

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

**To be held at 1pm on Thursday 6 October 2022  
Civic Office, Floor 4 – Room 410 or via MS Teams (Hybrid Meeting)**

**AGENDA**

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

***For Information***

- |   |  |            |                 |
|---|--|------------|-----------------|
| 5 | Health, Safety & Compliance Performance Update | C Margrave | <i>Enclosed</i> |
| 6 | Annual Development Plan Update                 | J Crook    | <i>Enclosed</i> |
| 7 | ICT Strategy Update                            | J Crook    | <i>Enclosed</i> |
| 8 | KPI Performance (August 2022)                  | J Crook    | <i>Enclosed</i> |

***Committee Information for Noting***

- |    |  |  |  |
|----|--|--|--|
| 9  | Committee Annual Reports <ul style="list-style-type: none"><li>• Audit &amp; Risk Committee</li><li>• Building Safety and Compliance Committee</li><li>• Employment and People Committee</li><li>• Performance and Improvement Committee</li></ul> |  |  |
| 10 | Committee Minutes <ul style="list-style-type: none"><li>• Performance &amp; Improvement Committee – 15 September 2022</li></ul>  |  |  |
| 11 | Any Other Business   |  |  |
| 12 | <i>Date of next meeting<br/>1 December 2022</i>  |  |  |

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**4 August 2022**

**Present:**

Trevor Mason (Vice Chair and Chair of meeting), Steve Lyons, Dave Richmond, Joe Blackham, Sam Bartle, Susan Jones, Anthony French

**Also In Attendance**

Julie Crook (Director of Corporate Services), Chris Margrave (Director of Property Services), Mark McEgan (Director of Housing and Customer Services), Leandra Graham-Hibling (minutes).

	<b>Action</b>
<b>1 Apologies and Quorum</b>	
1.1 Apologies were received from Dave Wilkinson (Chair), Cllr Phil Cole, Cllr Richard Allan Jones, Stuart Booth.	
<b>2 Declarations of Interest by Board Members</b>	
2.1 There were no declarations of interest.	
<b>3 Minutes of the meeting held on 7 July 2022 and matters arising</b>	
The minutes were agreed as a true reflection with matters arising detailed within the table at the end of the minutes.	
<b>4 Chair and Chief Executive's Update</b>	
4.1 Members received updates on the following key items; Repairs Excellence, expansion of the Homeless Service, ensuring we are best using our own stock and looking at how we can incentivise tenants to downsize. A number of partnership updates were provided including detail about entering into a partnership 'Place Agreement' to work alongside other organisations at a local level to ensure we meet new legislation changes and the Health and Care Act.	
It was noted that the report includes a request that The Chief Executive is given delegation by the Board for the responsibility for considering and entering into The Place Agreement.	

#### 4.2 Expansion of Homelessness Services

The Vice Chair asked for further background in relation to the expansion of the homeless service. The Chief Executive advised of the increase in people and families presenting themselves to the service as being homeless or being in fear of becoming homeless. He explained that numbers have quadrupled in the last 18-24 months. He advised that we have approached the Council, asking for additional funding in order that we can provide a more preventative service to help alleviate people from becoming homeless, rather than delivering a reactive service.

The Chief Executive explained that currently there are 60 households in B&B and hotel accommodation, which is a position the organisation does not want to be in, however the lack of accommodation, due to slow turnover of stock leaves us in this position.

It was noted that the changes will mean we can increase resources to work with people in the early stages of homelessness, as well as working more with the private rented sector to try and open up more accommodation options for people who are becoming homeless.

The Chief Executive explained that the expansion of the service will cost in the region of £1m, however we are proposing that the temporary posts are removed as soon as demand on the service lessens, alongside the reduction in the use of B&B and hotels which will also reduce costs.

The Director of Corporate Services reminded Board that in terms of funding the homeless service, since these people are not tenants of St Leger Homes at the time they present themselves as homeless, funding is provided from Doncaster Council through General Fund budgets, and the reason why we have approached them for additional monies.

#### 4.3 Acquisitions Update

The Vice Chair asked about acquisitions, stating the monies quoted seemed to be relatively small for the purchase of additional properties. He asked why it was set at this level?

The Director of Corporate Services responded that we have £0.5m available in this years' budgets, with additional funding we get to keep from Right to Buys in the following 3 years. She further advised that this is separate funding from 141 receipts which must be used for either acquisitions or new build schemes.

#### 4.4 Doncaster Partnership Working - Integrating Care Update

A Member asked about the Place Agreement, and what our responsibilities within the partnership will be since we have no voting

responsibility? The Chief Executive advised that he, as the SLHD representative, can contribute to discussions along with influencing and shaping the strategy. He advised there will be other opportunities if we are part of the discussions, giving an example of funding being made available from the CCG to employ some mental health navigators who will be embedded into our sustainability team to help support individuals approaching us.

**4.5 Board noted the Chair and Chief Executive's update.**

**Board also agreed to delegate to the Chief Executive the responsibility for considering and entering into the Place Agreement.**

**5 Strategic Risk Register**

**5.1 The Director of Corporate Services presented the report that considered the Strategic risk position at the end of Quarter 1 - 2022/23.**

It was noted that no risks have been added or removed, but there have been updates to causes, effects, controls, assurances and actions. The risks are again rated based on the existing and planned controls in place.

The Director of Corporate Services advised that Executive Management Team will be closely monitoring Risk 9 '*maintain core service delivery and business continuity*' as a result of external factors specially due to high inflation and interest rates and how this will impact on both the business and our customers.

**5.2 The Director of Corporate Services raised a query in relation to forecast residual risks of Risks 2,5,6,7,& 9 where a Board Member was stating that he felt the residual ratings were too high. She committed to reviewing these taking into account the Board Members comments.**

JCr

The Vice Chair asked when Board will be reviewing the risk register next? The Director of Corporate Services advised that it will be reviewed by Audit & Risk Committee in October, and again by Board in February 2023.

**5.3 The Board noted the update of the Strategic Risk Register and the suggestion of reviewing residual ratings on a number of risks.**

**6. Asset Management Strategy Update**

- 6.1 The Director of Property Services presented the 12 month update of the strategy following Board approval in 2021 which shows progress in achieving the vision in each of the 6 strategic areas.

It was noted that of the 11 actions within the plan, 1 action is complete, 7 actions are on track and 3 are behind schedule.

The Director of Property Services specifically drew Board's attention to the following strategic areas:-

Operational Efficiency – the staff realignment is aimed to strengthen the services to enable progress of the strategy.

Asset Intelligence – Stock condition surveys are starting to provide data sets which enables us to have a clear view of the condition of properties surveyed. Additional funding has been secured to enable more stock condition surveys to be carried out by an external provider to bolster in-house numbers. These additional surveys will be carried out in 2022 and we are hoping to have a complete set of surveys by October.

High Rise – Once the stock condition surveys are completed for the 3 high rise blocks in Intake, consideration will be given, and an options appraisal will take place to consider low carbon heating. It was noted that we are not looking to replace the current heating system on a like for like basis, but look at new technologies as we move towards carbon zero.

Carbon Reduction - Our approach to net zero works in tandem with the Environmental Strategy, an update on which is provided as part of this meeting.

Building Safety – Our newly implemented system, Compliance 365, will be used to manage all compliance activities and will be used to retain assurance certificates, as well as enabling us to demonstrate transparency and engagement to the regulator.

- 6.2 The Vice Chair asked, in relation to Asset Intelligence and categorising assets into 3 categories, when will we know specific numbers in each category and what the implications are for those categorised as red? Would it mean demolition or disposal?

The Director of Property Services responded that by end September 2022, 3,200 properties will have been surveyed and having this amount of data will give us the potential to clone data across the architypes, enabling us to have clear guidance by the end of the year.

- 6.3 The Director of Property Services took the opportunity to advise Board on some successes in recruiting to the new structure despite being in a challenging environment. He explained that the

organisation was also responding well to concerns raised by the workforce however there are some areas where the salary gap is quite significant when comparing to the private sector, especially in relation to some technical posts.

A Member asked if we are considering anything different if there are big differences in salaries?

The Director of Property Services advised that we have already tried the traditional route as well as working with recruitment agencies, however more recently we have held a recruitment open day, specifically within Housing & Customer Services which went very well and we have seen some successes from it which we are looking to replicate in other areas of the business. He further advised that we are using all social media channels as a way to advertise the vacancies.

It was noted that as part of the open ways we are looking to demonstrate the full employment package an employee would have working with St Leger Homes including the generous pension scheme and holiday entitlement. However it is recognised that it is only attractive to those who see those benefits as important and we cannot always compete for those individuals who are looking only for cash in their pocket.

6.4 A Member asked if our vision for net zero is realistic in order we can achieve it?

The Director of Property Services advised that our approach to 'fabric first' is achievable, and that in terms of technologies available we are anticipating they will catch up and reduce in cost. He advised the market is changing all the time and ultimately the cost will reduce and when the asset modelling is completed as part the stock condition surveys then we can start costing up.

6.5 The Vice Chair asked on progress of the stock condition surveys?

The Director of Property Services advised that the we are on target to complete the initial 3,000 surveys, with a further 3,000 surveys to be completed by the end of the financial year which gives us a good strong data set to start cloning archetypes. He further advised that the new structure will enable surveyors to also complete the surveys which will enhance the data.

The Vice Chair asked what the Stock Condition Surveys tell us?

The Director of Property Services advised that the survey appraises the condition of the property and its components, considering how long they will likely last, along with reviewing cavities and roof

conditions. In addition we look at placement technologies such as air source heat pumps.

**6.6 Board noted progress on the strategy and the ongoing challenges faced.**

**7. Environmental Strategy Update**

7.1 The Director of Property Services presented the 12 month update of the strategy following Board approval in 2021 which highlights progress and next steps across the 5 main themes of the strategy.

It was noted that there are 28 actions within the strategy's delivery plan, of which 11 actions are on track, 7 actions are not yet due to start and 10 behind schedule.

The Director of Property Services highlighted a number of areas to Board including:

Homes being EPC level C or above by 2024 – It is pleasing to see we are above target on this measure.

Ecology - 8 community projects are being supported across the Borough as part of the organisations Environmental Pride initiatives.

Innovation and Technology – The report provides an update on the pilot for taking 5 properties off the gas grid and looking at alternative energy saving solutions.

Responsible Business – It is pleasing to see how we are reviewing internally to see how we can reduce waste and travel.

7.2 A Member asked, of the 10 actions that are behind schedule are we confident we can deliver?

The Director of Property Services advised that these actions are under close review and with the implementation of a new structure through the realignment it is hoped it will improve our ability to deliver on actions.

7.3 The Vice Chair asked about our impact on the environment specifically in relation to the number of vehicles we have across the Borough. He asked if we have considered the use of electric vehicles?

The Director of Property Services responded that the next tranche of vans are due in 2025 and we are currently in discussions with the Council about the options for EV Vans. Consideration is also being given to the infrastructure required across Doncaster, the need for charging hubs, and staff time when charging takes place.

- 7.4 A Member asked about the action within the plan to ensure homes at medium or high risk of flooding are signed up to early flood alerts and whether we have written to households reminding them of the service available?

The Director of Property Services responded that the original plan was to create a flyer and to provide it as part of the gas servicing programme, however due to associated costs the use of the tenant magazine, Houseproud, as a communication method, is being used this year with plans to design a flyer for 2023 onwards.

7.5 **Board noted progress on the strategy**

8. **Health and Safety Strategy Update**

- 8.1 The Director of Property Services presented the annual report which details progress of the Health and Safety Strategy high level actions. Board were also asked to approve next steps.

The Director of Property Services advised that following a number of reviews of the Health and Safety service, including the Penningtons Health Check and the British Safety Audit, a number of actions have been agreed. He explained that this gives us a great opportunity to review the strategy, with a new compliance team in place, and it is his intention to refresh the strategy, by creating a new strategy up to 2025 that reflects all the learning from the past 18 months and takes into account the actions from the reviews mentioned.

- 8.2 A Member asked how confident we are that we are on track to fill the vacancies detailed?

The Director of Property Services advised that we have fully recruited to the structure apart from some administration posts which are linked to changes within the Asset Team re-alignment. He further advised that the challenge will be to retrain the individuals we have recently recruited to as they can help shape safety and compliance across the organisation.

- 8.3 A Member asked about action 4 in the appendix about maximising communication and consultation methods currently in place, asking whether the specific work with residents in high rise blocks to raise awareness of health and safety matters can be replicated to residents in all our other properties and if they can be publicised somehow?

The Director of Property Services advised that there was lots going on, which is publicised in Houseproud. In terms of domestic properties, he advised that we have not intended to focus on them specifically, but agreed to consider options.

**CM**



8.4 **Board noted progress on the strategy and approved the intention to revise the strategy for Board approval.**

**9. Housing Ombudsman's Complaint Code policy**

9.1 The Director of Housing and Customer Services updated Board on the results of a self-assessment of SLHD's complaints policy and procedures against the revised Housing Ombudsman's Complaint Handling Code.

9.2 The assessment shows that at the time of the assessment we were fully compliant in 52 out of the 67 requirements, were partially compliant in 6 requirements and non-compliant in 9 requirements.

For the majority of the requirements where we are non-compliant or partially compliant we will be fully compliant by amendments to our Compliments, Complaints and Comments policy and/or amendments to processes and correspondence.

The Director of Housing and Customer Services explained the appendices, with Appendix A showing detail of the changes and Appendix C showing the assessment method that was undertaken including use of a tenants panel.

He advised that the report is asking Board to agree the recommendations in order that we can inform the Housing Ombudsman of the changes by 1 October. He advised that the main outcomes will also be published in Houseproud.

9.3 The Vice Chair commented that the report suggests that we are already compliant in a number of areas, and that the proposed changes are only minor?

The Director of Housing and Customer Services confirmed this, adding that there is a timetable set to ensure all areas where we are currently non-compliant, we will be compliant by the deadline of 1<sup>st</sup> October.

9.4 A Member suggested a 6 month review of compliance through the Performance and Improvement Committee.

The Director of Housing and Customer Services suggested an annual review since there is a requirement to complete an annual review as part of the code.

Board agreed to this approach as the 12 month review will enable a review that will include tenants. It was also noted that Performance and Improvement Committee already received a regular report on complaints and that any relevant updates can be provided within this report is required.

The Member took the opportunity to thank the Director of Housing and Customer Services for the opportunity to be involved in this work.

**9.4 Board noted results of the self assessment and approved approves changes to the Compliments, Complaints and Comments Policy.**

**Board agreed an annual review of the Housing Ombudsman's Complaint Handling Code – Self Assessment reported through Performance and Improvement Committee.**

MMc /  
LGH

**10. KPI Performance (June 2022)**

10.1 Board was provided with the KPI dashboard as at 30 June 2022 and brief commentary for those KPIs where the target was not met.

10.2 Chief Executive provided an overview advising that of the 19 KPIs that are measured, 8 KPIs are not measured on a monthly basis due to various reasons. He advised that of the 13 that are measured monthly, 6 are green, 1 is amber and 6 are noted as red.

The Chief Executive further expanded on the reasons for some performance targets being challenging which relates to covid and certain issues having happened which has proved difficult.

He went onto remind Board that during lockdown we were not able to access homes to attend a repair, and therefore there is a backlog that we need to address. Other pressures include the added pressure on our Homeless service mentioned earlier in the meeting, Brexit and the effect on sourcing materials has also impacted.

The Chief Executive explained that whilst it has been difficult on reviewing previous months performance, the picture is improving albeit slowly. On reviewing last few months performance it is clear that performance is improving, giving an example of void rent loss (lettable voids) with 178 units void at the end of March (Q4), reducing to 151 at end of June and reducing even further to 113 as of Friday 29<sup>th</sup> July which equates to just 0.6% of our stock being empty at the current time.

10.3 The Vice Chair asked if the number of complaints were relative to the number of interactions with 1/3 of complaints being upheld? Why we feel this is the case? What more can be done to improve in his area?

The Chief Executive advised that we welcome all comments and complaints so that we can learn from them, however the number of complaints is running twice the rate compared to 1/2 years ago and correlates to the size of backlog in repairs.

He further advised that the repairs teams are catching up, but it will take time and the current problems experienced in recruiting to some vacancies are also impacting. He explained that we currently have 12/13 electrician vacancies, with local contractors experiencing the same issues. He advised there is also concerns over rising material costs.

A Member asked if whether we will achieve the target?

The Chief Executive explained that in terms of targets, most are cumulative and as we have had a bad start to the year, it will be difficult to catch up, however performance will improve.

- 10.4 The Chief Executive explained to Board that we were expecting to see rent arrears increasing given the cost of living pressures everyone is experiencing, however at the end of the 21/22 financial year we have seen our best performance in rent collection compared to the previous 6 years.

The Vice Chair asked if there was any particular reason for this?

The Chief Executive responded that it seems people are focussing on what is most important to them and ensuring they have a home and paying their rent is high on this list of priorities. He also commented that we have a great Tenancy Sustainment Team who work with our most vulnerable tenants to help sustain their tenancy and ultimately their home.

A Member commented that at present a number of people are still on fixed energy tariffs and the environment may change as more people move onto the standard tariffs and their energy costs rise.

- 10.5 The Director of Corporate Services drew Board's attention to the additional Housemark benchmarking information that had been included for the first time within the report. She advised that this benchmarking data will enable us to compare with other organisations that submit their data to Housemark.

She concluded by advising that as well as the Housemark information, we are also collating data from Local Authorities in the Yorkshire area who are structured similar to us, to compare against.

- 10.6 Board noted the comment provided by Stuart Booth who suggested that for those areas where we are red, and therefore not expecting to achieve target, there needs to be a projection shown about where we are expected to be at year end.

- 10.7 **Board noted the KPI dashboard as at 30 June 2022.**

## **11. Revenue Monitoring**

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

11.2 The Director Corporate Services advised that we were projecting an overall deficit of £751k based on Q1 reporting. She reminded Board that this is based on a turnover of £50m

It was noted that the biggest influence to this deficit is the impact of inflation, an area which is out of our control. She advised that we will be applying to the Council for additional funding, and if successful adjustments will be applied leaving an actual surplus in the region of £120k.

One of the key issues for Board to note was around staff vacancies and as at 30 June, the organisation was carrying a lot of vacancies, which included a number of Home Options Team vacancies that have since been filled. All apprentice vacancies have been filled, however the placements start on 1<sup>st</sup> September. There are other posts that are on hold due to realignments within the organisation. There are some posts that we are struggling to fill, but we will continue to consider new and innovative ways in which we can attract interest in these posts.

This is off set against some staffing savings, however Board need to also note that our Contractor spend will increase as they help us by picking up some backlog. Material costs also remain at a high level presently.

The Director of Corporate Services reassured Board that budgets are being monitored very closely due to having so many variables that are out of our control at present.

11.3 The Vice Chair asked what inflation level we were working on and noted that by far the biggest cost looked to be the staffing budget, asking if we need to factor in this years pay award?

The Director of Corporate Services commented due to SLHD staff being under local Government Terms and Conditions, they will automatically receive the national pay award and at the time of writing this report that there was no pay award proposal on offer. However since then an offer has been made and is under consideration by Unions. The offer is a lump sum of £1,925 for every employee which equates to an average 7% pay rise across the whole organisation. It is deemed to be a very generous offer and one which SLHD is expecting to be agreed.

It was noted that for St Leger Homes, a 2% increase has already been budgeted for along with an additional 1% carried over from last year. This will leave a difference of approximately £1.2m (4%), and her teams are working on budgets projecting that the 7% increase will be accepted.

The Director of Corporate Services advised that her teams are also monitoring areas such as energy bills that are rising between 100-200% and also materials costs that are rising between 20-50%. She advised that we are looking at everything based on its own merit with costs all coming in higher than originally budgeted for. She advised that we need to have a balance between volume and price changes to understand increased costs across the business.

A comment from Stuart Booth was raised who was suggesting that Board review the timeline for presenting the proposed savings target of £333k in 2023/24, and if we are oversubscribing on the proposed savings, can these be presented to Board for review?

The Director of Corporate Services reminded Board that they have previously requested an update on identifying the savings, including indication of any areas of growth. She advised this had been included in paragraph 5 of the report.

She also advised that she would arrange for the savings options to be presented to Board, however is confident that savings would not be oversubscribed. She reassured Board that when reviewing budgets and offering up savings, back office budgets such as premises costs will be considered to ensure we do not affect front line services that we deliver for our customers.

JCr

**11.4 Board noted the Revenue Monitoring report as at 30 June 2022.**

**12. Capital Monitoring**

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

12.2 It was noted that SLHD has overall financial management of the Council's Housing Capital Programme which, for 2022/23 is projecting to underspend by £5.38m.

The schemes managed by SLHD include external roofing schemes, internal kitchens and bathrooms and some external improvements to the high rise blocks. It was noted due to the extensive programme of improvements to the high rise blocks, some of the uncompleted works at year end will slip into next year's programme of works, and budgets.

The council house new build schemes were highlighted at paragraph 7.2, which detailed 2 phases. It was noted that phase 2 had only recently been approved by Council's Cabinet and therefore consideration needs to be given to procurement of contractors, therefore delivery may be slightly delayed meaning expenditure will reduce for this financial year.

A query from Stuart Booth was raised, where he was asking if SLHD can influence New Build Schemes?

The Director of Corporate Services responded that we continue to work with the Council to identify and clear land, and whilst we do not have involvement at planning and build stages, we work with the Council to allocate as soon as they are ready.

- 12.3 The Vice Chair asked if there is a requirement to have a contingency for any underspend?

The Director of Corporate Services advised where there are genuine underspends, at the end of each financial year it is slipped into the following year's budget along with the relevant work programme to ensure it is continued and delivered.

### **13. Committee Minutes**

- 13.1 Audit and Risk Committee Minutes  
Members noted the committee minutes.

### **14. Any Other Business**

- 14.1 Balby Bridge – external cladding  
A Member asked if there had been any feedback from residents living in the high rises on Balby Bridge during the extreme heatwave?

The Director of Property Services advised that there had been no issues raised by residents and that the cladding removal had yet to commence.

A Member asked if we were expecting issues over the winter period?

The Director of Property Services advised that the removal process means that removal and re-installation will take place one floor at a time, therefore the time external render system is removed from the building will just be a matter of weeks per floor, reducing heat loss to a minimum.

- 14.2 Board Member Term of Office  
The Vice Chairman reminded Board of the current recruitment to a Tenant Board Member Vacancy and Independent Board Member

Vacancy which has arisen due to Steve Lyons and Stuart Booth's current term of office coming to an end at the AGM in September. Interviews were scheduled to take place on 25<sup>th</sup> August for those successful in being shortlisted.

It was noted that a further Tenant Board Member vacancy had arisen as Anthony French recently advised of his intention to also stand down at the AGM in September 2022.

The Vice Chair took the opportunity to thank those Board Members for their time, commitment and contribution to St Leger Homes and in their role as a Board Member and wished them well in the future.

14.3 Questions were invited from observers within the room. A lively Q&A session followed the formal Board meeting. The Vice Chair thanked all the attendees and stated that we were looking forward to reviewing the applications for our current Board vacancies.

14.4 Closed at 4.30pm

15. **Date of next meeting** – 6 October 2022 at 2pm

**Matters Arising from the previous minutes**

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
31	May-22	6.2	<p><b>PEOPLE STRATEGY UPDATE</b>            A Member suggested that a question in a staff survey asking 'where do you see yourself in 5 years' time' may be misleading to those who are due to retire within that timeframe and therefore may answer negatively without meaning to. He suggested that we re-phrase the question for future surveys. The Director of Corporate Services agreed to consider this. Update 07.07.22            The Director of Corporate Services advised this would be addressed in the next staff survey in Autumn 22.</p>		Y	JCr

37	Aug-22	5.2	<b>STRATEGIC RISK REGISTER</b> The Director of Corporate Services raised a query in relation to Forecast Residual Risks of Risks 2,5,6,7,& 9 where a Board Member was stating that he felt the residual ratings were too high. She committed to reviewing these taking into account the Board Members comments.		Y	JCr
38	Aug-22	8.2	<b>HEALTH AND SAFETY UPDATE</b> The Director of Property Services advised that there was lots going on, which is publicised in the tenant magazine, Houseproud. In terms of domestic properties, he advised that we have not intended to focus on them specifically, but agreed to consider options.	In progress		CM
39	Aug-22	9.4	<b>HOUSING OMBUDSMANS COMPLAINT CODE POLICY</b> Board agreed an annual review of the Housing Ombudsman's Complaint Handling Code – Self Assessment reported through Performance and Improvement Committee.	Complete - Added to P&I forward plan for Sept 23 onwards	Y	LGH / MMC
40	Aug-22	11	<b>REVENUE MONITORING</b> She also advised that she would arrange for the savings options to be presented to Board, however is confident that savings would not be oversubscribed.		Y	JCr



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

- Date** : 6 October 2022
- Item** : 05
- Subject** : Safety & Compliance Performance Report
- Presented by** : Chris Margrave  
Director of Property Services
- Prepared by** : Laura Dougan  
Health, Safety and Compliance  
Service Manager
- Purpose** : Provide an update on all areas of compliance, occupational and building safety health, compliance performance.

### **Recommendation :**

Members of the Board are asked to consider the content of this report and its format note the contents and make any recommendations about the format.

Company Number 05564649  
 A Company Limited by Guarantee  
 Registered in England

To the Board of St Leger Homes of Doncaster

Agenda Item No. 05  
 Date: 6 October 2022

**1. Report Title**

1.1 Safety and Compliance Performance Report – August 2022

**2. Gas**

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

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

Total number of properties on the gas servicing programme	18,959
Total number of properties remaining on the programme	1,118
Total number of validated properties on programme (C365)	4,431

The programme is being validated by the Gas and Mechanical Compliance Officer with certificates being reviewed and uploaded onto C365. By the end of the 2022 programme C365 will hold all validated certificated and provide assurance on 100% of the programme.

**2.2 Table 2: LGSR’s in the access process and at which stage**

Properties cannot reach stage 4 of the access process until they have gone past their anniversary date so therefore table 2 demonstrates that 12 properties have gone past their anniversary date. 315 are have not reached their anniversary date yet but they are at various stages of the access process.

Access Stage		Number of Properties
1	No Access – card property advising tenant to make another appointment	62
2	21 days abatement notice sent with letter sent 1st class – contact us and initiating court action	185
3	Send tenant 7 days’ notice of the court date – sent recorded delivery	168
4	Attend court and obtain warrant	12
<b>Total Properties in the access process</b>		<b>327</b>

### 2.3 Carbon Monoxide Detection Compliance

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

2.5 A programme of installing carbon monoxide detection was carried out between 2014-15 and as part of the LGSR programme in those properties the detection will be checked it is working, replaced if not obtain conformation it is in place and recorded on the LGSR

2.6 In preparation for this change in legislation and to ensure St Leger Homes is compliant, work is taking to place to validate existing data sources (for example Open Housing where carbon monoxide detection is a component). The Compliance Team are validating each LGSR before uploading onto C365 and are now recording if carbon monoxide detection is in place.

- 2.7 As of the end of August 2022 –
- 3,710 certificates have been checked
  - 2,271 properties have a carbon monoxide detector
  - 1,439 do not have carbon monoxide detection

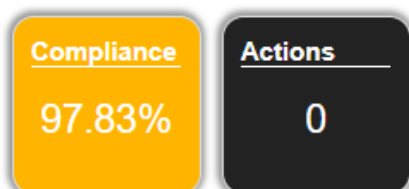
For the 1,439 that do not have carbon monoxide detection on the LGSR, this identified an issue with how the template form was receiving information from Open Housing and returning this. A fix has been put in place and toolbox talks carried out with engineers.

2.8 Extra resource capacity has been put in place with the aim of providing assurance on a compliant position by the end of October 2022

### 2.5 Solid Fuel service compliance

2.6 There are currently 92 properties, which have a solid fuel-burning appliance within the property. Solid fuel heating appliances are removed from properties when they are void. Residents of the properties with solid fuel burning appliances are being contacted offering alternative fuel supplies to eliminate the presence of solid fuel burning appliances in SLHD properties.

#### Solid Fuel - Annual Check



2.7 All 92 have been visited; 90 are complete. Two are overdue and have gone into the No access process; the addresses are shown in table 3 below.

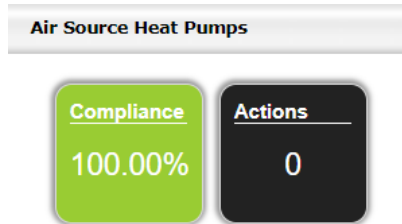
Address	Date of last service	Due date next service
Flat2, Block 2-8 Bower Vale, Edlington, DN12 1QE	15.06.2021	14.06.2022

161 Garage Lane, Rossington, DN11 0QZ	04.05.2021	03.05.2022
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The compliance team are working with the legal team of Doncaster Council to determine what action can be taken against the resident and if it is possible to consider their actions a breach of their tenancy agreement.

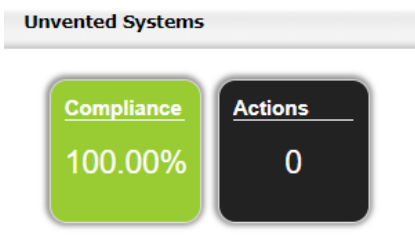
## 2.8 Air Source Heat Pumps (ASHP) compliance

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



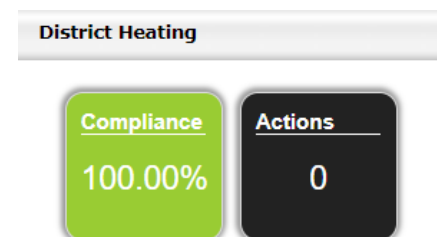
## 2.10 Unvented Systems Compliance

2.11 Currently there are 42 confirmed sites where unvented cylinders are present. However as part of the compliance framework the frequency period for visit is going to be discussed.



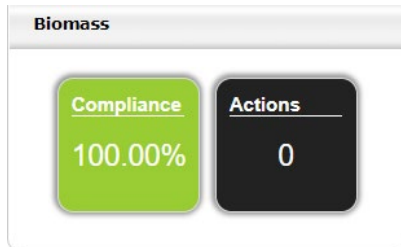
## 2.12 District Heating Compliance

2.13 District heating has 3 main burners in the boiler house at Milton Court; these burners supply all the Balby Bridge estate. The burners underwent their annual services in June 2022. All three passed their checks but burner 3 has had maintenance works carried out to bring back up to standard.



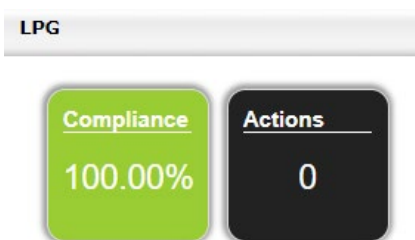
## 2.14 Biomass Compliance

- 2.15 We have two biomass systems, located at Ennerdale and Adwick Leisure Centre, both in compliance. Extensive maintenance works being conducted by contractors at the Ennerdale site to improve and upgrade our biomass system. The backup boilers have been serving their purpose and supplying the site in the downtime.



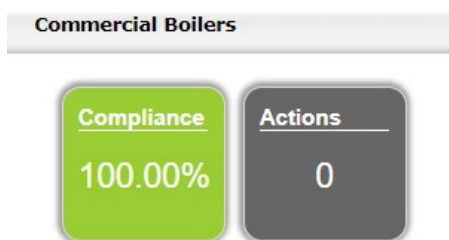
## 2.16 LPG Compliance

- 2.17 All 13 LPG properties are compliant. Checks started for these properties in May and are currently on going. A process and improvements to system needs to be put in place to automate the process and have the records directly imported into C365 which is currently being explored by the compliance team and will be in place before the next service cycle



## 2.18 Commercial Boilers Compliance

- 2.19 Currently we have 4 commercial boilers over two sites. Two at Adwick Town Hall booked which had their annual service at the end of July 2022 and two at Ennerdale which provide back up to the biomass system which both have just had their annual service in June 2022 these are carried out currently internally by the Mechanical Team Leader.



## 3.0 Electrical Safety

### Electrical Installation Condition Reports (EICR) Programme

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

### 3.2 Tables 4a & 4b: EICR Programme 2021/2022 Total

<b>Domestic EICRs</b>	
Total numbers EICRs completed in August 2022 by DLO	50
Total numbers EICRs completed in August 2022 by Contractors	50
Total number of properties on programme	19,964
Total number of properties with a 5 year EICR	14,819 (74.22%)
Total number of properties out of compliance with an EICR over 10 years old	16 (0.08%)

<b>Communal EICRs</b>	
Total numbers EICRs completed in August 2022	0
Total number of properties on programme	405
Total number of properties with a 5 year EICR	376 (92.84%)
Total number of properties out of compliance with programme	29 (7.16%)

3.3 The Compliance Team are continuing to evaluate and develop C365 exploring methods how C365 can assist service delivery teams and report effectively on progress. The programme has been reviewed looking at the EICRs that would fall out of 10 years compliance if the EICR was not completed. Table 5 below shows the detail and numbers along with the delivery plan.

Table 5:

<b>Year EICR Carried Out in 5 Year Programme</b>	<b>Number of EICRs required to maintain 10 year compliance</b>	<b>Issued to DLO</b>	<b>Issued to Contractors</b>
2013	406	405	1
2015	1,146	1,145	1
2016	1,309	1,264	45
2017	2,771	1,519	1252
2018	3,856	3,801	55
2019	4,460	4,451	9
Total	13,948	12,585	1363

The 1,363 issued to contractors (Denton and Nickels) will start from 5<sup>th</sup> September 2022.

### 3.4 Table 6: EICRs over 10 years old

Total number of properties out of compliance with an EICR over 10 years old	16
Included within the 11 the total number that are void properties	1
Included with the 11 the number of properties where the EICR has been completed and we are awaiting EICR certificates	1
On original list of properties with EICRs over 10 years (October 2021 11 properties)	3 (8 of the original 11 have been completed)

- 3.5 16 properties have EICRs that are over 10 years old. The addresses are listed below in table 7, along with details of the original test date and due date of reinspection. These are all being planned for priority revisits. The Electrical Compliance Officer will continue to monitor the progress of gaining access to complete these EICRs. The compliance team will be looking to review the access process introducing a requirement that access is granted to the property by representatives of the landlord to undertake all Regulatory, Statutory and Mandatory inspections to ensure consistency can be applied and there is a process to measure against. The absence of existing robust performance indicators currently makes this difficult to challenge. A series of Key Performance Indicators will be developed to include the access attempts after the due date by DLO, attempts made by Housing management following the request from DLO. Considerations to strengthen the process could include restricted access to the repairs service and potential litigation from the legal teams of DMBC. A process to track the actions taken once a property is past the suggested next condition report date will be presented in a future EMT paper.
- 3.6 The Electrical Compliance Officer has validated the information for these 16 properties on the current spreadsheet used for recording EICRs by physically viewing the EICR and has found examples where the correct date is not recorded on the spreadsheet. This further highlights the need to move the management of the EICR programme under the control of the Compliance Team and the Electrical Compliance Officer, and for the information to be included on C365. The process will ensure that only validated certificates will be uploaded and the re-inspection frequency detailed on the EICR will be set within C365 to drive future programs.

**3.7 Table 7: Properties with an EICR in excess of 10 years**

Address	Date of EICR	Due date of reinspection
Flat 21 Grainger Close, Edlington	10/05/2010	09/05/2020
17 Addison Road, Mexborough*	02/09/2010	01/09/2020
Flat 20 Osberton Street, Wadworth	21/03/2011	30/03/2021
79 Windhill Crescent, Mexborough	07/01/2012	06/01/2022
33 Evelyn Avenue, Intake	27/02/2012	26/02/2022
56 Galsworthy Close, Balby	02/04/2012	01/04/2022
249a Beckett Road, Wheatley	23/04/2012	22/04/2022
59 Flint Road, Wheatley	30/05/2012	29/05/2022
82 Maple Road, Mexborough	07/06/2012	06/06/2022
9 Birch Avenue, Auckley	08/06/2012	07/06/2022
36 Levet Road, Cantley	17/07/2012	16/07/2022
32 Sussex Street, Balby	24/07/2012	23/07/2022
Flat 36 Grasmere Road, Conisbrough	06/08/2012	05/08/2022
13 Fairfax Road, Intake	09/08/2012	08/08/2022
85 St Peters Road, Balby	24/08/2012	23/08/2022
48 Daylands Avenue, Conisbrough	24/08/2012	23/08/2022

\*complete awaiting certificate

- 3.8 In August 4 further properties (highlighted in table 7) went in excess of 10 years. All 16 properties that are overdue have been given priority for completion. The DLO team are working with Housing Management to gain access.

**4. Fire Safety**

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

#### 4.1 Table 8: FRA Programme compliance

Total numbers FRA completed in August 2022	22
Total numbers FRA with an anniversary date in August 2022	2
Total number of properties on programme	516
Total number of properties with a compliant FRA	516 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

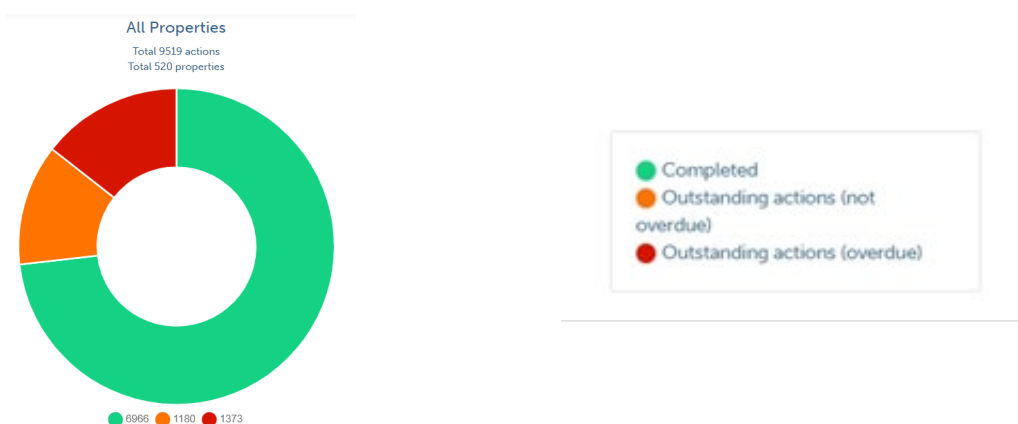
4.2 The FRA programme has been smoothed out over 3 years to control and plan the programme along with any subsequent actions. The second year of the programme started in April 2022.

4.3 FRA contractors (Savills) have been instructed to ensure they plan adequate time for access and building availability to ensure FRAs are kept in date without detrimentally affecting the smoothed programme and maintain anniversary date. The actions timeline will commence from published date.

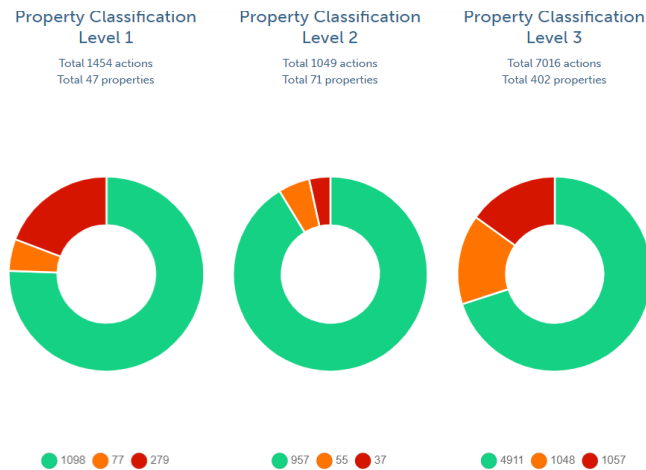
#### 4.4 FRA Actions

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

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







In total 9,519 actions have been identified through FRAs. 6,966 actions have been completed leaving 2,523 actions open. Of these 1,373 actions are overdue. All 1,373 have forensically reviewed to put timescales against these for completion where possible. This piece of work was discussed at the Building Safety Group with Doncaster Council and will be presented to the Building Safety and Compliance Committee.

The increased number of actions is as a result of the legacy approach to FRA which is being reviewed to ensure this does not happen in the future where so many actions become due at the same time. A planned approach to resolving the overdue FRA action is being developed to assign resolution timescales to each of the actions, to then be agree at Building Safety Group and Building Safety and Compliance Committee.

#### 4.6 Table 9: FRA Level one actions and progress



Level one buildings include high-rise buildings and specialised housing inline with the specialist housing guide. There are 356 open actions currently on level 1. 77 are in progress and 279 are overdue. 66 of these actions relate to Jubilee Court and Milton Court with plans in place, as below, to address these. A further 15 relate to Heartswood which will be designed after delivery of Jubilee and Milton Courts. Fortem were completing a number of actions within highrises and we are awaiting suitable evidence of there completion. OpenView are delivering the Jubilee Court actions as a project and this is due to start quarter 3. Another contract provider, Fieldway, have been procured to focus on other overdue actions; initially surveying with solutions being provided. DLO specific resources are being used for actions where they have the correct training and competencies.

	June	July	August	Trend of Performance of month
Cumulative Total Completed	1,066	1,090	1,098	
In Progress	175	117	77	↓

Overdue	213	247	279	
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**4.6 Table 10: FRA Level two actions and progress**

Level two buildings include communal halls, caravan sites, low rises (dependent on storeys / number of flats), offices. There are 92 actions open currently on level 2. 55 are in progress and 37 are overdue. 9 of these actions relate to bin storage areas which requires longer term planning. Actions are being surveyed and completed by in-house resources where possible. Another contract provider, Fieldway, have been procured focus on other overdue actions; initially surveying with solutions being provided. DLO specific resources are being used for actions where they have the correct training and competencies

	June	July	August	Trend of Performance of month
Cumulative Total Completed	947	955	957	
In Progress	62	60	55	
Overdue	40	34	37	

**4.7 Table 11: FRA Level three actions and progress**

Level three buildings include low-rise blocks (dependent on storeys / number of flats. There are 2,105 actions open currently on level 3. 1,048 are in progress and 1,057 are overdue. 497 actions relate to compartmentation and fire stopping works. 397 are around the absence of test and install evidence for fire doors. Actions are being surveyed and completed by in-house resources where possible. Another contract provider, Fieldway, have been procured focus on other overdue actions; initially surveying with solutions being provided. DLO specific resources are being used for actions where they have the correct training and competencies

	June	July	August	Trend of Performance of month
Cumulative Total Completed	4748	4819	4880	
In Progress	1574	1211	1048	
Overdue	964	986	1057	

#### 4.8 Residential Site Fire Barriers

To maintain safe separation distance between plots on residential caravan sites a project is ongoing to install fire barriers or consider an alternative plan B option. Planning approval is being pursued. Concerns over planning application and resident concerns have been discussed with the Building Safety Group at Doncaster Council. Future meetings are being held with Doncaster Council to consider the implications of the install.

#### 4.9 Building Safety External Façade Update

The contractor, Wates, have been appointed and are onsite at Balby Bridge. Enabling works have begun at Sandbeck House including the erection of 4 mast climbers and supporting scaffolds. Current programme suggests starting removal of EWI end of September 2022. Awaiting finalised project plan and agreed programme. Coordinated site visits talking between H&S Team and Wates Safety team.

### 5. Asbestos

#### 5.1 Table 12: Compliance Reporting Reinspection Programme

Total number of properties on reinspection programme	554
Total number of properties with a compliant reinspection	553 (99.80%)
Total number of properties out of compliance with programme	1 (00.20%)

The total number on programme reduced by 3 from 557 to 554 due to Sandhurst Road Communal Hall being changed to domestic property, also St Leger Court and St Leger House now transferred back to DMBC management.

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

5.3 The one out of compliance is due to access issues; once resolved this will be completed by contractors.

5.4 We continue to look for opportunities to gather more data from surveys in properties to recoup information not migrated to C365. Increased survey contractor and asbestos officer capacity is supporting this process without detriment to operational delivery. 1,470 surveys have been completed so far this financial year over all work streams. 3,227 properties (13.91%) now have valid asbestos information on C365.

### 6. Water Management

**6.1 Table 13: Compliance Reporting Legionella Risk Assessments (LRA) Programme**

Total number of properties on LRA programme	71
Total number of properties with a compliant LRA	71 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

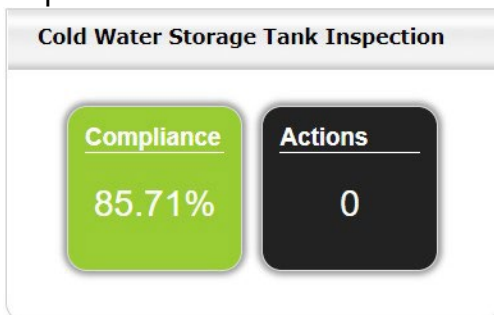
6.2 LRAs are showing at 100% on C365 with 382 actions requiring remedial works; this is a reduction of 20 from the previous report. A recommendation management system has been created for the DLO team to act on. As remedial work is carried out the management system is updated by the Mechanical Team Leader for the Water and Lifts Compliance Officer to close the actions down on 365. The due dates on actions is being reviewed with the DLO team.



**6.3 Water Systems Monitoring Activities**

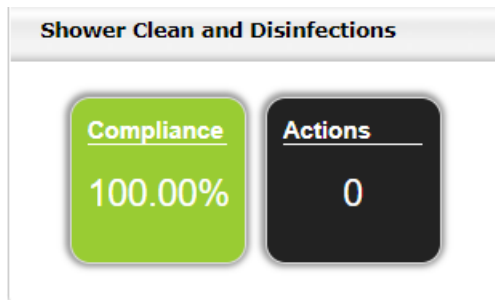
**6.4 Cold Water Storage Tank (CWST) Inspections**

6.5 CWST are inspected every 6 months and are currently showing at 87.51%. The CWST cannot be isolated at two properties so samples have been taken as a replacement. Certification will be uploaded to C365 when received. As part of the compliance framework it is being proposed by the water and lifts compliance officer to change these inspections to annual in line with the legislation which will produce a cost saving.



**6.6 Shower Cleans and Disinfections**

6.7 Shower clean and Disinfections are completed every 3 months internally by the DLO team. There are 18 showers on the programme.



**6.8 Thermostatic Mixing Valves (TMVs) Failsafes**

6.9 Tests of the failsafes on 109 TMVs are carried out every 6-months. These are completed by DLO resources but there are capacity issues. A briefing note is being written by the Water and Lifts Compliance Officer to recommend removing the requirement for 6-monthly servicing based on the buildings we have them in; this will then be reflected in a new policy.

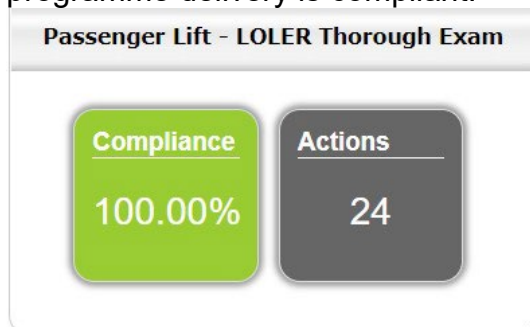


**7. Lift and Lifting Equipment (LOLER) Management Programme**

**7.1 Table 14: Compliance reporting on LOLER passenger lift programme**

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

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

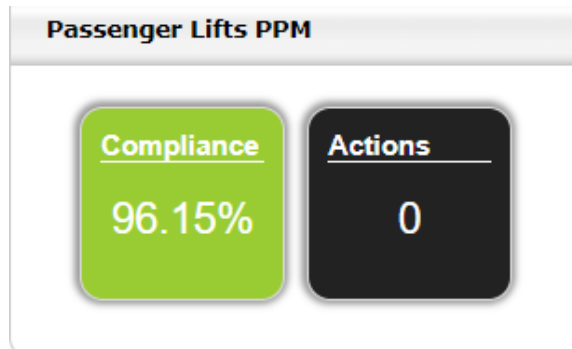


7.3 The 24 actions will be closed off when the next 6 monthly thorough examination is

completed and confirms the defects are no longer on the report.

#### 7.4 Passenger Lift Planned Maintenance Programme

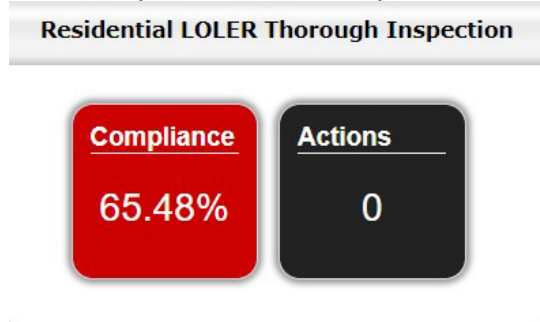
7.5 A routine planned maintenance programme is in place carried out by specialist lift contractors. This is monthly on properties over 3 floors and every 2 months on lower rise properties. This is now being monitored for compliance through C365. This frequency is a contract requirement. Compliance is currently at 96.15% due to a missing report from ANSA our maintenance contractors. This is being investigated by our Lift Consultants to find the report to upload to C365 and bring us up to 100%.



#### 7.6 Residential Lifting Equipment

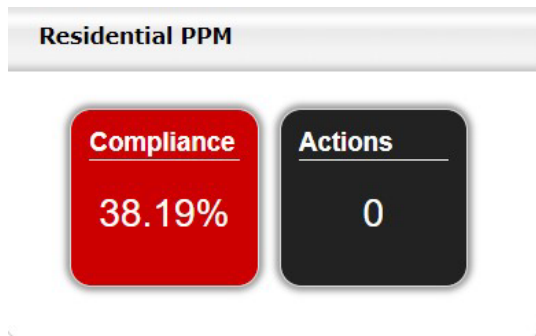
#### 7.7 Residential LOLER Thorough Inspections

7.8 The Water and Lifts Compliance Officer is carrying out a data validation exercise for all our residential properties that have lifting equipment (such as hoists and stair lifts). These properties are managed on a 'live register' and this shows 617 properties with lifting equipment. These are being compared against information held on Open Housing to correlate all pieces of information. This is ongoing by the Water and Lift Compliance Officer, the DLO team and our contractor Zurich. A briefing note has been prepared to submit to EMT in October with proposals to use C365 as management for these and ownership within the Compliance Team.



#### 7.9 Residential Planned Preventative Maintenance Programme

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



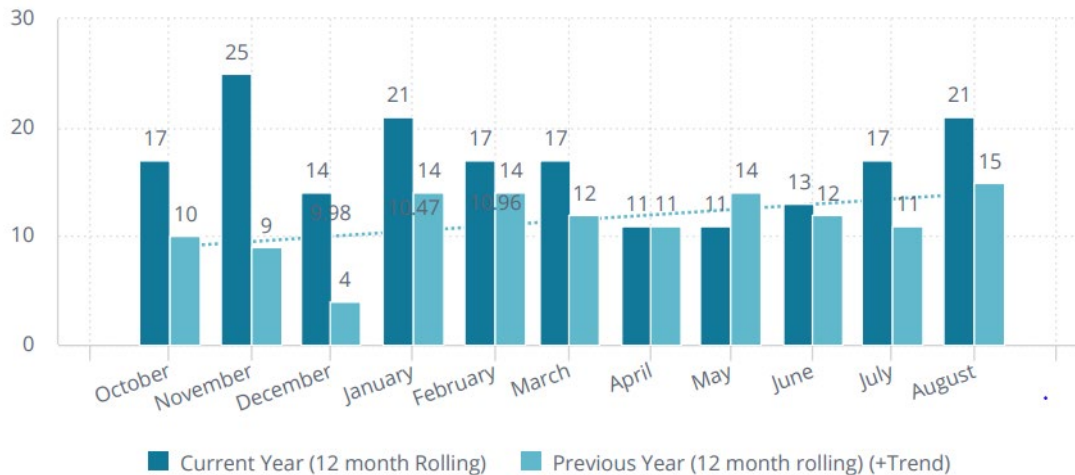
7.11

**Lift Consultancy Contract**

7.12 The contract for the lift consultancy services has been retendered with the incumbents, TUV:SUD, successful. The contract starts in September 2022, oversight will be carried out by the Water and Lifts Compliance Officer with the DLO team taking day-to day management.

**8. RIDDOR, Incidents and Accident Update**

8.1 **Graph 1: Accident and incident data over rolling year.**



8.2 Graph 1 shows the accident and incident performance over a rolling year recorded via the EVOTIX accident reporting system. In August there were 21 incident reported these are broken down into –

- 1 over 7day RIDDOR reportable injury
- 1 RIDDOR dangerous occurrence
- 2 injury accidents
- 11 violence and aggression incidents
- 2 vehicle incidents
- 1 report of bypassed electrics
- 1 fire incident – in highrise cooking related where sprinklers discharged
- 1 damage to utility service (gas) by works being carried out
- 1 non-work related report

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

- 8.3 The RIDDOR reportable over 7 day injury involved an employee in the Voids Team offloading two TVs from a flatbed van. They used a wheelie bin to move these. As they were removing the TVs from the wheelie bin into a skip twisted and pulled their back. This led to them being unable to carry out their normal duties for over 7 days.
- 8.4 The team leader has discussed this incident with the employee and has asked them to use manual handling aids that are appropriate for the task. The employees manual handling training is up to date and when the employee returns to work the team leader is going to review and make them aware of taking more care when unloading items into the skip. Use of appropriate manual handling aids will be discussed with the wider team.
- 8.5 A dangerous occurrence was also reported under RIDDOR in August. A plumber was attending a job at a newly let property. On arrival he identified that the tenants had partially removed decorative coating from the hall and stairs walls in the property and he was concerned that the materials being removed could be asbestos containing. The plumber left the property immediately to prevent any further potential exposure to themselves. The property had an asbestos survey, whilst void, in May 2022 which clearly identified areas of the property which have tested positive for asbestos containing materials including the hall stairs and landing in the property.
- 8.6 Following the incident the property was isolated and the tenant moved out of the property. An Asbestos Officer attended the property and made arrangements for an environmental clean/removal to be made of the property along with the necessary reassurance air tests throughout. An investigation identified a number of recommendations that were presented in a report to EMT.

## **9. Audit and Governance**

### **9.1 Health & Safety Strategy**

A new health and safety strategy was approved at Board in August 2021. A detailed action plan was developed for each of the actions in the Health & Safety Strategy. An update on the action plan and proposed next steps for the strategy was presented to EMT on 12<sup>th</sup> July 2022. A revised strategy reflecting the new teams ethos is being developed.

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

- 10.1 Items within this report directly link to items in the Strategic Risk Register specifically:
- managing all issues surrounding high rise accommodation and any emerging new requirements
  - managing corporate health, safety and compliance risks.

## **11. Procurement**

- 11.1 Outsourced contracts such as lift maintenance follow SLHD procurement processes.
- 11.2 Passive fire works contracts have recently been awarded initially for surveying elements with the next stage of the delivery of safety critical works. Costs have been received for Jubilee Court upgrade and are being reviewed by the Commercial Team.

## **12. VFM Considerations**



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

### 13. Financial Implications

13.1 There is budget provision available within SLHD to carry out all the necessary and regular checks (fire risk assessments, gas safety and solid fuel checks, electrical testing, legionella, lift inspections and asbestos surveys).

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

	Budget £000s	Draft Outturn £000s	Variance £000s
Heating conversions/upgrades	2,163	2,163	0
Electrical planned works	698	698	0
Mechanical planned works	60	60	0
Fire safety works	2,002	2,002	0
Asbestos Surveys and removal	700	700	0
Total	5,623	5,623	0

These are the budgets for 2022/23 and are the second year of an approved four year capital programme. They are reviewed and updated regularly to ensure that they are sufficient to address all the issues arising.

13.3 All schemes noted are currently on track to spend the entire allocated budget by 31<sup>st</sup> March 2023.

There is a risk on the capital heating/boiler upgrades of procuring boilers due to a national shortage. Procurement are exploring other avenues including different boiler specifications with other suppliers to plug the gap.

Electrical Planned works whilst forecasting to budget potentially could reduce due to existing external contractors ceasing works with SLHD in December. Procurement are actively looking to source a new electrical contractor to continue with the consumer units.

### 14. Legal Implications

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

### 15. Risks

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

If the Regulator for Social Housing deems that a Landlord/housing provider has breached their Consumer Standards and placed its tenants at risk then the regulator will intervene. The Housing White Paper intends to make regulation of ALMOs more explicit and in line with that of other social housing providers.

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

- 16.1 Within the report.

## **17. IT Implications**

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

## **18. Consultation**

- 18.1 Not applicable.

## **19. Diversity**

- 19.1 Not applicable.

## **20. Communication Requirements**

- 20.1 Not applicable.

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

- 21.1 Not applicable.

## **22. Environmental Impact**

- 22.1 Not applicable.

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

- 23.1 Laura Dougan  
Health, Safety and Compliance Service Manager  
01302 862956

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan (ADP) 2022/23 Update
<b>Action Required:</b>	For information
<b>Item:</b>	06
<b>Prepared by:</b>	Mark Haughey - Head of ICT & Transformation
<b>Date:</b>	September 22

### 1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2022/23. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2022/23 ADP proposes a number of key developmental activities or "actions" aligned to the strategic objectives set out in the SLHD Corporate Plan 2019 to 2024.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

### 2. Background

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

### 3. 2022/23 ADP

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

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

Directorate	Number of 2022/23 ADP Actions
Housing Services	15 actions of which:- 10 are on track 2 are amber 3 complete
Property Services	9 actions of which:- 6 are on track 2 are amber 1 is red
Corporate Services	8 actions of which:- 7 are on track 2 are amber
Carried Forward / Underway	7 actions of which:- 5 are on track 2 are amber

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

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

- Following successful and positive consultation events the Allocations Policy is on track to go out to public consultation. This will ensure the allocations policy reflects the changing needs of tenants and residents.
- To encourage provision of accommodation in the Private Rented Sector for those who are homeless or at risk of homelessness, additional funding has now been secured to deliver a transformation project in Home Options titled 'Journey to Excellence' to provide and publicise a package of support.
- Domestic Abuse Housing Alliance (DAHA) accreditation achieved.
- Phase 1 of the repairs excellence project has been rolled out across the borough and recent data suggests that no access has now reduced dramatically while improving tenant satisfaction.
- Successful closures of St Leger Court and St Leger House and move to Civic been well received.
- Governance Service Manager recruited and commenced in August.
- Succession planning has begun with leadership focusing on identifying critical roles, leadership succession and talent pools.
- Excellent progress is being made, having appointed to our 2022 apprenticeship cohort, our first WOW cohort of the year and launched our work experience offer.

3.5. There is one action that is not on track, and that is to remediate the external wall insulation to five high rise blocks within Doncaster. This is due to a mast climber needing to be removed and replaced following a HSE 'recall' on this particular type of climber. The project is now not scheduled for completion until November 2023 (moved back from July 2023).

#### **4. What Next**

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

#### **5. Recommendation**

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

#### **6. Appendices**

- Appendix A - 2022/23 ADP

## Appendix A

ADP Actions							
Ref	Service area	2022/23	Plans	Date	Objective of Action	Q1 Status	Q1 Commentary
A1	Housing - Access to Homes	Implement revised Allocations Policy aligned to new IT System.	<b>Ensure the allocations policy reflects the changing needs of tenants and residents</b>	Dec-22	To make best use of the Housing Stock to meet the housing needs of the borough.	Green	Consultation closed on the 31st August 2022. 866 responses and an additional 1041 comments, as well as feedback from stakeholders and community groups. On Target.
A2	Housing - Access to Homes	Ensure age designated stock continues to meet the needs of the borough aligned to the review of the Allocation Policy.	<b>Review age designation and local lettings policies</b>	Mar-23	To make best use of the Housing Stock to meet the housing needs of the borough and contribute to successful balanced neighbourhoods.	Green	Project plan in place Consultation with Ward Cllrs Scheduled in Sept. On target.
A3	Housing - Access to Homes	Develop and deliver an efficient and effective out of hour's homelessness service.	<b>Reduce and prevent homelessness</b>	Mar-23	Prevent and reduce homelessness in the borough.	Amber	Consultation with staff has concluded along with the analysis of the trial. The trial is continuing with volunteer staff to ensure we don't take a backwards step and revert back to the previous process as we are seeing improvements in efficiency and outcomes. Staff will require 12 week notices as a change to contracts and there is little appetite from the team to accept this change. We are therefore rolling the service out with new staff who are in temporary roles and have out of hours in their contracts. This will provide a service for the next 30 weeks with staff members only having to be on duty for 1 week. At this point we will discuss roll out with the whole team.
A4	Housing - Access to Homes	Work with Doncaster Children's Services Trust to improve the accommodation options for care leavers through the development of a shared accommodation offer.	<b>Living: Provide support to maximise tenancy sustainability.</b>	Mar-23	Provide better and more sustainable housing options for individuals leaving care to prevent homelessness.	Green	A Total of 5 units accommodating 10 young people have been handed over, with a further 2 properties (4 bed spaces) scheduled to be handed over in Sept when the young people are ready to move in. A further property has been identified from arising voids. On Target
A5	Housing - Access to Homes	Develop our Private Rented Sector offer and service to improve housing provision in the sector.	<b>Provide support to help improve tenancy sustainability</b>	Dec-22	To encourage provision of accommodation in the Private Rented Sector for those who are homeless or at risk of homelessness by providing and publicising a package of support. To also engage with private landlords to improve sustainability, access and affordability in the sector.	Green	Additional funding has now been secured to deliver a transformation project in Home Options titled 'Journey to Excellence'. Recruitment has commenced for 24 temporary posts with an extensive improvement plan to deliver ambitious targets and outcomes around case management and in particular a Private Rented Sector housing solutions team and service. St Leger Lettings is to be transferred to Home Options as part of this realignment and will continue to be run as a competitive and commercial service but will link closely with homelessness to discharge duty where possible. This action is on track to be delivered well within the target date. On Target.
A6	Housing - Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social housing furnished tenancy offer.	<b>Help tenants to sustain their tenancies</b>	Oct-22	Targeted support to prevent tenancy failure.	Green	Backfill secondments are now in place in the Tenancy Sustainability team, so work has commenced on the Business case regarding furnished tenancies. A number of organisations have been contacted and visited, information collated regarding costs and details from HB and UC regarding eligible service charges. This project remains on track to report in October on the feasibility of a Furnished tenancy scheme. On track.

A7	Housing - Housing Management	Review opportunities to support those tenants with low level Mental Health (MH) and associated issues and wider wellbeing needs.	<b>Increase the range of support for tenants especially those with the greatest needs</b>	Jul-22	Targeted support to prevent tenancy failure - MH Navigators and Substance Misuse Officers in Tenancy Support team.	Complete	Both MH navigators have now been recruited. Complete.
A8	Housing - Housing Management	Develop and implement the Tenancy Voice Strategy.	<b>Increase the opportunities for volunteering and improving neighbourhoods</b>	Jul-22	More popular and sustainable neighbourhoods Objectives in white paper.	Complete	Tenant Voice Strategy approved and launched. Complete.
A9	Housing - Housing Management	Develop and implement the Domestic Abuse Housing Alliance (DAHA) Action Plan to achieve DAHA accreditation.	<b>DAHA Increase the range of support for tenants</b>	Aug-22	DA is recognised across the organisation and staff are knowledgeable and well trained, with survivors appropriately supported.	Complete	DAHA accreditation achieved and a small number of recommendations for improvement were made which are largely complete. Complete.
A10	Housing - Housing Management	Review of Tenancy Agreement.	<b>Help tenants to sustain their tenancies</b>	Mar-23	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Amber	Initial work has started to identify changes and amendments for the TA which will be shared for comment before further steps are taken. Work due to start. Changes and consultation to be completed by target deadline, but statutory notice periods may take the deadline beyond March 23. Meeting with Legal to advise further.
A11	Housing - Housing Management	Develop a programme of periodic visits for all tenants.	<b>Help tenants to sustain their tenancies</b>	Oct-22	To agree ways for staff across SLHD to raise concerns about property or tenants for targeted tenancy verifications to be carried out.	Green	HoS have commented on the draft questionnaire which will form the basis of the 'Keeping in Touch' visit. Work is currently being proposed regarding OpenHousing requirements. On target.
A12	Housing - Customer Services	Carry out a series of end to end customer journey mapping exercises across all access channels and key service delivery points.	<b>Continuously improve our business processes</b>	Mar-23	Better organisational insight into understanding how customers experience our services to improve service delivery and the overall customer experience.	Green	Commenced and on track. Scope completed and due to commence pre contract award discussions. Linked to, and will help, support the review of our website. On Target.
A13	Housing - Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	<b>Improve communication with tenants and residents Use technology to modernise and transform service delivery</b>	2023/4	Improved, current, user friendly website easy for customers to access information about our services and which encourages and supports channel shift and self-service and delivers improved customer service. Improved communication across the organisation and engagement with employees. Project to commence 22/23 with full delivery planned for 23/24.	Green	Commenced and on track. Scoping document and Project established. Customer feedback and employee feedback being analysed. Scope completed to award contract for critical friend to provide support as and when required during the project. On target.
A14	Housing - Housing Management	Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	<b>Safer neighbourhoods through reduced anti-social behaviour and crime</b>	Mar-23	ASB outcomes demonstrating high quality service delivery.	Green	Some changes have taken place to the current categorisation of ASB cases to monitor service standard responses. Further work is required to develop an effective framework to measure performance and tenant satisfaction. On target.
A15	Housing - Housing Management	Review of housing management functions and structures	<b>Help tenants to sustain their tenancies</b>	Oct-22	Housing management arrangements and structures are effective and fit for purpose.	Green	Options have been identified and a report prepared for discussion with EMT with further work expected on proposals. Ongoing, further report due to EMT. On target.

A16	Property - Repairs & Maintenance	Deliver repairs excellence project.	<b>Deliver an efficient and effective repairs and maintenance service</b>	Mar-23	Modernise the repairs service.	Green	Phase 1 of the Repairs excellence project has rolled out across the borough and recent data suggests that no access has now reduced dramatically while improving tenant satisfaction. Phase 2 is now in the planning phase and is governed by the Repairs Excellence project board. On target.
A17	Property - Asset Management	Complete delivery of the first phase of the External Wall Insulation Remediation Scheme.	<b>Ensure our homes are safe and free from hazards</b>	Jul-23	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Red	Not on target. The project is now scheduled for completion in November/December 2023, a little later than original planned. This is due to the mast climber needing to be removed and replaced following a HSE 'recall' on this particular type of climber.
A18	Property - Asset Management	Complete phase 2 review of communal halls.	<b>Provide communal halls and spaces which the community value</b>	Jun-23	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Green	The review is not scheduled to start until early Autumn. On target.
A19	Property - Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	<b>Deliver our environmental and asset management strategy</b>	Mar-23	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Green	3 pilot projects are currently being developed to pilot different approaches to fabric first and low carbon heating. On target.
A20	Property - Asset Management	Procure and implement an asset sustainability modelling tool.	<b>Deliver our environmental and asset management strategy</b>	Mar-23	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.	Green	Asset sustainability modelling is underway, utilising Savills SHAPE system. The first outcome report is expected in Q3. On target.
A21	Property - Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	<b>Ensure our business accommodation is fit for purpose</b>	Mar-23	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.	Green	Planned closures for St Leger Court and St leger House have progressed well. However, decisions on the future of area offices still need to be made with an initial proposal paper to be considered during Q3. On target.
A22	Property - Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	<b>Ensure our homes are safe and free from hazards</b>	Dec-22	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Amber	C365 integration with OH continues. The project is mostly on target and each area of compliance is configured and is now being populated with validated information. Monthly performance reports are provided to EMT and Quarterly to the BSC. Implementation dates have been agreed now with C365 and for larger modules such as the EICRs these will be implemented by end of March 2023. Other modules will be fully implemented by end of October for example water and lifts. Overall the project is on target.
A23	Property - Health and Safety	That a tenants building safety residents engagement strategy is written which explain how residents of HRRBs raise concerns over building safety.	<b>Ensure our homes are safe and free from hazards</b>	Sep-22	Compliance with the Building Safety Bill (Act) and social housing white paper.	Amber	Building Safety Cases are being created in C365 using the guidance provided by the Building Safety Regulator. Guidance continues to be issued by the Building Safety Regulator and this is being used in development with C365, likely to be completed now December 22.
A24	Property - Health and Safety	That all in scope buildings under the control of SLHD have a Building Safety Case and that the information is available to the Building Safety Regulator and enforcing agencies.	<b>Continue to invest in homes and neighbourhoods</b>	Mar-23	Compliance with the Building Safety Bill (Act).	Green	Evidence is being collated and papers prepared for where there are areas of vulnerability. On target.



A25	Corporate - HR	Carry out a full diversity audit and self-assessment to gauge and challenge our current diversity status with a view to applying for and achieving diversity accreditation.	<b>Work in ways which reflect our values</b>	Aug-22	Identify actions to improve how we support our diverse customers and employees to ensure effective leadership and processes are in place that deliver positive outcomes for our customers and our employees.	Amber	Self assessment to be undertaken using the Housing Diversity Network's on line self assessment tool. This will help assess how we are positioned to attract and develop a diverse workforce; deliver appropriate and accessible services; support inclusive communities and ensure legal and regulatory compliance. Some slippage and a revised completion date of December 2022 set.
A26	Corporate - Corporate Services	Develop, implement and monitor actions and outcomes of a regulatory matrix addressing all the requirements of the regulatory framework and white paper.	<b>Ensure effective governance arrangements are in place to deliver their aims, objectives and intended outcomes for tenants and potential tenants</b>	Mar-23	Inspection ready Compliance with Regulatory Standards, Meeting White Paper outcomes.	Green	Governance Service Manager recruited and commenced in August. Workplan being developed to meet objectives of regulatory compliance and being inspection ready. On track.
A27	Corporate - Finance	Measure efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT). Achieve top quartile benchmarking.	<b>Deliver value for money services</b>	Dec-22	Identify cashable and non cashable efficiencies gained from TOP and CAT implementation.	Green	Work has commenced on identifying cashable efficiencies in terms of expenditure, and processes across the company are being reviewed to identify where employees are working more efficiently, i.e.. non cashable efficiencies, as a result of TOP and CAT. On track.
A28	Corporate - HR	Review our wellbeing offer ensuring that we focus as appropriate across all 4 wellbeing elements of Physical, Mental, Social and Financial.	<b>Embed a positive health, safety and wellbeing culture</b>	Mar-23	Maintain our successful wellbeing offering ensuring that it is appropriate for the changing environment.	Green	Initial focus on physical and financial wellbeing with initiatives being planned for delivery in the coming 3 months. On track.
A29	Corporate - HR and L&OD	Continue to develop our approach to agile working developing our managers to effectively lead and manage performance outcomes in an agile environment	<b>Continue to develop our workforce</b>	Dec-22	Increasing confidence and skill of managers to lead our people in an agile environment.	Green	External facilitator engaged to deliver a 'leading hybrid teams' session to all people managers. 2 sessions delivered to date with 2 further sessions planned. On track.
A30	Corporate - L & OD	Develop our approach to talent and succession planning.	<b>Continue to develop our workforce</b>	Mar-23	Ensuring that SLHD has an appropriate plan for key roles to avoid business disruption, is retaining high performing talent and developing potential.	Green	Succession planning has begun with leadership focusing on identifying critical roles, leadership succession and talent pools, this work will continue throughout the year. On track.
A31	Corporate - L & OD	Deliver against our refreshed early careers programme.	<b>Continue to develop our workforce</b>	Mar-23	Ensure an increased range of opportunities for residents of Doncaster to access the world of work as well as increasing SLHD talent pool and succession into a variety of roles.	Green	Excellent progress is being made, having appointed to our 2022 apprenticeship cohort, our first WOW cohort of the year and launched our work experience offer. Work continues throughout the year. On track.
A32	Corporate - L & OD	Review our organisational culture, current state and aspirations utilising external accreditation (such as IIP or Best Companies) to generate rich data and information.	<b>Continue to develop our workforce</b>	Mar-23	Identify our current organisational culture, where we want to be and the gaps to enable a plan of action to be generated.	Green	Culture workshops have taken place with a cross section of the workforce and Board in Q1 defining current and future current, this work will continue turning this into tangible actions. On track.
C1	Asset Management	Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	<b>Continue to invest in homes and neighbourhoods</b>	Dec-23	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Amber	There is a risk that the project may not be completed by the original target date. Whilst pre-works surveying is well underway and it is anticipated that the planning applications for the 3 G&T sites will be submitted by the end of Q2, it is unlikely that all site works can be physically completed in time, given lead in times for off-site manufacture of the amenity blocks, and the potential need for temporary decanting which will slow down the delivery of works on site.

C2	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	<b>Improve communication with tenants and residents</b>	Mar-23	To improve the opportunities to tailor the services we provide to meet our customer needs.	Green	This is linked to the implementation of One Housing which is not likely to be implemented until later in the year. Once implemented it will provide improved opportunities to collect and check insight data. On track.
C3	Access to Homes	Review the operational arrangements for the accessible housing register.	<b>Ensure tenants with disabilities are able to secure appropriate homes</b>	Sep-23	To make best use of the housing stock to meet housing need within an efficient allocations and lettings process to keep void turnaround to a minimum.	Green	Initial stage to review current process and opportunities with operational teams completed. Some quick wins identified. Further work to benchmark and identify good practice to support further proposals. On track.
C4	HR and L&OD	Achievement of workplace wellbeing gold award.	<b>Embed a positive health, safety and wellbeing culture</b>	Sep-22	To demonstrate our commitment to the wellbeing of our workforce and support identification of areas of improvement.	Amber	Slight further slippage on the expected date of completion due to assessor change and availability - All work in SLHD control underway and on track.
C5	HR and L&OD	Develop future leaders, and grow the workforce skill set to meet the changing operating environment.	<b>Continue to develop our workforce</b>	March 23	To retain and develop talent within the organisation reducing the burden of recruitment to vacant positions.	Green	This work will begin later in the year following identification of enhanced behaviours which underpin this activity. On track.
C6	Access to Homes	Review temporary accommodation model with Council & partners.	<b>Reduce and prevent homelessness</b>	Mar-23	To make best use of commissioned supported accommodation and SLHD to provide appropriate emergency and interim accommodation. To reduce temporary Accommodation below 60.	Green	This work will be carried out as part of the Journey to Excellence improvement programme and will be delivered within the deadline. There are currently 96 TA units in use but 32 families in B&B. Therefore TA will increase to reduce B&B numbers but will decrease once the additional resources are in place. On track.
C7	Access to Homes	Deliver the Housing Solutions project to improve access and sustainability in the private rented sector, provide early and targeted homeless advice to increase homeless prevention and reduce chronic homelessness	<b>Reduce and prevent homelessness</b>	Mar-23	To prevent homelessness occurring and reduce demand on the service.	Green	This action is closely linked to action A5 with the added work around homeless self help and the prevention agenda. Work is underway to develop an online self help tool along with the initiatives around improving our private rented sector offer through incentives. This action will be delivered well within the deadline date. On track.

# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	ICT Strategy update
<b>Action Required:</b>	Note Progress/Plans against ICT Year 2 Action Plan and approve the Year 3 Action Plan
<b>Item:</b>	07
<b>Prepared by:</b>	Andrew Gravill – ICT Service Manager & Mark Haughey – Head of ICT and Business Transformation
<b>Date:</b>	6 October 2022

**1. Report Title**

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

**2. Background**

2.1 Board approved the ICT Strategy 2020 – 2024 along with the Year One Action Plan in July 2020. The subsequent Year Two Action Plan was approved by Board in October 2021. The Strategy supports the embedding and ongoing improvements to an agile and mobile workforce, implementation of the new Housing Management solution and delivering the infrastructure and tools to enable channel shift and self-service approach through our online services for both staff and tenants.

2.2 The ICT Strategy sets out the ‘technical’ strategic direction for the organisation and, as a back-office service, is intended for internal staff and departments. The ICT Strategy is reviewed annually and ICT believe the current version of the ICT Strategy is still relevant to the strategic vision of the organisation.

2.3 This briefing note is intended to provide Board with an update on the progress made against the Year 2 Action Plan and seek approval for the Year 3 Action Plan.

**3. Progress Made (Year 2 Action Plan)**

3.1 The ICT Action Plan is renewed annually; the Year 2 Action Plan was produced in October 2021. This Action Plan contained eight themes and projects, all significant in size, not only for the ICT Team but also to the whole organisation. Details on the progress can be found in Appendix A.

3.2 Of the Actions planned in Year 2, five of the eight actions were successfully completed on target within the year. The remaining three that are ongoing from Year 2 have been carried forward to the Year 3 plan or are now considered business as usual (BAU).

3.3 ICT were also involved in a number of projects and initiatives that were introduced in the year but not included on the year two Action Plan, with just a few examples of the projects being :-

- Repairs Excellence – ICT implemented system changes and developed new automated SMS services to support the Phase 1 of Repairs Excellence.
- CTI – Implementation of a solution that provides an interface between Open Housing and the Telephony system, to improve processes within CAT.
- Enhanced the use of Microsoft 365 within the organisation by promoting use & best practice of MS Teams, developed processes using M365 applications such as Forms, Power Automate, PowerApps and SharePoint. These processes have removed manual transactions via spreadsheets and provided high levels of automation.
- Implemented a new Tenant Portal, integrated with Open Housing.

3.4 In addition to the tasks reflected in the ICT Action Plan, ICT have continued to work towards the key aims of the ICT Strategy by ensuring the operational 'business as usual' tasks are completed in a timely fashion and to a high standard.

3.5 In summary, progress against the Action Plan was good with delivery on a majority of the actions, while still reacting to the operational needs of the business. Some actions are ongoing and will be carried forward to the successive Action Plan.

#### **4. Plans for next period (Year 3 Action Plan)**

4.1 ICT continue to focus on the ICT Strategy priorities but it should be noted that any operational and ongoing developments will not feature in the Year 3 Action Plan, as these are considered business as usual.

4.2 Enhancing the use of Open Housing (through the delivery of the One Housing upgrade and implementation of new modules) and Microsoft 365 (by supporting channel shift and developing internal processes to provide automation) continue to be the primary priorities and feature highly on the Action Plan.

4.3 When new modules and solutions are implemented in line with the Action Plan, it is recognised that ICT will still be required to help embed, resolve issues, administer and support the post-go live activities.

4.4 Similarly, ICT will continue to support and drive the strategy to enable staff to work remotely and in an agile way through the implementation and rollout of Office 365 and the underlying infrastructure technologies.

4.5 ICT's contribution to strategies, such as the Customer Access Strategy (CAS) and the Environmental Strategy, along with supporting the Annual Development Plan/Service Delivery Plans will contribute to the goal of ensuring modern, innovative and appropriate technology being implemented and utilised.

4.6 Alongside the Action Plan, ICT will also focus resources on Cyber Security and Business Continuity. The threats and risks have increased due to agile working and ICT is key in ensuring the environment is protected with any attacks and outages being addressed quickly and effectively.

4.7 The proposed ICT Action Plan for the next period, with nine actions split across five key themes, can be found at Appendix B.

#### **5. Conclusion**

5.1 Board are asked to note the progress made against the ICT Action Plan for Year 2 and approve the updated ICT Action Plan for Year 3.

## Appendix A – Progress Against Year 2

<b>Ref</b>	<b>Action</b>	<b>Progress Made</b>	<b>Status</b>
1	<p>Implement technical aspects of The One Project (TOP). Several ICT related milestones are documented as part of the overall project. Actions include:-</p> <ul style="list-style-type: none"> <li>• Data extract, take-on and go-live (Phase II)</li> <li>• Integration and interfaces</li> <li>• Decommission TotalMobile and Keystone</li> </ul>	<p>The implementation of the Phase 2 Open Housing was completed in October 2021. Key modules included in this implementation included Repairs, Asset Management, Finance (Labour Costing, Purchase Ordering) and TotalMobile.</p> <p>Following the Phase 2 implementation, 15 servers were decommissioned split between TotalRepairs, Keystone, Keyfax and DRS.</p> <p>An evaluation of TOP is to be presented to Board in December.</p>	Complete
2	<p>A number of ICT related actions to support the growth of the Customer Access Team (CAT) and the associated Customer Access Strategy (CAS).</p> <ul style="list-style-type: none"> <li>• New communication channels (e.g. WhatsApp)</li> <li>• Develop tenant portal</li> <li>• Reception digital face-to-face</li> </ul>	<p>Market exploration has begun for Omni-Channel solutions, including demos from suppliers. Research to continue with the aim of finding a solution that integrates with key systems (Open Housing, Website, Tenant Portal, Liberty)</p> <p>Tenant Portal developments are ongoing on the existing portal and captured within a 'Tenant Portal Development Log' which has been presented to Capita.</p> <p>Minor Tenant Portal adjustments have been completed by the ICT Team.</p> <p>While discussions are ongoing with receptions, this action was deemed complete after detailed market research resulted in the decision that digital reception technology was not appropriate.</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Complete</p>
3	<p>Expand on Agile Working approach through consolidating tools and solutions to enable MS Teams to be core collaboration tool.</p> <ul style="list-style-type: none"> <li>• Remove Jabber (our internal chat solution and method of making external calls)</li> <li>• Replace S: (with Sharepoint) and U: drive (with OneDrive)</li> </ul>	<p>Removing, Jabber, is out of our control (as this solution falls under the DMBC SLA) however, SLHD ICT analysed the use of Jabber across the Organisation and are encouraging staff to use Microsoft Teams where possible for internal communications.</p> <p>ICT acknowledge that some areas of the business require Jabber (due to making/receiving external call) so are liaising with DMBC IT to look at long-term alternatives.</p> <p>OneDrive is now available for all SLHD users and will be the solution that replaces the U drive. A number of staff have adopted this new solution and have stopped using their U drive. Further communication has been sent out to target staff who haven't yet activated their OneDrive.</p> <p>The S drive will be replaced with SharePoint. This project is in the early stages of planning as there are a number of decision for IT to make when building the configuration. Full migration to both SharePoint and OneDrive is dependent on DMBC.</p>	<p>Ongoing</p> <p>Ongoing</p>

	<ul style="list-style-type: none"> <li>Rollout Office 365 tools (including SharePoint) and updates</li> </ul>	<p>A number of Office365 apps are now in use within the Organisation, including Teams, PowerApps, PowerAutomate, Forms and Task Planner.</p> <p>Microsoft are constantly releasing new 365 applications that SLHD IT will monitor, test and communicate with staff if the application is of benefit to the organisation.</p>	Ongoing
4	<p>Enable true Agile Working at SLHD premises.</p> <ul style="list-style-type: none"> <li>Utilise ICT equipment for agile working in offices and meeting rooms.</li> </ul>	<p>ICT kit has been set up within the Civic Office, Shaw Lane and all area offices. Civic Office &amp; Shaw Lane are also available on the Booking System which allows for true agile working, as staff are able to book desks &amp; meeting rooms when required.</p>	Complete
5	<p>Implement and support rollout of Voicescape (automated dialling solution).</p>	<p>Solution has been successfully implemented.</p>	Complete
6	<p>Assist/support implementation of Planned Maintenance and Choice Based Letting and Homelessness solution(s).</p> <ul style="list-style-type: none"> <li>Planned Maintenance within Open Housing</li> <li>CBL and Homelessness Development within Open Housing</li> </ul>	<p>Solution has been developed and is in the testing phase, a few issues have been identified but ICT are working with Capita and the service area to resolve them, ready for a go-live as soon as possible.</p> <p>An internal Project Board is now in place and a kick-off meeting has taken place with Capita.</p> <p>ICT are currently working with the business area to complete parameter/configuration documents that will be used to build the module to SLHD requirements. This project needs to be delivered by 31 March 2023</p>	<p>Ongoing</p> <p>Ongoing</p>
7	<p>Implement Compliance solution (C365)</p>	<p>Solution has been successfully implemented.</p>	Complete
8	<p>Review and support DMBC in preparation and response to Cyber Attacks</p>	<p>DMBC have implemented a Cyber Security Team that SLHD IT liaise with on a regular basis. Cyber Security is now listed specifically within the SLA between DMBC &amp; SLHD.</p> <p>SLHD IT also attend DMBC meetings regarding Cyber Security.</p>	Complete

## Appendix B – Year 3 Action Plan

Ref	Action	Timescales
1	To use modern solutions and take advantage of the opportunities of Open Housing to Support implement modules and processes to deliver efficient and effective services:	
	Planned Maintenance	Oct-22
	CBL & Homelessness	Mar-23
	Repairs Excellence Phase 2	Mar-23
	One Housing Upgrade	Sep-23
2	To be a proactive agent for change and complete a variety of ICT related actions to support the Customer Access Team (CAT) and the associated Customer Access Strategy (CAS):	
	New communication channels (e.g. WhatsApp) - Including an Omni-Channel solution	Oct-23
3	To advance and further exploit the use of technologies within the organisation, including Microsoft 365:	
	Support channel shift and implement MS Teams as the Corporate communication solution	Sep-23
	Replace file storage with OneDrive and SharePoint	Mar-23
	Spreadsheet Rationalisation through the development of processes within 365 to provide automation	Oct-23
4	Provide knowledge and solutions to support the Organisation's Information Asset Owners in being Data Smart, ensuring we have accurate and trusted data.	
	Enable and support the Information Asset Owners to correct datasets identified where tools and data available.	Sept-23

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Period 5 ending 31 August 2022 KPI dashboard
<b>Action Required:</b>	For information
<b>Item:</b>	08
<b>Prepared by:</b>	Nigel Feirn Head of Finance and Business Assurance
<b>Date:</b>	6 October 2022

### 1. Purpose

1.1. To provide Board members with the KPI dashboard as at 31 August 2022 and brief commentary for those KPIs where the target was not met. The KPI dashboard is attached at **Appendix A**.

### 2. Executive summary

2.1. There are 19 KPIs agreed with DMBC for 2022/23 and include :

- two measured quarterly – residents supported in training and residents supported in employment;
- four measured annually - STAR survey (2), energy efficiency and Decent Homes Standard numbers; and
- two KPIs relating to Homelessness do not have targets this year.

2.2. The table below summarises the KPI dashboard as at 31 August 2022. Performance comparatives have been included from previous years. At the end of August 2022, six KPIs were met or were within agreed tolerances of target.

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

2.3. The KPI targets for 2022/23 are considered to be very challenging across the board and work continues to establish how challenging, and to examine if there are more realistic and achievable figures in the current climate.

2.4. This work includes benchmarking nationally and locally, and in particular for the latter, speaking with our neighbouring organisations in Yorkshire, Humberside and the Midlands to identify common issues, and also identify and share best practice.

2.5. We submit monthly pulse survey performance data to Housemark and **Appendix B** summarises this data, and quartile positions with our peer group for April, May and June. SLHD submits data for eleven indicators and our performance for these are spread across each of the four quartiles.



- 2.6. The 2021/22 year end performance data has been submitted to Housemark and based on the limited information available currently (the deadline for submission was mid-August), SLHD is generally in the upper quartiles or median when compared to our peers.
- 2.7. Limited information is only available with our neighbours so far but this also shows us in a favourable position with the main KPIs. We continue to research and chase additional information wherever possible and further information will be circulated to EMT and Board at the earliest opportunity.

### 3. KPI commentary

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

**Target** **0.50%**  
**Aug 22 YTD performance** **0.73%** **WORSE THAN TARGET – RED**

	Aug 22/23	July 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Void rent loss YTD %	0.73%	0.77%	0.76%	0.79%	0.79%	0.79%	0.82%	1.00%	1.02%	0.97%	0.97%
Void numbers	135	136	151	178	147	159	142	159	216	195	209

The number of voids held at the end of August of 135 shows a small reduction compared to July (136) but remains much lower than June (151). This figure includes 18 non lettable voids, consisting of the following;

- eight awaiting demolition;
- three awaiting investment;
- one acquisition;
- one used as an office by Police; and
- five require adaptations by DMBC.

In-month performance at 0.57% is much better than July (0.79%) and June (0.73%). Cumulative performance improves as a result to 0.73% when comparing to the previous month of 0.77%, but remains worse than target.

At the time of writing, it is pleasing to see that the total number of relets at 554 continues to exceed the total number of terminations of 489, this is a key factor to ensure an improvement in performance. It is also please to see that in mid-September, the number of voids had fallen to 102, the lowest level for over two years.

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

**Target** **20.0 days**  
**Aug 22 YTD performance** **30.7 days** **WORSE THAN TARGET – RED**

	Aug 22/23	July 22/23	Q1 22/23	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Re-let days	30.7	31.6	33.6	33.7	32.4	31.6	32.7	46.1	48.3	49.3	55.1

In-month performance for August shows a slight decline at 25.9 days, when comparing to July of 25.6 days, and this remains above the 20 day target. However, cumulative performance shows an improvement at 30.7 days when comparing to the previous year to date figure at end of July of 31.6 days.

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

3.3. KPI 4: Number of Households in B&B Accommodation at month end

**Profiled Target August 35**  
**August 2022 performance 63** **WORSE THAN TARGET – RED**

Month end	Placements no.
April	66
May	60
June	76
July	66
August	63

Although still too high, B&B numbers have decreased since June as shown above. Steady progress is being made through dedicated case management and focused move on action plans for all households.

In June we also had six families in B&B over six weeks breaching statutory duty - this is now resolved and we have no families over six weeks. However, 63 is still above target and we have set a target of 50 by the end of September to continue to downward trend.

Case management and move on is happening positively, however, new placements remains very high with an average of 20 new placements into B&B per week.

The recruitment for the additional temporary staff has now been completed and all but three members of staff have commenced employment. Some are at different points of induction and training and week commencing 19 September will see all staff deployed into their roles and better case management and outcomes will follow, which will have a significant impact on B&B numbers and overall outcomes to homeless applications.

Part of our Journey to Excellence project also includes a new service around private rented sector access and sustainability. Our plan is to source and provide an offer of private rented accommodation to every household in B&B where appropriate to discharge duty into this sector and alleviate the pressure on the social housing market.

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

**Target** **0.07%**  
**31 July \* performance** **0.10%** **WORSE THAN TARGET – RED**

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

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

The table below summarises the interactions and complaints upheld in the four months to end of July for five financial years:

	Interactions	Complaints	Upheld	% upheld against interactions	Not upheld as % of all complaints	Upheld as % of all complaints
<b>22/23</b>	<b>129,626</b>	<b>419</b>	<b>133</b>	<b>0.10%</b>	<b>68%</b>	<b>32%</b>
21/22	132,240	372	127	0.10%	66%	34%
20/21	109,488	283	65	0.06%	73%	23%
19/20	132,826	348	74	0.06%	79%	21%
18/19	106,266	359	66	0.06%	82%	18%

In July 2022 we received 94 complaints. This is a decrease of two compared to last month and is a continuation of a reducing trend since April 2022.

13 of the 94 complaints received were upheld (13.8%) which is an improvement when compared to the previous month (45.8%). Overall cumulative complaints total for 22/23 is 419.

The information for the month of July 2022, shows that we have achieved our 0.07% target, with a performance of 0.05% - an improvement on June’s performance of 0.10%. Cumulatively however, we remain over our target, achieving 0.10%.

The main themes for upheld complaints in the year to date relate to time taken to complete a repair, missed appointments and lack of communication/information

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

**Profiled target** **3.08 days**  
**August 22 YTD performance** **4.20 days** **WORSE THAN TARGET – RED**

August saw 0.94 days absence per FTE vs a target of 0.59 days and an increase on last month, where July saw 0.87 days absence per FTE.

This means YTD we have 4.20 days absence per FTE vs a target of 3.08 days. This results in a year end projection of 11.99 days which is slightly lower than the last month’s projection for the year of 12.04 days, but still significantly above our target of 7.9 days per FTE.

Excluding absence for Covid, the figures show 0.87 days per FTE for August and 3.65 days YTD, which is still above target but by a much smaller margin.

Covid related absence is still one of this month's top reasons, but there has been a significant drop in cases since July (125.6 days falling to 45.4 days). The majority of Covid sickness cases during August were seen in our Property Services Directorate, accounting for 74.3% of all Covid cases.

Short term absence continues to be the biggest driver of absence (2.57 days lost per FTE against 1.64 days lost per FTE).

Stress related cases account for 29.9% YTD of all absence which is a slight increase on last month (28%). Whilst there were no work related stress cases last month; unfortunately August 2022 has the highest number of days lost due to work related stress YTD at 59.84 days.

These cases are known to the team and are being proactively managed to ensure stress risk assessments are carried out as soon as possible and to explore what adjustments can be put in place.

Musculo Skeletal (MSK) remains the second highest reason this month accounting for 20.3% of all absence. A number of long term cases are either waiting for surgery or in recovery. Knee and back conditions appear most common and further analysis is underway to understand any patterns.

Work is underway to promote our wellbeing offer around MSK including on site wellbeing clinics and access to physio services and digital support through Medicash.

Covid remains the third highest cause of absence this month accounting for 13.1% and a total of 45.4 days this month. As noted previously, this is a significantly reduced number of days lost compared to July.

All cases continue to be managed in line with the attendance management procedures. Work has now begun to review the attendance management policy and in particular the short term triggers to enable us to more proactively manage short term absence cases across the workforce. This review is ongoing with the aim for any changes to have been agreed and implemented no later than January 2023 which is the scheduled review date of the existing policy.

Nigel Feirn  
Head of Finance and Business Assurance  
01302 737485

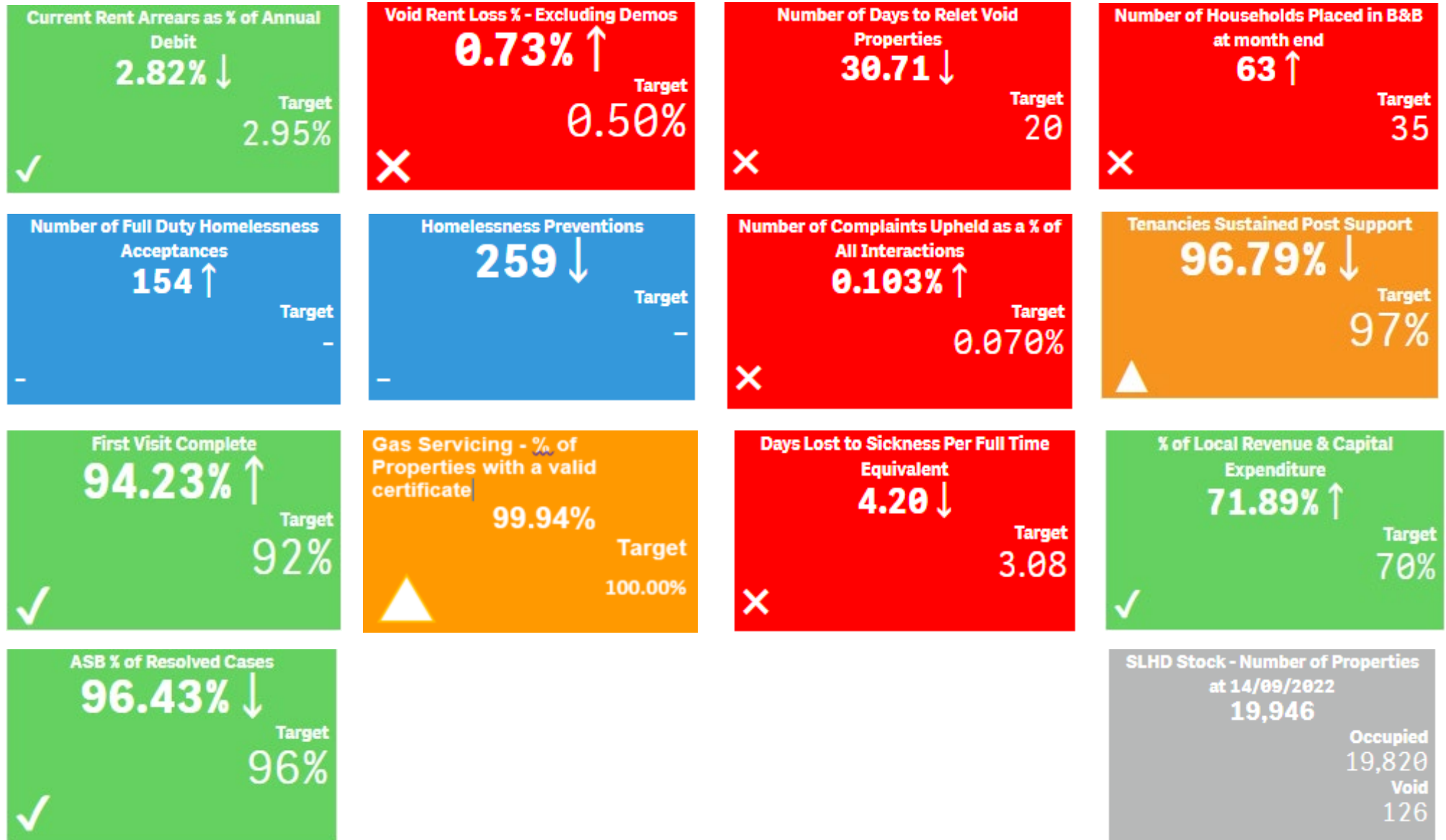
**Appendix A** – 31 August 2022/23 KPI dashboard

**Appendix B** – Housemark benchmarking summaries June, May and April 2022

# St Leger Homes of Doncaster Performance Dashboard 31 August 2022

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

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



## Benchmarking - Housemark monthly pulse survey results – May 22, April 22 and June 22

## Appendix B

### JUNE 22 Housemark pulse survey benchmarking

Measure	Q1	Median	Q3	SLHD	quartile	Polarity
No. of emergency repairs in month per 1,000 units	32.8	60.4	78.4	<b>22.6</b>	Q1	Lower is Better
Current tenant arrears at the end of the month (%)	3.25%	3.77%	5.62%	<b>2.62%</b>	Q1	Lower is Better
No. of non-emergency repairs in month per 1,000 units	143.6	187.8	204.9	<b>157.1</b>	Q2	Lower is Better
% of working days lost to sickness absence in month	4.08%	4.82%	5.45%	<b>4.12%</b>	Q2	Lower is Better
No. of dwellings vacant but available to let at m/end as % of units	0.36%	0.71%	1.19%	<b>0.70%</b>	Q2	Lower is Better
No. of social housing lettings in the month as a % of units	0.50%	0.43%	0.36%	<b>0.47%</b>	Q3	Higher is Better
% of homes with a valid gas safety certificate	100.00%	99.98%	99.87%	<b>99.94%</b>	Q3	Higher is Better
No. of new ASB cases reported per 1000 units	2.12	6.19	9.54	<b>7.29</b>	Q4	Lower is Better
% of non-emergency repairs within target timescale	98.3%	87.2%	78.0%	<b>71.6%</b>	Q4	Higher is Better
% of complaints resolved within timescale in month	90.6%	82.2%	67.3%	<b>65.6%</b>	Q4	Higher is Better
No. of formal complaints received in month per 1,000 units	1.3	2.2	3.0	<b>4.67</b>	Q4	Lower is Better
% of customer contact received via digital channels in month	35.9%	26.5%	15.0%	<b>no data</b>		Higher is Better
% of domestic properties with EICR certificates up to 5 years old	99.76%	97.59%	89.97%	<b>no data</b>		Higher is Better
Satisfaction with repairs in month (transactional)	92.9%	87.6%	81.7%	<b>no data</b>		Higher is Better
% of tenants satisfied with overall service their landlord provides	85.0%	79.8%	72.6%	<b>no data</b>		Higher is Better

### MAY 22 Housemark pulse survey benchmarking

Measure	Q1	Median	Q3	SLHD	quartile	Polarity
True current tenant arrears at the end of the month (%)	3.22%	3.64%	5.66%	<b>2.67%</b>	Q1	Lower is Better
Number of social housing lettings completed in the month as a % of units	0.61%	0.49%	0.37%	<b>0.61%</b>	Q1	Higher is Better
Number of emergency repairs completed in month per 1,000 units	48.37	70.67	90.51	<b>52.95</b>	Q2	Lower is Better
No. of dwellings vacant but available to let at month end as % of units	0.41%	0.84%	1.24%	<b>0.69%</b>	Q2	Lower is Better
Percentage of working days lost to sickness absence in month	3.75%	4.68%	4.94%	<b>4.70%</b>	Q3	Lower is Better
Percentage of complaints resolved within timescale in month	93.1%	88.4%	75.7%	<b>82.0%</b>	Q3	Higher is Better
Number of non-emergency repairs completed in month per 1,000 units	154.33	185.57	209.09	<b>295.85</b>	Q4	Lower is Better
Number of formal complaints received in month per 1,000 units	0.98	2.14	2.94	<b>5.45</b>	Q4	Lower is Better
Percentage of homes with a valid gas safety certificate	100.00%	99.98%	99.86%	<b>99.10%</b>	Q4	Higher is Better
Number of new ASB cases reported	1.92	4.01	6.88	<b>8.40</b>	Q4	Lower is Better
Percentage of (non-emergency) repairs completed within target timescale	98.7%	89.3%	83.0%	<b>42.8%</b>	Q4	Higher is Better

**APRIL 22 Housemark pulse survey benchmarking**

<b>Measure</b>	<b>Q1</b>	<b>Median</b>	<b>Q3</b>	<b>SLHD</b>	<b>quartile</b>	<b>Polarity</b>
True current tenant arrears at the end of the month (%)	2.77%	3.37%	5.22%	<b>2.48%</b>	<b>Q1</b>	Lower is Better
Number of social housing lettings completed in the month as a % of units	0.43%	0.40%	0.31%	<b>0.49%</b>	<b>Q1</b>	Higher is Better
Number of emergency repairs completed in month per 1,000 units	45.27	60.56	103.66	<b>50.30</b>	<b>Q2</b>	Lower is Better
Number of nonemergency repairs completed in month per 1,000 units	132.72	163.34	229.93	<b>156.80</b>	<b>Q2</b>	Lower is Better
Percentage of working days lost to sickness absence in month	4.79%	5.05%	5.57%	<b>5.10%</b>	<b>Q2</b>	Lower is Better
Percentage of homes with a valid gas safety certificate	100.00%	99.93%	99.82%	<b>99.83%</b>	<b>Q3</b>	Higher is Better
No. of dwellings vacant but available to let at month end as % of units	0.50%	0.87%	1.25%	<b>0.91%</b>	<b>Q3</b>	Lower is Better
Percentage of complaints resolved within timescale in month	100.00%	85.63%	78.16%	<b>81.67%</b>	<b>Q3</b>	Higher is Better
Number of new ASB cases reported in month per 1,000 units	2.40	6.11	8.07	<b>6.85</b>	<b>Q3</b>	Lower is Better
Number of formal complaints received in month per 1,000 units	1.40	2.26	2.58	<b>6.00</b>	<b>Q4</b>	Lower is Better
Percentage of (nonemergency) repairs completed within target timescale	96.00%	92.71%	84.00%	<b>71.4%</b>	<b>Q4</b>	Higher is Better

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England

Company Number 05564649

## **BOARD REPORT**

**Date** : 6 October 2022

**Item** : 9.1

**Subject** : Audit & Risk Committee Annual Report

**Presented by** : Trevor Mason  
Chair of the Audit & Risk Committee

**Prepared by** : Julie Crook  
Director of Corporate Services

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

### **Recommendation :**

That Board note the 2022 Audit and Risk Committee Annual Report and that Audit and Risk Committee have reviewed the Terms of Reference and agree that they have been fulfilled.



Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No: 9.1  
Date: 6 October 2022**

**1. Report Title**

1.1 Audit & Risk Committee Annual Report.

**2. Purpose**

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

**3. Recommendation**

3.1 That Audit & Risk Committee comment and contribute to the Annual Report prior to submission to the Board.

**4. Introduction**

4.1 The Audit & Risk Committee is accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in the Committee's Terms of Reference. The Terms of Reference requires that Audit & Risk Committee will provide the Board with an Annual Report summarising its conclusions from the work undertaken during the year. The current Terms of Reference are attached at Appendix A, these were updated by the Board in July 2019.

**5. Meetings and Attendance**

5.1 Since the Board's AGM in October 2021, the Audit & Risk Committee has met on three occasions:

- 1 November 2021
- 4 March 2022
- 20 June 2022

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

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

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

<b>Member</b>	<b>Constituent Group</b>
Trevor Mason	Independent (Chair)
Allan Jones	Councillor
Anthony French	Tenant

The membership of the committee changed following Board's decision in March 2021 to review the membership of all committees taking into consideration the addition of the new Building Safety and Compliance Committee. This decision was reviewed in February 2022 and it was agreed that it will continue for the remainder of 2022.

5.4 Attendance at the meetings has been as follows:

	1 November	4 March	20 Jun
Trevor Mason	✓	✓	✓
Allan Jones	✓	X	X
Anthony French	✓	✓	X
Phil Cole			✓
Sam Bartle			✓

Unfortunately Allan had connection problems during the hybrid meeting in March and was therefore unable to attend, the meeting was therefore not quorate and the items which needed a decision were agreed via e mail.

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

## **6. Work of the Audit & Risk Committee**

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

- Internal Audit
- External Audit
- Risk Management
- Statutory Financial Statements
- Fraud
- Financial Information
- Review of Contract Standing Orders
- Procurement Update
- Supplies & Logistics Update
- Business Continuity Plan
- SLHD Emergency Plan
- Gifts and Hospitality Register
- The One Project (TOP)

## **7. Internal Audit**

- 7.1 Internal audit services are provided through a SLA by DMBC. The annual audit plan is developed jointly between SLHD and Internal Audit and was approved by Audit & Risk Committee in March 2021. The plan is reviewed on a continual basis to allow some flexibility so that areas identified as an increased risk can be included in the plan at short notice. Audit & Risk Committee has monitored progress against audit work contained in the agreed plan over the year.
- 7.2 The 2021/22 Audit Programme consisted of 79 audit days, 74 days were utilised, which compares to 76 days in the 2020/21 plan and 75 days in the 2022/23 plan.
- 7.3 Work during 2021/22 has been varied and the plan was completed in full.
- 7.4 Audit & Risk Committee received the following audit reports in the course of the year:
- General Financial Audit – Payroll & Creditors elements (substantial assurance for payroll, partial assurance for creditors)
  - Temporary Accommodation (substantial assurance)
  - TOP Phase 2 (Consultancy piece of work no assurance allocated, well managed migration)
  - Housing Rents (substantial assurance)
  - Van Stores (substantial assurance)
  - Stock returns and usage monitoring (substantial assurance)
  - Fuel Cards
- 7.5 Audit & Risk Committee has monitored the implementation of Internal Audit's recommendations and challenged managers where there has been a lack of progress. The number of outstanding actions at this time last year was 5 when compared to zero at the current time. The committee are pleased to see this reduction following concerns raised in previous years.
- 7.6 The Committee were very concerned about the fuel cards audit which provided limited assurance about the process. The committee wanted to see the issues addressed as soon as possible and an update report to its next meeting.

## **8. External Audit**

- 8.1 Beever and Struthers were re-appointed as external auditors at the AGM in October 2020. Beever and Struthers were appointed in the summer of 2019 to a two year contract, with the option to extend for a further two years. Audit & Risk Committee members were involved in this procurement. This contract is being extended for a further 12 months.

8.2 Specific tasks carried out by Audit & Risk Committee in relation to external audit are set out below:

- Received and approved the External Audit Strategy.
- Received the Financial Statements, Audit Statement and Management Letter and made recommendations to the Board.

## **9. Risk Management**

9.1 There are quarterly updates to the Risk Register, three of these are reported directly to the Board and one is reported to the Audit & Risk Committee (Q2 November 2021). Risk management training is scheduled for the whole Board during 2022.

## **10. Statutory Financial Statements**

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

## **11. Fraud**

11.1 Instances of fraud or potential fraud and any associated investigation and follow up actions are reported to Audit & Risk Committee at each meeting through the fraud register. Since the Board's AGM in October 2021 there have been;

- Five allegations of providing false information or conspiring to conceal information which leads to dishonest or fraudulent behaviour, these cases were all in relation to staff not working their contracted hours.
- One of these staff members resigned before the investigation completed
- Two allegations resulted in no further action for the members of staff but one of them did result in an action plan for the service and the HR team
- One allegation resulted in the employee being issued with a final written warning
- One case is still being investigated as at June 2022. There will be an update to the next Audit & Risk Committee meeting.
- There has also been a potential fraudulent transaction identified as part of the internal audit of fuel cards, this is being investigated further. There will be an update to the next Audit & Risk Committee meeting.

11.2 Anti fraud and corruption training was delivered digitally at the end of the financial year by Internal Audit, as part of the 2021/22 Internal Audit Programme. Seven employees attended the training.

## **12. Review of Contract Standing Orders**

- 12.1 The committee approved revised Contract Standing Orders (CSOs) at its meeting in June 2022. The revised CSOs are now aligned to those of Doncaster Council.

## **13. Q2 Financial Information**

- 13.1 The Audit & Risk Committee reviewed the financial information for the period ending 30 September 2021 at its meeting in November prior to this information being submitted to Board in December 2021. When quarterly financial reporting was agreed by the Board, this approach was taken to ensure that financial information is scrutinised as soon as possible after the quarter end.

## **14. Procurement Update**

- 14.1 An update report was received by Committee in June 2022, this is the first update since the provision of the procurement service transferred to Doncaster Council in December 2021. The committee noted the positive report and were pleased to see a positive direction of travel for this service and are looking forward to seeing further improvements in future years.

## **15. Supplies & Logistics Update**

- 15.1 The Audit & Risk Committee received an annual report on supplies and logistics activity. It was agreed in July 2019 that the Committee would only receive an annual report from this area and that this would focus on the main areas and risks for the organisation.
- 15.2 The committee were pleased to see another excellent performance in this area of the business. As this is the one area where we knew that the new IT system would result in a backwards step for this part of the organisation. We are working hard and collaboratively across the organisation to bring the system back up to the previous levels of operation.

## **16. Gifts and Hospitality Register**

- 16.1 Included in the Terms of Reference for the Committee is a responsibility to review the Gifts and Hospitality Register. The Committee received its first update in November 2018 and agreed that they would receive this report on an annual basis. The annual report was received in June 2022, there were no areas of concern.

## **17. The One Project (TOP)**

- 17.1 The committee has received assurances from Internal Audit that the significant change that this project brings has not affected service delivery or the integrity of core systems.

- 17.2 A final report from Internal Audit was received by the Committee in March 2022 in connection with the controls around implementation of TOP, as this was completed as a consultancy piece of work it did not have an assurance rating but the report stated that it had been a well managed migration.
- 17.3 The committee requested an update on the TOP project at its meeting in November and a position statement was presented at the March meeting. It was agreed that a full evaluation of the project would be presented to the Board in December 2022.

## **18. Other Responsibilities**

- 18.1 The Audit & Risk Committee also has responsibility to review revisions and activity in relation to the Business Continuity Plan and the Emergency Plan. The updated Business Continuity Plan and Emergency Plan were approved by the Committee in March 2021 and in March 2022 the committee reviewed the activity for the year against both of these.

## **19. Conclusion**

- 19.1 As a result of its work during the year, the Audit & Risk Committee is not aware of any reason to believe that the Company does not have in place an overall system of internal control and risk management that are both adequate and effective. The Committee is also satisfied that internal and external audit arrangements are working effectively and comply with the requisite standards.
- 19.2 Going forward, the Audit & Risk Committee shall continue to monitor management's progress in the following key areas:
- Timely implementation of actions agreed in response to audit recommendations.
  - Procurement breaches and
  - Identifying, documenting and responding to instances of fraud.

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

- 20.1 Trevor Mason  
Chair of the Audit & Risk Committee

## **21. Background Papers**

- 21.1 There are no background papers.



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

### **Terms of Reference**

#### **Audit and Risk Committee**

##### **1. Constitution and Remit**

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

##### **2. Authority**

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

##### **3. Membership**

- 3.1 The Committee will comprise of four members as follows:
- a. Two Independent Directors
  - b. One DC nominated Director
  - c. One Tenant Director.
- 3.2 The Chair of the Committee shall be appointed by the Board on the recommendation of the Board Chair.
- 3.3 Appointments to the Committee shall be for a period of one year and reviewed at the first Board meeting following the AGM.
- 3.4 The Lead Executive Director will be the Director of Corporate Services.
- 3.5 The Executive Support Officer will be the Secretary to the Committee.

**4. Quorum**

- 4.1 The Committee will be deemed to be quorate when three members are present, including one Independent Director.

**5. Meetings**

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

**6. Agendas and Minutes**

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

**7. Reporting**

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

**8. Responsibilities**

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

Reference 6 – Annual Company accounts

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



Reference 7 – Audits & Audit Reports

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

Reference 11 - Standing Orders and Financial Regulations

- i. Reviewing financial policies and recommending to Board.

Reference 14 - Probity – Code of Conduct

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

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

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

Reference 19 - Review policy changes

- m. Review policy changes.

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

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

**9. Access**

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

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD REPORT**

**Date** : 6 October 2022

**Item** : 9.2

**Subject** : Building Safety and Compliance Committee  
Annual Report

**Presented by** : Dave Wilkinson  
Chair of the Board

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

**Purpose** : To provide an annual overview of the  
activities undertaken by the Building Safety  
and Compliance Committee and give  
assurance to Board that the Committee has  
fulfilled its Terms of Reference.

### **Recommendation:**

That Board note the 2022 Building Safety and Compliance Committee Annual report and that Building Safety and Compliance Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

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

**Agenda Item No. 9.2  
Date: 06 October 2022**

## **1. Purpose of the Report**

- 1.1 To provide an annual overview of the activities undertaken by the Building Safety and Compliance Committee (BSC Committee) and give assurance to Board that the Committee has fulfilled its Terms of Reference, which are attached at Appendix A.

Committee are also asked to review the Terms of Reference to ensure it is still current and encompasses the remit of the Committee.

## **2. Recommendation**

- 2.1 That Board note the 2022 Building Safety and Compliance Committee Annual report and that Building Safety and Compliance Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

## **3. Introduction**

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

## **4. Meetings and Attendance**

- 4.1 The BSC Committee was formed in March 2021 and have met on three occasions since the Boards AGM in October 2021. The meetings were held on:
- 18 November 2021
  - 27 January 2022
  - 19 May 2022
- 4.2 The Terms of Reference for the BSC Committee is enclosed as Appendix A for Members to review and ensure it is still relevant and that the Committee has fulfilled its duty.
- 4.3 The Terms of Reference for the BSC Committee states that the Committee will comprise of at least four members as follows:
- The Chair of the Board
  - A representative of the Audit and Risk Committee
  - A representative of the Performance and Improvement Committee

- One DC nominated Director

Agreement was reached at the May committee meeting to add the Head of Building Safety to the membership.

4.4 The members of the Committee are as follows:

Dave Wilkinson	Board Chairman & Chair of Committee
Councillor Phil Cole	Council Member
Trevor Mason	Independent Member
Steve Lyons	Tenant Member
Daniel Boardman	Head of Building Safety

4.5 Attendance at the meetings has been as follows:

	18 Nov 21	27 Jan 22	19 May 22
Dave	✓	✓	✓
Phil	x	✓	✓
Trevor	✓	✓	x
Steve	✓	✓	✓

4.6 The Director of Property Services has been present at all meetings, together with the Head of Building Safety.

4.7 In August 2021, the Committee appointed a temporary Specialist Independent Advisor who has specific knowledge of compliance and offers advice to the Committee as required. The Independent Advisor has been present at all meetings.

## 5. Work of the Committee

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

- Health, Safety and Compliance update report
- Penningtons Health Check review
- British Safety Council Audit & ISO 45001 Audit
- Grenfell Tower Inquiry Phase 1 recommendations
- Health & Safety Strategy 2021 - 2025 – High Level Action Plan
- Future Vision of Building Safety & Compliance
- Milestone Plan – Fire Management Policy and Plan
- Fire Doors
- Milton Court
- Joint Safety Committee minutes
- High Rise Forum minutes
- Legal Register update
- Committee Annual report

5.2 The Committee has been quorate on the 3 occasions it has met since the previous annual report. The agenda and papers have all been circulated 7

days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

### 5.3 Remit of the Committee

At the first meeting in June 2021, members discussed the remit of the group with the Director of Property Services setting the scene and advising of the role of the Committee.

It was noted that the Committee has been formed for an initial 12 months, but this is likely to be extended.

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

#### Reference 19 – Approve policy changes

Committee have been asked to review and comment on the High Level Action Plan that compliments the Health & Safety Strategy 2021 – 2025.

Committee considered the 'recommendations – part V' of the Grenfell Tower Inquiry Phase 1, and noted the implications to SLHD with a detailed implementation plan to follow at a future meeting.

#### 8.2 – Compliance Assurance

The Committee receives at each meeting performance updates in relation to all areas of compliance including detail of how we manage statutory and regulatory compliance of the 'Big 6' health and safety compliance elements.

Committee has considered a Penningtons Healthcheck update, British Safety Council Audit and ISO 45001 Re-accreditation briefing note, Compliance Gap Analysis (from legal register) report, Fire Doors report.

Prior to each Committee meeting the Specialist Independent Advisor meets separately with members to provide independent scrutiny and advice in respect of compliance issues and to effectively analyse building safety performance.

### 5.5 Penningtons Healthcheck

The Building Safety and Compliance team have made good progress since the previous Compliance Health Check completed by Pennington's Consultancy Services in May 2021. There has been a focus on restructuring the Building and Compliance Safety Teams in order to ensure there is appropriate knowledge and resource to deliver property compliance effectively.

This has resulted in the employment of five 'subject matter experts' (SME) a new Building Safety Manager and team and a new Occupational Health

& Safety Manager within the Compliance Team. These SME's are managed by the Health, Safety and Compliance Service Manager, who in turn reports to the Head of Building Safety.

#### 5.6 British Safety Council Audit & ISO 45001 Audit Re-accreditation

The external audit could evidence that particular progress has been made in relation of asbestos and fire safety where it is evident that focussed effort has resulted in an improved and more robust approach to programme planning and delivery, and the management of follow up actions. A significant number of fire safety actions have been completed since May 2021.

#### 5.7 Grenfell Tower Inquiry Phase 1 recommendations

Members considered the 'recommendations – part V' of the inquiry and their implications for SLHD and Doncaster Council.

Members noted a detailed implementation plan relating to the recommendations proposed in Phase 1 and subsequent phases of the Grenfell Inquiry will be developed and presented to a future Committee meeting.

One of the recommendations within phase one of the Grenfell Inquiry was the installation of Wayfinder signage, the Building Regulations were amended in November 2020 to reflect the need to have this signage installed in all newly built and refurbished in scope buildings.

During the Grenfell tragedy the firefighters tackling the blaze were not familiar with the layout of the building and the floors within the building had changed use from commercial areas to residential areas this was not reflected in any of the signage which made navigating the building in low light levels with smoke field corridors more difficult for the rescue services and hindered the evacuation of trapped residents.

Currently the British Standard for Wayfinder signage has still to be released. However the requirements in the Building Regulations are very detailed, the Building Safety Team have been working with the author of the soon to be published British Standard for Wayfinder signage to design and install signage in the communal areas of Silverwood House. The new signage has been installed and has been received well by the fire service as the gold standard in Wayfinder signage. The plan is to replicate this in the remaining of the in scope buildings as part of future communal upgrade programs.

#### 5.8 Compliance Gap Analysis (from Legal Register)

Members noted the Health, Safety and Compliance team keep a legal register of legislation, which covers the activities undertaken by SLHD. Health and Safety legislation is released by the Health and Safety

Executive (HSE), in April and October each year.

At least annually or following the release of any legislation an accompanying gap analysis is undertaken by the Health & Safety team to confirm the presence of supporting documentation in the form of policies, procedures and working practices.

Committee reviewed the gap analysis and agreed that SLHD was working towards the recommendations and timescales for identified actions. The Specialist Independent Advisor acknowledged the significant and substantial piece of work carried out by the team.

#### 5.9 Health & Safety Strategy 2021 – High Level Action Plan

Members noted the high level action plan that complimented the Health and Safety Strategy approved by Board in August 2020. Committee were assured by the robust health & safety policies and procedures in place.

#### 5.10 Fire Doors

Members noted that a number of years ago a fire door register was produced however, today the register is not fit for purpose.

Recommendations contained within the report were to build a fire door register to comply with current legislation and carry out a replacement programme over the next 10 years which Committee endorsed.

#### 5.11 Milton Court – Site Visit

Committee were advised of a fire incident at Milton Court and scrutinised actions taken by SLHD to help give assurance that the incident has been dealt with appropriately.

Members requested a site visit to the buildings contained within the report to give better insight. The visit took place on 4 May 2022.

#### 5.12 Training Exercise – Shaftsbury House

In April 2022 the Building Safety Team and representatives from the Building Safety Committee facilitated a training exercise for operational crews from South Yorkshire Fire and Rescue Service at Shaftsbury House at Intake. The purpose of the event was to provide fire fighters with the opportunity to use and familiarise themselves with the equipment they would use in the event that there was a need to use it in a real scenario in one of the High Rise Residential Buildings (HRRBs). Staff from the South Yorkshire training teams who were present during the exercise said that these types of events are essential for operational crews to provide them with the competencies to undertake the roles in the event of a real case.

#### 5.13 Building Safety & Compliance Team

a. C365

The Compliance and Building Safety Team recognise the challenges related to data validation and appreciate the risks this creates when pulling together compliance data, particularly when they are having to manipulate and aggregate data from multiple sources to produce performance information at management and governance levels. Since the team creation significant time and resource that has so far been invested into the implementation of C365 and the progress that has been made is demonstrable within the service.

b. Client/Contractor Relationship

The Compliance Team are taking a more active role in the client/contractor relationship with the DLO, in order to ensure there is clear ownership of each programme and roles and responsibilities are assigned accordingly. The Compliance Team, are acting as the client, not taking information from the DLO and third party contractors at 'face value' ensuring delivery is subject to robust challenge and scrutiny, mistakes and potential instances of non-compliance are not being proactively identified and reported to internal committees and groups.

c. Regular attendance at BS&C Comiittee

Members of the team regularly attend committee meetings. During the May 2022 meeting the Building Safety Manager attended to introduce himself and give an overview of his role. Additionally, the Health, Safety & Compliance Service Manager shared her vision for the team and current priorities

It has also been agreed that all five Subject Matter Experts (SMEs) throughout the course of the year will join the meetings to provide an overview of their role and offer further assurance within their field of expertise. The Fire Safety Compliance Officer attended the May 2022 meeting.

5.14 Health and Safety Minutes

The Committee reviews the minutes from the Joint Safety Committee meeting and has received the following minutes since the previous annual report:

- 10 Nov 2021
- 19 Jan 2022
- 14 April 2022

The Committee also now reviews the minutes from the High Rise Forum meetings and has received the following minutes since the previous annual report:

- 27 Aug 2021
- 24 Nov 2021



- 23 Feb 2022

**6. Financial Implications**

6.1 Not applicable.

**7. Legal Implications**

7.1 Not applicable.

**8. Value for Money**

8.1 Not applicable.

**9. Consultation**

9.1 Not applicable.

**10. IT Implications**

10.1 Not applicable.

**11. Diversity**

11.1 Not applicable.

**12. Communications**

12.1 Not applicable.

**13. Environmental Impact**

13.1 Not applicable.

**14. Social Impact**

14.1 Not applicable.

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

15.1 Chris Margrave  
Director of Property Services  
01302 862709

**16. Background Papers/Appendices**

16.1 Appendix A – Committee Terms of reference



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

### **Terms of Reference**

**Date of approval**

**Date of review 12 months from approval**

### **Building Safety and Compliance Committee**

#### **1. Constitution and Remit**

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

#### **2. Authority**

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

#### **3. Membership**

- 3.1 The Committee will comprise of five members as follows:
- a. The Chair of the Board
  - b. A representative of the Audit and Risk Committee
  - c. A representative of the Performance and Improvement Committee
  - d. One DC nominated Director
  - e. The Head of Building Safety
- 3.2 One of the representatives of the two committees shall also be a tenant
- 3.3 The Chair of the Board shall be the Chair of the Committee.

- 3.4 Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.
- 3.5 The Lead Executive Director will be the Director of Property Services.
- 3.6 The provision of an Independent advisor to the board with specific knowledge of compliance shall also be in attendance.
- 3.7 The PA to the Director of Property Services will be the Secretary to the Committee.

#### **4. Quorum**

- 4.1 The Committee will be deemed to be quorate when three members are present.

#### **5. Meetings**

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

#### **6. Agendas and Minutes**

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

#### **7. Reporting**

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

#### **8. Responsibilities**

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

### Reference 19 - Approve policy changes

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

### 8.2 Compliance Assurance

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

# **ST LEGER HOMES OF DONCASTER LTD**

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Company Number 05564649

## **Board REPORT**

- Date** : 6 October 2022
- Item** : 9.3
- Subject** : Employment and People Committee  
Annual Report
- Presented by** : Dave Wilkinson  
Chair of the Board
- Prepared by** : Dave Richmond  
Chief Executive
- Purpose** : To provide an annual overview of the  
activities undertaken by the  
Employment & People Committee and  
give assurance to Board that the  
Committee has fulfilled its Terms of  
Reference.

### **Recommendation:**

That Board note the 2022 Employment and People Committee Annual Report and that Employment and People Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

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

**Agenda Item No. 9.3  
Date: 13 September 2022**

**1. Purpose of the Report**

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

**2. Recommendation**

- 2.1 That Board note the 2022 Employment & People Committee Annual Report and that Employment and People Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

**3. Introduction**

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

**4. Meetings and Attendance**

- 4.1 The E&P Committee met on four occasions since the Board AGM in October 2021. These meetings were held on:
- 3 November 2021
  - 8 February 2022
  - 17 May 2022

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

- 4.3 The Terms of Reference state that the Committee will comprise of at least four members as follows:
- The Chair of the Board
  - The Chief Executive
  - A representative of the Audit and Risk Committee
  - A representative of the Performance and Improvement Committee
  - One DC nominated Director

- 4.4 The members of the Committee are as follows:

Dave Wilkinson	Board Chairman & Chair of Committee
Dave Richmond	Chief Executive
Joe Blackham	Council Member
Susan Jones	Independent Member
Anthony French	Tenant Member

Due to temporary creation of the Building, Safety and Compliance Committee, and the time commitments this puts on current Board Members, a decision was made in 2021 whereby there would be no representative from P&I on this Committee. However due to Susan Jones' background and the skills and experience she brings to the organisation, Susan is a member of the Committee until the Committee structure is reviewed again in early 2023.

4.5 Attendance at the meetings has been as follows:

	3 Nov 21	8 Feb 22	17 May 22
Dave	✓	✓	✓
Joe	x	✓	✓
Susan	✓	✓	✓
Anthony	✓	✓	✓
Dave R	✓	✓	✓

4.6 The Head of Human Resources & Organisational Development has also been present at all of the meetings.

## 5. Work of the Committee

5.1 During the year the Committee meeting has considered a range of reports:-

- Apprentice Update – which provided detail of apprenticeship activity specifically providing detail of vacancies, recruitment and current numbers within the business.
- An update on progress on the delivery of a revised People Performance Management process.
- Received plans on how the organisation is working towards having a People Development Framework in place to support the needs of staff across the business.
- Received information about proposed questions for the staff pulse survey and received feedback from the outcomes as well as requesting actions from them.
- Received update on plans to hold colleague engagement/staff conference events.
- In 2022 Committee started to review key diversity information relating to employees and tenants on a quarterly basis.
- Received a report updating Committee on a range of conversations and options being considered relating to the organisations pay and benefits structure due to feedback from the workforce and from experiencing challenges in filling some of our vacancies.

- Review of Terms of Reference as part of developing this annual review for the Board.

5.2 The Committee was instrumental in initiating a review of the organisations' Culture with a full review taking place throughout 2022.

The Committee oversaw the work on the approach to Agile Working, including reviewing proposed changes and receiving feedback from consultation events. They also monitored the move from St Leger Court and St Leger House to Civic Building as part of the project.

Committee Members were also involved in the recruitment of an Independent Board Member Vacancy, which resulted in the re-appointment of Stuart Booth.

5.3 The Committee has been quorate on each of the 3 occasions it has met. The agenda and papers have all been circulated 7 days prior to the meeting and all minutes have been reported to the next Board meeting following the Committee.

5.4 Of the 7 specific responsibilities delegated to the Committee detailed within the Terms of Reference, they have only enacted on 2 of these delegations. These are in relation to:-

#### Reference 8 - Pay and Grading Review

Whilst there was no specific work relating to pay and grading, Committee received a report covering a range of conversations and options being considered relating to the organisations pay and benefits structure due to feedback from the workforce and from experiencing challenges in filling some of our vacancies.

#### Reference 19 – Approve Policy changes

Committee have received reports on Exit Payment Pensions Discretion and a Review of the revised People Performance Management Process.

There was no requirement for Committee to make any further delegated decisions under the Decision Making Framework set out in the Terms of Reference.

## **6. Key Messages/Issues**

### **6.1 Staff Surveys and Staff Conference**

A number of Staff Pulse Surveys continued to be conducted through 2021 and 2022. Employment and People Committee were updated on the outcomes of these pulse surveys along with the recommended actions that Executive Management Team had agreed as an outcome to them.

### **6.2 Pay and Benefits**

The organisation is currently reviewing its pay and benefits package as a result of both feedback from the workforce as well as looking to address a



number of recruitment issues whilst trying to fill some of our vacancies.

Employment and People were kept updated with discussions held with Union colleagues about this review.

- 6.3 The Committee received the following annual updates:
- Gender Pay Gap Report, prepared following an analysis of the gender pay figures for 2021.
  - The annual report detailing Exit payments and decisions made through the pension discretion policy.

## **7. Impact on Key Strategic Objectives**

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

## **8. Financial Implications**

- 8.1 Not applicable.

## **9. Legal Implications**

- 9.1 Not applicable.

## **10. Value for Money**

- 10.1 Not applicable.

## **11. Consultation**

- 11.1 Not applicable.

## **12. IT Implications**

- 12.1 Not applicable.

## **13. Diversity**

- 13.1 Whilst there are no direct implications for this report, Committee as well as Executive Management Team are aware that Board is not as diverse as it could be. Through the rest of 2022 and 2023, consideration will be given to ensure that our Board is reflective of the diverse communities we serve.

## **14. Communications**

- 14.1 Not applicable.

## **15. Environmental Impact**

15.1 Not applicable.

**16. Social Impact**

16.1 Not applicable.

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

17.1 Dave Richmond  
Chief Executive  
01302 862700

**18. Background Papers/Appendices**

18.1 Appendix A – Committee Terms of reference



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

### **Terms of Reference**

#### **Employment and People Committee**

##### **1. Constitution and Remit**

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

##### **2. Authority**

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

##### **3. Membership**

- 3.1 The Committee will comprise of at least four members as follows:
- a. The Chair of the Board
  - b. The Chief Executive
  - c. A representative of the Audit and Risk Committee
  - d. A representative of the Performance and Improvement Committee
  - e. One DC nominated Director
- 3.2 One of the representatives of the two committees shall also be a tenant
- 3.3 The Chair of the Board shall be the Chair of the Committee.
- 3.4 Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.

3.5 The Lead Executive Director will be the Chief Executive.

3.6 The PA to the Chief Executive will be the Secretary to the Committee.

#### **4. Quorum**

4.1 The Committee will be deemed to be quorate when three members are present.

#### **5. Meetings**

5.1 The Committee will meet on at least two occasions during a year with opportunities to meet informally with the Chief Executive when required.

5.2 The Committee may request other officers to attend meetings to assist with its discussions on any particular matter.

5.3 Board Members who are not members of the Committee shall have the right of attendance.

5.4 Meetings may be held by telephone or video conference if necessary.

#### **6. Agendas and Minutes**

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

#### **7. Reporting**

7.1 The minutes from each meeting will be presented for information at the next Board meeting.

7.2 The Committee will provide the Board with an Annual Report, timed to support the AGM, summarising its conclusions from the work it has done during the year.

#### **8. Responsibilities**

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

##### Reference 8 - Pay and Grading Review

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

Reference 13 - Management Agreement

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

Reference 14 - Probity – Code of Conduct

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

Reference 19 - Approve policy changes

- f. Implement all staffing related policies and agree major policy changes.
- g. Determine remuneration policies for the company, including relocation packages.
- h. Receive reports of Pensions Discretion Policy decisions and Flexible Retirement requests and outcomes for staff, and have the decision making role in respect of requests from the Leadership Team.
- i. Note any pensions related decisions in accordance with approved policies.

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

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

Reference 24 and 25 - Chief Exec recruitment and Directors recruitment

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

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

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

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD REPORT**

**Date** : 06 October 2022

**Item** : 9.4

**Subject** : Performance & Improvement  
Committee Annual Report

**Presented by** : Stuart Booth  
Chair of the Committee

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

**Purpose** : To provide an annual overview of the  
activities undertaken by the Performance &  
Improvement Committee and give  
assurance to Board that the Committee has  
fulfilled its Terms of Reference.

### **Recommendation :**

That Board note the 2022 Performance & Improvement Committee Annual Report, and that Performance and Improvement Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No: 9.4  
Date: 06 October 2022**

**1. Report Title**

1.1 Performance & Improvement Committee Annual Report

**2. Purpose**

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

**3. Recommendation**

3.1 That Board note the 2022 Performance & Improvement Committee Annual Report, and that Performance and Improvement Committee have reviewed the Terms of Reference and agree that they have been fulfilled.

**4. Introduction**

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

**5. Meetings and Attendance**

5.1 Since the Boards AGM in October 2021, the Committee has met on four occasions:

- 17 November 2021
- 3 March 2022
- 23 May 2022
- 15 September 2022

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

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

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

Steve Lyons	Tenant Member
Sam Bartle	Tenant Member
Stuart Booth	Independent Member (appointed as Chair from 19 May 2021 meeting)
Phil Cole	Council Member (appointed to P&I Committee from 1 September 2021)

5.4 Attendance at the meetings has been as follows:

	17 Nov 21	3 March 22	23 May 22	15 Sep 22
Steve Lyons	✓	✓	✓	✓
Sam Bartle	✓	✓	✓	✓
Stuart Booth	✓	x	✓	✓
Cllr Phil Cole	x	✓	✓	✓

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

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

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

## 6. Work of the Committee

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

- Tenancy Sustainability (including Universal Credit (UC))
- Tenant Voice Outcomes
- Transactional Surveys
- Customer Focus
- Anti-Social Behaviour
- Service Standards
- Quarterly Performance
- TRIP Report – Cleaning Service Standard
- Repairs Excellence
- Rise in Homelessness and Best Use of Stock
- Housing Ombudsman Spotlight on Damp and Mould
- TRIP Report – Anti-Social Behaviour

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



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

Reference 3 - Annual Development Plan

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

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

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

Reference 19 – Review significant policy changes

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

**7. Key Messages/Issues**

7.1 Repairs Excellence

In the 17 November 2021 meeting, Committee were briefed on the pursuit of Repairs Excellence which began with data analysis to try and understand non-productive time, which was then scrutinised to narrow down further issues of concern for management. This led towards a review of the relationship between responsive and scheduled repairs. Committee were pleased to be informed that the pilot for Repairs Excellence had gone well and that continuous communication with tenants yielded less wasted appointments which would mean less wasted operative time. Committee have been provided with an update on the Borough wide launch of Repairs Excellence on the planned date of June 13th 2022.

7.2 Rise in Homeless Presentations and Best Use of Stock

Following a presentation to Board in February 2022, Committee were tasked with challenging the best use of stock aspect of the presentation.

Committee were provided with a more detailed update and noted that further analysis was being carried out on why 17 out of 21 rough sleepers had refused accommodation when offered. Committee queried the usage of supported housing (hostels) and were advised the average length of stay was too long and the system was locked which was a real issue.

7.3 Tenant and Residents Panel (TRIP) – Cleaning Service Standard

Committee welcomed TRIP members who attended the 17 November 21 meeting. TRIP were advised that the report had been welcomed and it was noted that the extensive nature and recording of information showed how the service was failing. The Service Level Agreement (SLA) would be

scrutinised prior to renewal. An action plan was developed following the meeting to ensure all recommendations were reviewed. TRIP were invited to a series of meetings where officers who had been assigned to the individual issues provided an update.

7.4 Housing Ombudsman Spotlight Report on Damp and Mould

Committee were concerned to note the health implications resulting from damp and mould were almost as badly serious as gas issues. The impact of the financial crises were highly likely that tenants could not afford to heat their properties therefore they were more likely to close even trickle vents and fans in kitchens/bathrooms which would further contain moisture. In response to Committee's concerns reassurance was provided that teams were already working on this to signpost tenants to get support to heat their properties and vent appropriately. Committee requested further updates and it was confirmed an update would be provided in conjunction with Repairs Excellence updates.

7.5 Quarterly Performance

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

7.6 TRIP Report – Anti-Social Behaviour (ASB)

TRIP attended the September Committee to provide an update on their review of how the organisation handles complaints of ASB from the perspective of victims and alleged perpetrators. Following an in depth review with both tenants and staff, TRIP made a total of 21 recommendations, of which 17 actions were agreed to be taken forward and TRIP would be updated on progress throughout the next 12 months. TRIP members were thanked for their attention to detail with such a thorough report.

7.7 This report has highlighted a few key items brought to the Committee this past year. The Committee has also reviewed income management recovery and anti-social behaviour, and transactional surveys.

**8. Financial Implications**

8.1 Not Applicable.

**9. Legal Implications**

9.1 Not Applicable.

**10. Value for Money**

10.1 Not Applicable.

**11. Consultation**

11.1 Not Applicable.

**12. IT Implications**

12.1 Not Applicable.

**13. Diversity**

13.1 Not Applicable.

**14. Communications**

14.1 Not Applicable

**15. Environmental Impact**

15.1 Not Applicable

**16. Social Impact**

16.1 Not Applicable

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

17.1 Chris Margrave  
Director of Property Services  
[Chris.margrave@stlegerhomes.co.uk](mailto:Chris.margrave@stlegerhomes.co.uk)  
01302 862709

**18. Background Papers / Appendices**

18.1 Appendix A – Committee Terms of Reference



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

### **Terms of Reference**

#### **Performance and Improvement Committee**

##### **1. Constitution and Remit**

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

##### **2. Authority**

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

##### **3. Membership**

- 3.1 The Committee will comprise of four members as follows:
- a. Two Tenant Directors
  - b. One DC nominated Director
  - c. One Independent Director.
- 3.2 The Chair of the Committee shall be appointed by the Board on the recommendation of the Board Chair.
- 3.3 Appointments to the Committee shall be for a period of one year and reviewed at the first Board meeting following the AGM.
- 3.4 The Lead Executive Director will be the Director of Housing Services.
- 3.5 The Executive Support Officer will be the Secretary to the Committee.

#### **4. Quorum**

- 4.1 The Committee will be deemed to be quorate when three members are present, including one Tenant Director.

#### **5. Meetings**

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

#### **6. Agendas and Minutes**

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

#### **7. Reporting**

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

#### **8. Responsibilities**

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

##### Reference 3 - Annual Development Plan

- a. Keep under review the Company's performance in all key areas of service delivery.
- b. Make recommendations on areas for improvement and monitor performance and service improvement.
- c. Ensure that customer feed-back including complaints and compliments are handled expeditiously and that they are taken into account to inform future service delivery.
- d. Monitor service delivery standards and ensure that findings are used to promote continuous service improvement.

- e. Draw to the Board's attention major service failures and agreed action plans.
- f. Oversee the conduct of regular customer surveys and draw the Board's attention to adverse trends.
- g. Receive reports from the Tenant Scrutiny Panel and agree and monitor action plans arising from those reports.
- h. Keep under review service quality assurance procedures and systems to ensure that that these reflect best practice.

Reference 19 – Review significant policy changes

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

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

**15 September 2022**

**Present**

Stuart Booth (SB) (Chair), Sam Bartle (SMa), Steve Lyons (SL), Phil Cole (PC)

**In Attendance**

Mark McEgan (MMc) Director of Housing and Customer Services, Chris Margrave, Director of Property Services, (CM), Jen Daly (JDy), Acting Head of Housing Services, Jackie Linacre (JL), Head of Customer Services, Anne Tighe (minutes)

**Also in attendance from TRIP**

Rodger Haldenby (RH) and Maureen Tennison (MT)

- |  | <b>ACTION</b> |
|--|---------------|
| <b>1. Apologies and Quorum</b>   |               |
| 1.1 No apologies were received and the meeting noted as quorate.   |               |
| <b>2. Declarations of Interest by Committee Members</b>  |               |
| 2.1 No declarations of interest were received.   |               |
| <b>3. Minutes of the meeting held on 23 May 2022 and matters arising</b>   |               |
| 3.1 The minutes of the meeting held on 23 <sup>rd</sup> May 2022 were agreed as an accurate reflection of discussions held.  |               |
| 3.2 <b>Item 4.3 – Performance Information</b><br>SL confirmed he had received analysis figures for void relets reasons for refusals.   |               |
| 3.3 <b>Item 9.3 – Anti-Social Behaviour (ASB)</b><br>MMc reported ARayner was looking into publicising SLHD's work around ASB.   |               |
| <b>4. TRIP-ASB Report</b>  |               |
| 4.1 RH and MT were welcomed to the meeting. They explained the background, and reasons for choosing to review ASB, was the recent STAR Survey results which showed that tenants satisfaction with their neighbourhood as a place to live had declined since 2020, with an overall satisfaction of 79%; and that of the respondents who reported ASB, 42% were dissatisfied with the outcome. |               |

- 4.2 TRIPs scoping document was to:
- Identify areas for improvement and further review
  - Make recommendations on ways to measure and evaluate the responses to reports of ASB
  - Make recommendations of how and when to gather customer feedback on the management of ASB
- 4.3 RH and MT expressed disappointment that the Appendices referred to in the covering report had not been supplied to the members of the Committee, and made reference to them in their presentation.
- 4.4 The detail around how the review was undertaken was provided, and RH and MT assured members that the group wanted to get the reporting and responses of cases of ASB right to ensure that tenants were provided with an improved service. They distributed 3 paper annexes that they felt could provide clarity around ASB for tenants. *Post meeting note: these were scanned and emailed to members.*
- 4.5 MMc thanked members of TRIP for the time and effort in producing such a comprehensive report, particularly during the time that members of TRIP had health issues. He pointed out that a great deal of learning was gained from looking at things through a customer lens. The 17 recommendations that were in the process of being reviewed were with named officers. All of the Policies and Strategies used throughout the process all needed to be revisited and MMc assured RH and MT that the organisation were aware of this and there were plans in place to address these.
- 4.6 RH and MT were pleased to note that the report was being taken seriously and emphasised the need to inform tenants of what was and wasn't deemed ASB, particularly on the website, in simple language. MMc agreed that the current website was not fit for purpose and the re-procurement for a new website was to be progressed. It was hoped that it would be user friendly and a portal provided to allow tenants to report repairs and make complaints.
- 4.7 The Chair and members thanked TRIP for their robust, well rounded piece of work which would give officers a good platform to build on and improve services for tenants. RH and MT left the meeting.

## **5. Customer Feedback Quarter 1**

- 5.1 JL led on the Customer Feedback presentation and asked if members had any questions.
- 5.2 The Chair commended officers for a comprehensive report, and queried if it would be possible to carry out a 'deep dive' in



Customer Access Team/Tenancy Support Team/Estate Management Team to look at complaints, how they are handled and if the improvements put in place were working.

5.3 JL confirmed that CAT had already been asked for analysis around how they have improved services, and she was sure that colleagues in Tenancy Support and Estate Management would do the same and analyse what was taking place. JDy to confirm this. JDy

5.4 Following a brief discussion around complaints the Chair asked if a briefing note around complaints could be provided. CM and JL agreed to discuss outside the meeting 'how do we get to a point of upholding a complaint' and concentrate on that for a briefing. CM/JL

5.5 Members expressed concern over the reference to the Ombudsman's opinion that there had been a national increase in complaints; they stressed that SLHD as an organisation should not be complacent, and should be responding promptly to complaints and continue to analyse, learn and improve services for tenants. JL agreed that managers did drill down with complaints and put improvements plans in place following any learning opportunities. JL concluded that although the national picture was increased complaints, SLHD's complaints were reducing.

## **6. Service Standards**

6.1 JL presented the Service Standards report and asked members to note that:

- Appointments made and kept were not in target
- Repair first time were not in target
- Answer calls within 20 seconds – although not in target performance was much improved

6.2 Members were assured that managers would be taking action over the next few months to address performance.

## **7. Repairs Excellence Update**

7.1 CM led on the presentation for Repairs Excellence and asked for any queries.

7.2 Members stated they understood that staff were not having wasted journeys and they hoped that this improved both staff and tenant's satisfaction; however, they would like to see improved productivity levels in the updates. It was noted, however, that the first visit complete was well onto target also.

7.3 CM explained that managers were planning to apply a performance framework around the issue, and this would take place in Phase 2 of Repairs Excellence. He agreed that while staff were not having to travel to an appointment that couldn't be

kept, they would then be drawing down another job which should increase productivity levels. In Phase 2 the methodology would be:

- In 1-1's and other communications be clear that this was expected
- Upgrade systems to get really effective information around less travel time and increased productivity – systems currently were unable to drill down on this
- Ensure 'the right person with the right tools is at the next job'
- Complaints reducing significantly – at present complaints were reducing slowly

7.4 The Chair thanked officers for the presentation and commented that 'cost avoidance' rather than savings would be better language to use going forward.

CM

## **8. Transactional Surveys**

8.1 JL provided an update around Transactional Surveys and reported overall satisfaction of 84.93% was slightly lower than the 2021/22 figures and managers were already discussing these issues. Although complaints figures had reduced, the complaints team were working with colleagues to further address issues.

8.2 Members referred to the 3 main areas for improvement and stated they were trying to understand the components; members were not assured about the next steps and whether the steps taken would address the issues. The 3 main areas seemed to have been constant for quite some time and this may be an issue that Board may need to concentrate on.

8.3 JL agreed there were a lot of factors and staff attitudes, it was important to think how managers could improve the customers experience and this needed to be constantly reinforced with staff.

8.4 Members expressed concern that sample sizes were very small; if it was so small you couldn't get really meaningful data from them. JL agreed it was a low sample size and explained that transactional surveys were carried out twice a year, however STAR surveys were completed annually which contacted 1,000 tenants. Managers were also looking to make more use of Voicescape to get more feedback, not just for repairs but to capture more data around customer satisfaction.

## **9. Communications Strategy Update**

9.1 JL presented the Community Strategy Update and reported that all nine actions in Year 1 were either completed or still on track to be completed by their anticipated completion date.

9.2 Members noted the risk of the delay in appointment of the new Engagement and Communications Service Manager. It was suggested that once the role was filled, the Manager could come to the Committee to give a view on the Strategy and how we need to improve communications.

**10. Performance information**

10.1 MMc highlighted the B&B Key Performance Indicator (KPI) and advised that the figure had reduced slightly from 76 to 60, however was still high as target of 45 was not reached. A presentation had been given around 'Journey to Excellence' at the August Board which not all Board Members had been able to attend; it was planned to hold separate sessions for Members to be updated.

10.2 The organisation has been working closely with the Council to try and address the sheer numbers presenting as homeless. A number of grants had been applied for and used to successfully recruit 28 new members of staff and they were currently progressing through the induction process. The staff were temporary and they were addressing the current backlog and teams could then work more closely on prevention.

10.3 The number of complaints were reducing however the focus was on the number that were being upheld as previously discussed in the Committee.

10.4 Tenancy support had been really successful in the last 6 years, however tenants were going to face huge challenges due to the cost of living crisis. Members were assured that the tenancy support team would be looking very closely at different ways of working going forward.

10.5 CM reported that the figure of 33.5 in number of days to re-let void properties was an improving picture and continued to improve. Currently there were only 102 voids within the system, which was a fantastic achievement. And one really pleasing statistic was that void rent loss was also starting to decrease. He asked members to note that some voids had systematic issues, such as a higher number of environmental clears, which were incredibly expensive to remedy.

10.6 CM was pleased to report that gas servicing was currently on 99.94% and the programme was due to finish at the end of October; only 11 properties were with the legal team to gain access.

10.7 With reference to the days lost so sickness, as an organisation managers were looking at short terms triggers and were working with HR colleagues to address issues.

10.8 Members agreed that overall performance was good, however staff needed to be mindful that the cost of living crisis over the winter and going forward would be hugely challenging.

## 11. Tenant Voice Update

11.1 JDy presented the Tenant Voice Update and members were pleased to note the increase from 144 to 153 members of the Get Involved Group (GIG) since the report was written.

11.2 The final meeting with Tpas was now 27 September 2022 and it was anticipated that the Tpas advisor could provide the outcome of Tpas accreditation in October 2022.

11.3 Members asked that their congratulations be passed to the team which had improved the GIG membership.

## 12. Consumer Standards

12.1 MMc presented the Consumer Standards Report and referred members to the self-assessment document. He provided assurance to members that although we have identified some additional work that we want to do to provide continuous improvement, the organisation was fully compliant with the current Consumer Standards.

12.2 Members noted that the Governance Service Manager post had now been filled and suggested that it would be beneficial for her to attend the February Performance and Improvement Committee to brief members on her 6 month role in office. MMc advised he would check if it would be more appropriate for the Manager to attend Board or Audit Committee. *Post meeting notes, MMc confirmed this would be a duplication therefore members will find out through Board.*

MMc

## 13. Committee Annual report

13.1 Members considered the draft Performance and Improvement Committee report and requested that the TRIP ASB Report summary was included before submitting to Board.

AT

13.2 The Chair suggested that for the 2023 Report it would be helpful to more of a focus on the impact and outcomes from the Committee.

MMc/AT

## 14. Any Other Business

14.1 No other business was raised.

## 15. Date and time of next meeting

15.1 17 November 2022 – 3-5pm – Hybrid Meeting