | 975 | 830 | (145) |
| Overall Housing Programme Total | 1,390 | 1,852 | 1,707 | (145) |
| Funding | | | | |
| Usable Capital Receipts | 1,390 | 1,502 | 1,445 | (57) |
| Section 106 | 0 | 350 | 263 | (88) |
| Under(-) / Over Commitments | 1,390 | 1,852 | 1,707 | (145) |
| Percentage Funded | 100% | 100% | 100% | |

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 5 August 2021

Item : 14

Subject : Adoption of the all-party parliamentary group (APPG) on British Muslims definition of Islamophobia and the International Holocaust Alliance's definition of Antisemitism.

Presented by : Steve Waddington, Director of Housing and Customer Services

Prepared by : Dan Debenham, Equalities and Diversity Manager

| | | |
|----------------|---|--|
| Purpose | : | To agree the adoption of the of the all-party parliamentary group on British Muslims definition of Islamophobia adoption of the International Holocaust Alliance's definition of Antisemitism. |
|----------------|---|--|

Recommendation :

That Board approve St Leger Homes of Doncaster adopt the all-party parliamentary group on British Muslims definition of Islamophobia and the International Holocaust Alliance's definition of Antisemitism.

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

**Agenda Item No. 14
Date: 05 August 2021**

1. Report Title

- 1.1 Adoption of the all-party parliamentary group (APPG) on British Muslims definition of Islamophobia and the International Holocaust Remembrance Alliance's definition of Antisemitism.

2. Executive Summary

- 2.1 Following a recent Board Strategic Planning day, specifically focusing on Equality and Diversity, the report recommends that St Leger Homes adopts the APPG on British Muslims definition of Islamophobia and adopts the definition of Antisemitism proposed by the International Holocaust Remembrance Alliance. Both of these definitions have been adopted by Doncaster Council and are consistent with St Leger's Equality and Diversity Statement.
- 2.2 Both definitions are attached at Appendix A and give examples of Islamophobia and Antisemitism.
- 2.3 Agreeing to adopt the definition will underpin our Equalities and Diversity Statement supporting those affected by Islamophobia and Antisemitism. Adopting the definitions also supports our commitment to the aims of Doncaster Growing Together.

3. Purpose

- 3.1 The purpose of this report is to approve the adoption by St Leger Homes of Doncaster of the APPG on British Muslims definition of Islamophobia and to adopt the International Holocaust Remembrance Alliance's definition of Antisemitism.

4. Recommendations

- 4.1 That Board approve St Leger Homes of Doncaster formally adopting the All-Party Parliamentary Group on British Muslims definition of Islamophobia and the International Holocaust Remembrance Alliance's definition of Antisemitism.

5. Background

- 5.1 The company is currently in the process of reviewing the existing Equality and Diversity Strategy. The new Strategy will be presented to Board for approval in October 2021.

- 5.2 To help shape the revised Strategy, Board took part in a Strategic Planning Event at the beginning of 2021 to discuss the continuing approach to supporting equality, diversity and inclusion throughout the organisation and within our communities.
- 5.3 One of the recommendations coming out of the Strategic Planning Event was that St Leger Homes makes a formal commitment to reducing hate crime incidents related to Islamophobia and Antisemitism.
- 5.4 Doncaster Council adopted the APPG on British Muslims definition of Islamophobia in February 2021 and adopted the Holocaust Remembrance Alliance definition of Antisemitism in March 2020; it is proposed that we also adopt both definitions.

- 5.5 The definition of Islamophobia as defined by the APPG is

"Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness."

The definition of Antisemitism as defined by the International Holocaust Remembrance Alliance is:

"Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities."

- 5.6 St Leger Homes is committed to promoting equalities and has agreed processes for dealing with all Hate Crimes. We have an Equality and Diversity Statement, supported by 5 commitments, which covers racism of all kinds.
- 5.7 The Statement has been reviewed by Executive Management Team and is on the Agenda for Board's consideration. The commitments included in the Statement and which are shown below support the adoption of the Antisemitism and Islamophobia definitions. The commitments are:
- To understand our customers and to support their needs;
 - To ensure the organisation is a leader in inclusion and fairness
 - To engage customers effectively, foster good relations and advance equality in our local communities
 - To fulfil our safeguarding responsibilities to the highest standards
 - To develop a progressive and diverse workforce, in a workplace free from discrimination and harassment.
- 5.8 In addition to any changes to the Equality and Diversity Statement a number of policies may also need to be amended at the point of their next review to incorporate the definitions where appropriate.

- 5.9 A review of HR policies will also be required. St Leger makes specific reference to equality and diversity in its Dignity at Work policy based on this broader requirement and confirms its position of a 'zero tolerance' attitude to discrimination, harassment and bullying whether it is a single incident or persistent acts. This applies to both in and out of working hours and the workplace. The Employee Code of Conduct also states employees must not wear or display items that may indicate their support or opposition to any campaign or organisation that may cause offence and to avoid any activity in the public arena which could bring St Leger Homes into disrepute. Employees are able to raise any issues regarding discrimination via the Dignity at Work or Whistle Blowing Procedure as appropriate.
- 5.10 Our equally yours training programme will be reviewed to include specific references to understanding islamophobia and antisemitism to promote a 'faith friendly' culture.

6. Procurement

- 6.1 A Social Value evaluation matrix is used by our Procurement Team which assesses how a contractor contributes to St Leger's social values and the Doncaster Growing Together strategy. The terms and conditions of all contracts now incorporates a section about equalities, discrimination and a section around Modern Slavery.

7. VFM Considerations

- 7.1 There are no VFM considerations associated with this report.

8. Financial Implications

- 8.1 There are no specific implications attached to this decision. Any costs from amending policies that arise from adopting the definition will be funded from existing budgets.

9. Legal Implications

- 9.1 The Equality Act 2010 sets out the obligations in relation to the prevention of, amongst other characteristics, discrimination on the grounds of race or religious beliefs. Whilst the definitions are legally non-binding it is seen as an important tool for criminal justice agencies and other public bodies to ensure the principles in the Equality Act 2010 are promoted. This will be achieved adopting the definitions and embedding within policies as required.

10. Risks

- 10.1 There are no risks associated with this report.

11. Health, Safety & Compliance Implication

- 11.1 Racism in whatever form has direct and indirect impacts on health. Adopting and incorporating the All-Party Parliamentary Group on British Muslims definition of Islamophobia and the International Holocaust Remembrance Alliance definition of Antisemitism into any relevant policies is an important step in addressing structural racism.

12. IT Implications

- 12.1 There are no IT implications associated with this report.

13. Consultation

- 13.1 Doncaster Council have been consulted with regard their adoption of both definitions.

14. Diversity

- 14.1 If St Leger Homes adopts the definitions this will add value to our existing commitment to equality and diversity and help contribute to St Leger Homes compliance with the equality act 2010 and its public sector equality duty, particular in relation to the protected characteristics of race, religion and belief.

15. Communication Requirements

- 15.1 There are communication requirements internally and externally to promote should St Leger Homes adopt the APPG and IHRA definitions.

16. Equality Analysis (new/revised Policies)

- 16.1 Adopting the two definitions strengthens the messaging and position of St Leger Homes to communities and staff on Antisemitism and Islamophobia. There are no groups or individuals that will be adversely impacted by the adoption of the two definitions.

17. Environmental Impact

- 17.1 There is no environmental impact arising from this report.

18. Report Author, Position, Contact Details

- 18.1 Dan Debenham, Equality & Diversity Manager, St Leger Homes Of Doncaster, 01302 737101

All Party Parliamentary Group on British Muslims Definition of Islamophobia

“Islamophobia is rooted in racism and is a type of racism that targets expressions of Muslimness or perceived Muslimness.”

The proposed definition of Islamophobia can be illustrated by a range of guidelines and examples rather than a list of essential features, which we feel would confine a prescriptiveness to its understanding to the detriment of contextual and fluid factors which continue to inform and shape manifestations of Islamophobia. We found the IHRA explanatory notes and examples both helpful and informative and it inspired much of the thinking of Parliamentarians engaged in this process of proposing a working definition of Islamophobia. The explanatory notes provided under the IHRA definition of anti-Semitism could, in all fairness, be adopted in their entirety to Islamophobia.

Contemporary examples of Islamophobia in public life, the media, schools, the workplace, and in encounters between religions and non-religions in the public sphere could, taking into account the overall context, include, but are not limited to:

- Calling for, aiding, instigating or justifying the killing or harming of Muslims in the name of a racist/ fascist ideology, or an extremist view of religion.
- Making mendacious, dehumanizing, demonizing, or stereotypical allegations about Muslims as such, or of Muslims as a collective group, such as, especially but not exclusively, conspiracies about Muslim entryism in politics, government or other societal institutions; the myth of Muslim identity having a unique propensity for terrorism, and claims of a demographic ‘threat’ posed by Muslims or of a ‘Muslim takeover’.
- Accusing Muslims as a group of being responsible for real or imagined wrongdoing committed by a single Muslim person or group of Muslim individuals, or even for acts committed by non-Muslims.
- Accusing Muslims as a group, or Muslim majority states, of inventing or exaggerating Islamophobia, ethnic cleansing or genocide perpetrated against Muslims.
- Accusing Muslim citizens of being more loyal to the ‘Ummah’ (transnational Muslim community) or to their countries of origin, or to the alleged priorities of Muslims worldwide, than to the interests of their own nations.
- Denying Muslim populations the right to self-determination e.g., by claiming that the existence of Conclusion T 57 All Party Parliamentary Group on British Muslims an independent Palestine or Kashmir is a terrorist endeavour.
- Applying double standards by requiring of Muslims behaviours that are not expected or demanded of any other groups in society, e.g. loyalty tests.
- Using the symbols and images associated with classic Islamophobia (e.g. Muhammed being a paedophile, claims of Muslims spreading Islam by the sword or subjugating minority groups under their rule) to characterize Muslims as being ‘sex groomers’, inherently violent or incapable of living harmoniously in plural societies.
- Holding Muslims collectively responsible for the actions of any Muslim majority state, whether secular or constitutionally Islamic.

Source: All Party Parliamentary Group on British Muslims Report: Islamophobia Defined

International Holocaust Remembrance Alliance – Non legally binding working definition

“Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed

toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities.”

Manifestations might include the targeting of the state of Israel, conceived as a Jewish collectivity. However, criticism of Israel similar to that levelled against any other country cannot be regarded as anti-Semitic. Antisemitism frequently charges Jews with conspiring to harm humanity, and it is often used to blame Jews for “why things go wrong.” It is expressed in speech, writing, visual forms and action, and employs sinister stereotypes and negative character traits.

Contemporary examples of antisemitism in public life, the media, schools, the workplace, and in the religious sphere could, taking into account the overall context, include, but are not limited to:

- Calling for, aiding, or justifying the killing or harming of Jews in the name of a radical ideology or an extremist view of religion.
- Making mendacious, dehumanizing, demonizing, or stereotypical allegations about Jews as such or the power of Jews as collective — such as, especially but not exclusively, the myth about a world Jewish conspiracy or of Jews controlling the media, economy, government or other societal institutions.
- Accusing Jews as a people of being responsible for real or imagined wrongdoing committed by a single Jewish person or group, or even for acts committed by non-Jews.
- Denying the fact, scope, mechanisms (e.g. gas chambers) or intentionality of the genocide of the Jewish people at the hands of National Socialist Germany and its supporters and accomplices during World War II (the Holocaust).
- Accusing the Jews as a people, or Israel as a state, of inventing or exaggerating the Holocaust.
- Accusing Jewish citizens of being more loyal to Israel, or to the alleged priorities of Jews worldwide, than to the interests of their own nations.
- Denying the Jewish people their right to self-determination, e.g., by claiming that the existence of a State of Israel is a racist endeavour.
- Applying double standards by requiring of it a behaviour not expected or demanded of any other democratic nation.
- Using the symbols and images associated with classic antisemitism (e.g., claims of Jews killing Jesus or blood libel) to characterize Israel or Israelis.
- Drawing comparisons of contemporary Israeli policy to that of the Nazis.
- Holding Jews collectively responsible for actions of the state of Israel.

Anti-Semitic acts are criminal when they are so defined by law (for example, denial of the Holocaust or distribution of anti-Semitic materials in some countries).

Criminal acts are anti-Semitic when the targets of attacks, whether they are people or property – such as buildings, schools, places of worship and cemeteries – are selected because they are, or are perceived to be, Jewish or linked to Jews.

Anti-Semitic discrimination is the denial to Jews of opportunities or services available to others and is illegal in many countries.

Source: IHRA Website

Governance Summary Communications Template

| | | |
|---|--|--|
| Report from: | Audit & Risk Committee | |
| Date of meeting: | 24 June 2021 | |
| 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><u>1. Annual Financial Statements</u> Beever and Struthers reported a clean audit report with the accounts showing a true and fair view of the financial position for year end. No adjustments had been identified.</p> <p><u>2. Procurement Action Plan</u> Members noted the reduction of 42 outstanding procurement breaches to 25, including the action plan to complete the remaining 25 breaches by September 2021 (with the exception of 'tools and equipment').</p> <p><u>3. Monitoring of SLHD Internal Audit Programmes by DMBC Internal Audit</u> Members noted completion of the 2020/21 programme and update against the 2021/22 programme. As at June 2021 - 5 outstanding findings were noted.</p> | <p>Following an extensive review of the accounts Audit & Risk Committee agreed recommending the annual financial statements for presentation to Board on 6 July 2021.</p> <p>Members welcomed a further update at the next meeting on 1 November 2021 where they anticipate to see the completion of all 25 procurement breaches. Members will decide at this time the frequency of future reporting.</p> <p>The committee agreed to the approach in relation to temporary accommodation charges (revisited during Q2) and noted progress and agreed the sign off of the completed actions.</p> <p>Committee raised concerns regarding gas and electric certificates for shops and wanted to see these issues resolved asap.</p> | |
| Additional notes for communication to governance: | | |
| None. | | |

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

24 June 2021 via ms teams

Present

Trevor Mason (Chair), Richard Allan Jones, Sam Bartle.

In Attendance

Julie Crook - Director of Corporate Services (JCr), Nigel Feirn - Head of Finance and Business Assurance (NF), Nicci Frost-Wilson - Doncaster Council's Internal Audit Manager (NFW), Maxine Johnson – Executive Support Officer (minutes).

Also in Attendance

Richard Graham – Audit Director, Beever & Struthers (External Audit)

| | | ACTION |
|-----------|---|---------------|
| 1. | Apologies and Quorum | |
| 1.1 | Apologies were received from Anthony French and Lee Cartwright – Beever & Struthers. Quorum was noted and the meeting commenced. The Chair thanked Sam for agreeing to attend at short notice. | |
| 2. | Declarations of Interest by Board Members | |
| 2.1 | There were no declarations of interest. | |
| 3. | Previous Minutes and Matters Arising – 3 March 2021 | |
| 3.1 | The minutes of the meeting held on 3 March 2021 were agreed. | |
| 3.2 | From Agenda Item 5.3 Monitoring of SLHD Internal Audit Programmes by DMBC Internal Audit A member raised he was having difficulty navigating from the report to the appendices with ease. He asked that the format of the report be revised so that the outstanding findings (detailed in the appendices) are accessed within the body of the report if possible. Action: Complete. | |
| 3.3 | From Agenda Item 10.3 - Business Continuity Plan (BCP) Another member commented the plan was very comprehensive, although it was long and may not be easily assimilated in an emergency situation when staff were under pressure. He suggested including flow charts or the use of hyperlinks. Action complete - it was noted the use of hyperlinks within Decisiontime do not work. | |

4. Annual Financial Statements

- 4.1 The Director of Corporate Services reminded members it was for Audit & Risk Committee to undertake a full and detailed review of the Financial Statements and to recommend to Board for approval. The next board meeting was scheduled to take place on 6 July 2021.

She highlighted the only two outstanding items were the pensions liability guarantee letter from Doncaster Council (DC) and letter of representation.

- 4.2 Richard Graham gave an overview of the audit explaining Beever & Struthers had not identified any adjustments necessary to the financial statements and their findings reported a clean audit report and that the accounts showed a true and fair view of the financial position for the year end.

He thanked the finance team for their support throughout the audit

- 4.3 The Chair asked for further clarity in respect of the management accounts and how the 'profit' turned into a 'loss'.

The Director of Corporate Services explained when we make a surplus in the management accounts any surplus has to be paid back to DC which puts us back to a zero position.

She then referred members to the table at 7.10 of the report that summarised the adjustments required for pension accounting and explained how this reconciles between the breakeven position and the company's figures in the financial statements.

She went onto further explain the figures are provided by the pensions authority, who do make assumptions and that our auditors carry out comparisons with other organisations and are satisfied with the consistent approach.

- 4.4 The Chair commented St Leger Homes element of the pension fund is now in surplus with a solvency level of 109%. However, the whole fund is still in a deficit – is this around crystallisation of the pension fund on the day?

The Director of Corporate Services confirmed this was the case and explained the triennial valuation is based on employees and varying factors such as their age, salary etc at the time of the report. In March 2016 we were very close to achieving full funded and in March 2019 we were in surplus. In 2014 there were significant changes to the scheme that was changed from a 'final salary' scheme to a 'CARE' (Career Average Revalued Earnings) scheme. She commented the position on the balance sheet is based on a hypothetical position.

- 4.5 Addressing Beever & Struthers the Chair asked for further clarity around 'materiality'.
- Richard Graham confirmed the materiality figure was based on 3% of turnover and was used to drive sampling on the financial statements. The Chair then queried whether anything less than that figure is not regarded material? Richard Graham confirmed in reality we use a percentage of that figure – the things they look at are lower than £1.360m.
- 4.6 The Chair thanked the auditors for the work they had done.
- 4.7 **The Audit and Risk Committee recommended the Annual Financial Statements for presentation to the Board.**
- 4.8 Richard Graham left the meeting.
5. **Monitoring of SLHD Internal Audit Programmes by DMBC Internal Audit**
- 5.1 The Head of Finance and Business Assurance advised that the 2020/21 internal audit programme has been completed and provided an update against progress made against the 2021/22 programme.
- He referred members to the table at 2.5 of the report that summarised the number of outstanding findings. It was noted as at June 2021 – 5 were outstanding. Further details of which could be found in the table at 2.6.
- He went onto explain the Housing Rents audit was the final piece of work from the 2020/21 programme and was being presented at this meeting. He confirmed audit work scheduled to take place in Q1 has commenced.
- 5.2 7.8 - Temporary Accommodation Charges
- The Head of Finance and Business Assurance referred members to 7.8 and highlighted agreement has now been reached with DC Internal Audit that the finding and recommendation will be re-visited during the scheduled audit for Q2 with a view to agreeing that management accepts this risk and focusses on ensuring all eligible housing benefits are paid and the customer's stay in bed and breakfast is kept to an absolute minimum. He said committee are requested to approve this approach.
- The Chair commented it would appear the costs are an open ended commitment that we have to make and manage the risks.
- A lengthy discussion then took place regarding the high volume of residents placed in bed & breakfast accommodation during the pandemic and the associated issues in respect of housing benefit claims and being able to recuperate costs back. It was noted tight

turnaround times are experienced when placing a resident in bed & breakfast accommodation and dealing with paperwork where costs outweigh benefits.

It was noted if someone moves from one hotel to another they have to stop a claim and start another, similarly with moving from one room to another or change in room price (throughout the week). Additionally, there were issues when someone doesn't receive full housing benefit and they have to pay a top up, or someone isn't eligible for housing benefit. Huge resources would be needed to keep on top of the paperwork.

The Director of Corporate Services explained prior to the pandemic we didn't place a lot of residents in bed & breakfast accommodation and we are hoping to get back to that position.

5.3 The Chair asked who have we raised these issues with and what active dialogue have we taken?

It was noted the Department of Works Pensions (DWP) have national benefit regulations that the organisation work within, SLH claim locally through DC on their behalf. Many residents that SLH have contact with are usually known across a number of council services. Housing benefit payments are now usually processed quickly with the housing benefit team up to date with workloads. Verifications happen as a claim is made which is why SLH has been able to increase the amount of money it has recuperated.

5.3 A member asked which hotels and bed & breakfasts were used?
It was noted Doncaster International Hotel and Restover Lodge, very occasionally the Premier Inn or Travel Lodge.

5.4 The Chair summarised saying temporary accommodation charges are a risk we have to manage and be vigilant with, we have to accept the volumes we have been dealing with due to the pandemic. However, we expect them to taper off for the year ahead.

It was noted that an update would be brought to the next committee meeting in November 2021.

5.5 7.6 - Shop Flats and Associated Rents

The Chair asked if we were near to a conclusion with regards to what enforcement action could be taken against leaseholders who have failed to provide gas/electric certification and fire risk assessments after leaseholders have been written to and asked to provide these documents?

It was noted the lease was between DC and the leaseholder, with a number of different leases in place.

NF

| | | |
|-----|---|----|
| | The timescales for completion were unknown therefore the Chair requested that these were brought to the next committee meetings. | NF |
| 5.6 | The Committee agreed to the approach in relation to temporary accommodation charges and noted progress and agreed the sign off of the completed actions. | |
| 6. | Internal Audit Reports | |
| 6.1 | <u>Rents</u> The Internal Audit Manager presented the report that gave assurance over the financial controls and systems surrounding the administration of the Housing Rents system within SLH on behalf of the Council. Members noted a substantial assurance had be awarded over the operation of this system. | |
| 6.2 | Specific attention was noted to any heightened risk due to the implementation of the new system (Open Housing) in November 2020 and current pandemic to ensure that controls within the system were robust were noted. Also noted were the low level findings in relation to the 3 audited risks at 2.5 of the report. | |
| 6.3 | The Chair challenged what appeared to be a low level number of 'dip samples' The Internal Audit Manager explained that although on the face of it the sampling numbers didn't appear high, when you drill down further some transactions are made up of between 5,000 - 6,000 accounts and similarly with collection rates too. She added in addition the TOP team have carried out a high volume of dip sampling too. | |
| 6.4 | Timescales to be reviewed on the Appendix A – Improvement Plan. | NF |
| 6.5 | Committee noted the contents of the report. | |
| 7. | Annual Report of Internal Audit | |
| 7.1 | The Director of Corporate Services presented the 2020/21 Annual Internal Audit Report for Audit & Risk Committee's information. | |
| 7.2 | The Internal Audit Manager was pleased to advise that we are able to give a positive opinion that the systems of governance, risk management and internal control examined were generally sound. Referring to the table at 4.1 of the report she confirmed 8 projects had been completed with 2 deferred: | |

1. 'Temporary accommodation charges' due to re-testing of the administration charges postponed because of significant demand for temporary accommodation caused by the pandemic.
2. 'Continual analytics – payroll to creditor testing' due to the availability of data from the payroll provider.

7.3 A member asked how do we demonstrate that it is cost effective moving from one system to another?

The Director of Corporate Services gave an example of TOP (The One Project), she said followed a competitive tender process, set out in advance our objectives and considered where efficiencies could be made. Pre and post TOP savings will form part of our valuation process following implementation of the system with a report to Board.

7.4 The Internal Audit Manager advised in respect of payroll services a contract is in place between Rotherham Council and DC/SLHD. Contract monitoring takes place to ensure the service is value for money and highlighted it was necessary to change from the old payroll system due to security issues within the old system.

7.5 The Committee noted the contents of the report.

8. Audit & Risk Committee Annual Report

8.1 The Director of Corporate Services presented the draft report that gave an annual overview of the activities undertaken by the Audit & Risk Committee, to give assurance to Board it has fulfilled its terms of reference.

She proposed that no changes were made to the current terms of reference and suggested they are reviewed again in approximately 18 months time to align with a review of all committees.

8.2 The Chair asked the report include the secondment of Susan Jones – Independent board member to Employment & People Committee.

JC

8.3 The Committee noted and agreed the contents of the report.

9. Gifts and Hospitality Register

9.1 The Director of Corporate Services reminded members that it is a requirement of the terms of reference, to report the Gifts & Hospitality register to the committee.

9.2 She advised there have been very few submissions over the past year. Staff are reminded of the need to complete a form twice a year; in the lead up to Christmas and June each year due to the majority of hospitality offered in connection with the Chartered Institute of Housing (CiH) conference.

9.3 The Committee noted the contents of the briefing note.

10. Procurement Update

10.1 The Director of Corporate Services presented the report that provided committee with an overview on procurement activity and associated risks for the financial year April 2020 – March 2021.

10.2 She reminded members of the serious concerns raised in June 2020 regarding the 42 outstanding procurement breaches. Referring to this report she highlighted the improving position and plans to complete the current list of 25 outstanding breaches detailed in appendix A by September 2021 with the exception of purchase of tools and equipment.

10.3 The Chair commented he would like to see the 25 outstanding breaches addressed in priority order with the long standing breaches completed first.

10.4 Referring to point 10.1d 'supply chain risk' of the report the Chair asked if there was any more detail?

The Director of Corporate Services advised that a Brexit working group along with DC had been established, careful monitoring was taking place with no major issues currently being experienced. Although, it was noted there are significant demands on building materials in general.

10.5 One member asked that future reports contained details of waivers applied for but not approved.

JC

10.6 The Chair acknowledged the timescales involved to complete the 25 outstanding breaches with the exception of purchase of tools and equipment. He as did other members, anticipated completion of the breaches by September 2021.

10.7 The Committee noted the report.

11. Supplies and Logistics update

11.1 The Director of Corporate Services presented the report that gave an overview of the stockholding and associated risks for 2020/21 financial year.

She said the annual stock check of the warehouse at Shaw Lane was completed in March 2021. Beaver & Struthers were able to attend site and were happy with the process.

She highlighted the result of the stock check was a low net variance of £701 from what was recorded on the stock management system to what physical stock was contained within the warehouse.

- 11.2 The Chair asked for further clarity regarding 'adjustments' in the report.

It was noted the increase in 'adjustments' is in part down to a conversion factor erroring multiple times during the year on selected products. The Director of Corporate Services gave an example of 2 x boxes of 12 white tiles being ordered and then 4 boxes of 6 white tiles being receipted as taken on the stock system from stores. She advised staff have been asked to ensure accuracy.

She said rapid price increases have been a contributor too and gave PPE (personal protective equipment) as an example where coveralls rapidly increased from £1 to £11 per unit when the pandemic hit. She commented there were a small number of items that had a high inflation rate over a short period of time and we used the 'average' price per unit. It was noted £100k was spent on PPE last year in comparison to £8-£10k in previous years.

- 11.3 The Chair commented the report indicated a positive position.

- 11.4 **The Committee noted the contents of the report.**

12. Fraud Register and Related Activities

- 12.1 The Director of Corporate Services advised at the March 2021 committee meeting, we reported that we were investigating one disciplinary case where the potential allegations were fraud related. This investigation has concluded and the hearing is scheduled to take place soon.

Members noted since the last meeting, there have been no new cases with potentially fraudulent allegations

- 12.2 Three potential anti fraud cases have been identified around right to buy (RTB) applications, investigations continue with the help of the internal audit team. Processes have been reviewed to prevent any future cases.

- 12.3 The Chair asked if in relation to RTB receipts that the money is return to DC?

The Director of Corporate Services advised the biggest proportion is returned to the government with a proportion being retained by DC which they choose to ring fence for housing investment.

13. Forward Plan

- 13.1 Nothing was raised.

Date and Time of Next Meeting

1 November 2021, 2pm.

The meeting closed at 11:30hrs.

DRAFT