

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

**To be held at 2:00pm on Wednesday 31 March 2021
Via MS Teams**

AGENDA

- | | | | |
|----------|---|---------------------------|-----------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3 | Minutes of the meeting held on 27 January and matters arising | | Enclosed |
| 4 | Chief Executive and Chair update | D Richmond
D Wilkinson | |

Policy and Strategy Items

- | | | | |
|----------|---|--------------|-----------------|
| 5 | Equality, Diversity and Inclusion annual report 2019/20 | S Waddington | Enclosed |
| 6 | Impact of Building Safety Bill and Other Legislation | C Margrave | Enclosed |
| 7 | Realignment of the Asset Management Service Area | C Margrave | Enclosed |

Financial and Performance

- | | | | |
|-----------|---|---------------------------------------|-----------------|
| 8 | 21/22 Annual Development Plan and KPI's | J Crook | Enclosed |
| 9 | 21/22 Strategic Risk Register | J Crook | Enclosed |
| 10 | 21/22 Budget Approval | J Crook | Enclosed |
| 11 | 20/21 KPI Performance | J Crook
C Margrave
S Waddington | Enclosed |

For Information

- | | | | |
|-----------|--|--------------|-----------------|
| 12 | Customer Service Excellence Accreditation | S Waddington | Enclosed |
| 13 | Committee Minutes for Noting | | Enclosed |
| | <ul style="list-style-type: none">• Employment & People• Performance & Improvement• Audit & Risk | | |
| 14 | <i>Date of next meeting</i>
26 May 2021 at 2:00pm | | |

St. Leger Homes of Doncaster Limited
BOARD MEETING
Remote via Microsoft Teams

27 January 2021

Present:

Dave Wilkinson (Chair), Dave Richmond (Chief Executive), Steve Lyons, Anthony French, Sam Bartle, R. Allan Jones, Paul Wray, Joe Blackham, Trevor Mason, Susan Jones, Stuart Booth.

Also In Attendance

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

Members of the public

Betty Clayton, Brenda Lennon.

1 Apologies and Quorum

1.1 No apologies were received.

1.2 The meeting was quorate.

2 Declarations of Interest by Board Members

2.1 There were no declarations of interest.

3 Minutes of the meeting held on 25 November 2021 and matters arising

3.1 From agenda item 4.7 Pulse Survey - Chair and Chief Executive update

The Director of Corporate Services advised of the numbers of staff that had raised issues within the free text box; 6 respondents around frustration with ICT and 18 respondents around management.

3.2 From Agenda Item 4.8 - Covid-19 Staff wearing face coverings

The Chief Executive advised that staff had been reminded of the mandatory requirement to wear face coverings when entering tenanted properties. A communication has been cascaded to staff as well as tenants.

3.3 From Agenda Item 4.9 - Scaffolding Services

The Director of Property Services explained he had experience of carrying out a review of the scaffolding services in a previous role within the sector to determine if there were any financial opportunities.

Both 'partnering' (part share) and 'out-right purchase' were considered, neither of which were financially viable. This was due to a number of factors such as: significant insurance costs, costs associated with the purchase and storage of scaffolding, employee costs and continuity of work for employees.

3.4 **From Agenda Item 6.4 - Housing Ombudsman's Code for handling complaints**

The Director of Housing and Customer Services confirmed that the action plan was being scheduled to be presented to Performance & Improvement Committee.

From Agenda Item 6.5 – Housing Ombudsman's Code for handling Complaints

The Director of Housing and Customer Services confirmed that the words 'At Least' had been added to the proposed new standard '95% satisfied with the condition of our new home.'

3.5 **From Agenda Item 7.4 - Value for Money Statement**

The Director of Corporate Services confirmed Doncaster Council have asked for some additional information, the finalised version will be uploaded to the website.

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

4.1 Doncaster Housing Strategy

Members noted on 12 January, Doncaster Council Cabinet agreed the Doncaster Housing Strategy update 2020-25 and link to access the full strategy provided in the report.

4.2 Partnership working (Partnership Improvement Board)

Members noted following a self-assessment undertaken by Doncaster Children's Service Trust in conjunction with Doncaster Council at the end of 2020, it was agreed that a Partnership Improvement Board (DPIB) should be established.

The Chief Executive highlighted the purpose of the board detailed in the report as well as the terms of reference at appendix 1.

4.3 New Director of Property Services

The Chief Executive advised that Chris Margrave new Director of Property Services had joined the company on 4 January 2021.

The Director of Property Services introduced himself to Board explaining he was a property services professional having significant experience of Health, Safety and Compliance within the housing sector.

The Chair and Board welcomed the new Director of Property Services.

4.4 Compliance, Asbestos

The Chief Executive advised that Mark Johnson has been asked to stay with the company for a little longer. He has undertaken a rapid review of SLHD regulatory compliance and identified areas for improvement around asbestos. As a result, the company was seeking specialist advice from Pennington Choices.

4.5 Government Regulation – (Building Safety Bill, Fire Safety Bill, Social Housing White Paper)

The Chief Executive explained there are currently three different housing sector bills and papers at different stages of the legislative process. Doncaster Council has established a Building Safety Group under the chairmanship of Cllr Glyn Jones. Conversations are being held with Doncaster Council as to the local interpretation of the proposed legislative changes.

It was noted that Mark Johnson has drafted a report that is being taking to the group. Hopefully, an agreement can then be reached as to how these changes are moved forward.

4.6 Governance

The Chief Executive explained Councillor Jane Nightingale had stepped down from her position on board earlier in the month. He welcomed Councillor Paul Wray as her replacement until May 2021.

Members noted the Chair of Performance & Improvement was currently being considered and members would be advised in due course.

4.7 SLHD Recognition – Awards – Doncaster Chamber

Members were asked to contact Leandra Graham-Hibling should they wish to attend the virtual event.

4.8 Procurement

Members noted current activity contained within appendix 2.

4.9 A discussion took place regarding the Free Press article initiated by SLHD staff raising concerns about carrying out repairs in tenanted properties. It was noted current working practices were in line with public health guidance with the vast majority of the industry doing the same.

Following discussions it was agreed that a regular media round up would be useful to share with Board so they were aware of current press releases. This was particularly useful for those members not residing in

**Board
Members**

SW

the borough. A summary of the press release with a link to the full article was requested.

Additionally, the recent Balby Bridge Free Press article with the company's response to be circulated to board members prior to the Board Strategic Planning session planned in February 2021.

SW

- 4.10 **Board Members noted the report and to confirm if they wished to attend the Doncaster Chamber virtual awards evening.**

5. Annual Development Plan – Current Year

- 5.1 The Director of Corporate Services advised the plan had been updated to reflect the current situation. The rating awarded to each action was based on the achievement of the deadline and not the size of the task and/or the risk to the business.

Referring to point 2.2 of the report the Chair suggested the inclusion of a strategic objective around 'neighbourhoods'.

JC

- 5.2 A member drew attention to the two red ratings around Health, Safety and Compliance. He highlighted the issue of not being able to recruit to 3 vacancies and asked what the risk was to the company? He also added of the 7 actions considered late or at risk, do they need to be given priority?

The Chief Executive said the posts do present a risk, they are expansion posts and have been extremely difficult to recruit to. Following three unsuccessful attempts to recruit externally, we are now considering internal recruitment. There is the potential to recruit internal staff who have a passion in this field, are part-qualified and have the desire to train further.

- 5.3 The Director of Property Services confirmed additionally to mitigate any risk he was reviewing the team structure to align with quickly emerging legislation. He reinforced the social housing white paper makes it clear we need to be ready for inspection.

- 5.4 Another member suggested considering Health and Safety professionals from out-side the housing sector that could be re-trained, such as the retail sector.

- 5.5 **Board noted the updated Annual Development Plan.**

6. Annual Development Plan and draft KPI's – Year Ahead

- 6.1 The Director of Corporate Services reminded members that the proposed Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2021/22 have been prepared following extensive review and discussion by the Senior Management Team (SMT), Leadership and at the Board's strategic away day.

- 6.2 Consultation with the Council is being undertaken and, once received, the final versions will be submitted for approval by the Board in March 2021.

She said the KPI targets are similar to last year, and highlighted the change in the way the gas servicing KPI was now reported. For a number of years the company had been measuring a successful visit as green regardless of whether staff entered the property or not. This has now changed.

- 6.3 Referring to the KPIs a member queried should there be more reflection around health, safety & compliance i.e. outstanding FRA actions to make sure we prioritise as quickly as possible?

The Director of Property Services agreed and these will be included in the regular health & safety update. The use of infographics was suggested by the same member.

CM

- 6.4 Another member welcomed the shorter revised Annual Development Plan. He paid reference to KPI 12 '% of local expenditure' where the target was 70%, whilst he agreed with stretching targets - in this particular case he thought it may be unrealistic.

The Director of Corporate Services advised that KPI 12 is the only KPI that is in the company's Management Agreement and is set the same as Doncaster Council.

- 6.5 **Board noted the proposed ADP and KPIs for 2021/22.**

7. Strategic Risk Register

- 7.1 Referring to point 2.6 of the report the Director of Corporate Services advised that following a recent review of our risks with Leadership there are a number of changes to note.

- New – 'Failure to develop, maintain and optimise use of ICT systems'. The Covid19 pandemic and requirement to work from home has highlighted the reliance on the ICT infrastructure and a separate risk has been added.
- Removed – 'Failure to effectively manage the impact of Welfare Reform'. SLHD has managed Welfare Reform very effectively since 2017 and the requirements are now considered business as usual.
- Combined – 'Failure to recruit, develop and retain a skilled, efficient and effective workforce' is now a combination of the two previously separate risks around 'recruitment/retention of' and 'operate an efficient /effective' workforce;
- Expanded – 'Failure to effectively govern and manage in an increasingly regulated and uncertain economic climate' has been expanded to reflect the increasing focus on customers and regulation through the Social Housing White Paper.

- 7.2 A member asked if the company used any materials from the European Union (EU) and if so, had it experienced any cost increases?

The Director of Property Services advised he was not aware of any increases specific to the company. However, across the sector certain electronic parts had seen increases as well as timber and plaster. This was being kept under review.

- 7.3 Another member highlighted that the residual risk was still high for:
- risk 6 'manage all issues surrounding high risk residential accommodation and any emerging new requirements (HRRBs)' *and*
 - risk 7 'manage corporate health, safety and compliance risks'

commenting are we doing enough to mitigate these risks. The Director of Property Services will review these risks.

CM

- 7.4 **Board noted the updated Strategic Risk Register.**

8. **Fire Management Policy and Fire Management Plan**

- 8.1 The Director of Property Services explained the newly developed Fire Safety Policy sets out the company's responsibilities in relation to fire safety and the key objectives it will adopt in order to meet these obligations.

He went onto say the newly developed Fire Management Plan, a more operational document sets out the specific detail of how the company will deliver the objectives outlined in the Fire Safety Policy.

- 8.2 Members noted that the document had been reviewed at Performance and Improvement Committee in November 2020.

- 8.3 He highlighted some of the approaches in the plan are aspirational and a review of resources is taking place. He said we need to ensure we have sufficient funds due to emerging legislation and the need to respond quickly. Fines for non-compliance is a further consideration.

The Director of Corporate Services confirmed there is £5m available over the next 5 years in the capital budget programme for fire safety improvement works. £2.2m has been allocated to next financial year.

- 8.4 The Chair commented it was a well written report.

A member raised that it would be useful to have a milestone plan that included timeframes. Board members can then be assured the company is achieving what it says it is.

CM

- 8.5 Another member enquired what other mechanisms are available to give Board members assurance?

The Chief Executive advised there is a range of mechanisms both internally and externally that include: the British Safety Council, ISO45001, South Yorkshire Fire & Rescue etc

It was noted next on the agenda was the Health, Safety & Compliance report that detailed current performance in these areas too.

- 8.6 **Board approved the Fire Management Policy and Fire Management Plan.**

9. **Health Safety & Performance update**

- 9.1 The Director of Property Services drew member's attention to the Fire Risk Assessment outstanding actions at appendix 1 of the report. He explained there is a plan in place to address the actions and the team continue to work hard to reduce the numbers. However, he reminded members new additional FRA actions are constantly being received.
- 9.2 He further explained the company was currently experiencing sector pressures when trying to procure certain items such as fire doors. He said unfortunately, there are limited companies that are supplying compliant door sets that St Leger Homes was working to overcome.
- 9.3 He advised the electrical testing programme was suspended during March 2020 due to Covid-19 and has not resumed. He said we are considering when to start the programme again, but that it is largely dependent on Covid-19 infection rates. It was noted this was not having a negative impact on performance, which was a head of target.

He advised South Yorkshire Fire and Rescue are auditing all tall buildings that will fall in scope of the upcoming Building Safety Bill. The company have provided them with specifically requested building safety information. At the end of December they had carried out audits of all blocks. Findings of the audits will be shared at the next Board meeting in March 2021.

The Director of Property Services highlighted a full review of asbestos management has been commissioned to be carried out by Pennington Choices; this will provide extra assurances to stakeholders. This will include a review of data integrity and operational processes in place.

He commented that design work is on-going for the compliance module as part of TOP IT implementation - phase 2.

- 9.4 Referring to point 6 of the report a member asked in relation to the 72 employees within the organisation that have had a positive Covid-19 test. What percentage of the workforce did this reflect?

It was noted approximately 9%.

- 9.5 **Board noted the contents of the report alongside current performance in relation to health, safety and compliance as detailed at appendix 1.**

10. Key Performance Information

- 10.1 The Director of Corporate Services highlighted where possible we have tried to report the impact of Covid-19 throughout the document.

She added the current position was similar to that seen throughout the year.

- 10.2 No questions were raised.

- 10.3 **Board noted the Q3 31 December 2020 (period 9) KPI dashboard and related commentary.**

CM

11. Revenue Monitoring Q3

11.1 The Director of Corporate Services said she was pleased to advise at Q3, a small overall surplus for the year of £3k is now being projected. This comprises of a surplus on Housing Revenue Account (HRA) operations of £350k and a deficit of £347k on Housing Options activities which are funded from the General Fund.

She said the largest variance was seen in staffing costs as a result of vacant posts (currently 57.4) reminding members of the restrictions on recruitment in Q1 and the difficulties recruiting to specific posts across the organisation.

11.2 The Chair acknowledged the current position and asked the Director of Corporate Services to pass on his thanks to staff.

JC

11.3 A member queried if the company was actively trying to recruit to the vacant posts?

It was noted all vacancies were being actively recruited to, recruitment was carried out using an on-line HR portal. Members also noted a small number of vacancies were held due to apprentices coming out of their time.

11.4 **Board noted the Revenue Monitoring report as at 31 December 2020 and the projected outturn for the financial year 2020/21.**

12. Capital Monitoring Q3

12.1 The Director of Corporate Services advised the reported projections at Q3 show the planned, in-year spend on the Housing Capital Programme would be £20.52m, an under-spend to budget of £1.67m.

She advised there has been slippage due to the time taken to appoint an external contractor for works. However, the work that was being delivered by the companies own workforce was in a good position.

12.2 No questions were raised.

12.3 **Board acknowledged the Capital Monitoring report and the projected outturn for the financial year 2020/21.**

13. Committee Minutes for Noting

13.1 Performance & Improvement Committee

Members noted the minutes.

13.2 Employment & People Committee

Members noted the minutes.

Date and Time of Next Meeting: Weds 27 March 2021, 2pm

The meeting ended at 16:10hrs.

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 31 March 2021

Item : 04

Subject : Chief Executive and Chair's Update

Presented by : Dave Richmond, Chief Executive

Prepared by : Dave Richmond, Chief Executive

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

Recommendation:

That Board;

1. Discuss and agree the revisions to the board subcommittee structure as contained in section 7 including:-
 - 1.1 Agree to the formation of a new committee dedicated to Building Safety and Compliance as described in paragraph 7.3.
 - 1.2 Agree the proposed changes to the terms of reference for the Employment and People Committee and the proposed new terms of reference for the Building Safety and Compliance Committee as described in paragraph 7.5.
 - 1.3 Agree, on the recommendation of the Chair of the Board, to appoint Stuart Booth to the role of chair of Performance & Improvement Committee as described in paragraph 7.1.
 - 1.4 Agree to the changes in membership of the committees, as described paragraph 7.5
2. Agree to procure specialist technical advice in building safety matters for the benefit of the board and appropriate subcommittee as described in paragraph 7.4
3. Agree to hold an strategic (half) day in September focussing on neighbourhood and environmental standards as described in paragraph 8.3

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No. 04
Date: 31 March 2021**

1. Report Title

1.1 Chief Executive and Chair Update Report

2. Executive Summary

2.1 This report updates Board Members on the key issues that have arisen over recent weeks.

3. Purpose

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

4. Recommendations

4.1 That Board;

1. Discuss and agree the revisions to the board committee structure as contained in section 7 including
 - Agree to the formation of a new committee dedicated to Building Safety and Compliance as described in paragraph 7.3.
 - Agree the proposed changes to the terms of reference for the Employment and People Committee and the proposed new terms of reference for the Building Safety and Compliance Committee as described in paragraph 7.5.
 - Agree, on the recommendation of the Chair of the Board, to appoint Stuart Booth to the role of chair of Performance & Improvement Committee as described in paragraph 7.1.
 - Agree to the changes in membership of the committees, as described paragraph 7.5
2. Agree to procure specialist technical advice in building safety matters for the benefit of the board and appropriate committee as described in paragraph 7.4
3. Agree to hold a strategic (half) day in September focussing on neighbourhood and environmental standards as described in paragraph 8.3

5. Covid 19 Update

5.1 The Government published its 'road map out of lockdown' on the 22nd February 2021. As part of the roadmap, there are a series of dates which allow domestic and business situations gradually to return to more normal ways of operating. This easing of lockdown is subject to four key tests:

- The vaccine deployment programme continues successfully;
- Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated;
- Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS;
- Our assessment of the risks is not fundamentally changed by new Variants of Concern.

We have recently formulated a SLHD road map, however due to specific conditions that apply there are currently no plans to alter operations prior to May 17th. The road map will be available to the Board as part of the Agile discussion which precedes the formal board meeting.

5.2 TRIP has undertaken a well researched review of the SLHD approach to the covid pandemic during the first stages and this was presented to the last Performance & Improvement Committee. As part of the extensive work of the group, TRIP sought to benchmark SLHD's approach to that of other social landlords receiving information from 8 other organisations/landlords. The report's primary observations relate to communication; the database of tenant contact details is not always up to date and TRIP recommended that in communicating with customers we should not rely on digital and social media communication for important issues such as major service disruption. This recommendation is accepted and during the most recent lockdown all tenants were written to.

This report and scope document are attached as appendix A and B for information.

6. Operational Issues

6.1 Fire Safety

South Yorkshire Fire and Rescue Service (SYFRS), as part of a South Yorkshire wide inspection programme of tall buildings, inspected all nine of the Doncaster high rise blocks between August and December 2020. The inspections were carried out jointly with St Leger Homes staff. Colleagues from Doncaster Council were also present at some of the inspection visits.

A total of 89 formal actions were identified during the inspection visits across all nine buildings. A number of the actions identified are duplicated across multiple buildings, for example, there are nine recommendations in total (one for each block), advising that all actions arising from the previous Fire Risk Assessments should be completed, and some actions duplicate ongoing

matters raised as part of those Fire Risk Assessments.

In addition to the formally recorded actions, 68 informal/operational actions were also identified verbally. Whilst these do not form part of the formal feedback from SYFRS, these actions will still be followed up by St Leger Homes.

St Leger Homes have already completed 33 actions with the remainder scheduled into existing plans for completion.

St Leger Homes will, by the end of April 2021, respond formally to SYFRS to provide an update against each of the formal actions.

6.2 Health and Safety Accreditation

SLHD has been subject to a recent Health and Safety Audit conducted by an independent assessor working on behalf of the British Safety Council (BSC).

The audit was conducted using a process of objective evidence gathering; by review of the health and safety management documentation; remote interviews with key stakeholders and live streaming of agreed areas of the workplace.

The audit considered all scoped areas of the organisation's health and safety documentation and associated systems against the requirements of the British Safety Council's Five Star Audit 2019 specification and ISO45001:2018 certification requirements.

The primary aim of this audit was to obtain certification to ISO 45001:2018 and maintain the British Safety Council Five Star Award. SLHD has secured both standards and we have received official confirmation of this.

Feedback from the Audit report states,

SLHD has faced a number of challenges from situations outside of their control. They have managed them in a considered way with people and safety the first consideration.

Objective programmes are designed to improve the management of Health, Safety and Wellbeing with flexibilities built in to address emerging risks. It was apparent that managers take ownership of Health Safety and Wellbeing within their area of control working closely with the Health and Safety Team.

The BSC audit process is designed to encourage organisations to focus upon continually developing their safety management systems and culture. With this in mind we will be working closely with our key partners over the coming months to strengthen and develop our management systems and continually improve.

6.3 Pulse Survey

The staff pulse survey conducted in February, saw a 44% return rate. Much of the survey focused on current issues relating to working during the

pandemic.

Key messages from the survey included:

- 66% of staff stated they were managing well compared to 6% that stated they were struggling;
- 90% of those working from home said they were managing well (this has risen consistently during the last year as people adapt);
- 66% of people think they are offering as good or better customer service compared to pre pandemic working;
- 99% of people said they believed their manager trusted them;
- 77% said they had sufficient opportunity to have their voice heard;
- 30% of staff reported that they didn't have 1:1s in accordance with the policy and;
- 20% reported that they didn't have regular meaningful contact with their manager.

The pulse survey is a useful way of taking a health check of the organisation and issue highlighted in it are addressed through specific actions as appropriate, for example there is already work taking place to improve the 1:1 and staff appraisal process.

7. Governance

7.1 The resignation of Cllr Nightingale as a member of this Board has left a vacancy for the role of chair of the Performance and Improvement Committee. The issue of Committee Chairs was discussed at the recent Director's appraisals and subsequently in writing. Stuart Booth has kindly offered to Chair this Committee. The appointment of Committee Chairs is a matter for The Board on the advice of the Chair of the Board. The Chair supports the appointment of Stuart Booth.

7.2 In the wake of the Grenfell disaster, the Government has sought to improve the regulatory regime in respect of compliance activity and various elements of new legislation as described later on this agenda are forthcoming.

Landlords too have sought to improve the oversight, the organisational policy framework and management practice in relation to building safety. As an organisation we are seeking to deliver a comprehensive response to the proposed changes in legislation and guidance and ensure an enhanced focus on building safety.

7.3 In order to deliver this and to offer additional confidence to The Board and The Council it is proposed that for an initial period of 12 months SLHD should seek to establish a committee dedicated to Building Safety and Compliance. Included at Appendix C is a proposed draft terms of reference for the Building Safety and Compliance Committee (BS&C).

7.4 In addition, as discussed at the Board Strategic Away Day, we are proposing that we enhance the building safety awareness of Board directors by

seeking to secure specialist technical advice for appropriate board and committee meetings.

This could be done in one of two ways; firstly we could seek to appoint a Senior Independent Director with a background in building safety. Many housing organisations have gone down this route and it has the appeal of consistent input from one person. However in the current industry scramble to recruit individuals with such skills to operational positions and boards, individuals are in high demand and short supply, with salary levels being influenced by such demand. In short, recruitment is likely to present difficulties. Any such change would also require changes to the Memorandum and Articles of Association.

An alternative and suggested approach is to procure specialist advice as required. This approach potentially will be quicker and if procured well could allow for the appointed organisation to provide expert advice on a wider range of compliance and safety issues than could reasonably be expected from one person alone. This approach would also ensure that suitable insurances were in place. The downside is that it is likely to prove to be more expensive, dependent upon how often the advice is required.

- 7.5 To facilitate the creation of the new BS&C committee and ensure a reasonably equitable distribution of responsibilities, it is proposed to make changes to the membership and terms of reference of the Employment and People Committee (E&PC). Attached at appendix D are proposed revised terms of reference for the E&PC (showing tracked changes)

The membership and terms of reference for the E&PC will change slightly to enable the workload of the Board to be more evenly distributed. However this committee will still deal with all matters relating to staff employment and welfare.

The current membership of E&PC is set out as:

- The Chair of SLHD (who chairs the committee)
- The Chief Executive
- The Chair of the Audit and Risk Committee
- The Chair of the Performance and Improvement Committee
- One DMBC nominated Director

- If neither the Chair of Audit and Risk Committee or the Chair of Performance and Improvement Committee are a tenant then the membership may be increased to five members and include one tenant.

We are proposing to amend this to;

- The Committee will comprise of at least four members as follows:
- The Chair of the Committee shall be the Chair of the Board
- The Chief Executive

- An independent Board Member
- One DMDC nominated Director
- A representative from each of the Audit and Risk Committee and Performance and Improvement committee.
- One of the representatives from the two committees shall also be a tenant.

Acknowledging that creating a fourth committee will increase workloads, this approach seeks to balance the enhanced workload placed upon non-executive directors whilst also seeking to ensure that Directors are placed on committees where their personal skills and interests are likely to be best utilised and that a tenant representative sits on each committee. Written correspondence with all Directors, followed up with a number of conversations between the Chief Executive and some directors, have taken place to develop these proposals.

This will result in the following Committee membership.

Building Safety and Compliance		Proposed
The chair An Independent NED A tenant NED A DMBC appointment		1. David Wilkinson © 2. Trevor Mason 3. Steve Lyons 4. A DMBC nominated director (TBC)
Employment and People	Current	Proposed
Proposed TOR membership: <i>Chair of the Board</i> <i>The Chief Executive</i> <i>An independent Board Member</i> <i>One DMDC nominated Director</i> <i>A representative from each of the A&R and P&I.</i> <i>One of the representatives from the two committees shall also be a tenant.</i>	1. Dave Wilkinson 2. CEX 3. Trevor Mason 4. Cllr Wray 5. Cllr Blackham 6. Tenant (vac)	1. David Wilkinson © 2. Dave Richmond 3. Susan Jones 4. Anthony French 5. A DMBC nominated director (TBC) (from P and I)
Audit and Risk	Current	Proposed
Two Independent Directors One DMBC	1. Trevor Mason (C) 2. Susan Jones 3. Cllr Jones	1. Trevor Mason (c) 2. Susan Jones 3. Cllr Jones

nominated One Tenant Director.	4. Steve Lyons	4. Anthony French
Performance and Improvement	Current	Proposed
One independent Director Two Tenant Directors One DMBC nominated Director	1. Stuart Booth 2. Anthony French 3. Sam Bartle 4. Cllr Wray	1. Stuart Booth Chair 2. Steve Lyons 3. Sam Bartle 4. A DMBC nominated director (TBC)

Further work will be required to determine any necessary adjustments to the Scheme of Delegation the Management Agreement to reflect these changes.

- 7.6 Following Council elections and the Council’s Annual General Meeting in May 2021, we will be notified of the three Council nominated Directors and we will make any required changes to committees at that time.

8. Future Board Strategic Away Days

- 8.1 The next strategic away (half) day is planned for the 7th July; it is proposed that the focus will be on Governance and meeting regulatory requirements.

Work is progressing to self-assess SLHD against the National Housing Federations Code of Governance 2020. The code features four principles:

- Principle 1 – Mission and values
- Principle 2 – Strategy and delivery
- Principle 3 – Board effectiveness
- Principle 4 – Control and assurance

- 8.2 The code has been influenced by the Social Housing White Paper which seeks to enhance the oversight of the sector by The Regulator of Social Housing (RSH). At the away day we are also proposing to address the issue of the Company’s current position in respect of the Economic Standards (not all of which are applicable to Local Authorities) and the Consumer Standards (which all are). As described at the last board, we anticipate these standards will be amended in the next few years, but in the interim period we will be critically evaluating our ability to perform well against the standards.

- 8.3 The following Strategic Away (half) day is scheduled for 4 November 2021, however if the Board are agreeable, it is proposed to have another in early September. By then it is anticipated we will have reviewed our results from the Survey of Tenants and Residents (STAR) which would enable a timely discussion on issues to do with neighbourhood and environmental pride and standards, and generally matters to do with estate management.

9. Homeless and Home Options

- 9.1 The Home Options team continue to be extremely busy with record numbers of approaches to the service with Qtr.2 & 3, c70% higher than the first 3 months of lockdown and at the same time more and more people are presenting as homeless that day, offering little opportunity for officers to prevent homelessness. Since the pandemic commenced, shortly followed by the Governments guidance on 'everyone in', the team have accommodated over 950 homeless people.

Since the increased restrictions commenced at the end of October the numbers in Hotels has increased to around 100, however the percentage of those placed considering the additional impact of winter the number accommodated remains at 15-18% of those approaching as Homeless tonight compared with 25% in the first quarter demonstrating that despite the team being overwhelmed with the number of 'Homeless Tonight' presentations, which were 49% higher in Qtr. 3 compared to Qtr. 1, they continue to work effectively, going above and beyond working additional hours over many months to support and triage customers to find appropriate options.

A consequence of the governments' suspension on evictions, whilst beneficial in reducing the overall numbers placed at risk of homelessness from that sector, has reduced the turnover of accommodation and therefore the opportunities for people to access vacancies. However, the team have assisted 271 households into settled accommodation.

Working in partnership with colleagues for the Council additional funding has been secured through the next Steps Accommodation Programme, the Council's Infrastructure Fund, Cold Weather Fund, Protect Plus and bids are pending with the MHCLG for up to £200k Emergency Funding for April to June 2021, to assist with continuing reduction of Rough sleeping and move on options for those in Emergency Accommodation.

The challenge going forward as we move into spring/summer will be to maintain the number of people sleeping outdoors at the current low levels, to find solutions for those whose behaviour has led to the loss of several accommodation placements and to support and stabilise those in emergency accommodation. We will look to build capacity through the available emergency funding to support a partnership approach to effectively engaging with clients to identify and pursue suitable move on accommodation and support people to mitigate the risk of them returning to vulnerable housing situation and representing again homeless .

10. SLHD Recognition - Awards

- 10.1 On Friday 12 March, SLHD attended the Doncaster Chamber Business Awards where the company was shortlisted in three categories:
- Apprentice of the Year
 - Green Business of the Year
 - Business Hero of the Year

Whilst we were not successful in two categories, Owen Cooper a SLHD apprentice gas engineer SLHD was awarded the Apprentice of the Year award.

11. Procurement

- 11.1 Attached as appendix E, is a spreadsheet identifying all current ongoing procurement activity which is split to show contracts which will be signed by Doncaster Council and SLHD will be the managing agent and contracts which will be SLHD contracts.

12. VFM Considerations

- 12.1 Not Applicable.

13. Financial Implications

- 13.1 There are financial implications arising out of the need to procure specialist advice for the board and subcommittee, normal procurement regulations will apply and provision can be made from existing budgets.

14. Legal Implications

- 14.1 In changing the committee structure The Board has the Authority to establish Committees as set out in its Memorandum and Articles of Association, specifically article 18(4) and 29(1).

15. Risks

- 15.1 Failure to properly address issues to do with statutory regulations in respect of safety and compliance could potential put the welfare of tenants, residents, contractors and staff at risk. This could result in financial, reputational and regulatory risks to the organisation and possibly the risk of criminal prosecution for executive directors and key operational staff.

16. Health, Safety & Compliance Implication

- 16.1 This report has significant implications for safety and compliance and recommends additional scrutiny of compliance matters, through the creation of a dedicated subcommittee and securing specialist external support to assist the directors in the conduct of their duties.

17. IT Implications

- 17.1 Not Applicable.

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 Dave Richmond, Chief Executive
Dave.richmond@stlegerhomes.co.uk
01302 862700

24. Background papers

24.1 Appendix A – TRIP Covid Report – *for information only*
Appendix B – TRIP Covid Review Scope - *for information only*
Appendix C - Proposed draft terms of reference for the Building Safety and Compliance Committee (BS&C).
Appendix D - Proposed revised terms of reference for the Employment and People Committee (showing tracked changes).
Appendix E - Ongoing procurement activity.

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To the Chair and Members of the Property Services
COMMITTEE

Agenda item No: 09
Date: 24 February 2021

1 Report Title

1.1 Tenant & Residents Involvement Panel Review - Covid 19 Pandemic.

Trip members:

Betty Clayton (Chair)

Ron Rickwood (Secretary)

Rodger Haldenby (Vice Chair)

Therese Kennedy

Harry Wood

Brenda Lennon

Mo Tennison

Cameron Hickman

Observers: Vicky Norton, Jiy Muru

2 Executive Summary

2.1 Collectively, the TRIP members, in discussion, wanted to review the SLHD response to the Covid 19 Pandemic. The aim of the scrutiny review and outcomes/observations were agreed as laid out in the following paragraph:

2.2 “Assist SLHD to identify the Reaction & Response to the Covid 19 Pandemic, in order to determine and identify if any improvements could be made to react to any future similar or indeed repeat Covid 19 emergency situations. An expected outcome would be potentially that improvements are highlighted regarding the communication with tenants, for example regarding essential services and information.

Ensuring tenants were aware of the lines of communication and where they could access information and services easily. Also the need to evaluate SLHD’s Duty of Care and communication with elderly and vulnerable tenants”

3 Methodology

3.1 The TRIP members decided to look at the issue in two ways. One group would look at how other ALMOs had reacted to the outbreak, in order to establish a basic benchmark for them. Following advice in order to contact other ALMOs a list of questions was agreed to evaluate their responses, and emails sent requesting the information. In this report identified as Group 1.

3.2 The second group (Group 2) were tasked with looking at the SLHD response from the Directors and Heads of Service perspective.

Each Director was sent a personal email with an explanation of the process that Group 2 were following. The emails had 5 questions listed, and personal responses were requested, with follow-up questions if needed.

4 Group 1 Report

Group 1 Members:

Ron Rickwood (Lead)

Betty Clayton

Therese Kennedy

Mo Tennison

Observer: Jiy Muru

- 4.1 Our task was defined as providing responses to the Covid outbreak from other ALMOs on the practices they put in place, speed of their actions and operational effectiveness. This would enable TRIP to help benchmark the performance of SLHD against similar organisations, and produce observations and or recommendations to help improve SLHD responses in any future pandemic circumstances.
- 4.2 Due to lack of personal contacts within other ALMOs we sent an email to the NFA (National Federation of ALMOs) to ask for help in contacting appropriate members of their organisation and request their assistance. We sent a list of 5 agreed, relevant questions asking for their responses. The questions were kept simple as possible, and were chosen to cover areas relevant to the review.
- 4.3 The NFA issued a blanket request to members, resulting in 8 quantitative replies, each setting out the standards and actions they carried out to respond to the pandemic challenge, as identified by their organisation.

These responses were forwarded to Group 1 members for them to evaluate and try to identify essential and/or important actions that would contribute to an ideal response.
- 4.4 All evaluations were returned to the lead member (RR) and were collated into the basis of the report for Group 1.
- 4.5 The responses were evaluated and it became clear that each ALMO had different circumstantial and operational issues governing their responses. Priorities identified were very similar, but reaction times varied notably.
- 4.6 Of the 8 responses received, only 5 (62.5%) made early preparations, (25%) were slow to respond and (12.5%) relied heavily on their council to inform them of the actions required.
- 4.7 Identifying and contacting vulnerable tenants and residents was the next category we looked at, 5 (62.5%) made excellent early contact and used various platforms including telephone, social media, hard copy newsletters and apps. Of the remaining 3 ALMOs 1 (12.5%) was slow to identify the task, and 2 (25%) were either very slow or did not feel the need to contact tenants directly, and relied on tenants contacting them.

4.8 Risk assessments were carried out by 7 ALMOs (87.5%) but 1 (12.5%) did not carry out a risk assessment specific to Covid 19, and relied on previous assessments.

4.9 The inter-departmental council communication was very varied being identified as follows: 3 (37.5%) very good 2 (25%) average and 3 (37.5%) very poor.

4.10 Central Hub Planning for food and medication deliveries, showed much better performance, and was identified in all responses (75%) very early with only 2 (25%) leaving it later to follow council lead.

4.11 Tenant surveys were carried out by 5 ALMOs, 2 (25%) early, 3 (37.5%) later, and 3 (37.5%) did not feel a survey was necessary.

4.12 Performance was very mixed when it came to providing information to tenants regarding services and welfare availability. 2 (25%) performed well, 4 (50%) were average and 2 (25%) were very poor.

4.13 Of the 8 responses we received, we judged that 2 (25%) performed very well, 4 (50%) were average and 2 (25%) did not perform well at all.

5 Questions to investigate Covid 19 Responses by other ALMOs

- When lockdown was announced from 23rd March 2020, had the company been proactive getting procedures in place prior to that, or had you waited for government/council directions?
- Did you identify and/or contact vulnerable tenants? If so, how was this done? What measures were put in place to support tenants who were vulnerable or suffering financial hardship? (rent, council tax arrears, homeless)
- What measures were adopted to inform tenants of special services available to them during lockdown? (delivery of medicines, local food banks, food delivery, housing services, contact numbers)
- Was a tenant survey done regarding the performance of the landlord? What was the results of the survey?
- Did you carry out a risk assessment? If so, what were the results? Have you identified any areas of your response that you would do differently in any future lockdown?

6 List of organisations that responded to TRIP request

6.1 The following is a list of ALMOs that responded to our request, including contacts and size of housing stock. A full copy of the responses is available, and on file.

- Lewes District and Eastbourne Borough Council

- Eastbourne Homes (managed by an ALMO circa 3400 stock and Lewes managed by a landlord is circa 3200stock)
- Blackpool Coastal Homes (5,000 social housing properties)
- Homes Sedgemoor, Somerset (4,200 social housing properties)
- Berneslai Homes, Barnsley (18,500 social housing properties)
- Solihull Community Housing (circa 10,000 tenanted homes, 1,000 leasehold)
- Six Town Housing, Bury (circa 8,000 homes)
- Kirklees neighbourhood Housing Ltd (22,000 residents) Noted KNH properties are going back into Kirklees Council control,
- Poole Housing Partnership, Dorset (5,000 homes)

7 Group 2 Report

Group members:

Rodger Haldenby (Lead)

Harry Wood

Brenda Lennon

Cameron Hickman

Observer: Jiy Muru

7.1 Our task was to determine the SLHD response to the Covid 19 outbreak. The group wanted to give the company decision makers, the opportunity to respond to questions that would highlight issues and areas of good practice, and any lessons learned from a world-wide pandemic that would provide untold human distress.

A situation that has created unknown situations for the tenants of Doncaster, the vulnerable, the sick and disabled, the homeless and tenants with priority debts. Each Director and Head of Service was sent a personal email, explaining the review, its aims and intended scrutiny.

Instead of personal responses, we received an email jointly issued by the Directors, and the same from the Heads of Service, which was disappointing. However, we have reduced the written word to bullet points, which highlights their responses to the questions, as listed in section 9.

8 Director Questions:

Q1 The government lockdown was announced on the 23rd March 2020. Had the company been proactive in getting procedures in place before that, or had you waited for government/council directions?

If so what were they?

Did a situation develop where too many SLHD staff were seconded to assist DMBC, and caused a service delivery issue?

- Mobilised the vast majority of the staff to work from home before the 23rd March
- Rota developed for minimum staff working from the office
- Receptions open to the public to deliver services to minimise risk
- Prudent decisions made for suppliers to ensure supply of parts
- Essential/urgent repairs should continue
- Schedule and non-urgent repairs suspended
- Call scripts were changed to reflect repair changes
- Website & social media changed to reflect repair changes
- Gas servicing continued as deemed essential
- Vulnerable tenants identified via customer insight information
- 1700 tenants contacted where any vulnerability was highlighted to check on their well-being
- Risk assessments and Covid secure practices put in place (in accordance with PHE)
- Procedures implemented to proactively contact tenants ahead of visiting their homes or were self-isolating
- DMBC/SLHD formed an emergency response team (Strategic Command Group)
- Gold and Tactical Co-ordination Group
- Silver Underpinning Governance Structure
- Specialist cells (Community, Health, Data, Homeless)
- Part of Borough wide response SLHD detailed to support with resources the Community Hub to support the humanitarian response.
- SLHD office-based staff deployed (working from home)
- Proactively contacted residents and tenants in the vulnerable and shielding groups
- 20,000 residents/tenants contacted
- Trades staff deployed to support picking/packing at 5 distribution centres and the delivery of food parcels
- Works planners co-ordinated the delivery of prescriptions to the vulnerable
- The Hub provided 1,477 food parcels and support to vulnerable
- Collected & delivered 1,015 prescriptions
- Proactively contacted 957 identified via the self-isolation form
- Responded to 7,221 calls to the helpline and others who requested support via email
- Certain roles were deemed as business critical and considered for deployment:
- Income management Officers

- Gas Fitters
- Emergency repairs staff
- Void repair staff to support Homeless placement
- Housing Officers
- Tenancy Support Officers
- Housing Management Team Leaders
- Caretakers
- All core functions were maintained.

Q2 TRIP have been furnished with a copy of the Risk Register, it highlights many financial issues that were of concern to the company. What measures were put in place to support tenants that were vulnerable and in financial hardship?

(Rent, Council Tax, Arrears, Homeless)

- Mayors Rent Holiday for a period of 3 months and commenced on 16th March 2010
- Free rent weeks discussed, however, this was agreed that it would cause a huge financial loss to the Revenue Account, and also a massive impact on Welfare Benefits
- Tenants allowed to defer their rent for a short period if affected by the pandemic
- SLHD would not pursue for the arrears
- Tenants given a longer time to pay
- Tenants taking advantage of the “holiday” were recorded and supported by the Tenancy Support Team to offer financial help
- Income Management Officers & Tenant Support Officers provided skilled help with tenants in financial difficulties
- Every tenant who requested help either already receiving help was offered financial help and advice utilising all local and national schemes such (furlough, mortgage holidays, welfare benefits, rent holiday) referrals to local money advice agencies, access to charities and foodbanks)
- All official foodbanks in Doncaster received a cash donation of £250
- One off food parcels to tenants suffering hardship, funded by the SLHD Sustainable Tenancies Fund
- Daily Homeless Cell meeting (initially) currently 3 times a week
- Homelessness caused a significant increase in homeless presentations
- Government directive “Everyone In” complied with by the end of 27th March 2020
- Dispersed temporary accommodation put in place
- Two hotels procured to support those at risk of or actually rough sleeping
- 4 individuals a day into temporary accommodation
- Hotel accommodation peaked at 90 individuals
- 95 dispersed SLHD accommodation units used to support homeless placements

- During the pandemic accommodated 440 households of which 144 identified as rough sleepers
- Voids brought forward to ensure the use of temporary was kept to a minimum

Q3 What measures were adopted to keep tenants informed of the current status of Covid 19, apart from the company website?

Did the company write to each tenant, with advice on what to do and expect if a SLHD trade's person/staff visited their homes when the lockdown measures were relaxed?

- Proactively contacting all with a vulnerable tag/and or over 70 years of age
- Customer Involvement Team kept in contact with TARA's and supported virtual meetings and activities
- FAQs website, regular update of social media
- Risk assessment developed for visiting procedures and guidance for workforce in tenants homes
- Customer Access Team at full capacity answering calls
- Customer Survey carried out in July 2020

4. TRIP are aware that the company followed the Government guidelines in all things Covid 19. Yet the company has a record of exceeding usual guidelines as a badge of excellence. Should the company, therefore, be a leader in promoting the basic requirements for Covid safety?

Are there lessons to learn about maintain high safety measures within the workforce, above and beyond the regular guidelines?

- Critical the company were led by professionals (Public Health England PHE)
- Important not to deviate from this advice
- Going over and above the professional guidance also was seen as the potential to create unnecessary concern with tenants
- Critical to deliver services such as anti-social behaviour, tenancy support, income management, gas servicing, homeless, emergency repairs, fly tipping, communal area cleaning, high-rise management
- Temporary accommodation set up as furnished, grounds maintenance, litter picking
- Risk assessment developed regarding PPE its usage and tenants desires for full PPE or less formal
- PPE guidance in line with PHE
- Maintaining a very high safety standard.
- Via the NFA proud of the company service provision, and beyond many other ALMOs
- Company response to pandemic was, and still is, excellent

Q5 What lessons have the company learned from the Covid 19 outbreak?

Did you have ample PPE?

Were financial pressures able to be overcome?

Was there a requirement for more focused Project Boards?

Did the company inform the tenants enough, talk to community leaders (TARA`s etc.) for in-time feedback? Consider “virtual” tenant/group meetings?

- Changes to PPE requirements
- Opening of offices to deliver back office tasks
- June 1st estate walks resumed
- June 1st resumption of non-urgent repairs
- June 1st resumption of visits to tenants homes
- Regular update FAQs tenants and staff
- Good news stories in House Proud & website
- Tenant digital newsletter produced
- Regular liaison with TARA`s and groups
- Struggle with PPE supplies but sourced alternative suppliers
- Demand made costs rising, but good procurement helped value for money
- At no time did the company not have sufficient PPE for staff
- More prudent to increase supplies before lockdown, but could have been judged as stockpiling
- Customer Survey stated overwhelming majority were satisfied with the company service during lockdown
- St Leger Homes sat on ALL project boards to ensure the company were informed and playing its part
- Kept internal Boards and Committees updated on Covid impact and service delivery

Heads of Service Questions:

Q1 What measures were put in place to contact the local TARA leaders to feedback any areas of concern, and maintain a working relationship with Housing Officers/Estates Teams?

- Customer Involvement Officers contacted all TARA`s at the beginning of the lockdown
- Kept in touch on regular intervals, as well as being available during working hours
- Any estate issue raised fed into appropriate team

Q2 What advice was given to employees carrying out their work in the tenant`s home?

- A full comprehensive Risk Assessment undertaken by Health & Safety Team communicated to unions and staff
- Early weeks visits limited to emergency repairs only
- Gas servicing reintroduced following national clarifications
- For each trades-person role a detailed safe working procedure was produced with overarching risk assessment
- A video was produced for trades staff to supplement the safe working procedures was made available via the intranet for employees, this was badged as instruction and not advice

Q3 What level of PPE was provided to employees needing to interact with the public and tenants?

- All necessary PPE was provided to all staff as outlined in with PHE guidelines

Q4 Did employees have to provide their own masks due to any shortages?

- No staff have been asked to provide any PPE

Q5 Any issues in maintaining Health & safety protocols within a tenant's home or in High-Rises? What measures were taken to update the tenants on social media?

- Some isolated issues of trades staff not following safe working practices
- Staff reminded of need to adhere to guidelines
- All complaints addressed
- Trade staff complaints that tenants are not social distancing and not moving to another room
- Trade staff advised to remove themselves if social distancing by the tenant is not adhered to
- Use and continue to use Facebook and Twitter on a regular basis to provide information to our tenants about the impact of Covid on our services.
- To sign post to other campaigns by external partners (NHS, Doncaster Council, Police, Mental Health Support, Loneliness, Domestic Abuse, Drink Awareness Campaigns are highlighted examples.
- A video was produced for tenants to inform them about safe working practices that our visiting officers would adopt and promoted this on the web and across social media.
- Advice on the Coronavirus, and the impact on service delivery and support available to customers was a prominent on the website, being incorporated in the main website banner.
- SLHD published and continue to keep up to date a frequently asked question page on the website, which is reviewed regularly.
- Articles were published in House Proud magazine (July-October) giving advice on impact to service delivery, and updates on health & safety procedures in line with government guidance.
- The Customer Involvement Team created a new on-line publication called "It's our Community" which was promoted on Facebook. This included Covid related information and community information and stories.

9 Observations

9.1 As a tenant group, TRIP are mindful of the pressures the company were under from the outset of the pandemic. Hindsight can be very revealing, but it is unfair to be judge and jury, when difficult decisions needed to be made, and the TRIP members were not in the room.

9.2 The Directors and Heads of Service written presentations, gave the companies perspective of how the company responded to the Covid outbreak, and worked within Local Authority and Government Guidelines. TRIP understand the need to work with established procedures, in service delivery first, and then social and economic support for the tenants.

9.3 In Benchmarking terms, the company, in TRIP's evidence based survey, are in the top percentile on the ALMOs who responded to the Trips request for

information, with one or two exceptions. From the early stages of preparation to overall performance, TRIP can only report on the evidence presented and anecdotal evidence gleaned by the TRIP members.

- 9.4 In this report we have consciously highlighted areas of concern that affected all ALMOs and being specific about one, It became obvious from some responses, that many ALMOs, including SLHD, found that although they allocated staff early in the process to contact vulnerable residents/tenants, their data base was found to be extremely out of date, and resulted in many wasted calls and wasted time. Therefore keeping a relevant database is essential.
- 9.5 Relying too heavily on social media and websites is thought to be a mistake that most ALMOs fell into. Many of their vulnerable tenants were elderly, and not able to use these platforms. There were several reasons for this, ranging from lack of internet access, to lack of technical knowledge, or even interest. It is thought that even though it is a more expensive option, hard copy newsletters were a preferred method of communication, especially by older tenants. The one letter sent to tenants as a whole, came from DMBC highlighting what council partners are doing (Rent Holiday and Council Tax Payment Holiday) with no SLHD logo, and many tenants and residents were not aware of any communication from SLHD for the duration of the lockdown apart from “House Proud”
- 9.6 Communication, either inter departmental, Council/ALMO or ALMO tenant, was identified in every case as an essential priority. Investigation of the responses highlighted this, regardless of the organisations performance, whether considered good or poor, there is always room for improvement, SLHD included.
- 9.7 It was quite revealing that of the 8 ALMO` responses received, only 5 organisations carried out a tenant survey. Although SLHD did carry out a survey, it is thought the question structure leading on many, and more open questions are thought to be allowing the tenants to be more expressive.
- 9.8 With regard to the SLHD survey, 951 calls were made, with 505 responses from a housing stock of circa 20,000. (Some “Yes or No” questions):
- a) On Question 5 Contacts & Interaction-
All forms listed but no phone (Desk phone with video listed)
116 tenant’s comments highlight mainly contact by phone (29%)
24% No IT
16% contact by letter/phone
(Extrapolate 69% don't prefer IT)
 - b) On Question 10 Could SLHD have anything different-
Some highlight little or no communication
 - c) On Question11 Satisfied with service during lockdown-
Notes of dissatisfaction are around no information/communication
 - d) Question 12 satisfied with delivery of Service-
Notes of dissatisfaction are around no information/communication

9.9 DMBC Letter (received on initial lockdown)

What Doncaster Council and partners are doing to respond?

- Council Tax Payment Holiday for three months for those in need it
- Rent Payment Holiday for people who rent from the council through ST Leger Homes for three months.

In this letter, there was no explanation of what the Rent Holiday entails or advice to contact St Leger Homes for clarification or special contact details/phone lines. TRIP are of the opinion that this highlights, early on, that SLHD should have written each tenant with a full explanation of what the Rent Holiday meant, and who to contact for further details, and not wait for the tenants to contact SLHD with time lost for the tenants to be aware of potential financial issues.

This letter could also highlight what the tenant should do regarding visits by SLHD staff/trades persons, and general company advice on actions regarding Covid 19.

Many of the comments in the survey reflect no communication from SLHD, apart from "House Proud"

9.10 In Benchmarking terms, relating to the other 8 ALMOs SLHD would be in the AMBER category for Communication.

9.11 Directors & Heads of Service Responses.

a) SLHD Seconded to DMBC. (Roles deemed essential-Housing Officers)

TRIP could not establish any occasion where the Housing Officers contacted or spoke to Estate Leaders/TARA's to establish any areas of concern during the lockdown.

Whereas the Customer Involvement Team were leaders in engaging the tenants in various forms and linking with communities

b) Did the company write to each tenant with advice on what to do?

The answer was No. It was thought the information provided by the Government and Local Authority via all forms was sufficient.

10 Recommendations

10.1 TRIP are sure that the company decision not to write a letter to each tenant about the options around the Covid 19 pandemic was based on assumptions and information not known to us. The company have a history of acting in good faith, and TRIP are not going to second guess those decisions.

TRIP have always highlighted communication with tenants as key to true ALMO principles, and our only recommendation is to ensure, that in any future out of the ordinary event, the company ensures they not only focus on the social media aspects of communication, but the basic letter/mail-shot/written word, that the ageing population of Doncaster can focus on. We are aware that social media is the future, but ALMOs are focused on the tenants needs and aspirations, and we

hope the company do not disenfranchise those that are needing help and support and the written word to belong in our community in Doncaster.

11 Report Authors

11.1 TRIP are made up of 9 tenants. All members have been involved with the evolution of the report. Hours have been spent pouring over the submissions, and talking to tenants and staff whilst visiting the areas and community. Whilst those on the keyboards and editors (Ron & Rodger) it is a TRIP report, and we want to thank all those who took the time to write to us, engage with us, and submit their views and opinions.

Chair. Betty Clayton, Secretary (Scribe) Ron Rickwood, Vice Chair Rodger Haldenby, Therese Kennedy, Harry Wood, Brenda Lennon, Mo Tennison, Cameron Hickman.

Observers: Jiy Muru, Vicky Norton

12 Background Papers/Annexes

12.1 Group 1 dashboard produced from analysis of all 8 ALMO responses received.

Prepared Early	5/8 62.5%	2/8 25%	1/8 12.5%
Identified and Early Contact with V/E Tenants/Residents	5/8 62.5%	1/8 12.5%	2/8 25%
Risk Assessment Carried Out	4/8 50%	3/8 37.5%	1/8 12.5%
Departmental/ Council Communication	3/8 37.5%	2/8 25%	3/8 37.5%
Food/Medication Hub Planning	6/8 75%	2/8 25%	0/8 00.0%
Tenant Survey Carried Out	2/8 25%	3/8 37.5%	3/8 37.5%
Information for Tenants Regarding Services and Welfare Availability	2/8 25%	4/8 50%	2/8 25%
Overall ALMO Performance	2/8 25%	4/8 50%	2/8 25%

12.2 GROUP 1 REPORT

OBSERVATIONS

29/11/20

GROUP 1

Group 1 Lead RR

Members

Betty Clayton,

Mo Tennison,

Therese Kennedy

REPORT

TASK

Our task was defined as providing responses from other ALMO's on the practices they put in place, speed of their actions and operational effectiveness. This would enable TRIP to help benchmark the performance of SLHD against other similar organisations, and produce recommendations to help improve SLHD responses in any future pandemic circumstances.

METHOD

Due to a lack of personal contacts in other ALMO's, we sent an email to the NFA (National Federation of ALMO's) to ask for their help in contacting appropriate members of their organisation, and request their assistance. We sent a list of 5 agreed relevant questions asking for their responses. The NFA issued a blanket request resulting in 8 quantitative replies, each setting out the standards and actions they carried out to respond to the pandemic challenge, as identified by their organisation.

These responses were forwarded to Group 1 members for them to evaluate, and try to identify essential, and/or important, actions that would contribute to an ideal response. Our findings are as follows:-

Berneslai Homes

Positives

Existing plans in place enabling early response

Good early contact and assistance with vulnerable tenants

Good risk assessment done across all areas

Good co-ordination with Council regarding homeless issues

Good regular contact with tenants

Negatives

Relied too heavily on STAR survey

Late to involve tenants in any decision making

Safe working practices only developed after lockdown

Blackpool Coastal Homes

Positives

Quickly identified that hostels were not Covid safe specification and turned around 40 voids to licensed furnished accommodation, also purchased empty building and refurbished in 3 weeks to provide 14 bed hostel for young homeless.

Very proactive with swift decision making, didn't wait for Government as response was too slow.

Good early risk assessment carried out.

Negatives

NHS list was very slow to be issued and although aligned very closely to the Council, this delayed customer contact.

Identified little demand from contacting tenants, and quite a few problems with non-payment of rent, both historic and current.

Very late customer survey not carried out in 1st phase just recently issued

Six Town Housing (BURY)

Positives

Built Microsoft TEAMS as a visits process for tenants online.

Customer's criteria already on system, 22,000 contacted. Supported Council Hub for vulnerable people. Reduced the demand on Hub by providing free meals for extra care residents during April/May. Supported Council homeless team, by staffing homeless shelters.

Customer surveys are carried out regularly and are ongoing.

Developed self-service app for tenants in conjunction with Customer Review Group, after a full tenant survey asking if tenants thought this a good idea. Replies were positive and app is now in use.

Negatives

No clarity given on how special services were available through lockdown.

Although risk assessments were completed they have not identified any process that could have been carried out differently regarding business continuity methods. However they continue to review their findings.

Kirklees Neighbourhood Housing

Positives

Close liaison with the Council enabled an early preparation of comprehensive plans for their response. Re-allocation of staff, regular daily briefings.

Planned vulnerable support section for tenants and leaseholders and allowances for increased demand for services. Identifying talents in staff and tenants to assist in the planned service provisions.

Identifying any tenants with unknown vulnerabilities and setting up both physical and virtual multi-agency response hubs. A dedicated phone line and web page was set up by the Council, and feedback from this resulted in leaflet drops to all tenants in the district.

Geographically based virtual teams were set up to deal with tenant queries by phone and a befriending service using volunteers to pair with vulnerable lonely adults.

Set up infection prevention and control team.

Negatives

Agreed that they need a more robust system to gather tenant data. No tenant survey carried out Staff communication could have been better. Could have worked to improve technology earlier to enable remote working to be more effective.

Lewes & Eastbourne

Positives

This was by far the best response we could measure. Plans were being discussed and staff organised by 4th March. Established a Tactical Advisory Group (TAG) enabling services to share strategic information such as risks, and come up with responses to resource and implement contingency plans.

Daily Web Page

Regular printed updates to accommodate residents without access to a computer.

Comprehensive bi-weekly hard copy and web newsletters, keeping tenants updated throughout, from the start of the pandemic.

Welfare calls to over 3,600 vulnerable and self-isolating residents.

Life-line phones installed outside closed reception and Council hub ensuring tenants can contact customer advisors.

Team of 17 Mental Health first aiders operating on a confidential basis who have undertaken accredited training to listen, support and signpost should further help be required.

Staff redeployed to support business critical teams and wider community support.

Policies adapted to provide flexibility for staff members.

Worked closely with community groups and volunteers to establish a community hub.

Adapted policies to accommodate and support any staff member with family commitments when working from home.

Re-deployed staff to support business critical teams working in the wider community.

Negatives

None could be identified

Poole Housing Partnership

Positives

Early in March, PHP started stockpiling PPE equipment and sanitising wipes. Also ran system diagnostics to identify over 70's and vulnerable tenants.

Established a befriending team, mostly telephone and social media led, but also used whats-app as a method of communication.

Worked closely with fare-share to deliver food parcels, medication and other essential items.

Tenant Involvement and Empowerment Panel sent a quote from their member (Sandy Clay). The panel felt that PHP responded quickly and had done an excellent job throughout the lockdown.

PHP said that they would have worked to improve technology earlier to improve communications with staff. This would have enabled remote working to have been more effective.

Negatives

No tenant survey conducted as they felt that feedback via social media was sufficient.

Waited and utilised information and guidance provided by the Government with regard to establishing any Health and Safety risks and how to mitigate risk or make changes accordingly.

Lack of communication with staff in the early days could have been prevented by improving technology to enable remote working to be more effective.

It was not made clear in their answers whether their repair team was in-house or contractor based so no comparison could be made with SLHD.

Homes in Sedgemoor

Positives

Very few and far between we feel. Laptops were in place but only basic work had been carried out before lockdown. They were in the middle of a review of compliance procedures to ensure customer safety

They did identify vulnerable, 18-24 group, mental health issues and NHS shielded list, and efforts were made to contact and offer help. Their many links with community networks and organisations helped with this task.

Established a buddy system to reduce vulnerable tenants who were feeling isolated and lonely. Rented properties to 17 rough sleepers.

Established and staffed a local Coronavirus helpline

They have carried out monthly tenant surveys this year, but none were Covid specific.

Negatives

Not enough PPE held to meet demand.

Resourcing was poor, not only for PPE but customer data was out of date and resulted in necessary phone calls.

Much needed improvement in communication between staff and departments.

They need to improve the management of ASB. They have found this area difficult in the past and Covid19 has highlighted a sensitivity between neighbours and their behaviours. Restrictions of access to courts for serious ASB has also been very challenging, especially as their team is very small and complaints have increased more than expected.

Solihull Community Housing

Positives

Basic structures were in place to make a good response and worked closely with the Council where appropriate.

Covid letter sent to all residents signposting support.

Contacted vulnerable tenants by phone assessing support needs, after which 25% were contacted regularly. Vulnerable residents identified based on various demographics included: - Age, Disability, Mental Health Status and property type i.e. (High Rise)

Established a hot line for special needs tenants to contact directly.

Negatives

No Covid tenant survey carried out and a flippant response to a serious question.

No risk assessment carried out as one already existed across the business and it was felt that this was adequate as it was assessed monthly and tweaked regularly.

FOR BOARD INFORMATION ONLY



Tenant & Resident Involvement Panel



Scrutiny Review

FOR BOARD INFORMATION ONLY

Area to be scrutinised

SLHD response to the COVID 19 pandemic

Aim of scrutiny review and expected outcomes

Assist SLHD to Identify the Reaction and Response to the Covid 19 Pandemic in order to determine & identify if any improvements could be made to react to any future similar or indeed repeat Covid19 emergency situations.

An expected outcome would be potentially that improvements are highlighted regarding the communication with tenants for example regarding essential services.

Ensuring that tenants were aware of lines of communication and where they could access information and services easily.

Also the need to evaluate SLHD's Duty of Care of, and communication with, elderly and vulnerable tenants.

The panel will collate the results, observations and recommendations in a report to the Performance and Improvement Committee.

Background and reason for choosing this review

The way in which SLHD had reacted and responded to the Covid19 pandemic was discussed by TRIP and actions were compared with other housing organisations.

It was generally felt that there were improvements that could be identified to assist SLHD to prepare for a more customer focused and informative outcome in the event of a further situation, equally there were also perhaps things that had been done which were deemed as unnecessary or indeed out of the hands of SLHD.

Scope of the scrutiny review

List below all the details relating to the review

What will be included: -

- *Investigate the time between government announcement and SLHD being Covid ready and operational*
- *What level of co-operation was required between SLHD & DMBC?*
- *How were essential services identified and by whom?*



Tenant & Resident Involvement Panel

- *Was every opportunity taken to acquire tenant feedback during lock down?*
- *Who determined the staffing levels for essential services?*
- *Who were the person/s liaising with DMBC and how were changes cascaded throughout the organisations when operational changes had to be implemented?*
- *Compare the reaction and response from SLHD to that of other housing providers and identify differences/gaps*

What will not be included: -

Performance of any individual will not be identified and no staff member comments mentioned.

Who do we need to speak to?

*Jane Davies (Head of Housing Management)
Jackie Linacre (Head of Customer Services)
Sharon Hoskin (Area Housing Service Manager)
Steve Waddington (Director of Housing & Customer Service)
Arturo Gulla (Director of Property Services)
Paul Tanney (CEO)*

What information do we need/background paper?

- *Full analysis of the "Tenant Survey" along with full responses and any additional comments made. (These will need to go to Board before releasing to TRIP)*
- *Effects of the request from DMBC that all available staff from SLHD were seconded to the Doncaster Community Hub.*
- *Information on any identified issues with the need to continue essential services, i.e. high rise cleansing and safety, gas servicing.*
- *Level of contact with tenants to provide support where necessary regarding rent arrears and benefits.*
- *Arrangement of visits where necessary to some tenants where it was felt the need existed and a digital approach was not possible*

What methods will we use to get the information needed?

This will have to come in the form of requests made to Jane Davies and Jackie Linacre, Sharon Hoskin, Steve Waddington, Arturo Gulla and Paul Tanney.

Also look at having virtual meetings with tenant scrutiny panels of other housing providers via Tpas or NFA in order to discuss and compare if they have undertaken a similar review.



Tenant & Resident Involvement Panel

Signature on behalf of TRIP:
Ron Rickwood

Ron Rickwood

Date: 20th August 2020

Signature of Head of Service:

Date:



St. Leger Homes of Doncaster

Terms of Reference

Building Safety and Compliance Committee

1. Constitution and Remit

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

2. Authority

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

3. Membership

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

3.5 The Lead Executive Director will be the Director of Property Services.

3.6 The 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

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

~~a.b.~~ The Chief Executive

~~b.c.~~ The Chair of the A representative of the Audit and Risk Committee

~~e.d.~~ The Chair of a representative of the Performance and Improvement Committee

~~d.e.~~ One DC nominated Director

3.2 One of the representatives of the two committees shall also be a tenant

~~3.23.3~~ The Chair of the Board shall be the Chair of the Committee.

~~3.33.4~~ Appointments to the Committee shall be for a period of one year and shall be at the first Board Meeting following the AGM.

~~3.43.5~~ The Lead Executive Director will be the Chief Executive.

~~3.53.6~~ 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.

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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.

APPENDIX A

<u>Procurement Exercise</u>	<u>Projected Contract Value Based on a 4 year term</u>	<u>Framework or Tender</u>	<u>Work or Supply or Service</u>	<u>Service Area</u>
<u>Primarily capital expenditure, so Contracting Authority to be Doncaster Council</u>				
The survey, supply & installation of windows and doors	£1,000,000	Tender	Supply and Works	Repairs and Maintenance
To provide an asbestos removal service	£2,500,000	Framework	Works	Asset Management
Contract for undertaking works following FRA's	£750,000	Framework	Works	Health Safety and Compliance
The supply and fit of fencing.	£500,000	Tender	Supply and Works	Asset Management and Estate Management
<u>Primarily revenue expenditure, so Contracting Authority to be St. Leger Homes of Doncaster</u>				
The provision of voids screening, alarms and clearance.	£200,000	Framework	Service	Repairs and Maintenance and Estate Management
To supply plumbing materials	£4,500,000	Framework	Supply	Asset Management
To undertake the repair, maintenance and installation of door entry systems	£300,000	Tender	Service and Works	Repairs and Maintenance
Undertake lift consultancy & associated services	£180,000	Framework	Service	Repairs and Maintenance
Purchase, repair and maintenance of power tools (Building)	£250,000	Tender	Supply and Service	Repairs and Maintenance
Provision of Ecology Services	£200,000	Tender	Service	Asset Management
Purchase, repair and maintenance of power tools (Grounds Maintenance)	£200,000	Framework	Supply and Services	Housing Management
Manned Security Services (to be placed in Hotels where our rough sleepers have been placed)	£100,000	Framework	Services	Housing Options
To supply gas spares and associated parts	£800,000	Framework	Supply	Asset Management
To supply outhouse doors, gates and fencing	£360,000	Tender	Supply	Asset Management
To supply kitchen units and associated materials	£750,000	Framework	Supply	Asset Management
Emergency Accommodation Lease Scheme	£400,000	Tender	Service	Housing Options
Scaffolding Services	£2,500,000	Tender	Service	Repairs and Maintenance
Office Consumables	£100,000	Framework	Supply	Asset Management
Communal Aerial Repair and Maintenance	£120,000	Tender	Service	Repairs and Maintenance
Japanese Knotweed Eradication & Prevention Service	£80,000	Framework	Service	Housing Management
Provision E-learning Software	£100,000	Framework	Supply	HR and OD
Employee Healthcare	£180,000	Tender	Service	HR and OD
EA Enterprise Agreements	£240,000	Tender	Supply	ICT and Transformation
VOID care scheme (Gas and Electric meter changing)	Nil Value (Concession Contract)	Tender	Service	Repairs and Maintenance
Call Handling Service for Rent Arrears	£240,000	Framework	Service	ICT and Transformation

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Equality, Diversity and Inclusion annual report 2019/20
Action Required:	Board approves the 2019/20 Equality, Diversity and Inclusion Annual Report
Item:	05
Prepared by:	Jackie Linacre, Head of Customer Service and Louise Robson Customer and Communications Service Manager
Date:	2020

1 Purpose

- 1.1 To apprise Board of the equality and diversity information we hold on our customers and work force for 2019/20 and to update on work we have undertaken during the year to advance fairness, equality and diversity for all customers and staff.

2. Background

- 2.1 The 2019/20 Equality, Diversity and Inclusion Report outlines the equality and diversity information we hold on our customers and workforce. We use this information to help us identify how we can better meet people's needs and to ensure our legal obligations are met.
- 2.2 The Equality Action Plan provides Board with information on progress against actions arising from our Equality and Diversity Strategy which is due to review in 21/22.
- 2.3 Both documents show our commitment to advancing Equality, Diversity and Inclusion for all our customers and staff, throughout our work.
- 2.4 This year, we have taken a visual approach in presenting the Inclusion Report to make it more inclusive.
- 2.5 Each of the sections in the Inclusion Report are drawn from data gathered through various questionnaires that customers and staff have completed. We gather this in order to inform and improve the services that we deliver to both our customers and the staff that deliver those services.
- 2.6 There are also sections in the report highlighting our achievements over 2019/20 and our future plans and aspirations moving forward.
- 2.7 The action plan supports the delivery of objectives in the Equality and Diversity Strategy 2017- 2021. This is the final presentation of actions relating to the 2017-2021 Equality and Diversity Strategy. This provides a position statement on a number actions that have taken place over the life span of the Strategy, some of which will re-commence as part of our process of continuous improvement. Where this is the case this is noted on the action plan as an update comment.

2.8 Work is currently underway in developing a new Equality and Diversity Strategy. Board has already started to focus on and have had lengthy discussions on the future strategy, at an away day session held in February this year. The Strategy will be reviewed, as will our current Fairness and Equality Statement, to identify any further actions or principles we need to consider to further embed diversity and inclusiveness within the organisation and as part of service delivery. The information included in the Equality, Diversity and Inclusion Report will help inform the future Strategy.

3. Recommendation

3.1 Board approves the Equality, Diversity and Inclusion Annual Report 2019/20 and notes the proposed future plans and progress against the actions outlined in the Equality Action Plan.

4. Background Papers

4.1 Appendix A - Equality, Diversity and Inclusion Annual Report
Appendix B – Equality Action Plan



St Leger Homes of Doncaster



Equality, Diversity & Inclusion
Annual Report 2020

**Providing homes in neighbourhoods
that people are proud to live in**

Foreword

St Leger Homes' Annual Equality, Diversity and Inclusion Report outlines the equality and diversity information we hold on our customers and workforce. We use this information to help us identify how we can better meet people's needs, deliver services in the right way, and to ensure our legal obligations are met.

This supports our commitment to advancing equality and diversity for all our customers and staff, throughout our work.

This year, we have taken a graphical approach to represent the information in an effort to make it more inclusive.

This report contains equality information for St Leger Homes on the following subjects:

Characteristics of Doncaster's population

Our Customer Profile

Our Waiting List Profile

Our Workforce Profile

Each of the sections are drawn from data gathered through various questionnaires that customers and staff have completed.

The data is used to inform the equality objectives set out in our Equality Strategy.



Our Achievements 2019/20

- We continue to raise the profile of how disability affects employees across the organisation by making subtle changes to how we communicate the impacts. Using various methods including localised email, staff newsletter articles and changes to the workplace environment.
- We have redesigned delivery of Equality & Diversity training to all staff and have implemented mandatory online refresher training.
- We have introduced Google Lens as a means to give independence back to our customers and staff that don't have English as a first language. This bolsters and supports our translation service to make sure every customer interaction meets the customers needs.
- We recognise that some communities may find it harder to interact directly with us and we are taking positive steps to address this. An example was our partnership work with Doncaster Council at the start of the COVID-19 pandemic. We supported their Community Hubs, providing a prescription delivery service to our tenants to ensure they had access to medicines.
- We continue to support Doncaster Pride and promote the positive messages that come from the event.
- We offer venues for minority groups to use in order for them to meet. There has been positive feedback on this as these groups could not afford to meet under different circumstances.
- We have communicated internally to all teams to reiterate the importance of adhering to customers required preferences i.e. alternative formats or coloured paper for our dyslexic customers.
- We represent St Leger Homes on the Minorities Partnership Board, which covers the local Borough to ensure our staff and tenants are represented and to influence the process of change and governance.



Pride 2019

Doncaster Borough

Doncaster's State of The Borough report tells us the local population has increased to 310,542 (up by 3.1%) since 2010. We need to keep this in mind when considering the impacts of delivering our obligations as it is important to understand the Borough in which we work.

The 2011 Census and the Team Doncaster 'State of the Borough 2019' assessment (carried out by Doncaster Council) show the following characteristics for Doncaster

Disability



62,108

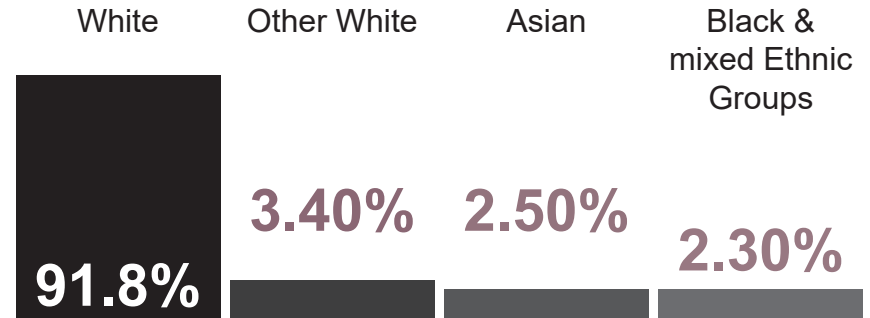
A fifth of the population of Doncaster have a Disability

Age



The number of people aged 65 and over within Doncaster is due to increase by approximately **23,000** (40%) from 2017 to 2041

Ethnic Groups



Doncaster's ethnic make up shows that, Black and mixed multiple ethnic groups such as Afro-Caribbean make up a small amount of the overall population. Gypsy and Travellers make up 0.2%.

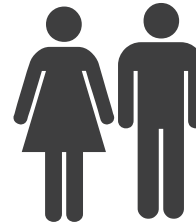


St Leger Homes' Customer Profile

To enable us to deliver services in a way that our tenants need, and to improve the services that we currently offer, we build up detailed profiles of all customers and household members including those on our waiting list.

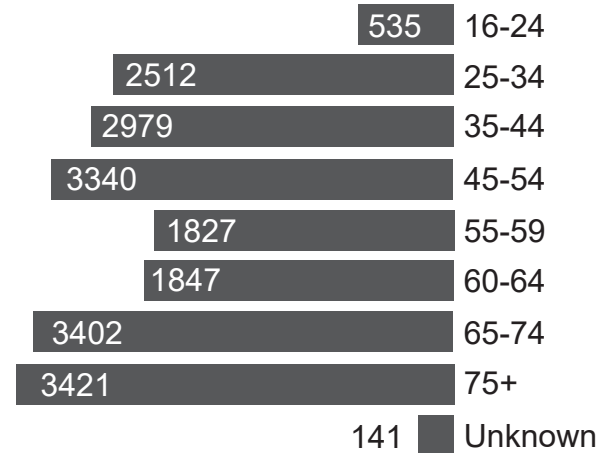
We do this by asking all of our customers to complete a 'customer insight form' which asks for details about their protected characteristics when they sign up to apply for a home. We currently have a customer base of **20,004** tenants. Responses are from the listed tenant only (not the whole household) and not all listed tenants answered all questions. Where this has occurred, the number of respondents will be listed.

Age

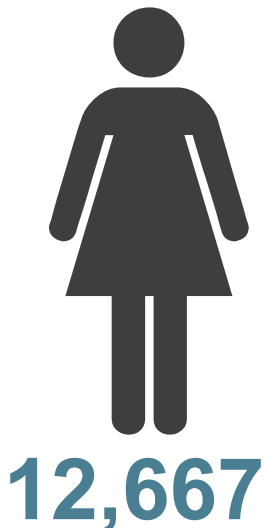


The largest increase was in the 60-64 age category at **1,847** up from **1,704** last year.

The single largest category is still customers over 75 which stands at **3,421**



Gender

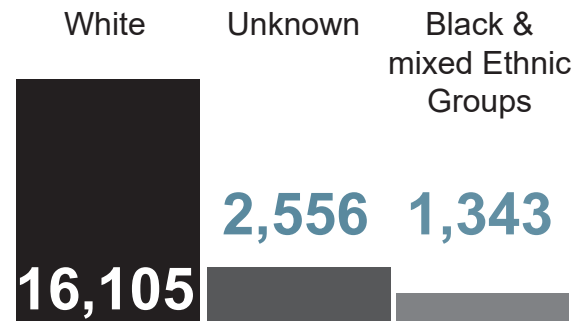


Out of **19,858** respondents, there has been a small decrease from **7,327** in the number of our tenants that are male and there has been an decrease from **12,683** in the number of our female tenants, this is due to a smaller number of tenants overall. **146** tenants did not answer.

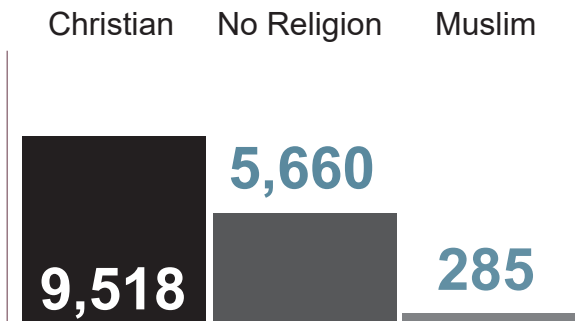
7,191



Ethnic Background & Religion



17,448 people responded to this question. Our customer ethnic make up has changed slightly with a decrease in White British from **16,771** and an increase in BAME customers from **1,285** There are still **2,556** tenants who declined to answer.

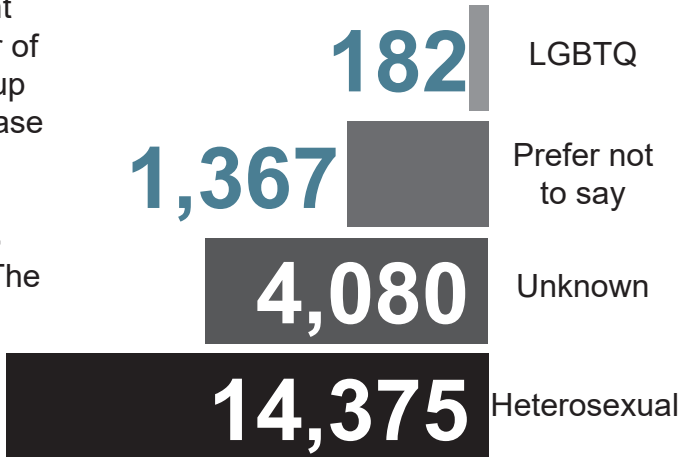


16,154 people responded to this question, of those, Christian still makes up the largest religious group with No Religion and Muslim being second and third at **5,660** and **285** respectively.

St Leger Homes' Customer Profile

Sexual Orientation

There has been a slight increase in the number of LGBTQ respondents (up from **162**) and a decrease in the heterosexual and 'prefer not to say' respondents down **344** and **130** respectively. The unknown category has increased by **391** indicating work needs to be done in this area to understand why respondents prefer not to say.



Disabilities



6,617

Of the **12,702** people who responded, the number of customers who said they have a disability were **6,617**, down from **6,729** last year. **263** people chose not to answer this question.

Disabilities by Type

1,882



Of the **12,702** respondents, Mental Health still plays a large part in our customers disabilities rising by just over **235** since last year.

The number of customers who said that they have a physical impairment dropped to **4,446** from **5,157** a decrease of **711**.

Alternative Format Preferences

11,789



We communicate via a range of means with our customers. These include audio and large print through to individual languages using translation and technology such as Google Lens and text chat service Relay UK.

12,792 people responded to this question, of those, customers requesting written communications fell this year to **11,789** from **12,724**, written communication includes formats requested in alternative formats such as communications on blue paper. The largest rise was in the 'Spoken' category which includes phone and face to face, stands at **422**, up from **388** last year.

St Leger Homes Waiting List

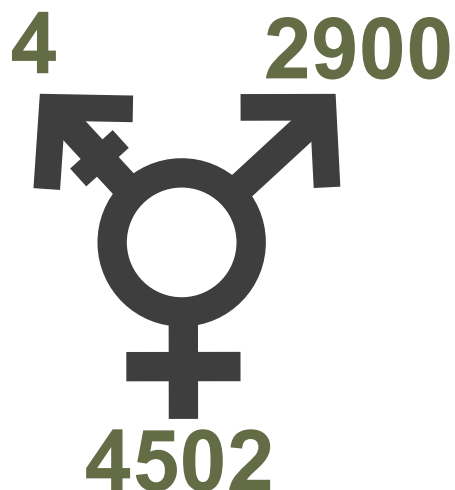
In addition to collecting Customer Profile information on our tenants, we also gather and monitor profile data for the customers on our waiting list.

When a prospective tenant applies for a home that we manage, as part of the sign-up process, customer profile information is collected to ensure that we have an accurate picture of the people that are applying for council homes across the borough, this allows us to allocate homes in the fairest and most appropriate way through the banding scheme that we operate.



New homes

Gender



Out of **7,406** applicants, we have seen a slight increase in Transgender up by **1** to **4** and Female applicants by **167** to **4502**, who remain the largest category. There was a decrease of **149** to **2900** in Male applications on the waiting list. There were no applications who chose not to provide this information this year.

Waiting List Applicant Ethnic Origin



1153
of applications were from the BAME community

This year we have had **7,406** applicants and have seen a slight decrease of **281** in BAME applicants and a decrease of **2,577** to **6236** in White applicants with **17** of applicants refusing to say.

St Leger Homes Waiting List

Disabilities



3047

of applicants have advised us that they have a disability

7,406 applicants answered this question, showing this year has seen an increase of **185** in the number of applicants that have a disability, we have seen a similar decrease (**265**) to **4359** in people who have advised us they do not have a disability.

Sexual Orientation



5,879

of applicants are heterosexual

Out of the **7,406** applicants that completed insight forms **6,527** answered this question, **5,879** applicants indicated they were heterosexual, **154** advised they were LGBTQ, **494** indicated that they preferred not to say which when added to the **879** unknown category means **1,373** did not complete this part of the form.

We are addressing this through education at the point the form is being completed as knowing this information allows us to better serve and accommodate the needs of different communities.

Religion and Belief

Our customer base and applicants have a diverse range of religions and beliefs. Applications are currently managed through a separate system to existing tenants. Changes in that system have meant that this year the information was not available, this is being addressed for next year.

We will continue to ensure that tenants and customers needs are being met, and look forward to continuing to implement the new equality and diversity training to assist staff to ensure information is gathered effectively and in the right way.



Buddhism



Christianity



Confucianism



Hinduism



Islam



Judaism



Shinto



Sikhism



Taoism

St Leger Homes Workforce Profile

We collect data on all our staff members to enable us to better support and guide the people that work with us.

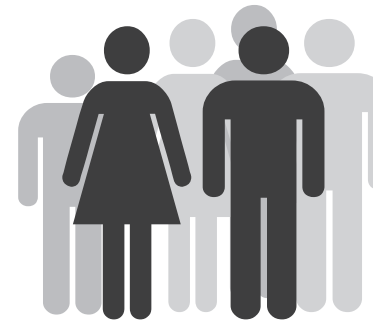
We do this by regularly asking staff to fill out surveys, details that new starters provide when joining St Leger Homes and through regular individual meetings with managers and staff at all levels.

In 2018/19 we had **805** employees. As of November 2020 we have **781** members of staff across the whole company. In most cases all staff answered questions posed to them, where that is not the case, the number who declined is indicated.

Workforce Ethnicity

534

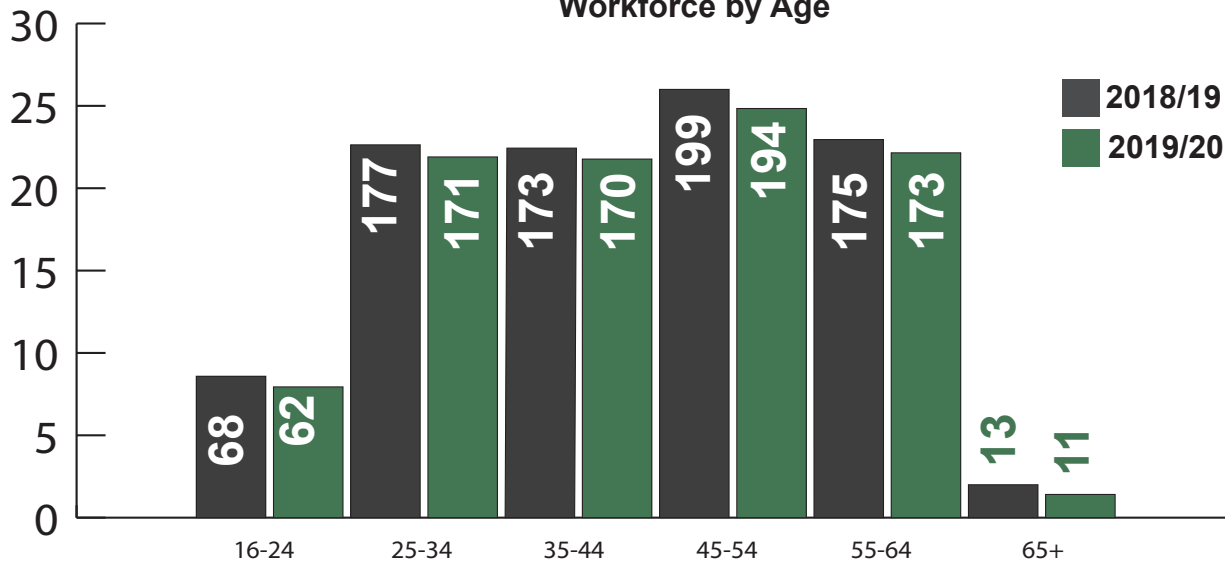
members of our workforce are White



Of the **781** staff **236** chose not to respond of those that did, **534** indicating they were White.

Ethnic Minority account for **11** members of staff. Efforts to work with partner agencies are underway to gather information on how best attract applicants from under-represented groups.

Workforce by Age



Workforce Disability



15

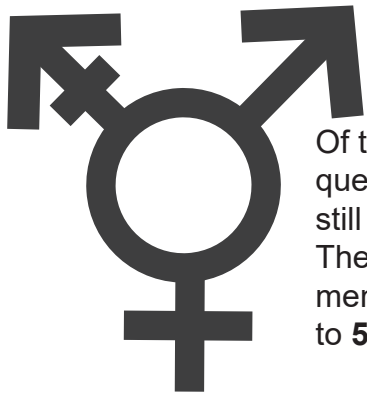
members of staff are disabled

By far the largest proportion of staff (**711**) are not disabled, an increase, on last year's figure. **15** staff members said they were, a decrease from **4** last year and **55** members of staff opted not to say either way.

Whilst seeing a decrease in the number of disabled staff we employ, we will continue to work with local groups and partners to encourage more applicants from the disabled community.

St Leger Homes Workforce Profile

Workforce by Sexual Orientation



460

staff members are heterosexual

Of the **465** members of staff answered this question. People identifying as heterosexual still represent the largest category at **460**. There has been a slight decrease in staff members that identify as LGBTQ down from **6** to **5** this year.

Work is beginning with Human Resources to look at why **316** members of staff declined to answer, along with a campaign to educate staff as to why we gather the information.

Workforce Gender



332

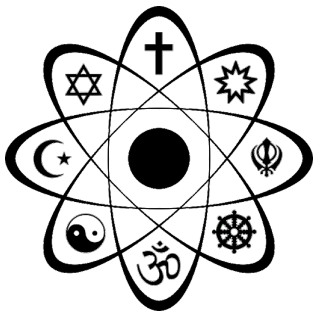
449



We employed **117** more male employee than women employees.

However, the number of women who work with us has increased from **319** to **332** since last year.

Workforce by Religion



311

members of staff are Christian

159 employees chose the option None when answering this question, **8** chose 'Other' and **2** chose Hinduism. **293** employees chose not to answer this question or preferred not to say and work has commenced with Human Resources to understand why this is the case.

Workforce by Pay



15

Across the organisation we employ a total of **30** people at Service Manger level and above. Of these **15** are women.

We are also undertaking work in this area in conjunction with senior leaders in an effort to encourage more applicants with protected characteristics.

Future Plans - Staff & Customers

We will build on and use the findings of our annual report to inform the development of our new Equality and Diversity strategy which will be launched in 2021. In addition to the points already raised in the previous sections, we will be doing further consultation for the new strategy during 2020.

As the number of people aged 65 and over is increasing due to longer life expectancy, we will work to ensure our homes and services are suitable for their needs. We will do this through monitoring and consultation with customer groups.

In relation to customer data, we will continue to monitor our systems and forms such as the Housing Application Form to make sure they are being used correctly to gather accurate data.

To ensure we have a good understanding of the needs of our transgender customers, we will carry out a cross checking exercise across the various systems to ensure we are collecting accurate data, which is permitted by the Gender Recognition Act 2004 and the Data Protection Act 2018. We will achieve this through consultation with HR and random sample checks on the data collected.

We still need to do some work around feedback where 'unknown' has been selected as a response or where the respondent chose not to answer a specific question, to understand why this is the case so that we can reduce the selection of these categories.

We will form a working group to look at engagement with BAME communities from a housing and employment perspective.

We will use the data gathered from consultation to inform the Equality Strategy review and improve engagement with our customers.

In terms of workforce profile, we need to continue monitoring the full range of information across the protected characteristics, with a particular focus on any emerging themes. We will take action to address any imbalances and review the effectiveness of our existing measures.

We will also continue to monitor how effective we are at attracting younger people in to work and look to retain them in long term employment.

We need to ensure we are attracting new staff from the full range of protected characteristic groups as we still have some way to go in building a workforce representative of the wider community. We will continue to advertise jobs (and investigate how effective they are) in a way that helps draw interest from applicants from diverse backgrounds. To do this we have a people strategy that sets out our goals to achieve a balanced workforce

Build on our reputation as an 'employer of choice' with a focus on how we are retaining, supporting and developing our existing employees from all backgrounds. We will support this through staff surveys and data gathered during exit interviews to inform changes to support for staff.

We started a review of how we currently capture and update customer insight information in February 2021. This review is due to complete in April this year. Aligning this with channel shift and making it easier for tenants to update their information themselves at a time that suits their needs.

Equality Strategy Action Plan	Objectives	Action description	Measurable outcome	Owner	Start date/year	Deadline date	Updates February 2021	Status
Equality Commitment 1: Understand our customers and support their needs	To ensure the customer insight data we collect, hold and analyse is accurate, complete and up to date, and use this to support the needs of our tenants and our business moving forwards	We will review the customer insight project to address data collection issues, and to ensure we are gathering the required information about our customers We will link the project more closely with the CRM (now TOP) and Business Intelligence Projects	We will have a more comprehensive understanding of the diverse needs of our customers, particularly in relation to vulnerability and protected characteristics. We will be able to tailor the services we offer to meet their requirements. We will implement an insight-driven culture which all our staff understand and support in their day to day work	Customer and Communications Service Manager	Yr 2 (est)	Year 4 and on-going	This action was completed previously, however a further review of how and what customer insight data we collect is an action within the 21/22 ADP. A scoping document has been produced and the project has commenced with a view to submitting a proposals report to EMT by May 2021.	Complete
	To ensure we are sharing equality information effectively with partners	Look for further opportunities to work with other organisations in furthering our equality objectives Develop a clear role for the Framework for Fairness Group to extend partnership working – looking at new and innovative ways to develop interaction.	Sharing information will ensure we have a joined up approach with our partners, we can access and disseminate information that may otherwise be difficult to obtain, and we can work collaboratively and share good practice St Leger Homes will have a planned, strategic approach to its work with partners. St Leger Homes will utilise its work with partners to strengthen the organisation's links with faith, LGBT and other communities linked to protected characteristics and under represented groups.	Equality & Diversity Manager	Yr 1	On-going: to be reviewed annually	We have continued with our partnership with Doncaster Pride to facilitate effective engagement and support of the LGBT communities in Doncaster, supporting and attending the 2019 Doncaster PRIDE event. We are continuing to work with Doncaster Council to identify opportunities to link with other partnerships to strengthen our links to under represented groups. We have effectively implemented a rapid repairs responsive service for the Doncaster Community working in partnership with the NHS Doncaster Clinical Commissioning Group. The role of the Fairness Group has been reviewed previously. A further review is planned following feedback from an employees survey on ED&I which is due to take place and which will help support how we can embed ED&I across the organisation. We sit on the Minorities Partnership Board, which covers the local Borough, to ensure we are part of the process of change and governance.	Complete
	To have a consistent organisational approach to ensuring accessible communications	We will formalise the accessibility procedures and create an accessibility statement for St Leger Homes to ensure no groups are excluded or isolated	This will ensure the organisation has a consistent approach to the provision of accessible communications, to meet the diverse needs of our customers.	Communications Team Leader Equality & Diversity Manager	Yr 2	Completed	Actions in 2018 include the launch of the Fairness and Equality statement in 2018/19 following approval by the Board. The statement incorporates our commitment to making our services more accessible to our customers. We provided a full feature in staff focus to remind staff of procedures and designed a video to show all staff how to check customer preferences and to take these into account when delivering services.	Complete
Equality Commitment 2: Ensure the organisation is a leader in inclusion and fairness, and reflects this in the service provided to customers	To ensure we have an effective approach to Equality Analysis that is consistent across the organisation	Simplify the Equality Analysis form, in addition to the EA process and guidance. Work with Business Transformation Team to digitalise form for ease of use. Continue to provide guidance to staff on use of new form and process.	Staff will find the EA process more straightforward and easier to work with, ensuring EAs are carried out effectively and consistently across the organisation.	Equality & Diversity Manager	Yr 1	May-18	The revised Equality Analysis form went live on the intranet in April 2018.	Complete
	To ensure the Framework for Fairness Group has an active role in embedding fairness and equality in the business.	Progress the Framework for Fairness Group and role of Fairness Champions, establishing a clear terms of reference and plan for the group.	The FFF Group will have capacity to scrutinise the organisation's performance and to directly influence change, helping to progress the Equality Strategy and furthering our equality commitments.	Equality & Diversity Manager	Yr 1	March 2020; to be reviewed annually	The group and the future model we will use to embed ED&I across the organisation will be reviewed following feedback from an employee survey and a review of best practice.	On-going
	To ensure the organisation's procurement and commissioning processes keep equality considerations at their forefront	Fairness and Insight Manager to work with contract and compliance team to support in developing new Procurement Strategy; ensuring equality considerations are built into all processes, and reviewing equality standards. Contractor's equality award scheme to be relaunched or replaced with a more suitable alternative.	We will continue to require exemplary equality standards from our partners through the procurement and commissioning process. Our equality expectations will be clear and focussed. Partners and contractors will embody the equality principles set out in St Leger Homes' equality strategy and new equality commitments.	Equality & Diversity Manager Contract and Compliance Manager	Yr 1	Aug-20	A Social Value evaluation matrix has been developed which assesses how a contractor contributes to St Leger's social values and the Doncaster Growing Together strategy. The terms and conditions of all contracts now incorporates a section about equalities and discrimination and a section around Modern Slavery. Having considered the options, the procurement team do not intend on re-introducing a standalone contractor E&D scheme due to resource constraints within the procurement team. The team will continue to assess contractor equality issues through the initial procurement exercise and ongoing contractual management, alongside checking modern slavery statements.	Complete
	To enhance and facilitate the participation of under-represented groups in governance and resident involvement	Assess and review existing participation routes (TRIP, TARAs, etc). Consult with under-represented groups to spread awareness of opportunities and explore alternative ways they could participate and engage with the organisation. Adopt a multi-track approach to consultation using online surveys, face to face events, focus groups, and attendance at resident group meetings.	St Leger Homes' vision is underpinned by strong and shared equality objectives. We can evidence that tenants, residents and customers have been involved in shaping the equality objectives and the services we provide.	Customer Involvement Manager Equality & Diversity Manager	Yr 2	On-going; Yr 4, review annually	This work is on-going through our Customer Involvement Team who continue to communicate with a diverse customer base and who have undertaken a number of actions to encourage the participation of and involvement of under represented groups in resident involvement initiatives and governance. These include implementation of a community cafe at Balby Bridge to combat social isolation, strengthening how we engage with our young tenants by establishing young ambassadors throughout the Borough and the implementation of a Get Involved Group which is a more engaging way of involving our tenants using a multi-track approach. The Equality and Diversity Manager represents SLHD on the Minorities Partnership Board, which covers the local Borough, to ensure we are part of the process of change and governance.	Complete
Equality Commitment 3: Engage customers effectively, foster good relations and advance equality in our local communities	To expand and strengthen the organisation's community engagement structures, to foster good relations between different groups in our communities.	Assess which groups/members of the community we are not currently engaging effectively with, and the reasons why, looking at any barriers to engagement. Undertake consultation and engagement with these groups – for example, the LGBT communities, the gypsy, Roma and traveller groups, faith groups, people experiencing mental ill health. Work with St Leger Lettings to raise awareness of community development within the private landlord sector. Promote and raise awareness of what vulnerable and diverse communities are and how we can support them. (Publications such as House Proud).	St Leger Homes will be able to evidence how it has increased engagement with harder to reach and underrepresented groups, as a result of a targeted and strategic approach. Groups and communities who have traditionally found it difficult to access our services will be engaged and supported.	Equality & Diversity Manager Customer Involvement Team	Yr 2	On-going, Yr 4; review annually	Previous actions include engagement with customers from Gypsy and Traveller sites. Further work is required to explore opportunities to engage with other groups and work is taking place with the Customer Involvement Team and Doncaster Council to explore avenues to meet with other hard to reach groups. The work with St Leger Lettings will include private tenants being provided with information on community groups in their area and on how to get involved in our Get Involved Group. This will be completed by year end.	Complete
Equality Commitment 4: Fulfill our safeguarding responsibilities to the highest standards	To commit to improving the quality of safeguarding and support for children, young people, adults and families through partnership and influence.	Support the organisation's commitment to best practice in safeguarding children, young people and adults at risk.	We will be able to provide evidence to show that awareness and confidence in our safeguarding process has increased.	Safeguarding Manager	Yr 1	On-going	This is an on-going action through St Leger's involvement in the Doncaster Safeguarding Board.	Complete
	To improve and strengthen our safeguarding services through training, communication and awareness	Continue to deliver our rolling programme of safeguarding training for staff and partners	Staff will feel confident about raising concerns, will be well trained and knowledgeable, and will be effective in supporting those in need of our services.	Safeguarding Manager	Yr 1	On-going	We continuously review our rolling programme of safeguarding training. Training for staff takes place as part of staff inductions, training throughout the year and more specialised internal and external training. Safeguarding articles feature in House Proud and Staff Focus and contribute to the delivery of safeguarding awareness events; e.g. Keep Safe Events, Safeguarding Awareness Fortnight and Conferences.	On-going
	To ensure we are providing effective services and wider opportunities for children, young people, adults and families	Promote and facilitate Schools Partnership Programme and support services. Signpost customers	We will collate and maintain up to date information on partnership support services and agree pathways for users to access these services that meet bespoke requirements.	Safeguarding Manager	Yr 1	On-going	We contribute to the development and on-going work of the Doncaster Children and Adults Safeguarding Board and through this work attain information on partnership arrangements, including pathways into services. Through this work we also capture any changes in legislation and lessons learnt from case reviews which are then included in guidance documents, training and operational practice.	On-going
	To work as a key partner in delivering Doncaster's safeguarding agenda	We will attend, promote and support safeguarding Partnership Boards, Sub Groups and strategy groups	St Leger Homes continues to build and positively influence Doncaster's collaborative approach and vision to delivering safeguarding services.	Safeguarding Manager	Yr 1	On-going	We continue to act as a key partner working with other organisations, contributing to key work streams through the attendance at various partnership groups, e.g's include the Safeguarding Adults Board, Safeguarding Children Board, Workforce Sub Groups, CSE Strategy Group, Quality and Performance Sub Group, Review and Learning Sub Group, Sharing & Engaging Sub Group. We will continue to maintain this partnership work through 2019-20.	On-going
	To take a proactive approach to tackling all types of hate crime in collaboration with partners	Work with the Safer, Stronger Doncaster Partnership to ensure we are maintaining a multi-agency, joined up approach to deliver the Prevent Strategy in response to the ideological challenge of terrorism and the threat posed from those who promote it.	Improved joint working on prevent with other agencies Increased effectiveness of prevent reporting and recording.	Equality & Diversity Manager, Customer Involvement Officer, Safeguarding Manager	Yr 1	On-going	The Safeguarding Manager continues to maintain partnership working. We work in partnership with South Yorkshire Police by publicising Hate Crime reporting centres on our web and have an easy read guide available to support reporting.	Complete

To ensure the organisation is fully compliant with its human rights duties.*C16:J21	Diversity and Human Rights guidance, policies and procedures to be reviewed and brought up to date, to ensure all staff are aware of their human rights obligations and are provided with the best possible guidance.	Our diversity and human rights-related policies, procedures and guidance will reflect current good practice and up to date legislative requirements. The Framework for Fairness Group will assist in ensuring the principles are put into effect. The organisation's leadership team will act as ambassadors for excellence in equality.	Equality & Diversity Manager, Head of HR and OD, HR business partners	Yr 1	Year 2	The Fairness and Equality Statement contains our commitment to following the obligations in the Human Rights Act 1998 and has been approved by Board. Human Rights considerations are further taken into account in the new Data Protection Policy and are underpinned through our values and behaviours. The document will be reviewed in 2021 as part of the review of the Equality and Diversity statement to ensure that all principles and policies are taken into account.	Complete
To create a more representative and inclusive workforce	We will continue to work on improving female representation in the currently less gender balanced roles. We will develop positive action plans to improve the recruitment, retention and progression of applicants from BME groups. We will review our schemes to attract younger workers and, if required, develop these further to encourage greater participation.	St Leger Homes' effective use of recruitment equality monitoring and positive action will increase the diversity of its workforce, and will ensure that the best candidates are attracted to work for our organisation. No candidates will be disadvantaged because of protected characteristics. Positive action measures will help to address areas of under representation	Equality & Diversity Manager, Head of Repairs and Maintenance Head of HR, HR business partners	Yr 1	On-going	Various actions have been taken to create a more representative and inclusive workforce, including taking steps to address this through recruitment, a new employment site and training for the Board on Equality and Diversity. Notwithstanding this, we are aware that our employee makeup is not as representative as we would like in some areas, particularly in respect of BME and Women in Construction roles but work is taking place with the Human Resources and Organisational Development team to identify further actions.	On-going
To create a workplace free from bullying and harassment.	Following the results of the Equality Survey we will look into the results from the 'dignity and respect' question, which displays some degree of dissatisfaction. We will research the feedback in more detail and determine if our existing provisions are still effective. We will review our support structures and mechanisms to ensure we are combatting bullying and harassment in the workplace. We will review our Dignity at Work Policy and Procedure in light of the Equality Survey feedback. The new 1:1 Procedure will need to be embedded throughout the organisation. We will look at evidencing organisational outcomes from these changes, to determine if staff need further guidance in using the 1:1 system to support colleagues.	We will have a workplace with zero tolerance for bullying, discrimination, and harassment. We will have effective structures in place to ensure staff are fully supported with regard to dignity at work. They will know where to go, who to go to and how to access support. Staff feedback will be sought to evidence improvements. St Leger Homes' new 1:1 procedure will support the organisation's FEEL Values and Equality Commitments.	Head of HR and OD, HR Business Partner	Yr 1	Mar-19	These actions were completed in 2018. We are however in the process of undertaking a further review of our 1:1 procedures, which will be complete for launch in April 2021, with the aim of managing performance in a more agile environment and creating a relevant and engaging conversation across our diverse workforce	Complete
To work towards gender pay equality across the organisation	We will review our gender pay gap and ensure staff are kept fully informed at all stages of the review.	We will be open and transparent with our staff about our gender pay gap and will encourage them to contribute ideas and suggestions for ensuring the gender pay gap is reduced or eliminated in the future.	Head of HR, HR business partners	Yr 1	Yearly Report	This action was completed in 2017 and our Gender Pay report is published on an annual basis. The 2019 report shows a positive decrease in the gender pay gap from 8.19% to 8% (mean) and 7.63% to 7.02% (Median) between 2018 and 2019. The deadline for reporting the 2020 data is 5 April 2021.	Complete
To ensure the organisation maintains a strong equality and human rights focus in its provision of staff training and development.	The results of the staff equality survey will be analysed to identify any gaps and further training needs. Review impact of equality training and identify any gaps. If necessary, develop appropriate training packages for staff to better understand equality, fairness and the needs of diverse communities. Consider broadening this from just equality and human rights training, to include behaviours, how to engage with and talk to customers, workplace equality, issues around integrity, respect, anti-bullying and harassment.	All St Leger Homes staff are well trained and fully aware of their equality, diversity and human rights obligations. They are able to fully accommodate the needs of colleagues and customers with vulnerabilities and protected characteristics. They act as ambassadors for fairness and equality in all aspects of their work.	Equality & Diversity Manager, People Development Team	Yr 2	Training roll out to commence 2020	Board Training has been completed in 2020 and Board took part in a strategic focused session on Equality, Diversity and Inclusion in February 2021. A new e-learning module has been designed for all employees and has been rolled out through e-learning. Our values and behaviours documents underpin how we engage with and talk to customers and colleagues in the workplace.	On-going
To progress our 'Disability Confident' status	We will aim to achieve Level 3: 'Disability Confident Leader' status by carrying out a self-assessment. We will produce evidence to show we are getting the right people for our business and keeping and developing our people.	As a Disability Confident Employer, we will be recognised for going the extra mile to make sure disabled people get a fair chance.	Head of HR and OD, HR Business Partner	Yr 2	On-going	We are currently at Level 2, 'Confident'. We are working towards Level 3 and have a number of projects that we are working towards, such as mentoring, which will lead to us gaining the Level 3 status.	On-going

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:-	The Impact of the Building Safety Bill and Other Legislation
Action Required:	To note the contents of the report
Item:	06
Prepared by:	Mark Johnson – Interim Director - St Leger Homes
Date:	31/03/21

1 Executive Summary

1.1 This report is to inform the Board of changes in legislation in the sector in the coming years. The proposed legislation puts an emphasis upon promoting a positive safety culture, with a need to ensure visible support for safety issues from senior management. It also seeks to ensure positive engagement with residents and the employees engaged in providing safe services and homes.

The paper discusses the potential challenges that may be faced in ensuring that both SLHD and DMBC can meet their obligations and duties which have been set out within the following papers;

- The Building Safety Bill formalises the Government's response to the Grenfell Tower tragedy and creates a new regime of Building Safety Regulator.
- The Social Housing White Paper looks to realign the relationship between landlords and tenants and will empower tenants and strengthens regulation of the sector through the existing Regulator of Social Housing.
- The Fire Safety Bill amends current legislation, the Regulatory Reform Fire Safety Order 2005.

The legislation above is yet to become law and the issues are still subject to consultation and redrafting, therefore there needs to be some flexibility in adapting the service to preempt the forthcoming changes. Nonetheless, waiting for the bills to be enshrined in law before changing service practices is not encouraged by Government or the regulator. The Government are also taking forward reform in related areas such as Decent Homes 2.0 and environmental planning which will also impact strategy and service delivery.

These matters will have a profound effect on the way that the sector is managed and controlled. The way that SLHD works and the current practices and structures will need to change and extra resources both in terms of people and systems may be required to deliver safe housing in the new regulatory housing model. There are also significant changes required in the way that the DMBC Portfolio Holder and SLHD align and in the way that SLHD delegate, manage, record data and work with residents on the existing homes and communal areas.

2. Background

2.1 Stages of the Bills

The bills are at different stages of the legislative process.

- The Fire Safety Bill, overseen by the Home Office, is likely to go through final considerations and become Law in 2021,
- The Building Safety Bill overseen by MHCLG will not become law until 2023 at the earliest.
- The Social Housing White Paper published in 2021 is also overseen by MHCLG and does not yet have a timeline assigned to implementation. Realistically it could be 2024 before this paper becomes law.

These papers do not come from a common Government source and in some cases do not yet fit together. From the general direction that Government is taking in the housing sector however, it is inevitable that the consequences for failures in building safety in particular will be more severe than in the past.

2.2 Current Uncertainties

A common approach will be required to ensure that the potential consequences for duties and delegations are universally understood.

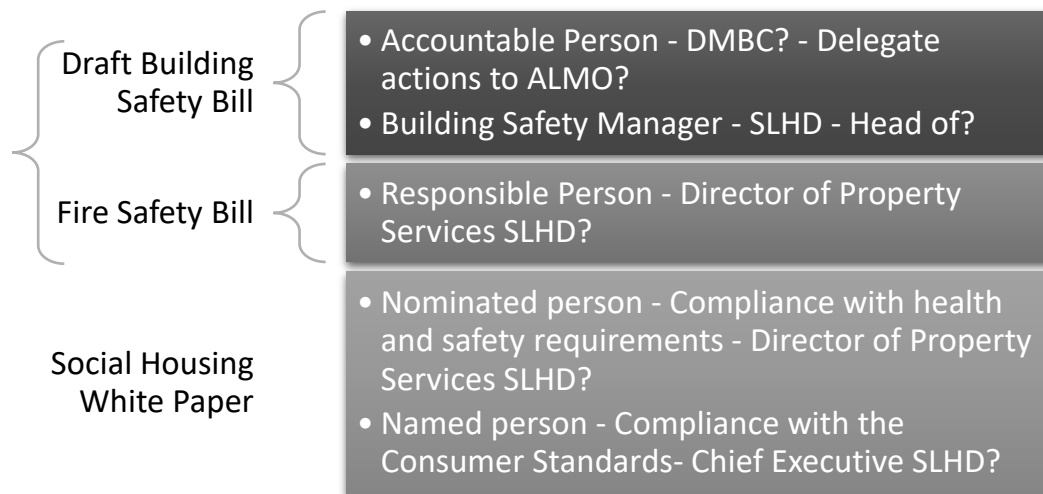
There is still a great deal of uncertainty within the sector as to how the accountability for ensuring how the correct line of responsibility and scrutiny is set out. Anthony Collins solicitors have summed up the issue around clarity of responsibilities in the following way,

‘The creation of additional safety related roles and positions will need to be managed carefully. One of the criticisms of the present Fire Safety regime is that confusion over roles and responsibilities can result in a lack of action. The Regulatory Reform (Fire Safety) Order places duties on the “Responsible Person” as well as any other persons with an element of control or responsibility for fire safety compliance, and the Building Safety Bill in its current form requires an “Accountable Person” and a “Building Safety Manager” to be appointed. The cross over between the roles outlined in each piece of legislation is not clear and the uncertainty as to how each role should interact with the others at present risks miscommunication and confusion, which may undermine one of the key aims of the reforms in the Paper – resident safety.’

Consideration of the crossover of these roles and responsibilities in the consultation on these bills will be required to avoid confusion and dilution of the required controls.

2.3 Potential Regulatory Roles

The collective bills will assign responsibilities and duties backed up by more intrusive regulatory regimes.



These roles will not simply be responsible for the current work flow. Increased inspection, data collection and reporting will be required on a significant scale. In addition, data systems will need to provide complete assurance that there is compliance with regulation.

2.4 Council and ALMO Responsibilities

In light of the current timing of the bills it is not surprising that there is some uncertainty around some details, such as the position of an ALMO and the Board’s responsibilities in the Building Safety Bill. The stock is predominately owned by the Council and as landlord, it is envisaged that they are duty holder (the ‘Accountable Person’).

The National Federation of ALMOs (NFA) briefing on this issue on 11th September 2020 shed light on the issue;

‘We believe that this clarifies that where the council own the buildings and the ALMO manages them on their behalf the council will be the accountable person but the ALMO will be the accountable person for any homes it owns itself.’

The Accountable Person duties, managing building safety risks, ensuring the collection of data, engaging with residents are not however necessarily compatible with the roles or skills of the retained Council functions. Housing asset management, under the current model, is delegated to the ALMO and is dealt with by housing and construction practitioners and implement data systems for this purpose.

The NFA go on to suggest that,

‘During discussions with MHCLG officials it was suggested that although the Council, as the Accountable Person would remain “accountable” for those requirements and have to set up methods for reviewing and monitoring compliance, it could delegate the actual carrying out of those duties to its ALMO. We would ask that these sorts of arrangements are outlined as being acceptable in either the bill itself or the explanatory notes that accompany them. In our sector the management agreement would be a good route to make clear the delegations to the ALMO and the ultimate accountability and oversight of the Council.’

In summary therefore, although the Council can give some of the duties to the ALMO, it cannot delegate responsibility. It is possible that the oversight and scrutiny of what are predominantly technical matters, currently overseen by ALMO Boards who have independent member's specialisms, could fall to the Councils own Scrutiny regime. More likely is that a common approach to regulation is established. The current Building Safety Group which has membership includes the Council, SLHD and SYFS is potentially a vehicle for oversight of the delivery of the service, although there would need to be clarity about where this group sits in the overall structure of scrutiny.

3. The Bills

3.1 The Building Safety Bill

This draft legislation is intended to solve the systemic issues in housing that led to the Grenfell Tower fire. The bill establishes a new building safety regulator, and sets out its functions in relation to buildings in England. This new building control authority will be responsible for higher-risk buildings, and requiring the regulator to establish and maintain registers of building control approvers and inspectors.

The bill details how safety will be managed in occupied buildings, imposing duties on the Accountable Person and Building Safety Manager. The Bill imposes a requirement upon duty holders for compulsory reporting to the Regulator of fire and structural safety occurrences which could cause a significant risk to life and safety. A voluntary scheme for reporting non-significant risks will also operate. Failure to comply with the new rules could lead to unlimited fines or prison sentences of up to two years.

Accountable Person

The Accountable Person is a person who holds the legal obligation in terms of safety in the buildings which qualify. The draft Bill suggests that the owner will usually be the Accountable Person but potentially, the Accountable Person could be a management company or other sub-landlord with repair and maintenance obligations of the common parts. Further clarity is expected on this issue in the final bill.

The Accountable Person will have an on-going duty for the safety of those who live in the building and will need to register the building and apply to the new Regulator for a Building Assurance Certificate before the building is occupied. A Building Assurance Certificate will only be provided once the Regulator considers that the Accountable Person meets their statutory obligations. Importantly, higher risk residential buildings that are owned by DMBC and managed by SLHD when the Bill is passed into law, will also need to be registered by the relevant Accountable Person, and we will need to apply for a Building Assurance Certificate for any occupied higher risk residential buildings within their housing stock.

The Accountable Person will also need to co-operate with the Responsible Person under the Regulatory Reform (Fire Safety) Order 2005 and in time, the Responsible Person(s) under the roles envisaged in the Social Housing White Paper 2020, where this is a different person. This is clearly an area for further clarity as the papers are amended and consulted upon.

The Building Safety Case

It is the role of the Accountable Person to present the Safety Case Report, the document that goes to the Building Safety Regulator to make the 'claim' of and argument for resident safety. The Safety Case Report summarises all the key parts of the safety case with

references to supporting documentation. It is supported by the wider safety case which refers to the totality of the building safety information and includes all the evidence that supports how these building safety risks are being managed, contained within the golden thread of information.

It is assumed that the Council may not employ the direct resources to undertake the Building Safety Case work, and will rely on a Building Safety Manager (probably employed within SLHD), to produce these important documents. Governance and assurance to the Council, that the third party document is fully covering the Council's responsibilities will need to be carefully considered.

The Building Safety Manager

The Building Safety Manager undertakes the day-to-day management of building safety including complying with the relevant statutory duties set out within the Bill and complying with all directions and statutory notices issued by the Regulator.

The Building Safety Manager is to assist the Accountable Person and is responsible for managing the building in accordance with the safety case. The appointment by the Accountable Person can be vetoed by the Building Safety Regulator if they feel that the person is not suitable for the role.

Building Safety Data

To give assurance to the Regulator, Board and Council that High Rise Buildings and other High Risk buildings are fit for habitation, Building Safety Managers will be responsible for ensuring that far greater detail is gathered in terms of data on these properties. A 'digital golden thread' of information on all activities and elements within the building including inspections and works undertaken will be required to be captured and held.

The future asset data system at SLHD will therefore need to have the functionality and flexibility to provide this assurance and to ensure that a fit for purpose Building Safety Case can be presented to the regulator and safely maintained. In addition, residents will need to be able to access information about their homes and again the SLHD system will need to provide the outputs that allow proportionate access to be gained. Information from this system will be crucial to ensure that the Board can assess and be assured that SLHD is meeting its requirements.

3.2 Fire Safety Order

The Fire Safety Bill is intended to make sure that residents of high rise buildings feel safer in their homes by significantly reducing fire risks. The Bill was specifically crafted as a response to the Grenfell Tower tragedy to keep such an event from ever happening again. A responsible person or duty-holder for multi-occupied residential buildings must assess the fire safety risks for the structure, external walls and flat entrance doors as part of the fire risk assessment process.

Responsible Person

Where appropriate, the responsible person or duty-holder must put in place general fire precautions to mitigate any risks in relation to these parts of the building. The Order requires that the responsible person (the person having control of the building, or a degree of control) takes reasonable steps to reduce the risk from fire and makes sure people can safely escape if there is a fire. This includes all people that might visit the premises.

Duties

The duties of the responsible person are widespread but include, taking fire precautions to ensure the safety of employees and premises, undertaking a fire risk assessment and making arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures.

3.3 Social Housing White Paper

The white paper aims to increase the transparency and accountability of social landlords, particularly for the tenants who live in their homes. To do this the government will call on the regulator to come up with a better way for landlords to measure their performance and give tenants more opportunity to hold them to account on actions and performance.

At the heart of this will be a new set of tenant satisfaction measures that will see all landlords measured on a set of criteria that tenants will have access to and can compare with other landlords. The white paper is a broad ranging document but for the purposes of this report, the impact upon Building Safety in general and the line accountability in relation to other bills is the focus.

Responsible Person

The government expect the Regulator of Social Housing to require that all landlords identify a 'responsible person' who will ensure that the organisation is complying with consumer standards set by the Regulator of Social Housing. There will be a nominated person for Health and Safety within the organisation. This person will be key to ensuring landlords deliver a safe service and drives culture change where it is needed. The regulator will introduce this measure as part of a broader requirement for landlords to provide greater clarity on the roles and responsibilities of senior level staff.

Responsibility will rest with an individual person at a suitably senior level within the landlord's organisation to drive change and unite the organisation behind delivering good customer service; and that this person must be clearly identified to tenants, the regulator and the Housing Ombudsman. At SLHD for example, this might well be Chief Executive.

4. Impact on St Leger Homes Structures

- 4.1 Roles in Property Services may need to be adjusted to be fit for purpose for the future. The increased burdens of the changes, particularly around gathering data may require temporary extra resources both in terms of people and support systems. There will be a realignment of the current approach to asset management, compliance, and inspection. Building Safety is becoming a discipline of its own. In a case of 'doing what it says on the tin' many in the housing sector are creating or realigning resources to a dedicated Building Safety section, often with a lead officer at 'Head of' level or above, actively managing the day to day survey, data and management of assets.

In addition, to provide the organisation and stakeholders with further assurance that each 'Big Six' area of compliance within the Building Safety envelope is covered (Gas, Fire, Asbestos, Legionella, Electrics, Lifts,); each area will have a 'subject matter expert' , responsible as 'duty holder' for the compliance functions in that area. Thus the Client Safety Advisor in Gas, sets policy, would be qualified to be duty holder and monitors the delivery of the gas functions whether the in house provider or Contractors undertake the works.

The Asset Management service area will therefore need to meet the future needs with 'Building Safety' at the forefront of the decision making process and to give clear separation between duty holders and operational delivery.

5. Summary of what this means for St Leger Homes

- 5.1 Good governance in the new regulatory era will be critical to meeting the requirements of both regulatory regimes, the Regulator of Social Housing and the Building Safety Regulator. Inspection will again become the norm and will drive strategy and decision making. Robust governance of risk will be crucial and board will need to ensure that they fully understand and engage with risks around the safety of homes, as well as governance of the business and finance.

Boards will be encouraged to be more transparent and will be expected to lead a culture of openness and inclusion.

Implementation of the resident's charter will be a key element of assuring regulators that their concerns are being taken seriously. Satisfaction league tables may yet be part of the new paradigm.

Increased monitoring of how and whether we are effectively engaging with residents as part of the new relationship. This ranges from engagement as part of complaint responses and also resident voice on the board and committees. This may also need a rethink about the mode of engagement, recognising that vulnerable and isolated residents may need different avenues to actively participate.

New key performance indicators will be required to demonstrate additional compliance with regulatory requirements for governance and viability, and this could affect how we are rated and placed under further scrutiny by the regulator. These indicators may be backed up by requirement for increased assurance around key risk indicators.

Greater transparency of performance data for residents and the general public will be required. The intention of the new legislation will be to ensure direct accountability and more broadly that "the right people have the right information at the right time to ensure buildings are safe and building safety risks are managed throughout the building's lifecycle".

Better data systems to capture asset management, contract works and inspections will be needed and some outputs such as access for residents to data and the new Building Safety Case will need to be part of the suite of modules in the SLHD system.

6. References

- 6.1
- Draft Building Safety Bill July 2020
 - Fire Safety Order 2005 (FSO)
 - Fire Safety Bill 2020
 - Social Housing White Paper November 2020
 - <https://www.anthonycollins.com/newsroom/ebriefings/social-housing-white-paper-a-new-hope-for-tenants/>

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:-	Realignment of the Asset Management service area
Action Required:	To note the contents of the report
Item:	07
Prepared by:	Mark Johnson – Interim Director - St Leger Homes
Date:	03/03/21

1 Background

1.1 Current Asset Management Service

The current Asset Management service area within Property Services covers a variety of functions including: Asset Data Management, Contract Management, Stores, Health & Safety, Compliance, Procurement, Right to Buy, Surveying and Inspection. In addition the service is currently involved in a variety of ad-hoc programmes and services such as the negotiation of high rise building contractual issues, Environmental Strategy development, Support for the TOP Capita implementation programme, empty property surveys and even PPE distribution. Recently the team have been involved in significant improvement works relating to the 2019 flooding.

It is also worth noting that although Assets manages compliance at a headline level, there are several compliance delivery areas that are currently managed from within the Repairs and Maintenance section. These are, Gas, Electrical, Lifts, Water Hygiene and also District Heating. This is purely for expediency as the competencies sit in the Repairs service.

2 Impact of the new Building Safety Bill

- 2.1 It is clear that in managing all buildings nationally, not just here at SLHD, there is a need for substantial culture change, new practices, and to learn and develop ways of working with our tenants and stakeholders to gain their confidence and trust in the safety of buildings. Changes are therefore required to meet the new era of building safety.

Part of this change will involve the requirement for SLHD to employ Building Safety Manager roles as set out within the Building Safety Bill. This creates new professional duties upon persons acting in those capacities and for organisations who current have control of those functions. All duty holders will have to co-operate and share information with the Regulator and be responsible for ensuring compliance with Building Regulations.

SLHD and DMBC must now comply with specific regulatory requirements and ensure that they and the people they employ are competent to carry out the work they are undertaking. These duties mean that changes need to be made to how some services currently operate.

Roles in Property Services and in particular, Asset Management, will be adjusted to be fit for purpose for the future. The increased burdens of the forthcoming regulatory changes, predominantly around gathering data, may require temporary extra resources both in terms of people and the functionality of the support systems.

3. Realignment of Asset Management - Assets / Building Safety

- 3.1 The Asset Management service area will be split into two. Assets and Building Safety. The change will involve realigning current resources to include a new dedicated Building Safety team with the new 'Head of' role being that of Senior Building Safety Manager. The change in approach by realigning the service is in sync with the post Grenfell move towards Building Safety as a discipline of its own.

The role of Building Safety Manager is currently provided for within the current budget although not yet in the establishment. This role will involve taking ownership and responsibility for Building Safety for the whole of the St Leger managed stock on a duty holder level as well as having responsibility for the resources in the section.

4. New Safety Roles - 'Subject Matter Expert'

- 4.1 Within the Building Safety team will be the creation of roles which give SLHD better assurance within the Compliance function. It is of paramount importance for our tenants and stakeholders that confidence is provided on safety and it is particularly important that in the 'Big Six' area of compliance (Gas, Fire, Asbestos, Legionella, Electrics, Lifts), SLHD have the right level of expertise to guide the business both in terms of policy and on a day to day level.

Under the realignment therefore, each 'Big Six' area will have an identified 'subject matter expert'. In Gas for example this qualified person will set policy and would be qualified to be duty holder and monitor the delivery of the gas functions whether the Repairs Service or Contractors undertake the works. Likewise in Asbestos, a single point of contact will determine the organisations technical approach to these areas of asset risk.

5. Timing of the Changes

- 5.1 The realignment will be done in two phases. The current Head of Service will move to Head of Building Safety for a defined period to help establish the function, after which time they will have the opportunity to move back to their substantive role. An interim Head of Assets has been recruited and is already supporting the changes.

The second phase to be completed by the end of July will involve the full realignment of current staff and any recruitment required.

6. Outcomes

- 6.1 The realignment proposals will ensure that the right people are placed in the right roles with the right amount of knowledge and training to provide assurance to Board and other stakeholders that the SLHD workforce can comply with its regulatory duties. In addition to this the way that data is captured and used will be changed to provide the data golden thread of information to make sure that residents are kept safe in their homes and provided with information on the safety of their properties.

The changes proposed (subject matter experts) will also end the reliance utilising the expertise of the Repairs service to undertake what should be 'client' functions. This will strengthen SLHD's approach to Compliance and also the Construction Design and Management Regulations 2015 removing any ambiguities around responsibilities.

At this stage the realignment to meet the new era of building safety is expected to be cost neutral in terms of cost and in addition. Numbers of employees are also likely to be relatively static. The asset management sector however continues to evolve and potentially large scale Environmental programmes and the prospective impact of Decent Homes 2.0 could lead to further expansion of the service area at a later time.

These changes will ensure that building safety remains at the forefront of the SLHD decision making process, gives clear separation between duty holders and operational delivery and provides assurance to stakeholders that the SLHD resources in this area are fit for purpose.

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2021/22
Action Required:	For information
Item:	08
Prepared by:	Mark Haughey - Acting Head of ICT & Transformation Nigel Feirn - Head of Finance and Business Assurance
Date:	31 March 2021

1. Purpose

- 1.1. To provide Board members with the proposed Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2021/22. These have been prepared following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2021/22 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 or KPIs do not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

2. Background

- 2.1. The ADP and KPIs have been developed from the 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. The response to unforeseen events, such as the Doncaster floods and global pandemic, has had an impact on the plans over the past twelve months, though Management and Staff have responded promptly and outstandingly to all situations.

- 2.4. As a result of the continued global pandemic situation and in consultation with management and Board, the 2021/22 ADP aims to focus on fewer key plans than we have in previous years. This will enable us to concentrate on the priorities within the business while ensuring we are still able to provide the excellent services we always have.
- 2.5. Key to the plans are the implementation of The One Project (TOP) and establishing the foundations for innovative and creative ways of delivering our services in the near future in line with the Customer Access Strategy.
- 2.6. As a result, Board members approved the initial draft of the 2021/22 ADP and KPIs at the Board meeting in January 2021.
- 2.7. In the period since, the ADP actions have been amended slightly to reflect further discussions and consultation.
- 2.8. The KPIs have also been amended slightly to reflect discussions with the Mayor and DMBC with targets now agreed (please see 4 below).
- 2.9. In developing the KPIs, methodology used in previous years has been applied for 2021/22, and the KPIs are based on the measures of success for our four strategic objectives. 19 KPIs were agreed for 2021/22, four of which are annual KPIs.
- 2.10. For 2021/22, there is one change to the KPIs for reporting performance to Doncaster Council. KPI10 has changed to report on 'Gas servicing - The percentage of dwellings with a valid gas safety certificate'. In 2020/21 and previous years, we have recorded this information but the KPI reported 'Gas servicing - the percentage of properties attended against target'.
- 2.11. The two additional SLHD employee related KPIs have been retained for 2021/22, both of which will be captured via staff survey :
 - Employee satisfaction with SLHD as an employer; and
 - How likely are you to recommend SLHD to family and friends.
- 2.12. Prioritisation and the volume of tasks to be undertaken were key themes during discussions at SMT and Leadership meetings.

3. 2021/22 ADP

- 3.1. The 2021/22 ADP at **Appendix A** contains individual actions relating to the Corporate Plan actions/plans. Some are related to current pieces of work that are already underway.
- 3.2. Alignment with the four strategic objectives:

Objective	Number of 2021/22 ADP Actions
All our homes are modern, decent, and energy efficient	9
Our tenants live successful and fulfilling lives	7
We will be a nationally recognised provider of housing services	11
Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together	6

- 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 quarterly, and to Board every six months.
- 3.4. Following feedback from Board, more attention will be taken to capture the intended outcomes of each Action to determine the benefit to the organisation.

4. 2021/22 KPIs

4.1. For reference, the Board considered draft KPIs in January 2021 and in summary, with the exception of the Gas servicing KPI, they were the same KPIs as are currently in place for 2020/21 and with the same targets.

4.2. Since the January Board meeting, the KPIs have been amended slightly to reflect discussions with the Mayor and DMBC and targets agreed. Specifically, the targets amended were:

- KPI 1 Rent arrears - 3.00% : An increase from the initial 2.80% to reflect the impact of the Covid19 pandemic in the borough (and nationally);
- KPIs 4, 5 and 6 – no target : These KPIs are around the homelessness service and no targets have been set at this stage. They will be reviewed at the end of Q1 and will be set subject to changes in policy and government guidelines relating to Covid19;
- KPI 14a Number of tenants and residents helped into training or education - 67 : An increase of 20% from the initial 56, to ensure we capture all of what we do but still meeting the national benchmarking definition;
- KPI 14b Number of tenants and residents helped into employment - 30 : An increase of 20% from the initial 25, to ensure we capture all of what we do but still meeting the national benchmarking definition; and
- KPI 15 Tenant satisfaction levels – 87%. A decrease from the initial 89% to reflect impact of the Covid19 pandemic in the borough (and nationally).

4.3. **Appendix B** details :

- KPI targets for 2021/22;
- historical performance and related financial information;
- KPI targets and Q3 performance for 2020/21; and
- where applicable, SLHD's quartile peer benchmarking position and top and bottom quartile and median indicators for 2019/20.

5. Recommendation

5.1. That Board is asked to approve the ADP and suite of KPIs for 2021/22 in light of the 5-year Corporate Plan.

6. Appendices

- Appendix A - 2021/22 ADP
- Appendix B - 2021/22 KPIs

Corporate Plan Objective	Plans	ADP Actions 2021/22	Date
All our homes are modern, decent, safe and energy efficient	Ensure our homes are safe and free from hazards.	1.1: Review current structures to support the implementation of a robust HealthSafety and building compliance model.	Jul-21 HoAM / HoHM
		1.2: Review and implement compliance software as part of an external health check across all 6 areas of compliance.	Jul-21 HoAM
		1.3: Continue to monitor changes arising from the Building a Safer Future review and implement accordingly.	Mar-22 HoAM
	Continue to invest in homes and neighbourhoods.	1.4: Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	Mar-22 HoAM
		1.5: Implement outcomes from reviewed Age Designation Policies.	Mar-22 HoAM
	Deliver an efficient and effective repairs and maintenance service.	1.6: Explore agile working and current working hours for trade staff aligned to customers (Inc Out of Hours).	Nov-21 HoR&M
		1.7: Undertake full R&M service review informed by the Phase II TOP implementation .	Mar-22 HoR&M
	Deliver our environmental strategy.	1.8: Implement Borough wide project to recycle furniture .	Aug-21 HoHM
	Offer a sustainable gardening service.	1.9: Explore the possibility and benefits of extending the garden service to the private sector .	Mar-22 HoHM

Corporate Plan Objective	Plans	ADP Actions 2021/22	Date
Our tenants live successful and fulfilling lives	Help tenants to sustain their tenancies.	2.1: Full review of housing management functions and structures (after TOP).	Mar-22 HoHM
	Ensure the allocations policy reflects the changing needs of tenants and residents.	2.2: Review the Allocations Policy.	Mar-22 HoAtH
		2.3: Further develop and implement customer insights data.	Oct-21 HoCS
	Improve communication with tenants and residents.	2.4: Review our Customer Involvement Strategy and model to ensure the tenant voice is integral to everything we do, including Tenant Participation Advisory Service (Tpas) accreditation.	Oct-21 HoHM
		2.5: Develop engagement strategies for high risk buildings in consultation with tenants to deliver the requirements of the Building a Safer Future.	Mar-22 HoHM
	Increase engagement with the diverse communities of Doncaster.	2.6: Review and implement regulatory requirements embedded in the Building Safety Bill, Fire Safety Bill and Social Housing White paper.	Ongoing CE
	Ensure tenants with disabilities are able to secure appropriate homes.	2.7: Review the operational arrangements for the accesible housing register.	Dec-21 HoAtH

Corporate Plan Objective	Plans	ADP Actions 2021/22	Date
we will be a nationally recognised provider of housing services	Embed a positive health, safety and wellbeing culture.	3.1: Achievement of workplace wellbeing gold award	Mar-22 HoHR&OD
	Deliver value for money services.	3.2: Identify efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT).	Dec-21 HoF&BA
		3.3: Implement The One Project, replacing key IT systems and driving Customer Focussed culture change.	Dec-21 HoICT&BT
	Use technology to modernise and transform service delivery.	3.4: Consider and Implement technology to create a digital engagement route to improve performance and drive efficiencies.	Sep-21 HoHM / HoCS
		3.5: Consider and implement technology to enable improved management of building safety compliance records.	Sep-21 HoAM
	Continue to develop our workforce.	3.6: Having Implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.	Mar-22 HoHR&OD
		3.7: Finalise and implement Agile Working approach.	Mar-22 HoHR&OD
		3.8: Refresh our early careers framework, achieving external recognition for the provision.	Dec-21 HoHR&OD
Ensure our business accommodation is fit for purpose.	3.9: Review accommodation requirements, including partner co-location opportunities as part of wider move towards agile working.	Jun-22 HoAM	
	3.10: Investigate alternative methods for customers to interact with us and to access our services at our office/partner locations	Oct-21 HoCS	
Increase the range of support for tenants.	3.11: Progress accreditation to Domestic Abuse Housing Alliance (DAHA).	Mar-22 HoHM	

Corporate Plan Objective	Plans	ADP Actions 2021/22	Date	HoS
Through innovation and partnership	Living: Reduce and prevent homelessness.	4.1: Review temporary accommodation model with Council & partners.	Sep-21 HoAtH	
		4.2: Develop and begin implementing action arising from the homeless prevention strand of the Homelessness & Rough Sleeping Strategy	Sep-21 HoAtH	
		4.3: As part of the DGT homelessness board, seek to reduce the incidence of rough sleeping and the use of temporary accommodation.	Mar-22 HoAtH	
		4.4: Develop and implement roadmap out of covid related tempoary accomdoation placements.	Jun-21 HoAtH	
	Living: Safer neighbourhoods through reduced anti-social behaviour and crime.	4.5: Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	Dec-21 HoHM	
	Living: Provide support to maximise tenancy sustainability.	4.6: Work with DCST to improve the accommodation options for care leavers through the development of a shared accommodation offer.	Mar-22 HoAtH	

KPI Reference	KPI	2016/17 Outturn	2017/18 Outturn	2018/19 Outturn	2019/20 Outturn	2020/21 Target	2020/21 Current Perf Q3	2021/22 Targets (Proposed)	Housemark benchmarking ALMOS, Mets and Unitaries (13/11/20)			
									Quartile position 2019/20	Top Quartile 2019/20	Median 2019/20	Bottom Quartile 2019/20
KPI 1	% of current rent arrears against annual debit	2.44%	2.62%	2.61%	2.79%	2.80%	3.39%	3.00%	Quartile 3	1.88%	2.62%	3.89%
KPI 2	Void rent loss % (£) of rent loss through vacant dwellings	1.00%	0.78%	0.49%	0.59%	0.50%	1.02%	0.50%	Quartile 2	0.74%	0.97%	1.46%
KPI 3	Relet time for standard voids (days)	49.0 days (not a KPI)	36.0 days (not a KPI)	20.9 days	22.7 days	20.0 days	48.27days	20.0 days	Quartile 2	21.2 days	28.2 days	36.8 days
KPI 4	Number of Households Placed in B&B Accommodation	Not measured		12 (no target)	26 (no target)	63	586	No target until Q1	n/a	n/a	n/a	n/a
KPI 5	Full duty homelessness acceptances.	Not measured		130	228	160	273	No target until Q1	n/a	n/a	n/a	n/a
KPI 6	Homelessness preventions	Not measured		965		800	315	No target until Q1	n/a	n/a	n/a	n/a
KPI 7	Percentage of complaints upheld against customer interactions	Not measured	0.060%	0.070%	0.061%	0.070%	0.062%	0.070%	n/a	n/a	n/a	n/a
KPI 8 (New for 19/20)	Tenancies sustained post support	Not measured		93.80%		90.00%	96.72%	90.00%	n/a	n/a	n/a	n/a
KPI 9 (New for 19/20)	Repairs completed at first visit	Not measured		90.24%		92.00%	90.67%	92.00%	Quartile 2	95.87%	92.54%	87.39%
New KPI 10 for 21/22 ?	Gas Servicing - % of dwellings with a valid gas safety certificate	Measured, but not reported as a KPI.						100.00%	Quartile 1	100.00%	100.00%	99.89%
KPI 11	Days lost through sickness per FTE	8.27 days	8.04 days	8.90 days	8.30 days	7.90 days	4.62 days YTD	7.90 days	Quartile 1	8.35 days	9.55 days	12.35 days
KPI 12	% of local expenditure	Not measured	58.00%	57.94%	59.06%	70.00%	52.25%	70.00%	n/a	n/a	n/a	n/a
KPI 13	ASB % of cases resolved	Measured, but not a KPI		92.99%	95.55%	95.00%	94.65%	95.00%	n/a	n/a	n/a	n/a
KPI 14a	Number of tenants and residents helped into training or education	Not measured		53 (combined)		56	29 YTD	67	n/a	n/a	n/a	n/a
KPI 14b	Number of tenants and residents helped into employment	Not measured		n/a		25	20 YTD	30	n/a	n/a	n/a	n/a
Annual KPIs												
KPI 15	Tenant satisfaction levels	Bi-annual report. Using STAR Survey. Housemark benchmarking is based on question on overall satisfaction.			87.0%	89.0%	n/a	87.0%	Quartile 2	88.0%	84.0%	81.0%
KPI 16	Percentage of homes maintaining Decent Homes standard	Annual report based on Government decent homes standard.			100.0%	100.0%	n/a	100.0%	Quartile 1	100.0%	100.0%	99.0%
KPI 17	Level of tenant satisfaction with property condition	Bi-annual report. Using STAR Survey. Housemark benchmarking is based on questions concerning satisfaction with condition of the property.			89.4%	89.0%	n/a	89.0%	Quartile 1	86.0%	83.0%	79.0%
KPI 18	Energy efficiency of properties	Target 92% of homes at EPC C (SAP 69) or higher. To be reported annually. Aim is to achieve EPC Level C by 2030 so target set 68.37% for 2022			99.96%	41.53%	n/a	68.37%	n/a	n/a	n/a	n/a
Annual KPIs - St Leger Homes Board												
KPI 19	Employee satisfaction with St Leger Homes as an employer - Staff survey question	92.6%	not measured	79.8%	79.8%	No target	81.2%	85.0%	n/a	88.7%	83.5%	79.5%
KPI 20	How likely are you to recommend St Leger Homes to family and friends - Staff survey 'Net Promoter Score (NPS)'	27.2	not measured	21.0	21.0	No target	25.0	25.0	n/a	n/a	n/a	n/a

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 31 March 2021

Item : 09

Subject : Strategic Risk review 2021/22

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business
Assurance

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

Recommendation: That Board note the updated
Strategic Risk Register.

To Board
Date: 31 March 2021

Agenda Item 09

1. Report Title

1.1. 2021/22 Strategic Risk review

2. Executive Summary

- 2.1. Board and Audit and Risk Committee receive periodic updates on the company's Risk Registers, the most recent quarterly review being for Quarter 3 2020/21 and presented to Board in January 2021.
- 2.2. The purpose of the Quarter 4 review is to consider all the strategic risk facing the company during the next financial year 2021/22. A full review of the Strategic Risk Register (SRR) was undertaken by Leadership during March 2021 and discussed in full at the meeting on 2 March 2021. The meeting also considered the ADP and KPIs for the new year and also sector wide issues such as the Social Housing White Paper. This was to ensure the SRR covered all strategic risks facing the business in the year ahead, and that it was fully aligned with the Corporate Plan and ADP.
- 2.3. Covid19 is still a feature on the Strategic Risk Register (SRR) after being added in May 2020 as a separate risk. It impacts on all risks on the register, and during 2020/21 has had budgetary impacts and significantly affected a number of Key Performance Indicators (KPIs), primarily rent arrears, voids, homelessness, gas servicing, repairs and property improvements. At end of February 2021, 6 out of 15 KPIs were not meeting target or within tolerances.
- 2.4. Managing all aspects of Covid19 has become business as usual and the budget for 2021/22 reflects this with minimal additional requirements. We continue to work closely with DC and other borough stakeholders and the focus of recent meetings has been around recovery rather than response, and that Covid19 is now becoming endemic, not a pandemic.
- 2.5. Leadership review the SRR on a quarterly basis and, for reference, there have been a number of changes to the SRR during the 2020/21 financial year just ending, as follows :
- **Added Q1** – 'Failure to manage all issues surrounding the impact of the Covid19 pandemic';
 - **Added Q3** – 'Failure to develop, maintain and optimise use of ICT systems'. The pandemic and requirement to work from home highlighted the reliance on the ICT infrastructure;
 - **Removed Q3** – 'Failure to effectively manage the impact of Welfare Reform'. SLHD has managed Welfare Reform very effectively since 2017 and the requirements are now considered business as usual;

- **Combined Q3** – ‘Failure to recruit, develop and retain a skilled, efficient and effective workforce’ is now a combination of the two previously separate risks around ‘recruitment/retention of’ and ‘operate an efficient /effective’ workforce;
- **Expanded Q3** – ‘Failure to effectively govern and manage in an increasingly regulated and uncertain economic climate’ has been expanded to reflect the increasing focus on customers and regulation through the Social Housing White Paper.

2.6. There were no risks added or removed during Q4.

2.7. The risk ratings have also been considered based on the controls and assurances in place. The SRR has ten risks, which together with their Inherent and Residual ratings and December 2020 comparatives are summarised in the table below.

		Q4 March 2021		Q3 December 2020	
	Risk – Failure to :	Inherent rating	Residual Rating	Inherent Rating	Residual rating
1	manage Homelessness issues within the borough	16	12	16	12
2	develop, maintain and optimize use of ICT systems	20	12	20	12
3	manage political and local expectations of SLHD	20	12	20	12
4	deliver the digital transformation programme	16	12	16	12
5	recruit, develop and retain a skilled, efficient and effective workforce	16	12	16	12
6	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	15	25	15
7	manage corporate health, safety and compliance risks	25	15	20	15
8	deliver on performance and VFM as measured by Doncaster Council (DC)	20	15	20	15
9	effectively govern and manage in an increasingly regulated and uncertain economic climate	20	10	20	10
10	manage all issues surrounding the impact of the Covid19 pandemic	25	12	25	12

Risk rating score key : R A G	20-25	7 - 19	1-6
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2.8. There have been updates to causes, effects, controls, assurances and actions and the full SRR is attached at **Appendix A**. The format of the SRR has changed slightly with each risk now having its own page to aid readability, and a summary dashboard.

2.9. The risk scoring matrices are attached at **Appendix B**.

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

3. Purpose

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

4. Recommendation

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

5. Background

- 5.1. Since the last update to Board in January 2020, the main focus areas have been managing services within Covid19 government guidelines, progressing TOP implementation, and all aspects of planning for 2021/22 including budget, KPIs, ADP and Social Housing White Paper, among others.
- 5.2. There have been a number of other events within SLHD and also the sector/nationally, that could impact on the SRR. The items to note are:

Covid19

- SLHD continue to have extensive involvement with DC led coordination groups, the relevant 'cells' feeding into these strategic groups, delivering support by contacting thousands of members of the community and providing delivery services;
- SLHD offices now only open on a very limited basis and almost all office-based staff continue to work from home;
- Availability of contractors and some building materials had initially been adversely affected but there are no issues now;
- Impact on local and national economies in the short and long terms with undoubted recession and uncertainty of future outbreaks;

Others

- Interim Head of Asset Management commenced 1 March;
 - Current Head of Asset Management leading on Building Compliance plans from 1 March;
 - An 'Agile Working' group is developing new ways of working over the next two years, and will be informed by staff surveys, the latest of which was undertaken in February 2021;
 - TOP / Capita OpenHousing development and implementation progressing. Phase 2 (replacement of the other ICT systems) go live date deferred by one month to end of July;
 - Brexit planning undertaken in house and minimal impact on SLHD services. Main issue now is to meet the EU Settled Status requirements for our tenants and residents by 30 June 2021;
 - Severe Weather Emergency Protocol (SWEPP) was in operation from 27 December to end of February following sustained period of cold weather;
 - Winter planning and operations undertaken as part of the DC led 'weather ready' group.
- 5.3. The points listed above evidence the extent of the impact that Covid19 has had and may continue to have on SLHD operations. As the vaccination programme is delivered nationally, DC are leading moving

from the response phase into the recovery phase, and from pandemic to endemic. SLHD continue to be heavily involved in this and as well as delivering our own recovery plan.

6. Procurement

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

7. VFM Considerations

- 7.1. The underlying principle of risk management is to identify and manage risk in a controlled and cost-effective manner, rather than react to a situation when a risk has materialised which could incur unplanned expense.
- 7.2. As referred to above, VFM is achieving the optimum balance of costs and performance, and the Covid19 pandemic had significant adverse impact on both in the year to date. Although normal services resumed in June, the pandemic continued to impact on budgets and performance for the remainder of the year.

8. Financial Implications

- 8.1. The financial implications associated with this report are referenced in the register as appropriate.
- 8.2. The budget has been under pressure during 2020/21 but latest figures show both the Housing Revenue Account and General Fund operations projecting surpluses, the latter as a result of additional management fee approved in December to cover the significant additional costs incurred in adhering to government instructions around homeless services.

9. Legal Implications

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

10. Risks

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

11. IT Implications

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

12. Consultation

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

13. Diversity

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

14. Communication Requirements

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

15. Equality Impact Assessment (new/revised Policies)

15.1. Not applicable to this report.

16. Environmental Impact

16.1. Not applicable to this report.

17. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance

Background Papers

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

Strategic Risk Register - Dashboard as at Q3 (period 9) 2020/21

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

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

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

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

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

RISK OWNER	Head of HR & OD		
FAILURE TO	5. recruit, develop and retain a skilled, efficient and effective workforce		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> * Occupational shortages/skills shortages * Ageing workforce - lack of succession planning * Lack of management buy in to recruitment changes (behaviours v. knowledge) * Lack of manager involvement in employee engagement / change management * Failure to identify the skills needed for the future (e.g. digital) * Failure to manage people in line with policies and procedures * Policies and procedures - not aligned with strategic direction * Inappropriate targets and lack of timely performance information or management * Lack of appropriate equipment and training * Inability to fill vacancies due to economic factors or pay market rates. * Inadequate systems 		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> * Posts unfilled, impacting on ability to deliver services to our customers * Reduced employee satisfaction and engagement * Increased employee turnover * Increased sickness absence * Reputational and brand damage * Failure to comply with legislation/regulation * Unproductive and demotivated staff * Lower quartiles benchmarking * Customer dissatisfaction and increase in complaints * Health and safety risks * Poor culture 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	4		
Impact score x likelihood score	16		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> * People Strategy in place * Health, Safety and Wellbeing Strategy 2016-2020 * New Behaviours framework launched * Financial and Performance Management framework in place * Leadership development programmes completed and structure in place which support succession planning; * Strategies, Policies and Procedures framework in place * National and local benchmarking arrangements in place * Market supplement available 		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> * Workforce planning process in place * Leadership Development completed across the business * Wider range of apprenticeships across the business * Regular employee surveys undertaken * A range of employee benefits, and employee health, safety and wellbeing communicated regularly * Regular 1:1 (personal review) meetings between employees and their line manager * Top quartile customer satisfaction * Budget monitoring and Performance Management frameworks in place * People strategy in place * Increased resources. * Be well at work Silver award achieved in 2020 and plan to achieve Gold in 2022 - thorough wellbeing at work group * Development of the future ways of working including agile, remote and flexible working * Behaviours embedded in job descriptions to enhance recruitment * Complaints training delivered to all Service Managers and Team Leaders. 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely, 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major, 5 = Critical	3		
Impact score x likelihood score	12		
What further action is planned to treat the risk?			
Action 1	Management Development Programme. First Line Managers programme commencing Jan 20	Head of HR and OD	Cohorts ongoing and planned into 2022
Action 2	Develop succession planning	Head of HR and OD	Mar-22
Action 3	Deliver recommendations from productivity related internal audits (linked to TOP go live for repairs)	Head of Repairs and Maintenance	Jul-21
Action 4	Introduce peer group performance benchmarking specifically for tradesteam DLO	Head of Repairs and Maintenance	Oct-21
Action 5	Implement refreshed people performance framework, linking regular goal setting and performance and compliance to regular one to one conversations	Head of HR and OD	Jun-21
Action 6	Complete new SOR implementation (linked to TOP repairs go live.)	Head of Repairs and Maintenance	Jul-21
Action 7	Deliver year 2 of the People Strategy	Head of HR and OD	Mar-22
Action 8	Define and implement future agile ways of working	Head of HR and OD	Mar-22

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

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

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

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

RISK OWNER		Leadership	
FAILURE TO		10. manage all issues surrounding the impact of the Covid19 pandemic.	
What might cause the risk to occur? 'CAUSE'	<ul style="list-style-type: none"> * High levels of staff absence - self isolation or sickness * Reduced core services - business critical only * Reduced levels of asset investment and maintenance * Insufficient PPE for staff * Inability for all staff to work from home * Inadequate IT infrastructure (via DMBC) preventing system access * Employee health and wellbeing - change, anxiety, isolation * Tenants in increased financial hardship * Delays to key projects, eg TOP, CAT * Supplier and contractor availability to provide goods and services * Uncoordinated approach across borough * Delays to planned or required recruitment and required training * Disengaged / reluctant concerned workforce * Tenants refusing access for emergency repairs /statutory visits * Unrealistic expectations from government / partners * Increase in crime and ASB cases in neighbourhoods * Lack of visible Leadership * Inability to adequately support vulnerable tenants * Lack of a clear communication strategy 		
What are the possible consequences if the risk occurs? 'EFFECT'	<ul style="list-style-type: none"> * Excessive demands on remaining staff not sustainable * Operational and reputational risk of services not delivered * SLHD budget pressures from new, unanticipated demands and reduced income. * H&S risks. Concerned frontline staff. May need to stop services. * Some staff unable to do any work at all. * Reduced productivity. Employee and customer frustrations * Poor KPI performance - arrears, homelessness, gas, voids, sickness. Impact on future staff retention. * Rent arrears increasing - HRA cashflow and budget pressures * Budget pressures, service changes targets not met * Unable to deliver required services due to suppliers and contractors * Customer dissatisfaction and increase in complaints * Vulnerable tenants and residents 'missed' and/or efforts being duplicated * Sustained gaps in key positions - H&S risks, required skills, and behaviours not met 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely			5
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical			5
Impact score x likelihood score			25
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> * Robust Business Continuity and Emergency Plans * Managers reviewing health and wellbeing of staff through frequent contact * IT infrastructure for staff to enable home working. Remote working capabilities quickly embedded * Performance Management Framework in place - early identification of issues * Monthly budget monitoring by EMT and quarterly by Board * Project Boards in place to monitor progress and agree actions, eg. DTB * Daily team, HOS & EMT, weekly Leadership virtual meetings * Risk assessments and working procedures in place * Increased stock holding of key items, incl parts & PPE * Contractor arrangements to maintain critical services, i.e. sprinklers, FRAs, lifts * Essential services still being delivered including gas servicing and provision of homelessness support * Systems to ensure statutory training can continue. Delivery of essential training to be carried out online or via software. * EMT Key Messages / notes from daily meetings / Sharing of information between EMT and HOS / FAQs * Offices closed. Most staff working from home effectively * Gold Command, TCG Silver and Cells addressing all issues * Timely, accurate budgets monitoring * Options for TOP delays considered and plans in place * Recruitment processes in place, e-recruitment operational. Able to recruit using skype or other video software for interviews * Service area Team meetings / Directors joining service area Team meetings. * Contact process in place for outbound calling to vulnerable tenants/community hub support; * Involvement in partner communication cell; 		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> * Business critical services maintained * Offices closed and most staff working from home effectively * Consultation on impact on service delivery undertaken with customers * Gold Command, TCG Silver and active cells addressing all issues * Timely, accurate, regular KPI and MI production * Timely, accurate, regular budget monitoring, both capital and revenue * Options for TOP delays considered and plans put in place * Existing recruitment processes in place, e-recruitment system still operational * Systems in place to ensure statutory training can continue * Testing regime in place * Additional consultation meetings in place with Unions and JCC 		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely			4
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical			3
Impact score x likelihood score			12
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Produce regular, up to date FAQs for employees	Leadership	As required
Action 2	Continue with business critical procurement. Including joint procurement with DMBC	Head Of AM	Ongoing
Action 3	Produce regular, up to date information for customers	Leadership	Ongoing
Action 4	Review FAQs format using drop down format on internet and intranet	Head of Customer Services / Acting Head of IT and BT	Linked to the review of the website
Action 5	Develop our role in the partnership localities model	Head of Housing Management	May-21
Action 7	Develop St Leger Roadmap to Recovery in line with the up to date government guidance	Head of HR and OD	ongoing
Action 8	Review TEnancy Sustainability model to ensure we support as many tenants as possible in the right way	Head of Housing Management	Jul-21
Action 9			
Action 10			

Risk rating methodology

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

- *Inherent Risk* - This is the initial assessment with the assumption of no controls in place
- *Residual Risk* - The risk is then re-scored but takes into account the controls in place to mitigate the risks, thereby potentially reducing the likelihood or impact

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

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

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

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

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 31 March 2021

Item : 10

Subject : SLHD Budgets 2021/22, 2022/23 & 2023/24

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Julie Crook
Director of Corporate Services

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

Recommendation:

It is recommended that Board approve the three year budgets.

Company Number 05564649
A Company Limited by Guarantee
Registered in England

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

**Agenda Item No: 10
Date: 31 March 2021**

1. Report Title

1.1 SLHD Budgets 2021/22, 2022/23 and 2023/24.

2. Background

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

2.2 SLHD aims to set a balanced budget each year where income equals expenditure, the income and expenditure budgets for 2021/22 are £46.9m.

2.3 SLHD receives five sources of income:

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

2.4 The Council's budgets were approved on 1 March 2021, these included the management fees, which SLHD receive from the HRA, the public sector capital programme and the General Fund.

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

2.5.1 Management fee from the HRA, £32.7m (70% of total income)

This budget has increased by £0.8m, the majority of the increase is due to inflationary increases across both pay and non pay budgets. The budget also reflects an increase to fund the function of the Building Safety Manager and an agreed savings figure of £250k has also been netted off.

There is a four year agreement (2021/22 to 2024/25) which is reviewed annually, whereby this budget increases by inflation but that SLHD needs to make efficiencies/savings primarily to return the up front investment to fund TOP. The agreed savings targets are £250k for 2021/22 and £333k a year for the next three financial years.

2.5.2 Management Fee from the General Fund, £1.5m (3% of total income)

This source of income is in respect of services that transferred into SLHD in

April 2014. This budget has seen an increase of £176k, £30k of this is to fund inflationary costs and £146k is budget growth is to fund the increased workload of the team. These figures exclude the impact of the covid19 pandemic and were agreed before it was known that the impact of covid19 was likely to still be ongoing well into the 2021/22 financial year. We have estimated that the additional impact of Covid 19 into 2021/22 will be a further £564k we are still in discussion with the Council around the funding for this anticipated cost.

2.5.3 Income from the Capital programme, £10.6 m (23% of total income)

This income is money paid to SLHD for the completion of capital/improvement works on the council owned properties and estates. This budget has remained the same as in previous years. This budget also includes the £1.5m (4.7%) of management fee received from the capital programme to manage the whole of the housing capital programme (£31.9m).

2.5.4 Other Income, £2.0m (4% of total income)

The majority of this income comes from temporary accommodation, grant income, district heating, private sector landlords and gardening services.

3. Budget 2021/22

3.1 Appendix A shows a balanced budget for 2021/22.

All budgets have been calculated in collaboration with staff from finance and budget holders (there has been a significant increase in the ownership and knowledge about budgets across the business and this has been helpful in the budget process). Non pay budgets have been calculated on a zero based approach and reflect savings and pressures that will continue from 2020/21 into 2021/22.

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

3.2 After adjustments for inflation and approved growth we have been required to find real savings of £250k and in summary these savings have been found from;

	£000s
Employees	-112
Supplies & Services	-117
Materials	16
Service Level Agreements (SLAs)	22
External Contractors	107
Capital income	-133
Other Income	-58
Other minor changes	25
Total	-250

Employees – a net reduction of 2 posts
Supplies and Services – Reduction in IT costs due to TOP phase 1
SLAs – Additional services purchased from the Council’s assets team
External Contractors – Costs for fire risk assessments and septic tanks
Capital Income – more electrical work being completed and
Other Income – additional income from private landlord service and pensions.

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

- 3.3 The budget has been set based on minimal changes across the organisation. A big piece of work, which is currently underway, is a change to the staffing structure and ways of working in Property Services to deliver an improved Health & Safety and Compliance Service. The initial proposals show that these changes will be cost neutral in the medium term but in the short term additional funding, will be required to address backlogs of work. Discussions are ongoing with the Council to approve funding for this and it is likely that it will be funded from carry forward of savings from this financial year.

4. Key Risks and Potential Budget Implications 2022/23 & Future Years

- 4.1 The budgets for 2022/23 and 2023/24 as shown in Appendix A and assume that the management fee from the HRA will be increased for inflationary pressures and further changes to pension costs and these increases have been built into the expenditure budgets for the HRA. A saving of £333k is also built into the 2022/23 and 2023/24 budgets and will be replicated in 2024/25 this reduction was agreed to repay the upfront investment required for TOP.

The overall HRA budgets, both revenue and capital, are tight over the next four years, as noted earlier apx 96% of SLHD’s income comes from the HRA so any significant budget implications for the HRA may have significant implications for SLHD.

- 4.2 General Fund budgets are under extreme pressure as a result of the Covid19 pandemic and it will take time for this impact to be eradicated from the budget completely. The budget for 2021/22 has been increased for inflationary pressures and has had a bid for additional funding approved in recognition of the underlying pressures on the service. It is unlikely that the 2021/22 will be sufficient as discussed at paragraph 2.5.2 but it is assumed that once services return to normal levels of demand then the budget will be sufficient.
- 4.3 Potential inflationary increases are a risk to the whole budget and these are constantly reviewed to ensure that they do not become unaffordable to the Council budgets that fund our management fees.
- 4.4 We have already identified a significant proportion of the savings (£300k out of £333k) required to balance the 2022/23 budget, the majority of these will

come from deletion of temporary posts within the organisation, most notably from the TOP team (£230k) and from IT savings as we implement phase 2 of TOP. Once TOP has been fully implemented, we will be reviewing the whole business to identify further savings and efficiencies to balance the budget in future years.

5. Procurement

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

6. VFM Considerations

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

7. Financial Implications

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

8. Legal Implications

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

9. Risks

- 9.1 The budget efficiencies that may need to be identified from 2022/23 onwards are currently unknown and these will need to be managed carefully to ensure that any savings/efficiencies are delivered.
- 9.2 Robust systems are in place to monitor both expenditure and income budgets.
- 9.3 The strategic and operational risk registers for the organisation are reviewed regularly and any potential financial impact especially in relation to changes in government policy.

10. Health, Safety and Compliance Implications

- 10.1 All known health, safety and compliance changes have been built into the budget. We will continue to review any implications following the tragic events at Grenfell, the subsequent publication of the draft building safety bill, fire safety bill and the Housing White Paper.

11. Report Author, Position, Contact Details

- 11.1 Julie Crook
Director of Corporate Services
Tel 01302 862710

12. Background Papers

- 12.1 Housing Revenue Account Budget 2021/22 – Council Meeting 1 March 2021
Capital Programme 2021/22 to 2024/25 – Council Meeting 1 March 2021.

St. Leger Homes of Doncaster Ltd Budget 2021/22 to 2023/24

	2020/21	2021/22	Variance from 20/21 to 21/22	2022/23	2023/24
	Budget £000s	Draft Budget £000s	£000s	Draft Budget £000s	Draft Budget £000s
Management Expenditure					
Employees					
Direct Employee Expenses	27,237	28,109	872	28,879	29,874
Indirect Employee Expenses	212	201	-11	201	201
Agency Staff	78	101	23	101	101
Training	169	183	14	183	183
Total Employees	27,696	28,594	898	29,364	30,359
Premises					
Utilities	684	678	-6	678	678
Rates	135	134	-1	134	134
Furniture	16	16	0	16	16
Repairs & Maintenance	254	260	6	260	260
Premises - Other	858	980	122	980	980
Transport					
Fuel	486	455	-31	455	455
Transport & Plant	1,870	1,851	-19	1,851	1,851
Transport - Other	49	61	12	61	61
Supplies and Services					
Provision for General inflation				300	600
IT Equipment	694	704	10	704	704
Printing & Stationery	119	103	-16	103	103
Postage	63	63	0	63	63
Insurance	346	356	10	356	356
Communication	81	77	-4	77	77
Materials - Building Services	5,894	5,941	47	5,941	5,941
Supplies and Services - Other	1,880	1,856	-24	1,856	1,856
Service Level Agreements	3,377	3,534	157	3,474	3,474
Savings yet to be identified				-333	-666
Total Management Expenditure	44,502	45,663	1,161	46,340	47,302
Maintenance Expenditure					
External Maintenance Contractors	1,146	1,253	107	1,253	1,253
Total Maintenance Expenditure	1,146	1,253	107	1,253	1,253
Gross Expenditure	45,648	46,916	1,268	47,593	48,555
Income					
Management Fee - HRA	-31,931	-32,724	-793	-33,401	-34,363
Management Fee - General Fund	-1,355	-1,531	-176	-1,531	-1,531
Recharges to Capital Schemes (In house)	-10,455	-10,588	-133	-10,588	-10,588
Other Income	-1,907	-2,073	-166	-2,073	-2,073
Total Income	-45,648	-46,916	-1,268	-47,593	-48,555
Surplus(-) / Deficit	0	0	0	0	0

Detailed Budget Changes

1. Details of the most significant budget changes are detailed below;
2. The increased funding received for the staffing budget was £984k but the overall staffing budget only increased by £872k, the net impact on the bottom line was therefore a £112k saving.

Direct employees budget, increased by £872k

This increase is as a result of;

	£000s
Estimated Pay award at 2.75%	776
Pay award adjustment from previous year	-65
Increments	66
Increases for specifically funded posts;	
Building safety Manager (2 posts)	160
Accommodation Support Officer (2 posts)	58
Other net decrease of 2.0 posts	-113
Minor adjustment to vacancy factor	-34
Market Supplement/Improver pay rates	19
Other minor adjustments	5
Total	872

The net staffing increase of 2.0 FTEs is made up of a number of changes the most notable ones being;

	FTEs
Building Safety Manager	2.0
Accommodation Support Officer	2.0
Sub Total	4.0
Apprentices*	3.0
R&M Improvement Manager (Temp)	1.0
Private Tenancy Officer	0.5
Learning & OD Advisor (Temp)	0.5
TOP Team	-4.5
Gardener	-2.0
Garden Service Team Leader	-0.7
Executive Support Officer	-0.6
Net Others	0.8
Sub Total	-2.0
Total	2.0

*These are 3 additional apprentice posts increasing the total number in the business to 35.

Appendix B

3. Premises budget;
The overall budget has increased by £121k. This includes an increase of £118k for additional temporary accommodation that has been fully funded by an increase in other income (housing benefit) and management fee and therefore this does not have an overall impact on our bottom line. There was a saving of £6k as a result of a reduction in the prices for utilities.
4. Transport budgets;
This overall budget has reduced by £38k, largely due to fuel price deflation by as much as 10% with the current pandemic having an impact on the economy. Our management fees are adjusted for inflation and/or deflation so this change does not have an impact on the bottom line.
5. Supplies and Services (excluding materials);
The overall budget has reduced by £24k but there are a number of notable increases and decreases within the overall budget headings;
 - £76k additional budget for emergency hotel accommodation and £20k for temporary accommodation equipment in the Housing Options Team, which reflects increased demand in response to Covid-19. This is fully funded by an increase in other income and management fee and therefore has no impact on the bottom line.
 - The ICT budget has seen a saving of £80k in relation to changes in licensing agreements as part of the ongoing TOP project,
 - The budgets for printing, stationery, postage and telephone costs have reduced by £22k across the whole organisation;
 - A reduction of £58k in relation to Tenancy Sustainability software and Citizens Advice bureau contracts of which £43k has been vired to fund the extension of a Welfare Reform Officer post in 2021/22 and £15k is a saving.
6. Materials;
The materials budget is £47k (0.8%) higher in 2021/22
There are inflationary increases of £31k in line with CPI on supplier's contracts (as inflationary changes are funded through the management fee this has no impact on our bottom line).
An additional £56k was added to the budget for the replacement of consumer units in major voids, this will increase income to the company by £133k. £20k of savings have been identified in the Gas repairs team as on average the number of repairs have reduced and £20k in general void properties as a result of less materials used per completion. There are a number of contracted suppliers where prices are fixed for the duration of that contract.
7. SLAs;
The SLAs budget is £157k (5%) higher than 2020/21, mainly due to a 4% increase on all contracts (£135k) and a specific increase of £59k in the Strategic Asset Management SLA due to an additional resource required for

Appendix B

property advisor duties. Additional budget of £120k was approved in 2020/21 for the Arboriculture SLA to address a backlog of work identified in the tree survey carried out in 2019/20. Due to the pandemic, approximately 50% of this work has been deferred until the next financial year, therefore £60k has been retained in the budget for 2021/22, a reduction of £60k.

8. External Maintenance Contractors;
This budget has increased by £107k. An additional £75k per annum is required for Fire Risk assessments on our low rise properties and any follow up routine maintenance from the contractor's recommendations. £30k additional resource is required for the maintenance and emptying of septic tanks and cesspools. Change in regulations in dealing with surface rainwater has meant an increase in the number of call outs to empty and service the tanks.
9. Capital Income;
An increase of £133k income has been budgeted for. Our in-house void repair team will be replacing consumer units in all major void properties in 2021/22 and this additional work will be achieved within existing staffing resources.
10. Other Income;
An increase in other income of £166k has been budgeted for, of which £153k is for an increase in Housing Benefit arising from temporary accommodation. This budget also decreased by £45k as the funding for the Universal Credit Implementation Manager ended. Both of these changes were adjusted through the management fee and had no impact on the bottom line.
There has been a budgeted increase in the income from St Leger Lettings to reflect an increase in the number of properties managed, an increase in our refund from South Yorkshire Pensions and other small changes, which in total amount to £58k.

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Period ended 28 February 2021 KPI dashboard (Period 11)
Action Required:	For information
Item:	11
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	31 March 2021

1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at end of February 2021 (period 11) 2020/21 and brief commentary.
- 1.2. The KPI dashboard as at 28 February 2021 (Period 11) is attached at **Appendix A**.

2. Executive summary

- 2.1. Performance in the year to date has been heavily affected by Covid19. Business critical services only were delivered in April and May 2020. Normal services have been delivered from early June, despite further restrictions since Quarter 2.
- 2.2. The table below summarises the dashboard as at the end of February 2020. Comparatives have been included from 2019/20 as the KPIs are the same as last financial year, with one more annual KPI added for 2020/21. There are six KPIs not meeting target ('Red') and commentary appears below.

	Feb 21 20/21	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Green (on target)	5	5	6	6	10	6	7	7
Amber (within tolerance)	4	3	1	1	4	5	4	1
Red (not meeting target)	6	7	8	8	4	3	3	5
Annual KPIs	4	4	4	4	0	4	4	4
Total	19	19	19	19	18	18	18 ¹	17

¹ During Q2 2019/20, KPI 14 was split in two - KPI14a KPI14b - to separately report performance on training and employment support, so there were initially 19 KPIs for 2019/20

3. KPI commentary

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

Target 0.50%
Feb 21 YTD Performance 1.00% **WORSE THAN TARGET – RED**

The first lockdown following Covid19 is the reason for the decline in performance. From end of March, the advertisement cycle, non-urgent repairs, capital works and void repair works were suspended and the number of voids held showed a weekly increase during April and May, until re-letting commenced.

	Feb 21 20/21	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Rent loss %	1.00%	1.02%	0.97%	0.97%	0.59%	0.59%	0.64%	0.72%

The rent loss target of 0.50% equates to approximately 110 empty properties at any point in time. Typically, void levels are around 110-115 properties at any point in time, but the actual number of voids has been nearer 200 for the year to date. For 20/21, this peaked at 223 at end of May, reduced below 200 for Q2 and Q3 but has crept back up from January and is now at 207 (198 lettable) at end of February, six lower than at end of January.

The 207 also includes 14 buy backs and the scheduled repair team are completing work in all buy backs. Cumulatively, the KPI shows a slight improvement from Q3 and January as a result of an improvement in the month.

The number of terminations during February of 106 shows a reduction of five when comparing to January's 111. The number of re-lets during February of 100 is three lower than January. The total number of terminations from April 20 to February 21 of 1,151 shows an increase of 94 when comparing to the number of re-lets for the same period last financial year – April 19 to February 20 - of 1,057.

However, the number of re-lets completed so far to mid-March of 55 shows an increase of 29 when comparing to the number of re-lets for March 2020 of 26. As a result of this, the number of voids held in mid-March shows a reduction at 186 (163 lettable), this figure includes the 9 non lettable voids and 14 buy backs.

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

Target 20.00 days
Feb 21 YTD Performance 47.74 days **WORSE THAN TARGET – RED**

As with KPI2 above, the suspension of lettings and repair work on empty properties in Q1 had a significant adverse impact on the KPI. Performance in Q3 and Q4 to date shows a slight improvement to 47.74.

	Feb 21 20/21	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Re-let days YTD	47.74	48.27	49.32	55.05	22.68	22.30	23.83	26.18

In mid-March, the number of lettable voids held is 163 of which, 106 require standard repair work. Of the 106 standard voids, 51 are above the 20 day target (31%). This is a significant reduction when comparing to the previous month, with 61% of standard voids held above the target of 20 days.

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

3.3. KPI 4 : Number of Households Placed in B&B Accommodation (ytd)

Target YTD 57
Feb 21 YTD Performance 741 **WORSE THAN TARGET – RED**

The target for the year is 63 (which was set pre pandemic), so this KPI will be red at year end. The placements and nights in B&B during the quarter is skewed by the response to Covid19. The table below shows volumes by quarter with comparatives from previous years, showing the impact that the government announcement has had on the service, budgets and KPIs.

	Households placed in B&B accommodation	Total no. of nights in B&B new placements	Total no. of nights in B&B paid for	No. of children placed in B&B accommodation
Q1 18/19	60	n/k	n/k	21
Q2 18/19	81	1,166	1,166	50
Q3 18/19	58	569	569	43
Q4 18/19	75	502	502	45
2018/19 totals	274	n/k	n/k	159
Q1 19/20	28	67	67	15
Q2 19/20	18	41	42	10
Q3 19/20	4	11	11	5
Q4 19/20	34	103	103	5
19/20 totals	84	222	223	35
Q1 20/21	243	2,674	4,679	0
Q2 20/21	134	1,441	6,019	5
Q3 20/21	209	1,009	5,086	15
Jan/Feb 21 20/21	155	1,684	7,440	22
20/21 YTD totals	741	6,808	23,224	42

The service continued to see extremely high levels of demand, but despite an increase in the approaches to service there was a reduction in those presenting as 'Homeless Tonight' and consequently the number of placements into Hotels reduced from 108 to 78.

Officers continue to focus on move-on plans, however with winter pressures and lockdown restrictions in place the reduction is likely to be steady throughout the remainder of the year.

3.4. KPI 5 : Number of Full Duty Homelessness Acceptances (ytd)

Target YTD 146
Feb 21 YTD Performance 364 **WORSE THAN TARGET – RED**

The target for the year is just 160 (pre pandemic) so given the impact of Covid19 and the government’s requirement to adopt the ‘Everyone In’ response to rough sleeping, this KPI is under pressure and won’t be met for the year.

The number of cases reaching full duty decisions was 67 in February and 24 in January. The year to date position at the end of February was 364 compared with 197 at the same point last year. This reflects the high volume of cases opened since April and the reduced opportunities to prevent and secure alternative accommodation, resulting in a Full Duty decision having to be made at the end of the 56 days of relief.

Quarter	No. of acceptances	<u>Cumulative</u> no. of acceptances	Cumulative target
Q1 19/20	40	40	33
Q2 19/20	66	106	66
Q3 19/20	36	142	99
Q4 19/20	86	228	130
Q1 20/21	77	77	40
Q2 20/21	91	168	80
Q3 20/21	105	273	120
Jan/Feb 21	24 + 67 = 91	364	146

3.5. KPI 6 : Number of Homelessness Preventions (ytd)

Target YTD 733
Feb 21 YTD Performance 548 **WORSE THAN TARGET – RED**

We recorded 59 homeless preventions during February and 33 in January. The 548 prevention cases year to date is as expected significantly lower than the 861 at the same point last year. This reflects the impact of the pandemic and the suspension of evictions resulting in the reason for homelessness; for the majority of cases, being with little or no prior notice and limited opportunity to prevent homelessness. For example, being asked to leave by friends or family, relationship breakdown, or fleeing violence.

Quarter	No. of preventions	<u>Cumulative</u> no. of preventions	Cumulative target
Q1 19/20	207	207	153
Q2 19/20	244	451	305
Q3 19/20	274	725	458
Q4 19/20	240	965	610
Q1 20/21	159	159	199
Q2 20/21	156	315	399
Q3 20/21	141	456	599
Jan/Feb 21	33 + 59 = 82	548	733

3.6. KPI 12 : Local expenditure

Target	70.00%	
Feb 21 YTD Performance	51.73%	WORSE THAN TARGET – RED

Local spend during February was £510k (47%) of the overall £1.087m contracted spend for the month. During January it was slightly higher with £560k (56%) of the overall £1.060m contracted spend for the month

Cumulatively, performance for the year to date stands at 52% against the target of 70%. In monetary terms, total YTD spend is £9.67m, of which £5.00m has been in Doncaster, representing an under performance of £1.77m.

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

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

With a number of new contracts due to be procured throughout the coming year, SLHD will continue to try and engage and encourage as many local businesses as possible to participate in these procurement exercises to give the best possible chance of increasing local spend and meeting the target of 70%.

4. Recommendations

- 4.1. That Board note the Period 11 KPI dashboard as at 28 February 2021 and related commentary.

5. Appendices

- 5.1. Appendix A – Period 11 KPI dashboard as at 28 February 2021

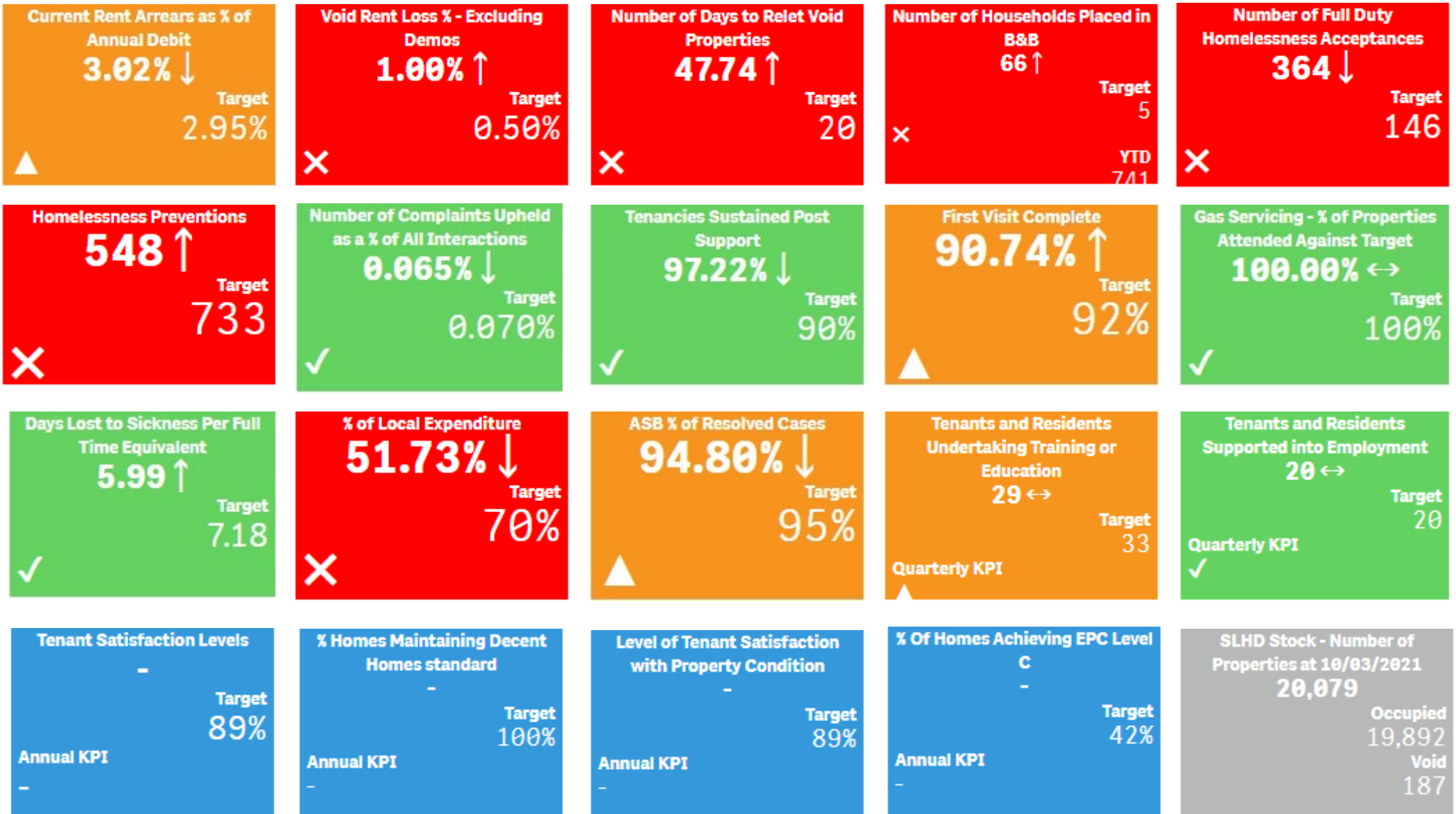
6. Report Author, Position

Nigel Feirn

Head of Finance and Business Assurance 01302 737485

St Leger Homes of Doncaster – Performance Dashboard 28 February 2021 (Period 11 2020/21)

Colour = Cumulative performance (Tick/Green = On Target, Triangle/Orange = Near to Target, Cross/Red = Not on Target, Blue = No Target)
 Arrows = comparison against previous month's monthly performance (↑= Improved, ↓= Not Improved, ↔ = Remained the same)



ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	St Leger Homes Customer Service Excellence Accreditation
Action Required:	For Information only
Item:	12
Prepared by:	Louise Robson Customer and Communications Service Manager 862866
Date:	31 March 2021

1 Background

- 1.1 We are pleased and proud that we have secured reaccreditation from the Government for Customer Service Excellence to the public – for the eleventh consecutive year. Ensuring customers remain at the heart of everything we do is important to us, and we are delighted that this is recognised through the independent assessment that was undertaken in February 2021.

The Customer Service Excellence scheme has a rolling programme of assessments over a three-year cycle. There are 57 elements in total across the following five criteria, with a third of its elements (19) reviewed each year by an independent assessor:

- Customer Insight
- The Culture of the organisation
- Information and Access
- Service Delivery
- Timeliness and Quality of Service

In this latest review, we have 11 out of the 19 elements assessed in the highest category 'Compliance Plus', which takes our total to 32 'Compliance Plus' elements out of 57 overall. (The remaining 25 elements are all rated as 'compliant', with 'no partial compliant' elements at all!)

2. Assessment Process

- 2.1 The assessment this year was different to other years as it was held remotely via 'Microsoft Teams', and not held on site. For the assessment this year we submitted nearly **100** items of evidence (these are referenced in the report at **Appendix A**), with some documents evidencing many more than one case study or write up.

The timetable for the assessment is usually set by the assessor themselves, unless there is anything in particular we want to showcase. The timetable is a mixture of going through and discussing the evidence that has been submitted with myself, speaking to a selection of internal staff (this year from our Customer Access and Homelessness Teams). Speaking to some of our tenants (this year was our Tenant Appeal Panel) and a partner meeting (This

year was with Claire Scott, Head of Communities from Doncaster Council).

3. Assessors report and feedback

3.1 The general feedback from the assessor was very positive, a few of the highlights from the assessment were:

- We are the best Housing organisation that our assessor oversees accreditations for (The accreditation covers both public and private sector organisations) and she always enjoys coming to see us, always commenting on the vast amount of evidence and how well it's organised.
- Customers are at the heart of what we do daily and this was evidenced strongly with the submission / information sent and the people she met on the day.
- Appeals panel – she enjoyed the session with the panel and feel the appeals panel works well. She also chatted to them as TRIP members, discussing the recent reviews they had done.
- Homelessness – she was impressed with our provision for homelessness and the hard work we do to ensure anyone who needs a bed is allocated one, especially in the current COVID climate and she had no idea how bad the situation actually was in Doncaster, even though she lives here.
- Meeting with Dave Richmond – she enjoyed hearing Dave's vision for the organisation, which she believes is very tenant focused.
- Customer Access Team – Our assessor visited the team last year so it was good to hear how far it has progressed and how Open Housing has been implemented and how it's working.

Partnership meeting with Claire Scott (Head of Communities) at the Council – our assessor was really impressed how closely we work together as partners to think of Doncaster communities as a whole and not just our tenants. She believes its real positive example of true partnership working.

Other general observations from the assessment were:

- Our assessor wasn't too aware of the social housing white paper so I updated her on that and how we were planning to make sure all our staff and tenants were aware of the highlights and any changes we make, which she was impressed with alongside the speed we were reacting to any recommendations.
- We had a long discussion about the evidence we submitted on how we have helped and supported tenants, staff and the wider communities during the COVID pandemic, which she was impressed with.
- Aside from the added compliance plus element, our assessor commented that many other housing organisations were struggling to find people to be involved in shaping services and said to keep up the good work using different avenues to try and get people involved.
- Our assessor was pleased that we were looking into more satisfaction testing and although the overall satisfaction level dropped slightly in our 2020 STAR survey, some of the other areas about contact and staff helpfulness rose significantly and are high, which she again was impressed with.

The full independent assessors report is attached at **Appendix A**. The assessor comments that *“St Leger Homes is a customer focused organisation, providing excellent customer service, with a high level of customer satisfaction. The new Chief Executive appointed in September 2020 is committed to ensuring tenants' views and needs remain at the heart of service delivery.”*

4. Communication

- 4.1 We have produced a press release for the accreditation and will also promote this both internally and externally, including on our website, via social media, and an article in our Houseproud magazine alongside our internal channels too.

**CUSTOMER
SERVICE
EXCELLENCE**



Assessment Report
Customer Service Excellence

St Leger Homes, Doncaster

Successful
22 February 2021

Assessment Summary

Overview

Overall Self-assessment	Strong
Overall outcome	Successful

Remote RP1 2021

St Leger Homes of Doncaster (SLHD) is an Arm's Length Management Organisation (ALMO) wholly owned by Doncaster Metropolitan Borough Council (DMBC). As the largest social housing provider in the Borough, SLHD is responsible for the management of approximately 21,000 council homes. The current Management Agreement with the Council, for a rolling five years, took effect from 2019.

St Leger Homes is a customer focused organisation, providing excellent customer service, with a high level of customer satisfaction. The new Chief Executive appointed in September 2020 is committed to ensuring tenants' views and needs remain at the heart of service delivery.

Throughout the pandemic, despite the move to home working by most staff, the emphasis has been on striving to deliver all the usual services to the customer, as permitted by government guidelines, with the same customer service standards, but sometimes in a different way or taking a little longer than usual. Staff have risen to the challenge admirably – they are very committed, helpful, supportive, knowledgeable, positive, approachable and hard working. The Covid Survey in June 2020 found that 82.48% of customers were happy with the level of service during the first lockdown period. From 8th June 2020, SLHD resumed all core services including non-urgent repairs, essential home visits and bidding for properties through Doncaster HomeChoice, with all work undertaken in accordance with the social distancing guidance.

The One Project (TOP), set up to implement the new housing management IT system, is progressing well, with its origins back in 2017, when over 200 members of staff were involved in process redesign sessions, looking at 'lean' improvements to their service areas. By combining different IT systems into one, staff work more effectively, reducing the time spent looking at different systems, in many cases providing 'one view' of the customer. The Customer Access Team is well established.

St. Leger Homes is to be congratulated for maintaining accreditation to the Customer Service Excellence Standard for eleven years, which is an excellent achievement. St Leger Homes is notable for being fully compliant in all aspects of the Standard, with an impressive total of 32 Compliance Plus elements, including a new one this year for the wide range of engagement strategies (1.2.1).

The Assessor is very pleased to recommend that St Leger Homes continues to be accredited to the CSE Standard.

1: Customer Insight

Criterion 1 self-assessment	Strong
Criterion 1 outcome	Successful

Remote RP1 2021

Criterion One is about Customer Insight. This Criterion is fully compliant, with an impressive ten elements meriting Compliance Plus (1.1.1, 1.1.2, 1.1.3, 1.2.1, 1.2.2, 1.2.3, 1.3.1, 1.3.2, 1.3.4 and 1.3.5), including a new one this year for an excellent range of tenant engagement methods (1.2.1).

St Leger Homes has an in-depth understanding of its customers that has enabled it to design and provide services that meet the needs of the full range of customer groups. Satisfaction levels are high. Overall, the 2020 bi-annual STAR Survey (pre-Covid) showed that 87% of St Leger tenants are satisfied with the services provided (88.8% in 2018). 89.4% of tenants are satisfied with the quality of their home (89.2% in 2018).

The 'Net Promoter Score', which measures customer loyalty, is +64.8%, which is an increase of +2.7% and way above the industry average. Within the social housing sector, a score above +30% is considered very good.

A wide range of customer satisfaction surveys is in place, including the bi-annual STAR Survey and Transactional Service Surveys, which alternate with the STAR Survey. The Board includes three tenants and there is a strong Tenants and Residents Involvement (Scrutiny) Panel (TRIP).

2: The Culture of the Organisation

Criterion 2 self-assessment	Strong
Criterion 2 outcome	Successful

Remote RP1 2021

Criterion Two is about the Culture of the organisation, which is very much a strength of SLHD. This Criterion is fully compliant, with an impressive eight elements meriting Compliance Plus (2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6, 2.2.2, 2.2.4 and 2.2.5).

There is strong corporate commitment to putting the customer at the heart of service delivery, with a clear emphasis on team working and the use of customer insight to improve service delivery. The new Chief Executive is very much customer focussed. The well-presented Corporate Plan 2019-2024 is based on the four values of Fairness, Empowerment, Excellence and Local. The four strategic objectives align with these values, keeping the organisation focused on delivering high quality services.

Staff feel empowered to participate in the customer focused culture of the Service and help customers, and this is recognised and much appreciated by tenants. Staff feel valued for the work they do. Compliments are recorded and remain high.

Despite 80% of staff working from home during the pandemic, the Caretaker teams have remained a constant presence on the estates, going out every day to look after customers and make improvements to the local area.

3: Information and Access

Criterion 3 self-assessment	Strong
Criterion 3 outcome	Successful

Remote RP1 2021

Criterion Three is about Information and Access. This Criterion is fully compliant, with an impressive nine elements meriting Compliance Plus (3.1.1, 3.2.1, 3.2.2, 3.2.3, 3.3.1, 3.3.2, 3.4.1, 3.4.2 and 3.4.3).

High quality verbal, published and web-based information is produced. The quarterly colourful 'HouseProud' magazine is delivered to all households, with content strongly influenced by tenants and satisfying the various CSE elements that require information to be published to customers. The updated web site is widening access to services and the use of social media is becoming more popular.

Services are easily accessible. Key points emerging from the Customer Access Strategy were continuing reductions in footfall, the popularity of telephone access and the significant proportion of tenants with no internet access at home. The closure of Receptions during the pandemic did not present any issues for the majority of customers. 94% of respondents to the Covid Survey experienced no problem accessing services.

Partnership arrangements and wider community activities are outstanding. There are very strong partnership arrangements with other providers particularly DMBC who are the landlord.

4: Delivery

Criterion 4 self-assessment	Strong
Criterion 4 outcome	Successful

Remote RP1 2021

Criterion Four is about Service Delivery. This Criterion is fully compliant, with four elements meriting Compliance Plus (4.2.2, 4.2.3, 4.2.4 and 4.3.4).

SLHD has challenging standards and sound monitoring procedures for its main services that are used to raise standards and effect continuous improvement. The Tenants and Residents Involvement (Scrutiny) Panel (TRIP) is well established, regularly scrutinising standards and reporting recommendations to the Board. The majority of performance standards are being met for most of the time. Details are published on the web site.

SLHD consults and involves people in a wide range of ways, learning from best practice and benchmarking performance against similar organisations. Benchmarking is carried out through membership of HouseMark and the National Federation of ALMOs (NFA). In comparison with other ALMOs, SLHD is a low cost, mid to high performing organisation. In the 2020 STAR Survey, 90.1% of customers were satisfied with the repairs service and 94.2% thought the rent was value for money. The average weekly rent is only £72.89, which is the lowest of all council house providers in South Yorkshire. 91.5% think that SLHD provides an effective and efficient service.

5: Timeliness and Quality of Service

Criterion 5 self-assessment	Strong
Criterion 5 outcome	Successful

Remote RP1 2021

Criterion Five is about the Timeliness and Quality of Service Delivery. This Criterion is fully compliant, with one element meriting Compliance Plus (5.2.1).

St Leger Homes has clear and measurable standards and monitoring procedures in relation to timeliness and quality of customer service, which are well presented in the Customer Charter, which is also on the web site.

The Customer Access Team (CAT) deals with first point of contact enquiries. Initial responses to telephone, email and personal callers are prompt, with procedures in place to deal with any delays if they arise.

A range of monitoring tools is used to monitor performance against standards for timeliness and quality of customer service, including Mystery Shopping results, STAR Customer Satisfaction Survey results and meetings with tenants. The 2020 STAR Survey found that 96.2% of customers think that St Leger Homes has friendly and approachable staff and 95.9% found staff helpful. Timeliness standards are being met and overall quality is high. 90.3% thought that getting hold of the right person was easy and 95.5% felt that staff were able to deal with their query quickly and efficiently.

1: Customer Insight

1.1: Customer Identification

1.1.1: We have an in-depth understanding of the characteristics of our current and potential customer groups based on recent and reliable information.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

1.1.1 c): Update on other initiatives	Assessor Acceptance:	Yes
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Attached document is an update on other initiatives such as general service update including translating over 700 letters into 38 diff languages, reference to information given to the National Federation of ALMOS on case studies, reference to social media evidence as well

1.1.1 d): Vulnerability Covid calls	Assessor Acceptance:	Yes
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At the start of the pandemic we worked with the council & NHS to help to contact all those classified as 'shielding' (across the borough, not just our tenants) to see what further help and support we could provide. Along with partners we made 16,493 successful contacts - see attached

1.1.1 e): World of work	Assessor Acceptance:	Yes
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WOW is and continues to be an excellent way of understanding our current tenants and helping them into work or training. In addition we have recently supported a number of tenant Care Leavers, to access the scheme. see attached case studies and Houseproud articles

Active Evidence

1.1.1a: Annual analysis	Assessor Acceptance:	Yes
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Attached is our annual EDI report for new & existing customers and staff. We work very hard to understand our customer groups and update this annually. We also have a equality and diversity manager and student placement currently reviewing our equality strategy.

1.1.1b: Equality strategy	Assessor Acceptance:	Yes
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Our Equality Strategy is attached, which will run until 2021. The strategy sets out how the company will champion fairness, equality and diversity. The Equality Strategy is the result of a rigorous self-assessment combined with staff and customer consultation.

1.1.1f: General update on insight information	Assessor Acceptance:	Yes
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We revised our customer insight form completed by all tenants when they sign up for a home with us so we know and hold accurate data. This is input into our new Housing management system with alerts and areas for all to see to support our customers and update as necessary. (screen shots attached)

1.1.1.1: We have an in-depth understanding of the characteristics of our current

Remote RP1 2021 You have an in-depth understanding of the characteristics of your current customer groups. Detailed information is held on the profiles and characteristics of all main customer groups, as evidenced by the latest Equality, Diversity and Inclusion Annual Report.

Evidence Value: Fully Met

1.1.1.2: and potential customer groups

Remote RP1 2021 You have a sound understanding of the characteristics of potential customer groups in the areas you serve. These groups include those who are looking for a home, neighbours of St. Leger residents and the general public where they are affected by St. Leger's activities. The 'State of the Borough', published by the Council, provides useful statistics to inform local development planning.

Evidence Value: Fully Met

1.1.1.3: based on recent and reliable information.

Remote RP1 2021 You have based your customer segments on recent and reliable information. Customer Profiling data is kept up-to-date on your new integrated Housing Management IT system, set up by the One Project (TOP), meriting Compliance Plus, which is the result of combining different IT systems into one, so that staff work more effectively, reducing the time spent looking at different systems, in many cases providing 'one view' of the customer. Data is updated as information is captured from face-to-face contacts, through the Customer Access Centre and from various general and topic-specific surveys. You have revised your customer insight form completed by all tenants when they sign up for a home to ensure accurate data. At the start of the pandemic, you worked with the Council and the NHS to help to contact all those classified as 'shielding' (across the Borough, not just your tenants) to see what further help and support you could provide.

Evidence Value: Fully Met

1.1.2: We have developed customer insight about our customer groups to better understand their needs and preferences.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

1.1.2 b: Equality Strategy	Assessor Acceptance:	Yes
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The overarching aim of our strategy is to ensure that our corporate commitment to fairness and equality is embedded throughout the organisation, and is demonstrated by everyone representing St Leger Homes. Not only to understand our customer but to also shape our services to meet their needs.

1.1.2 c: HouseProud (tenant magazine)	Assessor Acceptance:	Yes
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We do regular surveys to ensure we meet the needs of our tenants, we regularly use our translation service, and deliver our tenant magazine in different varieties (i.e. we send out 88 audio versions of HouseProud and 900 a year in large print as well as publishing the magazine online too)

1.1.2 d: Grenfell	Assessor Acceptance:	Yes
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After Grenfell we did a door knocking exercise on all our tower blocks to explain our policies on Stay put etc. We checked and updated information about their needs & preferences & created health and safety leaflets and signs that were translated using the preferred language / method of each tenant.

1.1.2 e: other needs and preferences	Assessor Acceptance:	Yes
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We do many different types of communication to ensure we meet the needs of our customers based on the insight they tell us. The attached document just gives you a few examples.

1.1.2a: Annual Fairness and insight report	Assessor Acceptance:	Yes
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We collect insight on our customers, their needs and their preferences and in addition continue to produce our annual 'fairness' report (attached) which illustrates how the company gathers information to develop intelligence about different customer groups and their characteristics.

1.1.2.1: We have developed customer insight about our customer groups

RP2 2019 You have developed insight about your tenants through a wide range of mechanisms, including meetings such as those of the Tenants and Residents Involvement (Scrutiny) Panel (TRIP), the Get Involved Group which has up to 100 identified customer representatives contributing to a wide range of activities, and one-to-one meetings, usually in the home. Tenants and Residents Associations (TARAs) represent their areas and work with your staff on local community issues. You also carry out a range of surveys, including the annual STAR Survey and the Repairs Satisfaction Surveys.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.1.2.2: to better understand their needs and preferences.

RP2 2019 You have improved your service and developed appropriate action plans as a result of the understanding you have gained about your customers' needs. You produce an Annual Fairness and insight report to help you identify how you can better meet people's needs. After the Grenfell fire disaster, you did a door knocking exercise on all your tower blocks (although there is no cladding), to reassure tenants and distribute health and safety leaflets. You have worked with younger tenants to develop a Young People's newsletter. Compliance Plus is maintained.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.1.3: We make particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliance Plus

Active Evidence

1.1.3: Summary of groups Assessor Acceptance: Yes

The document attached is a high level summary of the work we have been doing with some of our hard to reach or disadvantaged groups and what we have done to help those groups. It includes a summary of each group, how we deliver our services and photos (where applicable).

1.1.3i: Flood Response Journey Assessor Acceptance: Yes

Since 07/11/19 the most disadvantaged tenants we have are those affected by the recent floods. We worked 24/7 in partnership with others to offer tenants, residents & communities the support they need. Work is still ongoing, attached is a journey of all the work we did, with pictures and testimonial

1.1.3ii: Annual Fairness Report Assessor Acceptance: Yes

Our 2019 annual Fairness report outlines the information we hold on our tenants and how we have used this information to help shape services and give individual assistance. in 2020 we are also employing a student placement to work with us to identify further opportunities with hard to reach groups

1.1.3iii: Complex Lives Assessor Acceptance: Yes

The joint partnership working is currently working to support 122 very vulnerable people with complex needs who were all previously rough sleeping. 100 of these are now in some form of accommodation being supported by key workers and personalised wrap around support plans

1.1.3iv: Young People Assessor Acceptance: Yes

During 2019/20 we have engaged with 1,367 young people. whether than be via community work or in schools. We have a dedicated customer involvement officer working specifically with young people.

1.1.3v: The People Focused Group Assessor Acceptance: Yes

We support PFG by donating food and fundraising money to the community kitchen where the vulnerable can share a meal and socialise. we attend fortnightly drop in's to communicate SLHD topics, hold consultations and generally provide a 'one-stop-shop' service.

1.1.3.1: We make particular efforts to identify hard to reach

RP3 2020 You have made strenuous efforts to identify hard to reach groups and individuals, including those in rent arrears, those displaying anti-social behaviour and the homeless. During 2019-2020 you engaged with over 1,367 young people, consulting them to help shape services, helping young students get ready for work, setting up a new junior citizens programme, providing dementia friends training and teaching basic cooking skills.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.1.3.2: and disadvantaged groups and individuals

RP3 2020 You have made great efforts to identify disadvantaged groups and individuals, including those affected by flooding and those with learning difficulties. You use customer profiling data to identify particular groups on the basis of gender, race, disability, religion, age and sexual orientation, using your Annual Fairness Report to help shape services and give individual assistance, ensuring that you do not discriminate in any way. 34% of the population has a disability or limiting long term illness. 18% are aged over 75 years. Only 6% are from a BME community.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.1.3.3: and have developed our services in response to their specific needs.

RP3 2020 You develop services in response to specific needs. Following the devastating flooding in Bentley and Fishlake, a strategic flood recovery team met daily and worked with partners to offer support, with work still ongoing. In response to the growing number of homeless, the award winning 'Complex Lives Alliance' joint partnership is working together to identify and support people off the streets and into the help they need to improve lives. Rough sleeping in Doncaster town centre has dropped by 70% since last year, with 100 former rough sleepers now in some form of accommodation and supported by support plans. The Care Leavers Scheme in Cantley is providing supported living homes for young people leaving the care system, run in partnership with Doncaster Children's Services Trust and the Council. The World of Work (WOW) Academy has provided comprehensive training for over 100 apprentices from the local area since 2005. Compliance Plus is retained.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.2: Engagement and Consultation

1.2.1: We have a strategy for engaging and involving customers using a range of methods appropriate to the needs of identified customer groups.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

1.2.1 b): Customer Involvement report Q2	Assessor Acceptance:	Yes
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Effective tenant engagement is more important than ever and the Customer Involvement Strategy and Customer Involvement Model was introduced in 2018 to help achieve this, building on the excellent work already undertaken. we monitor our activities qrtly - Q2 report is attached

1.2.1 c): It's our Community Newsletter	Assessor Acceptance:	Yes
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During lockdown we found new and different ways to engage and involve our customers. attached in an example of one of our new newsletters which tenants write articles for and we send out on social media, our website and emails to our Get involved group - weblink to all editions.

1.2.1 d): Christmas Video	Assessor Acceptance:	Yes
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Please see attached Christmas video made by us which included our local community groups

1.2.1 e): Tenant Board member vacancy	Assessor Acceptance:	Yes
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we sent letters to all our tenants to become a new Board member - please also see articles in HP April p5 and July p10. the 48 tenants who weren't successful were sent a letter to ask if they would like to be be involved in other ways

1.2.1 f): General Update	Assessor Acceptance:	Yes
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Please see attached of more methods and evidence of engaging, using a range of methods

Active Evidence

1.2.1a: New Customer Involvement strategy	Assessor Acceptance:	Yes
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We always put tenants and residents at the heart of everything we do. Actively listening to them to ensure we are constantly improving our services and tailoring what we do to meet the individual needs of those we serve. We have a communications strategy and brand new customer involvement strategy

1.2.1.1: We have a strategy for engaging and involving customers

Remote RP1 2021 You have a clear Customer Involvement Strategy 2018-2021, which provides a framework for the many active strands already in place and for the development of others. Before embarking on the strategy, you gathered as much up to date information as possible, carrying out a number of different types of consultations with tenants, residents and leaseholders, including questionnaires, specific focus groups and consultations with already established community groups and Tenants and Residents Associations (TARAS).

Evidence Value: Fully Met

1.2.1.2: using a range of methods

Remote RP1 2021 You use a wide range of methods to involve customers, which include formal and informal meetings, focus groups and Panels, a range of surveys, including the bi-annual STAR Satisfaction Survey, Transactional Service Surveys and various local events and activities. The annual Social Audit is a self-assessment mechanism which shows how you make a difference to tenants and communities, well presented in the Social Statement and demonstrating impressive outcomes.

Evidence Value: Fully Met

1.2.1.3: appropriate to the needs of identified customer groups.

Remote RP1 2021 The range of engagement practices is impressive, meriting Compliance Plus, varying from large scale engagements on issues such as the Customer Involvement Strategy through to individual discussions. There are face to face focus groups (currently meeting remotely), including a Young Person's Group, a Minorities Partnership Group and a High-Rise Forum, as well as online surveys, estate walks and TARA and TRIP feedback. Research has shown that engagement via traditional methods is reducing, which has led you to introduce a wider range of engagement methods, taking into account factors such as new technologies, the self-service agenda and the 24-hour culture. During lockdown you have found different ways to engage and involve customers, including the Covid Survey and new newsletters which tenants write articles for and which are sent out via social media, the web site and emails to the Get Involved group. The Christmas video is a good example of efforts to stay connected.

Evidence Value: Fully Met

1.2.2: We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

1.2.2 a: Best Resident Involvement award Assessor Acceptance: Yes

We were winners at the Northern Housing Awards for the work we do reaching out to and supporting tenants & residents. Looking at a variety of initiatives & services we provide putting customers' needs first, including the Tenants & Residents Involvement Panel (TRIP); attached is our submission

1.2.2 b: HouseProud articles Assessor Acceptance: Yes

Please find attached a document with a link to our tenant magazine page where you will find many stories of how we have consulted with tenants to improve our services. An example of some of these are listed in the document for you

1.2.2 e: Other large scale consultation Assessor Acceptance: Yes

The attached documents show other evidence of large scale consultation activities for sprinklers in our high rise and the government's social-housing green paper.

1.2.2c: Consultation on our corporate plan Assessor Acceptance: Yes

This year we are delighted that the council renewed our 5 year management agreement. We have done lots of consultation with our tenants, staff and partners to develop our new 5 year corporate plan, focusing on the common priority areas, created a draft and asked for more views.

1.2.2d: Customer Involvement Forward plan Assessor Acceptance: Yes

This is a copy of the forward plan our customer involvement team produces and what we are asking customers to get involved with. We send a letter of thanks out if they attend a formal consultation and give feedback on the changes we make.

1.2.2.1: We have made the consultation of customers integral to continually improving our service

RP2 2019 You have made consultation of customers integral to continually improving your service. The Tenants and Residents Involvement (Scrutiny) Panel (TRIP) has investigated service standards, scheduled repairs, voids management and tenant training. They are currently involved in a project relating to waste management for St Leger Homes across the borough. You won an award at the Northern Housing Awards 2018 for 'Best Resident Involvement Initiative' for various work including equality and diversity work and Tenants' Choice Awards. Compliance Plus is retained.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.2.2.2: and we advise customers of the results and action taken.

RP2 2019 You publicise the results of consultation by means of the HouseProud magazine, the Annual Review, the web site, residents' meetings, letters and meeting minutes. You use regular customer conversations to feedback on an individual level.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.2.3: We regularly review our strategies and opportunities for consulting and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

1.2.3: Customer Involvement Strategy Assessor Acceptance: Yes

For this strategy we started by asking our customers what they wanted to include. More than 1,200 customers worked with us to decide on the main priorities for customer involvement. An action plan accompanies the strategy. I have attached the hyperlink as the strategy itself was too large.

1.2.3i: New complaints paragraph Assessor Acceptance: Yes

We have added a new paragraph to our complaint response letter to try and encourage more people and give more opportunities to engage with our customers to widen the scope of people helping with engagement and consultation.

1.2.3ii: Customer Involvement Q2 report Assessor Acceptance: Yes

Customer Involvement is one of our key performance indicators. Attached is the most recent Q2 report where we have delivered a range of activities involving customers alongside the topics and numbers we consulted with. (other appendices can be shown on site) also see 4.2.4 for praise for our work

1.2.3iii: Tenants and Residents Involvement Panel Assessor Acceptance: Yes

Our Tenants and Residents Involvement Panel (TRIP) are the scrutiny panel for SLHD and have been in place over 6 years now. We are very fortunate that we have these volunteers who will review and scrutinise our policies and procedures and be part of any consultations. Attached is a summary.

1.2.3iv: Summary of different opportunities Assessor Acceptance: Yes

Please see attached other methods and new engagement opportunities for our customers. We still advertise all opportunities to get involved on our website and via social media as well as being out and about across our estates.

1.2.3v: Consultation pro forma Assessor Acceptance: Yes

Customer Involvement is discussed at regular Senior managers and leadership away days. We complete a form so the customer involvement team can help to get the most out of any customer involvement needed.

1.2.3.1: We regularly review our strategies and opportunities for consulting

RP3 2020 Your rigorous self-assessment procedures enable you to review regularly your strategies for consulting customers. You consulted 3,300 customers before drawing up your Customer Access Strategy 2015-2020, and consultation is currently underway to produce the next version. More than 1,200 customers worked with you to draw up the Customer Involvement Strategy. You have three tenants on the Board and you have a strong Tenants and Residents Involvement (Scrutiny) Panel (TRIP).

Remote RP1 2021 Not reviewed.

Evidence Value:

Fully Met

1.2.3.2: and engaging with customers to ensure that the methods used are effective and provide reliable and representative results.

RP3 2020 You regularly engage with customers, through a wide range of mechanisms, to ensure that the methods you use provide reliable and representative results. You use the bi-annual STAR Satisfaction Survey as well as Transactional Service Surveys which alternate with the STAR Surveys. Following the Grenfell Tower tragedy in 2017, a High-Rise Forum has been launched. A new Complaints Appeals Panel has been set up. You engaged over 455 people in developing the brand-new Housing Management Strategy using a variety of methods including face to face focus groups, online surveys, estate walks and TARA and TRIP feedback. Research has shown you that engagement via traditional methods is reducing, which has led you to introduce a wider range of engagement methods, taking into account factors such as new technologies, the self-service agenda and the 24-hour culture. C+.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value:

Fully Met

1.3: Customer Satisfaction

1.3.1: We use reliable and accurate methods to measure customer satisfaction on a regular basis.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

New Evidence

1.3.1 b): Service specific Surveys Assessor Acceptance: Yes

we completed these service specific surveys last year and are due to complete them again in March 2021 - these will be done twice a year, alongside the annual STAR survey

1.3.1 d): COVID survey Assessor Acceptance: Yes

To understand the impact of changes in service delivery, during COVID, on our customers. Purpose was to find out from our tenants how they were finding lockdown and finding accessing our services.

1.3.1e): Update - comms survey and review Assessor Acceptance: Yes

we have done a full review of STAR and service specific surveys and a report is going to EMT in February (show on site) see 3.2.1 for high level feedback from recent comms survey and BAME comms survey.

Active Evidence

1.3.1: annual STAR survey Assessor Acceptance: Yes

we complete and annual satisfaction survey called STAR (survey of tenants and residents). this is done independently by a local social enterprise. last years report is attached. please also see article in July 2020 HouseProud Page 8

1.3.1c: list of surveys Assessor Acceptance: Yes

attached is a list of all the surveys we have completed this year. their is a mixture of regular ongoing surveys and ad hoc surveys that have helped shape strategies or new ways of working. all done via different methods to suit our customers needs.

1.3.1.1: We use reliable and accurate methods to measure customer satisfaction on a regular basis.

Remote RP1 2021 You use reliable and accurate methods to measure customer satisfaction on a regular basis, addressing the full range of potential customer concerns across the range of services provided. The bi-annual STAR Customer Satisfaction survey is carried out independently by a local social enterprise, based on a guaranteed return of 1,000 questionnaires, which provides results that are both accurate, with an overall confidence interval of +/- 3%, and which can be benchmarked with HouseMark statistics. You also use Transactional Service Surveys, which alternate with the STAR Survey, and these cover Call Experience (Technical Support / Customer Access Team), Responsive Repairs, Scheduled Repairs, Estate Management (including those who have reported ASB) and HomeChoice. During lockdown, you carried out the Covid Survey to ensure people could still access your services and the Communications Review, which were all done via telephone or social media or virtually. Compliance Plus.

Evidence Value: Fully Met

1.3.2: We analyse and publicise satisfaction levels for the full range of customers for all main areas of our service and we have improved services as a result.

Applicant Self Assessment: Not Rated
Compliance to Standard: Compliance Plus

Active Evidence

1.3.2 b: Annual Review Assessor Acceptance: Yes

One of the ways we publicise our satisfaction results is via our annual review. please follow the link attached. We publicise via a printed and online short and long versions and via short films.

1.3.2 c: Mystery Shopping Assessor Acceptance: Yes

Please see the link to our HouseProud magazines, please see April edition on the back page. not satisfaction as in a 'survey' but we conduct mystery shopping and our tenants scored us 100%

1.3.2 d: You said, we did Assessor Acceptance: Yes

This link to a page on our website shows most of the feedback above and also a selection of how we have changed our services based on customer feedback.

1.3.2a: Annual Staisfaction report Assessor Acceptance: Yes

we complete an annual satisfaction survey at the same time each year - please see attached the presentation for 2017/18. We have extremely high customer loyalty and although our scores have decreased slightly, this follows an industry trend and we are still in the top quartile for benchmarking.

1.3.2.1: We analyse and publicise satisfaction levels for the full range of customers

RP2 2019 You analyse and publicise satisfaction levels by means of the annual STAR survey, which is carried out independently by a local social enterprise. The results are published in the tenant magazine, HouseProud, the Annual Review and on the web site.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.3.2.2: for all main areas of our service

RP2 2019 You analyse and publicise satisfaction levels for all main areas of your service. In addition to the comprehensive STAR survey, you publish Mystery Shopping results and the results of many other surveys relating to equality and diversity, anti-social behaviour and new tenancy in the tenant magazine, HouseProud, the Annual Review and on the web site.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.3.2.3: and we have improved services as a result.

RP2 2019 You improve services as a result of feedback. The 'You said, we did' section of the web site tabulates the many changes you have made as a result of feedback. Compliance Plus is maintained.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.3.3: We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service, as well as specific questions which are informed by customer insight.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

1.3.3: 2018 STAR survey Assessor Acceptance: Yes

We conduct the industry recognised Survey of tenants and residents (STAR) bi annually, Our feedback for 2018 remains strong with 88.8% of St Leger Homes tenants satisfied with the services provided. we ask more question in the survey and all results are shown in the presentation attached.

1.3.3i: Transactional service surveys Assessor Acceptance: Yes

As we do STAR Biannually in 2019 we undertook 2 waves of transactional surveys. Q2 results attached Q3 are being analysed and will be available on visit. Showing good levels of satisfaction, 1,064 customers were surveyed. areas chosen based on feedback from STAR and complaints insight information.

1.3.3ii: Other surveys Assessor Acceptance: Yes

This 3 page document shows the survey and feedback for the tenancy sustainability team and a list of other regular or ad hoc surveys we conduct across the organisation. This doesn't include any strategy or policy consultation we might also do via feedback, just surveys on our services.

1.3.3iii: Housemark - STAR review Assessor Acceptance: Yes

We have been heavily involved with House Mark and the review of the new STAR framework, attending workshops, webinars and giving feedback to the new industry standard framework. we are currently conducting our 2020 STAR survey.

1.3.3.1: We include in our measurement of satisfaction specific questions relating to key areas including those on delivery, timeliness, information, access, and the quality of customer service,

RP3 2020 You have a wide range of meetings with customers and detailed comprehensive satisfaction surveys that include specific questions relating to delivery, timeliness, information, access and the quality of customer service. As well as the comprehensive bi-annual STAR Customer Satisfaction Survey, you have Transactional Service Surveys which alternate with the STAR Survey. The Transactional Service Surveys have questions on Call Experience (Technical Support), Responsive Repairs, Scheduled Repairs, Estate Management (including those who have reported ASB) and the 'HomeChoice' lettings process. Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.3.3.2: as well as specific questions which are informed by customer insight.

RP3 2020 You have a wide range of meetings with customers and detailed comprehensive satisfaction surveys that include specific questions which are informed by customer insight. As well as the alternating STAR Customer Satisfaction Survey and Transactional Service Surveys, you have a New Tenants Survey, a Tenancy Support Service Ongoing Support Survey and an End of Tenancy Survey. Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

1.3.4: We set challenging and stretching targets for customer satisfaction and our levels are improving.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

New Evidence

1.3.4 b): Satisfaction KPIs	Assessor Acceptance:	Yes
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Please see attached evidence that we have satisfaction targets as part of our Key Performance Indicators.

1.3.4 c): Board challenge	Assessor Acceptance:	Yes
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Please see link to Minutes /challenge from Board Nov minutes when discussing service standards on satisfaction

Active Evidence

1.3.4: benchmarking	Assessor Acceptance:	Yes
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we benchmark ourselves against other ALMO's and ALMO's with a similar stock size and geographical area. Extract from VFM report - full report can be found at 4.1.1 and 5.3.1

1.3.4a: STAR benchmarking	Assessor Acceptance:	Yes
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See extract from STAR survey presentation attached at 1.3.1 explaining our net promotor score +64.8%. This is an increase of +2.7% compared to 2018 Net Promoter Score of 62.1% and way above the industry average

1.3.4.1: We set challenging and stretching targets for customer satisfaction

Remote RP1 2021 Your target is always to be in the top quartile (as measured by HouseMark) across all customer satisfaction indicators.

Evidence Value: Fully Met

1.3.4.2: and our levels are improving.

Remote RP1 2021 Satisfaction levels are consistently high and, although there are slight fluctuations, overall satisfaction remains consistently above 85%. Satisfaction with 'the quality of your home' has risen from 77% in 2011 to 89.4% in 2020. Overall, 72.4% of tenants are highly likely to recommend St Leger as a landlord to friends or family members. At the other end of the scale, 7.6% are likely to make negative comments about St Leger Homes. This gives a 'Net Promoter Score' of +64.8% which is an increase of +2.7% compared to the 2018 Net Promoter Score of 62.1% and way above the industry average. Within the social housing sector, a score above +30% is considered very good. This excellent level of customer loyalty compared to the rest of the social housing sector merits continued Compliance Plus.

Evidence Value: Fully Met

1.3.5: We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

1.3.5 a: Houseproud articles Assessor Acceptance: Yes

Please find attached the link to our Tenant magazine page. Please see April 18 page 16 and July edition page 2 (recycling) for stories on how we have changed and improved the customer journeys as a result of feedback.

1.3.5 b: Tenancy Sustainability Team Assessor Acceptance: Yes

Our Tenancy Sustainability Team was born due to listening to feedback and a recognition that we needed to work differently to ensure people got the support they needed. Thinking outside the box, restructuring our services to create a bespoke sustainability team with tenant welfare at its core.

1.3.5 c: MND Charter Assessor Acceptance: Yes

Feedback has shown currently people living with a terminal illness such as MND who want to claim benefits have to fill in a long form, attend a face-to-face assessment, or wait weeks for their benefits to arrive. We think that should change so have put plans in place and signed a pledge to support.

1.3.5 d: Complaints presentations Assessor Acceptance: Yes

We share service improvements on a quarterly basis via our complaints feedback. each area is responsible for completing what they have changed as a result of a complaint received.

1.3.5.1: We have made positive changes to services as a result of analysing customer experience,

RP2 2019 You have made positive changes to services as a result of analysing customer experience, well exemplified in service improvement plans. Through sharing learning from customers and staff, you have created the excellent bespoke Tenant Sustainability Team, with tenant welfare at its core. In 2018, you won the Northern Housing Award for the 'Best Initiative for Tackling Homelessness' for your work with Complex Lives. The Complex Lives Alliance was formed in 2016 by St Leger Homes and partners including Doncaster Council, NHS, Doncaster Children's Service Trust, and South Yorkshire Police, which has helped people who have issues such as substance dependency or prolific offending, and are homeless or about to become homeless. The Complex Lives Team encourages people to access support services and works with them. Compliance Plus.

Remote RP1 2021 Although not formally reviewed Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

1.3.5.2: including improved customer journeys.

RP2 2019 You demonstrate a clear commitment to making things easier for customers through customer journey mapping. Feedback from people who have Motor Neurone Disease has led you to map their journey for claiming benefits, which includes filling in a long form, attending a face-to-face assessment or waiting weeks for benefits to arrive. You have put in place plans to improve this process and signed a pledge of support.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2: The Culture of the Organisation

2.1: Leadership, Policy and Culture

2.1.1: There is corporate commitment to putting the customer at the heart of service delivery and leaders in our organisation actively support this and advocate for customers.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

2.1.1a): Social statement	Assessor Acceptance:	Yes
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our social statement shows how we have made a difference in 2019/20. This statement complements our existing reporting systems by focusing on our social impact and the activities that add value to our core business of providing quality housing for our tenants and their families.

2.1.1b): Selection of Compliments / St Leger heroes	Assessor Acceptance:	Yes
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selection of customer compliments attached and our Christmas St Leger Heroes campaign - we had over 40 entries from customer and non customer facing teams across the business

2.1.1c): Celebrating Safeguarding award	Assessor Acceptance:	Yes
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The awards acknowledge the vital role the housing provider has played in helping to keep people safe in Doncaster and coincided with the beginning of the national Safeguarding Awareness Week.

2.1.1e): Alex - how we helped in COVID	Assessor Acceptance:	Yes
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This is Alex from our Customer access team in a social media campaign we ran with the council celebrating key workings and their help and support for customers during the pandemic.

2.1.1f): General round up - articles and case studies	Assessor Acceptance:	Yes
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Please see attached other articles, case studies and evidence of our corporate commitment from everyone in the organisation to put customers at the heart of the delivery of our services

Active Evidence

2.1.1d): awards and accreditations	Assessor Acceptance:	Yes
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Over the past years our improvement and work with our tenants hasn't gone unnoticed. We have been nominated and won a number of awards attached.

2.1.1.1: There is corporate commitment to putting the customer at the heart of service delivery

Remote RP1 2021 There is strong corporate commitment to putting the customer at the heart of service delivery, well recognised and appreciated by staff, as shown in key documents such as the five-year Corporate Plan 2019-2024, the Annual Development Plan and the annual 'Making a Difference' Social Statement. A key objective of St Leger Homes is to 'ensure we are customer focused, and put tenants and customers at the heart of what we do'.

Evidence Value: Fully Met

2.1.1.2: and leaders in our organisation actively support this and advocate for customers.

Remote RP1 2021 There is strong corporate leadership. The new Chief Executive appointed in September 2020 is committed to ensuring tenants' views and needs remain at the heart of service delivery. Across the organisation, from leaders, managers and front line staff, the commitment to the delivery of customer focused services was clear and consistently well explained. Compliance Plus is maintained.

Evidence Value: Fully Met

2.1.2: We use customer insight to inform policy and strategy and to prioritise service improvement activity.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

2.1.2 a: Tackling Homelessness	Assessor Acceptance:	Yes
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Please see attached our partnership initiative in creating a new way of working to help those presenting as homeless. using insight and listening to feedback to create a better wrap around and care service tailored to individual needs.

2.1.2 b: TRIP Waste Management review	Assessor Acceptance:	Yes
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Please see attached the review conducted by TRIP. please see Houseproud article July page 2 about new recycling scheme pilot. Based on both feedback 'Garage 32 recycling scheme' has had approval for a 12 month pilot scheme extending this service into other areas around the borough.

2.1.2 c: Letterhead changes	Assessor Acceptance:	Yes
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This article was in our April edition of HouseProud (pg2) – showing that we consulted tenants about a strategic decision to change our letter head. The new changes were to create value for money by not using colour, using fewer pages and being more environmentally friendly.

2.1.2 d: Setting up the Tenancy Sustainability Team	Assessor Acceptance:	Yes
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We thought outside the box, using insight to restructure our housing services to create a bespoke sustainability team with tenant welfare at its core. The results have been very positive and we believe this approach is something that is leading the way nationally as an innovative service.

2.1.2 e: Corporate Plan	Assessor Acceptance:	Yes
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This year we are delighted that the council renewed our 5 year management agreement. We have done lots of consultation with our tenants, staff and partners to develop our new 5 year corporate plan, focusing on the common priority areas, created a draft and asked for more views.

2.1.2.1: We use customer insight to inform policy and strategy

RP2 2019 Customer insight is used extensively to inform policy and strategy, as shown in the extensive work that has been done around the impact of Welfare Reform on the tenants and the consequent setting up of the Tenant Sustainability Team. The review on Waste Management carried out by the Tenants and Residents Involvement (Scrutiny) Panel (TRIP) led to the setting up of the 'Garage 32 recycling scheme', which recycles household items left behind when tenants move out (rather than throwing them away). Following the Council's renewal of your five-year management agreement, you have carried out extensive consultation with tenants, staff and partners in order to develop your five-year Corporate Plan 2019 – 2024.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2.1.2.2: and to prioritise service improvement activity.

RP2 2019 Customer insight is used extensively to prioritise service improvement activity. The Tenants and Residents Involvement (Scrutiny) Panel (TRIP) has identified priority areas for scrutiny projects. In order to help prevent and tackle homelessness, the Complex Lives Alliance has been set up to improve quality of life for the individuals concerned, as well as have wider community impacts. Doncaster has over ninety individuals identified in the Complex Lives cohort; these are people with a combination of mutually reinforcing challenges including homelessness, drug and alcohol misuse, offending behaviour, mental ill health and poor physical health, as well as including individuals who are sex workers. The quality and breadth of evidence presented in this element continues to merit Compliance Plus.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.1.3: We have policies and procedures which support the right of all customers to expect excellent levels of service.

Applicant Self Assessment: Satisfactory
 Compliance to Standard: Compliance Plus

Active Evidence

2.1.3: policy checklist Assessor Acceptance: Yes

This policy template, checklist and process flow helps managers or authors of policies ensure they have thought about the right of ALL customers when reviewing or developing a policy and what impact this might have on them.

2.1.3i: Corporate plan Assessor Acceptance: Yes

Please see the web link to our new corporate plan. This is the start of the golden thread of strategies , policies and procedures across the whole organisation. We are investing heavily in further improvements in order to deliver excellent customer service(etc.The One Project / Customer Access Team)

2.1.3ii: Customer Charter and service Standards Assessor Acceptance: Yes

Although in the process of being reviewed (see 4.1.3) we have a customer charter and service standards that are set and agreed by our tenants, these are monitored quarterly (2.2.3) and communicated internally and externally

2.1.3iii: New Housing Management Strategy/policy Assessor Acceptance: Yes

We have developed a new housing management strategy and policy (policy can be shown on site), changing the way we deliver services within housing management, including changes to handling ASB and our tenancy sustainability teams work with vulnerable tenants

2.1.3iv: Compliments, Comments and Complaints policy Assessor Acceptance: Yes

Attached is the new and updated Compliments and Complaints policy, we also have a number of other policies in addition to others attached: Compensation and Goodwill, Data Protection, Freedom of Information, Vulnerable Persons (not an exhaustive list)

2.1.3v: Staff focus and procedure video Assessor Acceptance: Yes

Please see attached two pages extracted from our Aug 19 staff focus magazine with a link to a video procedure on how to check tenants information to make sure customer received excellent tailored service – I can show the video on site. the whole document was too large to attach.

2.1.3.1: We have policies and procedures which support the right of all customers to expect excellent levels of service.

RP3 2020 You have a Customer Charter and Service Standards and a comprehensive Fairness Policy, all of which must include customer consultation. The comprehensive process you are again going through to review your service standards with the Tenants and Residents Involvement (Scrutiny) Panel (TRIP) continues to merit Compliance Plus. Your organisational culture of fairness is encapsulated in your FEEL values (Fairness, Excellence, Empowerment and Local). The new Housing Management Strategy reflects these values, with changes to the way services are delivered, changes to handling anti-social behaviour and tenancy sustainability teams working with vulnerable tenants.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.1.4: We ensure that all customers and customer groups are treated fairly and this is confirmed by feedback and the measurement of customer experience.

Applicant Self Assessment: Strong

Compliance to Standard: Compliant

New Evidence

2.1.4 c): Balby Bridge Case Study Assessor Acceptance: Yes

Please find attached a case study following feedback form one of our estates and the improvements made.

2.1.4: Tenant Appeals Panel Assessor Acceptance: Yes

Short write up of who they are, how it has expanded and what appeals they have heard so far

2.1.4 d): COVID survey Assessor Acceptance: Yes

Please again see the survey we did during lockdown to ensure we understood how we could support our tenants during the pandemic

Active Evidence

2.1.4a: STAR specific question Assessor Acceptance: Yes

we specifically measure if customers think we treat them fairly in our annual satisfaction survey (at 1.3.1) which shows 91.9% of tenants say we treat them fairly

2.1.4b: mystery shopping Assessor Acceptance: Yes

we have a group of mystery shoppers who rate us based on any contact they have with us. please see attached the letter we send them. we have just reviewed this and are awaiting Q3 feedback.

2.1.4.1: We ensure that all customers and customer groups are treated fairly

Remote RP1 2021 Discussions during the assessment confirmed that staff ensure everyone is treated fairly and sensitively. The organisation's Values are Fairness, Excellence, Empowerment and Local. Care is taken to make sure that policies are implemented in ways which are fair to all.

Evidence Value: Fully Met

2.1.4.2: and this is confirmed by feedback and the measurement of customer experience.

Remote RP1 2021 You ask your customers whether they feel they are treated fairly in the 2020 STAR Customer Satisfaction Survey, with 91.9% responding positively.

Evidence Value: Fully Met

2.1.5: We protect customers’ privacy both in face-to-face discussions and in the transfer and storage of customer information.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

2.1.5 a: GDPR Action plan Assessor Acceptance: Yes

With the new GDPR law coming in in May last year, a full action plan was devised to ensure we are compliant and protect the information of both staff and customers.

2.1.5 b: Privacy Impact Assesments Assessor Acceptance: Yes

One way to prove we constantly think about protecting information is to do Data Protection Privacy Impact Assessment (DPIA). These assessments are done if there is a change to the way we process, store, transfer personal information. specific example attached.

2.1.5 c: Audit findings Assessor Acceptance: Yes

We were audited by Doncaster Council in 2014 and were found to have areas of development. a review of this audit and further checks to ensure we were GDPR complaint was undertaken between August and October 2018. The exec summary is attached and shows the confidence they have in our processes.

2.1.5 d: WiCompli training Assessor Acceptance: Yes

We have completely revised our training on Data Protection and have a new 'game' based training with real examples of how & where people can prevent breaches & keep information secure. This is combined with a new e-learning module. Since May 86% of all staff have been trained.

2.1.5 e: Extended resourses Assessor Acceptance: Yes

Please find attached an extensive list of how else we ensure we protect the privacy of our customers. Including our new DP Policy and website / Intranet information, fun emails and articles and basic security.

2.1.5.1: We protect customers’ privacy both in face-to-face discussions

RP2 2019 You protect customers’ privacy in face-to-face discussions. The majority of the contact with your customers is in the home. However, you have private interview rooms available adjacent to reception and enquiry desks in your Head Office, in local offices and in the Civic Centre, should the need arise, and staff are fully trained in dealing with confidential issues.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2.1.5.2: and in the transfer and storage of customer information.

RP2 2019 You protect customers’ privacy in the transfer and storage of customer information. A full action plan was devised to meet the requirements of the GDPR (General Data Protection Regulation) which came into effect in May 2018. The audit carried out by Doncaster Council in 2018 reported on confidence in your processes. The innovative new ‘WiCompli’ ‘game’ based training on Data Protection merits Compliance Plus.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.1.6: We empower and encourage all employees to actively promote and participate in the customer focused culture of our organisation.

Applicant Self Assessment: Not Rated
Compliance to Standard: Compliance Plus

Active Evidence

2.1.6: Selection of compliments / testimonials Assessor Acceptance: Yes

attached are compliments/testimonials from tenants, some via thank you cards, some to their managers and some on social media. This is just an example out of the 889 compliments received last year & 607 received up to December this year. (see 2.2.3 showing a reduction in complaint volumes as well).

2.1.6i: Staff Conference presentation / video Assessor Acceptance: Yes

This presentation was part of our 2019 staff conference - please don't just take our word for how we have a customer focused culture, please see the video included and hear from our tenants. we also have approved whole company training on Customer Experience in 2020, showing a clear commitment

2.1.6ii: Induction presentation delivered by CEO Assessor Acceptance: Yes

Please see attached our induction presentation for all new starters, delivered by our executive management team. this shows how customer focused we are, giving examples of good service and introduces our values #empowerment being one of them.

2.1.6iii: Staff Focus articles Assessor Acceptance: Yes

Please see below pages extracted from our February staff focus magazine all with stories highlighting how we encourage and empower employees to be customer focused - the whole magazine was too large to attach but can be shown on site.

2.1.6iv: Foodbank appeals Assessor Acceptance: Yes

This is all organised by our staff - Staff held a raffle, tombola, cake sale and other activities, which added to food donations collected, meant a total of 1434 kgs of food split across Doncaster's foodbanks. This equates to 2868 meals for local families across the Christmas period.

2.1.6v: Behaviours Assessor Acceptance: Yes

Our values and behaviours 'FEEL' - Fairness, Excellence, Empowerment and Local - please see attached document showing what they mean to use, these are visible as posters in our offices and are referenced through our staff focus magazine each month using # against each article.

2.1.6.1: We empower and encourage all employees to actively promote

RP3 2020 You empower and encourage all staff to actively promote the customer focused culture by means of the annual Staff Conference, staff working groups, team meetings, staff induction and training sessions, regular monthly one-to-ones, the Staff Focus magazine and the various reward and recognition policies. The 2019 Staff Conference focused on 'Not just bricks and mortar: See the Person'. Whole company training on Customer Experience has been approved for 2020. Compliance Plus is retained.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.1.6.2: and participate in the customer focused culture of our organisation.

RP3 2020 Discussions on the visit with both staff and residents confirm that staff feel empowered to participate in the customer focused culture of the Service and help customers, and this is recognised and much appreciated by tenants.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2.2: Staff Professionalism and Attitude

2.2.1: We can demonstrate our commitment to developing and delivering customer focused services through our recruitment, training and development policies for staff.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

New Evidence

2.2.1 d): List of training courses Assessor Acceptance: Yes

Please find attached a general update on training along with a list and description of al the courses That are applicable - the full list is much longer than this) that we offer to all staff.

2.2.1 e): Housing Management Policy Assessor Acceptance: Yes

Please see attached our Housing Management policy demonstrating our commitment to support and develop our customer focused services, this sit alongside our housing management strategy.

2.2.1 f): New complaints investigation training Assessor Acceptance: Yes

attached is the new training programme for anyone who investigates complaints - this has started being rolled out across the business and was developed alongside the customer relations team and managers across the business alongside analysis of customer feedback and the new social housing whitepaper

Active Evidence

2.2.1a: recruitment policy Assessor Acceptance: Yes

SLHD is committed to recruiting staff who can uphold and enhance the company's commitment to delivering customer focused services and has embedded this in its recruitment and selection policy. attached in our policy

2.2.1b: Job Descriptions Assessor Acceptance: Yes

all our job descriptions contain the attached general conditions specific to our organisation and our commitment to customer care - please see a generic Job description attached for an income management officer

2.2.1c: meet and greet / induction Assessor Acceptance: Yes

all new entrants have a meet and greet with our CEO/EMT going through the importance of our vision and values.all included in an induction day (Schedule attached) which covers many aspects such as Cust care, Equality, data protection, complaints, serv standards etc...presentation shown at visit

2.2.1.1: We can demonstrate our commitment to developing and delivering customer focused services through our recruitment,

Remote RP1 2021 You demonstrate your commitment to delivering customer focused services through your recruitment policy. Job Descriptions include commitment to customer focus. Interview questions highlight the need for customer service skills.

Evidence Value: Fully Met

2.2.1.2: training and development policies for staff.

Remote RP1 2021 You demonstrate your commitment to delivering customer focused services through your staff training on customer care. All new entrants have a (remote) 'meet and greet' with the Chief Executive, who emphasises the importance of your vision and values. Customer care training is an integral component of the staff induction programme. Regular staff (remote) 'one-to-ones' include customer care skills and the identification of training needs.

Evidence Value: Fully Met

2.2.2: Our staff are polite and friendly to customers and have an understanding of customer needs.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

2.2.2 a: Compliments	Assessor Acceptance:	Yes
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Compliments from our customer to our staff increase year on year, last year compliments increased by 8% from 386 to 421. A selection are attached for you. These are sent round to staff, placed in our staff focus magazine and put on our intranet. Our complaints have also reduced by 4.5%

2.2.2 b: STAR Survey	Assessor Acceptance:	Yes
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The full presentation is attached at 1.3.2 however specific questions show very high satisfaction scores - friendly and approachable staff 96.7% and helpful staff 93.6%

2.2.2 c: HouseProud Articles	Assessor Acceptance:	Yes
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July pg 3 - understanding we need to work more environmentally friendly to meet customers changing needs / demands, Page 13 - supporting award winning B:friend group recognising the needs of isolated individuals, lots of our staff volunteer for this initiative. April back page Mystery shopping 100%

2.2.2 d: Other articles	Assessor Acceptance:	Yes
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please refer to the document at 1.3.5 about the tenancy support team tailoring their support to the needs of the customers, with testimonials included. We Continue to have customer centric measures and strategic objectives and it is a t the heart of what we do day in day out.

2.2.2.1: Our staff are polite and friendly to customers

RP2 2019 Staff are polite and friendly, demonstrating great passion, enthusiasm and commitment, which is very much appreciated by tenants. This desire to 'go the extra mile' for customers was well demonstrated on the visit and merits Compliance Plus. The 2018 STAR Survey found that 96.7% of customers felt that staff are friendly and approachable, and 93.6% thought that staff are helpful.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2.2.2.2: and have an understanding of customer needs.

RP2 2019 It was very well demonstrated on the visit that staff have an impressive understanding of customer needs, which is very much appreciated by tenants. Compliments increase year on year, last year increasing by 8%. This again merits Compliance Plus.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.2.3: We prioritise customer focus at all levels of our organisation and evaluate individual and team commitment through the performance management system.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

2.2.3: Annual and Service Development plans Assessor Acceptance: Yes

We have a clear golden thread from our corporate plan and objectives through to our annual and service development plans with a suite of key performance indicators to ensure we are meeting these commitments.

2.2.3i: Key Performance Indicators Assessor Acceptance: Yes

Attached is our detailed performance summary showing our performance. This evidences the detail of performance management we drill down to, which is then discussed in team meetings and where necessary in 1.1's.

2.2.3ii: Social Statement Assessor Acceptance: Yes

We produce an annual review of our performance which can be found on our website, (booklet and videos) we also look at different forms of reporting such as our social statement. This statement complements our other reports, focusing on our social impact and the activities that add value.

2.2.3iii: Q3 Customer Focus Presentation Assessor Acceptance: Yes

Attached is the Q3 customer focus presentation detailing the overall and team performance. Throughout the presentation you can see service improvements that have been implemented and at the end are some of this years you said, we did, which can also be found on our website. (2.1.6 for compliments)

2.2.3iv: Service Standards Assessor Acceptance: Yes

We also report and monitor our service standards on a quarterly basis - some of these were impacted by the flood work and performance impacted in Q3 however plans are in place to ensure standards are achieved by end of year where possible.

2.2.3v: Tenancy Sustainability example Assessor Acceptance: Yes

We have a performance tool called Qlik. This is an example from Tenancy Sustainability where you see a dashboard and can then search by individual. Calls are also listened to from a quality perspective in the CAT team, the estates team have 'case reviews' to look at complaints or ASB cases.

2.2.3.1: We prioritise customer focus at all levels of our organisation

RP3 2020 You prioritise customer focus at all levels of the organisation, as shown in Service Development Plans and the Heads of Service performance indicators template which is completed by all service leaders and discussed monthly. The Staff Focus newsletter includes compliments and specific customer stories. The last Staff Survey showed that 96% of staff agree that St. Leger Homes makes a positive difference to customers' lives, 89.4% of staff feel the work they do really makes a difference and 92.3% are proud to work for St. Leger Homes.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2.2.3.2: and evaluate individual and team commitment through the performance management system.

RP3 2020 You evaluate both individual and team commitment to the customer focus through the staff performance management system. Following staff feedback, all staff have a monthly one-to-one conversation, rather than a formal annual appraisal.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

2.2.4: We can demonstrate how customer-facing staffs' insight and experience is incorporated into internal processes, policy development and service planning.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

2.2.4: New TOP Team	Assessor Acceptance:	Yes
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In order to help St Leger Homes deliver the project, a dedicated implementation team has been set up within the business called the TOP team. Several staff members from within the business have been seconded taken from different service areas bringing their experience and knowledge into the project

2.2.4a): Staff COVID Feedback	Assessor Acceptance:	Yes
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as well as a survey to our customers during covid we also surveyed our staff twice - feedback attached to make sure we listened and understood how we could improve/change our services.

2.2.4b): caretaker case study and changes made	Assessor Acceptance:	Yes
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We have amended the static caretakers duties based on their input so that they concentrate on the internal parts to the buildings that they manage - see case study and changes attached

2.2.4c): Business transformation Team	Assessor Acceptance:	Yes
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Our Business Transformation team undertake improvement reviews using Lean methodology. 2 initial workshops identify the 'as is' process of a service. This takes place with customer facing staff as they know how their processes work and are closer to the 'voice of the customer'

2.2.4 d): Complaints process mapping	Assessor Acceptance:	Yes
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Please see attached an extract that went in our staff focus magazine, showing how we brought representatives across the business together to review how we process complaint for customers, where the blockages were and how we could make it better internally and externally

2.2.4 e): Internal comms review	Assessor Acceptance:	Yes
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feedback received from over 17 different teams on how, what, when we should be communicating with them and what it should be about to ensure they can do their role effectively and efficiently

2.2.4.1: We can demonstrate how customer-facing staffs' insight and experience is incorporated into internal processes, policy development and service planning.

Remote RP1 2021 You can demonstrate that customer-facing staffs' insight and experience are incorporated into internal processes, policy development and service planning by means of the way staff are encouraged to give their views, through the annual Staff Conference, regular meetings, projects, consultations, and the monthly 'one to one' appraisal meetings, albeit all held remotely this year. A very good example is the formation in 2017 of the dedicated implementation team, called the TOP team, consisting of 200 seconded staff from across the business, to bring their experience and knowledge into the project to build a new Housing Management IT system, which is being successfully rolled out. Feedback received from over 17 different staff teams was used in the internal Communications Review. In addition to the customer Covid Survey, staff were surveyed twice and feedback was provided to ensure staff views informed improvements and change to services. Compliance Plus is retained.

Evidence Value: Fully Met

2.2.5: We value the contribution our staff make to delivering customer focused services, and leaders, managers and staff demonstrate these behaviours.

Applicant Self Assessment: Not Rated
Compliance to Standard: Compliance Plus

Active Evidence

2.2.5 a: HouseProud Assessor Acceptance: Yes

Houseproud article - celebrating the hard work, efforts and focus on customer outcomes with our award wins July pg 7,

2.2.5 b: Staff Focus and foodbank appeal Assessor Acceptance: Yes

Please see attached document with an extract from our staff focus magazine thanking staff for their support for various causes. Also included in more detail is the food bank appeal the tenancy sustainability team did off their own back

2.2.5 c: Staff Focus - Behaviour and conference Assessor Acceptance: Yes

staff focus attached launching our new behaviours developed by our staff - also an article thanking their contribution at the staff conference where we did consultation for the corporate plan like we did with tenants and partners

2.2.5 d: 'Tweets' Assessor Acceptance: Yes

Please see attached a selection of tweets from our chief executive and from other members of our leadership team showing the value and positive promotion of our staff in delivering customer focus services

2.2.5 e: compliment letters, behaviours and awards Assessor Acceptance: Yes

please see attached further evidence of compliment letters, behaviours and awards we nominate individuals for, in recognition of their hard work.

2.2.5.1: We value the contribution our staff make to delivering customer focused services,

RP2 2019 You value the contribution staff make to delivering customer focused services, as shown by the many complimentary 'tweets' from the Chief Executive and other members of the Leadership Team. Compliments are recorded and publicised, and have increased year-on-year. Individuals are regularly nominated for recognition and awards, such as 'Asian Construction Apprentice of the Year' (shortlisted). You won and publicised in HouseProud three wins at the Northern Housing Awards 2018, for 'Tackling Homelessness', 'Best Resident Involvement' and 'Partnering Scheme of the Year'. Compliance Plus is maintained.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

2.2.5.2: and leaders, managers and staff demonstrate these behaviours.

RP2 2019 The customer focused culture is strongly embedded at all levels of the organisation, as confirmed through discussions and observations on the visit. The Staff Focus magazine and the Staff Conference demonstrate the focus on customer service.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3: Information and Access

3.1: Range of Information

3.1.1: We make information about the full range of services we provide available to our customers and potential customers, including how and when people can contact us, how our services are run and who is in charge.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

3.1.1: Visiting Guide	Assessor Acceptance:	Yes
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This was a visual visiting guide we created and put on website and social media to show what we would do but also what we expected our tenants do to during visits during covid. this has been shared as great practice by the NFA

3.1.1a): New tenants pack	Assessor Acceptance:	Yes
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attached is a explanation of what our tenants receive when they become a new tenant - this is called a new tenants pack

3.1.1 b): COVID letters	Assessor Acceptance:	Yes
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attached is an example of one of the letters we have sent to all tenants during the pandemic - we had regular social media posts, website Q&A and recorded messages to let people know what services we were still running and what has been postponed.

3.1.1 c): Weblinks on a page	Assessor Acceptance:	Yes
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please find attached our weblinks on a page so tenants, customers or prospective employees can see who we are, what we do and who is in charge.

3.1.1 d): Press release for new Chief executive	Assessor Acceptance:	Yes
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as well as our website, social media, HouseProud and letters, we also send out press releases that are used by our local Doncaster Free press to inform tenants of changes - please see an example attached for our new Chief executive

3.1.1 e): HouseProud and social media update	Assessor Acceptance:	Yes
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Please find attached an extract from the July edition of HouseProud again updating tenants on our service provisions during covid. please see social media attachment at 3.2.1

3.1.1.1: We make information about the full range of services we provide available to our customers and potential customers,

Remote RP1 2021 You have a wide range of information, including the web site, the new tenants leaflet and sign-up pack, the Annual Review, the colourful and attractive HouseProud magazine issued to every household, extensive service information leaflets, posters and display boards. The Customer Access Team deals with telephone enquiries and emails. Customers can also visit or telephone the DMBC Civic Office one-stop-shop. During the pandemic, letters were sent out to all tenants, together with regular social media posts, web site Q&A posts and recorded messages to let people know which services were still running and which had been postponed. You are encouraging people to make more use of digital technology. A visual Visiting Guide was created and put on the web site and social media to show what you would do but also what you expected tenants to do during visits during Covid. This has been shared as best practice by the NFA (National Federation of ALMOs) and merits continued C+.

Evidence Value: Fully Met

3.1.1.2: including how and when people can contact us,

Remote RP1 2021 You tell people how and when they can contact you through the web site, the new tenants leaflet and sign-up pack, the HouseProud magazine, information leaflets, posters and display boards. Verbal information is given via the Customer Access Team.

Evidence Value: Fully Met

3.1.1.3: how our services are run and who is in charge.

Remote RP1 2021 Full details of how the Service is run and who is in charge is made available through a variety of means, including the web site and the HouseProud magazine. The appointment of the new Chief Executive was well publicised on the web site, on social media, in HouseProud and letters, as well as in press releases that are published in the local Doncaster Free Press to inform tenants of changes.

Evidence Value: Fully Met

3.1.2: Where there is a charge for services, we tell our customers how much they will have to pay.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

3.1.2 a: St Leger Lettings Assessor Acceptance: Yes

There are many charges associated with our private landlord service 'St Leger Lettings' and all are explained in the literature via our website and reiterated in paperwork when landlords approach us.

3.1.2 b: Garden service Assessor Acceptance: Yes

Attached is a letter we send out to tenants who have requested our Garden service. It gives tenant options with clear pricing structures and clearly lays out how much they pay for each area of the service.

3.1.2 c: Private Gas Servicing Assessor Acceptance: Yes

In an innovative expansion of our services, we are extending gas servicing to people who live in the Doncaster area and who own their own home. This follows excellent customer feedback on what is considered to be a top notch St Leger Homes service. (see HP article Jan pg 11 as well)

3.1.2 d: Rent statements Assessor Acceptance: Yes

We send out a quarterly rent statement with our HouseProud magazine, we advertise that tenants can view their rent statements online via the web link attached. we also extended our service so tenants can pay by direct debit on any day of the week (HP Jan 18 pg 2)

3.1.2.1: Where there is a charge for services, we tell our customers how much they will have to pay.

RP2 2019 You tell customers how much they will have to pay through individual Tenancy Agreements, quarterly rent statements and rent increase letters. Tenants requesting the Garden Service are sent a letter explaining the charges for the services on offer. There are many charges associated with the private landlord service, 'St Leger Lettings', which are explained via the web site and in paperwork given to private landlords. In an innovative expansion of your services, you are extending gas servicing to Doncaster people who own their own homes.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.2: Quality of Information

3.2.1: We provide our customers with the information they need in ways which meet their needs and preferences, using a variety of appropriate channels.

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

3.2.1: Communications strategy	Assessor Acceptance:	Yes
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Attached is our communications strategy - we are updating this at the moment and have just been consulting with our tenants and staff to look at what channels they prefer and use the most

3.2.1a): Collection of social media	Assessor Acceptance:	Yes
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Please see attached a selection of social media posts as evidence for some of the other criteria, showing we use a range of channels to give customers the information they need

3.2.1b): Script of phone messages	Assessor Acceptance:	Yes
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tenants tell us their main contact preference is phone - we use recorded messages when anyone calls so they can hear information about our services if they do not use social media or go online - here is a script that is currently in place

3.2.1c): Visual recovery plan for tenants	Assessor Acceptance:	Yes
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to make it as simple and user friendly as possible, this was the visual we used to explain to tenants when they could expect services to be running following the first national lockdown

3.2.1d): Audiences, channels and case studies	Assessor Acceptance:	Yes
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attaches is a list of audiences and the channels we use - the access strategy at 3.3.1 shows how customers prefer to contact us and the communications research shows how they like to receive information / communicate - also inc are case studies

3.2.1e): Recent Communications survey	Assessor Acceptance:	Yes
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we spoke to 302 tenants through November and December 20 to help inform our new communications strategy (96% satisfied). analysis is still underway but here are high level results alongside a BAME communication covid survey we helped promote across Doncaster.

3.2.1.1: We provide our customers with the information they need in ways which meet their needs and preferences,

Remote RP1 2021 You are updating the Communications Strategy and have been consulting with tenants to look at which channels they prefer and use the most. You provide information in a range of ways, including on the web site, via the DMBC Civic Office one-stop-shop, in paper format, on home visits and in a choice of languages and other formats, including Braille, large print and different coloured paper. You use 'google lens' as a translation tool, which has proved very helpful. The closure of Receptions during the pandemic has not proved to be a problem, with 94% of customers saying they had no issues accessing services. The pandemic has encouraged more customers to switch to online services and make use of social media, although most customers still prefer to use the telephone (95.4%) in the 2020 STAR Survey. You are using recorded messages when anyone calls so that they can hear the latest information. The 2020 STAR Survey found that 89.2% of tenants feel well informed.

Evidence Value: Fully Met

3.2.1.2: using a variety of appropriate channels.

Remote RP1 2021 You provide information using a variety of appropriate channels, including the web site, social media, on the telephone, via letters and emails, on home visits, and via (virtual) meetings with residents' groups. You provided an impressively long list of your different audiences and the wide variety of channels used to communicate with them. The HouseProud magazine, delivered to all tenants, continues to merit Compliance Plus for the quality of its content and coverage of issues of concern to tenants.

Evidence Value: Fully Met

3.2.2: We take reasonable steps to make sure our customers have received and understood the information we provide.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

3.2.2 a: STAR survey Assessor Acceptance: Yes

The full presentation is attached at 1.3.2 however specific questions show very high satisfaction scores: 95.7 (+3.1% from last year)

3.2.2 b: Houseproud survey Assessor Acceptance: Yes

We surveyed 1000 throughout November 2018 based on changes we wanted to make to rent statements and to also get peoples view on HouseProud.

3.2.2 c: List of other steps we take Assessor Acceptance: Yes

Please find attached a list of the other steps and ways we ensure tenants understand the information we provide to them.

3.2.2.1: We take reasonable steps to make sure our customers have received

RP2 2019 You have clear and detailed tenancy sign up procedures to ensure full information is given to tenants. The HouseProud magazine is delivered to all households. Where major works are in progress, tenants are fully informed in advance and are given regular updates as work progresses. You have two dedicated tenant liaison officers who show tenants exactly where the work will take place and explain what they need to do to prepare for the works. You also extend this to private home owners if you need to erect scaffolding next to their property to explain why and how long it will be there. The 2018 STAR Survey found that 90.8% of tenants said that you are good at keeping them informed about issues. Compliance Plus is retained.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.2.2.2: and understood the information we provide.

RP2 2019 You use a wide range of meetings, including one to one meetings with Housing Officers, and various tenants' groups, as well as a range of consultations and surveys, to test that customers understand information. The 2018 STAR Survey found that 95.7% of tenants found the last correspondence easy to read and understand.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.2.3: We have improved the range, content and quality of verbal, published and web based information we provide to ensure it is relevant and meets the needs of customers.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

3.2.3: Communications strategy Assessor Acceptance: Yes

Attached is our Communications strategy. Star Survey Feedback-Thinking about the last correspondence sent to you, how satisfied were you it was easy to read and understand? 95.7 (+3.1% on previous year). Further improvements to our website can be shown on site.

3.2.3i: Councillor survey Assessor Acceptance: Yes

Councillors are also our customers and we do a quarterly newsletter to them. we have recently surveyed them to ensure the information we send them is still relevant and meets their needs - attached is the feedback.

3.2.3ii: Increased social media Assessor Acceptance: Yes

We have Increased our social media presence and increased followers. We have analysed our statistics and now do more photos as our analytics prove more people read and interact with us and have more engagements on these – a selection of different stories and posts are attached

3.2.3iii: Internal communications review Assessor Acceptance: Yes

The comms strategy is up for renewal this year. We have started working looking at internal comms (attached) and we are working with TRIP to review all external comms this year. this will cover our tenant magazine, website, app, social media and any other platforms tenants want to feedback on.

3.2.3iv: Talkback / editorial group Assessor Acceptance: Yes

We have relaunched our tenants editorial group. we asked them to look at one of our policies attached and give feedback. we sent out 29 emails and 13 letters to those on the groups and collating their responses - their collated feedback is included as tracked changes.

3.2.3v: Scaffolding letter Assessor Acceptance: Yes

Customers told us they needed more information with regards to scaffolding being erected at their properties. we worked with them to develop a very simple form (attached) so tenants knew what was happening and what their responsibilities were.

3.2.3.1: We have improved the range, content and quality of verbal,

RP3 2020 You have improved the range, content and quality of verbal information. You are making more use of videos, on the web site, on YouTube and via social media. The Annual Review is presented on the web site in a video format. An audio CD of the tenant magazine 'HouseProud' is available to be sent out to customers who are visually impaired. The new Customer Access Team have received structured training to prepare them for their new role.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.2.3.2: published

RP3 2020 You have improved the range, content and quality of printed information. The Tenants Editorial Group has been relaunched to look at policies and publications. Your high-quality published information continues to merit Compliance Plus, including the attractive and colourful 'HouseProud' magazine, which includes a 'Tenants Take Over' page in each edition, written by tenants, with staff support. You regularly signpost tenants to other information, including that produced by DMBC. You have branding guidelines and a letter writing guide for style, font, plain English and easy-to-read format.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.2.3.3: and web based information we provide to ensure it is relevant and meets the needs of customers.

.RP3 2020 You continue to improve the range, content and quality of web based information. The impressive web site is clearly presented, easy to navigate and use, with bolder 'buttons'. Three versions of the Annual Review are now available on the web site; a full version, a summary version and a digital summary with films. You have increased your social media presence and increased followers. You have analysed your statistics and now do more photographs as your analytics prove more people read and interact with you when photographs are included. The web site has links to the Council web site so that tenants can pay their rent, and also gives the tenant the opportunity to check rent arrears, report a repair, update personal details, make an enquiry and make a complaint. Compliance Plus is retained.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.2.4: We can demonstrate that information we provide to our customers is accurate and complete, and that when this is not the case we advise customers when they will receive the information they requested.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

3.2.4: Customer Promises letter Assessor Acceptance: Yes

if we need to complete works on the back of a complaint that cant be completed in the complaint response timescales we create a 'service promise' a letter of which is attached to ensure we follow up on work promised with clear details on when the work will be completed.

3.2.4i: Flood response team Assessor Acceptance: Yes

Please see an extract from the diary spreadsheet we have for flooded tenants. I have only included a few rows but you can clearly see how we kept up to date with people and told them how and what was happening with their properties and when things change. There are another 70 rows of these.

3.2.4ii: Flooded FAQ's Assessor Acceptance: Yes

1.1.3 shows our flood stories however as part of this we quickly created FAQs to all tenants and private residents of Doncaster who may have needed our services. we quickly developed our flood response team and allocated key workers for each tenant

3.2.4iii: Press release for flood work Assessor Acceptance: Yes

Although each tenant has a key worker, there is still pressure from press to keep everyone up to date on whats happening. as well as key workers we are still communicating with the wider communities as to whats happening. we received praise from our Mayor during a cabinet meeting for our flood work

3.2.4iv: TLO work Assessor Acceptance: Yes

when you last visited you spent time with one of our Tenant Liaison Officers. These officers ensure regular personal contact is made throughout large scale works/ schemes so the tenants have a full programme of works but if things change the TLO will contact the tenant to explain personally.

3.2.4.1: We can demonstrate that information we provide to our customers is accurate and complete,

RP3 2020 In the STAR Survey and other service specific Customer Satisfaction Surveys, you ask customers how satisfied they are with the information you give to them, with 90.8% of tenants saying you are good at keeping them informed. When customers contact the Customer Access Team, they are given appointments or appropriate responses immediately.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.2.4.2: and that when this is not the case we advise customers when they will receive the information they requested.

RP3 2020 When this is not the case, you advise customers when they will receive the information they requested, in line with your Service Standards. Tenant Liaison Officers ensure regular personal contact throughout large scale works. Following the floods, a key worker was allocated to each tenant and detailed up-to-date advice was provided on the web site. Also, FAQs (Frequently Asked Questions) were answered on the web site, with follow on advice and support provided for private tenants as well as SLHD tenants.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.3: Access

3.3.1: We make our services easily accessible to all customers through provision of a range of alternative channels.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliance Plus

New Evidence

3.3.1: service accessible via a range of channels Assessor Acceptance: Yes

Please see attached a list of all the access channels we offer to our customers as well and information and an infographic showing how our customers accessed our services during 2019/20.

3.3.1 b): New digital signatures case study Assessor Acceptance: Yes

We have been quick to change and adapt and have procured 'Adobesign' to move forward with our digital offer to customers to allow them quick and easy access to signing documents with us due to the COVID secure environment we are now working in.

3.3.1 c): COVID survey Assessor Acceptance: Yes

Please see attachment at 2.1.4 re the survey we did during lockdown to ensure we understood how we could support our tenants during the pandemic and how they felt about accessing our services 94% said they had no issues accessing our services

Active Evidence

3.3.1a: Customer Access Strategy Assessor Acceptance: Yes

We have a brand new customer access strategy and action plan driven by customer feedback and customer interactions with us.

3.3.1.1: We make our services easily accessible to all customers through provision of a range of alternative channels.

Remote RP1 2021 Ease of access was fully confirmed on the visit. People can contact you via the Tenant Liaison Officer, by telephone (single number), web site, letter, email or the DMBC Civic Office one-stop-shop. Every effort is made to communicate with people with special needs in different ways, for instance, through the web site, Braille, Browsealoud, in large print and in other languages. You are encouraging the use of more digital communication methods, including Facebook and Twitter. A new office has opened at Balby Bridge, with better reception facilities and a new digital hub (although closed during the pandemic). Your smartphone App makes it easier to access services and information via mobile devices. 'My Access' is the new self-service tenant portal online service for customers to view their rent accounts, pay rents and request a repair, with plans for further improvements. You have procured 'Adobesign' for customers to sign documents digitally. Compliance Plus is retained.

Evidence Value: Fully Met

3.3.2: We evaluate how customers interact with the organisation through access channels and we use this information to identify possible service improvements, and offer better choices

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

3.3.2: Customer Access Strategy Assessor Acceptance: Yes

Please find attached our customer access strategy where one of our key outcomes is: 'Delivering choices for access which are flexible and mobile.'

3.3.2 a: HouseProud Assessor Acceptance: Yes

Please find the link attached to our HouseProud Magazine - please see January Pages 3,11 and 15, April edition page 2, July edition page 4 and page 11

3.3.2 b: Social Media and website interactions Assessor Acceptance: Yes

Please find attached a document detailing our social media and website platforms, usage and interactions. this also includes our SLHD App, website and Youtube channel. we ensure we review these on an annual basis and have started including the stats in our annual review.

3.3.2 c: Other evaluation methods Assessor Acceptance: Yes

Please find attached a document showing other methods of how we evaluate how customer interact with us and how we have made/making choices more accessible than those already listed. (inc relocation of offices, new structure, footfall)

3.3.2.1: We evaluate how customers interact with the organisation through access channels

RP2 2019 You evaluate how customers interact with the Service through access channels. The Customer Access Strategy 2015-2020 highlights continuing reductions in foot fall, the popularity of telephone access and the significant proportion of tenants with no internet access at home. The 2018 STAR Survey found that 89.2% of tenants said that getting hold of the right person was easy.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.3.2.2: and we use this information to identify possible service improvements,

RP2 2019 You use access channel information to identify possible service improvements. Increasing use is being made of social media and web site platforms, which includes the SLHD App and the Youtube channel. The web site allows tenants to report repairs, pay the rent, and report antisocial behaviour more quickly. Since last year, you have set up a new Customer Access Team, with a new Head of Customer Services, with plans in hand to simplify access for customers.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.3.2.3: and offer better choices

RP2 2019 You use access channel information to offer better choices to customers. You have been working with Doncaster Council, the Library Services and other local partners to offer 60 different free internet access points across Doncaster. Following feedback, you have launched two new digital newsletters, one for young people and the second called 'Digital Dispatch' to show some of the useful things that can be done on the internet and what local community groups are doing to help people get digital. A new office has opened at Balby Bridge, with better reception facilities and a new digital hub. You have also provided an updated version of your smartphone app, which makes it easier for customers to access services and information via mobile devices. Compliance Plus is maintained.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.3.3: We ensure that where customers can visit our premises in person facilities are as clean and comfortable as possible.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

3.3.3: Summary of reception points Assessor Acceptance: Yes

All of our offices have easy access for all (ramps, phones, comfortable reception points) and where possible digital hub facilities (sometimes these are shared PC's). this is a summary document of other reception areas you haven't visited (you have already seen the CIVIC, Balby and St Leger House)

3.3.3i: Community space Assessor Acceptance: Yes

It's not just about office facilities we are also responsible for community facilities as well. Attached is what we are doing to help a new formed TARA following the floods about consulting the community to convert one of our own empty properties to help and put to different use.

3.3.3ii: Community hubs Assessor Acceptance: Yes

Please see 3.4.3 with new community hubs that were set up in partnership with other local organisations in response to the floods.

3.3.3iii: Communal Halls / Community Houses Assessor Acceptance: Yes

It's not just about office facilities we are also responsible for community facilities as well. Please see attached a review we are conducting across all of our communal halls, alongside 3.4.3 about how we have supported a group to turn one of the halls around.

3.3.3.1: We ensure that where customers can visit our premises in person facilities are as clean and comfortable as possible.

RP3 2020 Your premises are clean and comfortable. All your offices have easy access, providing ramps, telephones, comfortable reception points and where possible, digital hub facilities (sometimes these are shared PC's). You have a cleaning contract for all the offices which is reviewed on an annual basis. The main office at St. Leger Court on White Rose Way is not intended for public access. However, much more popular and closer to the town centre is the relatively new Doncaster Council Civic Office, which has a very attractive and welcoming open plan layout on the ground floor, with one-stop-shop enquiry desks for a range of council services - you staff two desks to respond to customer queries. (No rent is paid over the counter). The Civic Office has disabled car parking, lifts, wheelchair access, disabled toilets and facilities for the hearing and visually impaired. You also offer appointments at locations convenient for your tenants. Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

3.4: Co-operative working with other providers, partners and communities

3.4.1: We have made arrangements with other providers and partners to offer and supply co-ordinated services, and these arrangements have demonstrable benefits for our customers

Applicant Self Assessment: Strong

Compliance to Standard: Compliance Plus

New Evidence

3.4.1: Complex lives	Assessor Acceptance:	Yes
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the link shows where we have been named in an NFA report for pour partnership work with complex lives and homelessness. (p37 Homelessness report September 2020) sorry the report itself was too large to attach.

3.4.1a): South Yorkshire Fire and Rescue	Assessor Acceptance:	Yes
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partnership working between St Leger Homes and South Yorkshire fire and rescue where Sprinklers were retrofitted in a high-rise block of flats in Doncaster helped to save the lives of two people

3.4.1b): Service level Agreements	Assessor Acceptance:	Yes
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we have SLAs with the Council (Out of hrs contact centre, etc..) attached is an example SLA for translation service the benefits of working in partnership meant we could quickly interpret the letters evidenced at 1.1.1 for customers for EU settlement scheme

3.4.1c): Doncaster Growing together	Assessor Acceptance:	Yes
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we are still a key partner in Doncaster growing together - even more since the pandemic hit. we attend regular 'cell' meetings (as an examples we have a communications cell each Monday with all partners) , alongside others such as Brexit, community, environmental

3.4.1e): Translation tool - case study	Assessor Acceptance:	Yes
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we partner with large organisations who offer free tools and resources to ensure we spend our money wisely - we use 'google lens' as mentioned in other evidence at 1.1.1 and 3.2.1 but here is a case study of how it actually helped a customer

Active Evidence

3.4.1e): Other partnership examples	Assessor Acceptance:	Yes
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instead of listing the over 13000 partners we work alongside to support our tenants - here are some specific examples showing other partnerships (DWP, Minorities Partnership Board, Foodbanks) in order to help our tenants in a number of different ways.

3.4.1.1: We have made arrangements with other providers and partners to offer and supply co-ordinated services,

Remote RP1 2021 Your partnership arrangements are very impressive and merit continued Compliance Plus. You have very strong partnership arrangements with other providers, particularly with Doncaster Metropolitan Borough Council, the Department for Work and Pensions (DWP), Doncaster Children's Services Trust and South Yorkshire Police. Particularly noteworthy is the award-winning Complex Lives Alliance with the Council, local hospitals, Primary Care, other supported housing providers, Community Rehabilitation, NACRO (social justice charity), National Probation Service, South Yorkshire Police, DWP, and community and voluntary sector partners; this Alliance is an integrated care approach to supporting rough sleepers with complex health and support needs. The Complex Lives Alliance was recognised in 2019 with the Care and Health Integration Award at the Municipal Journal Awards. Partners speak very positively about your working relationships and the very high-quality service provided.

Evidence Value: Fully Met

3.4.1.2: and these arrangements have demonstrable benefits for our customers

Remote RP1 2021 It was confirmed strongly on the visit that customers benefit from joint working arrangements. During the first lockdown, some staff took on a completely different role, working to help some of the most vulnerable people living in your communities as part of the Doncaster Community Hub. These staff helped by delivering prescriptions and meals or food parcels and posting mail for vulnerable residents. You are a key partner in 'Doncaster Growing Together', which has a bold vision that local people, private, voluntary and community sectors can get involved in. Partnership working with South Yorkshire Fire and Rescue led to sprinklers being retrofitted in a high-rise block of flats in Doncaster, helping to save the lives of two people. The award-winning World of Work (WOW) Programme gives opportunities to tenants and their household members impacted by unemployment, lack of skills and job prospects.

Evidence Value: Fully Met

3.4.2: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.

Applicant Self Assessment: Not Rated
Compliance to Standard: Compliance Plus

Active Evidence

3.4.2 a: Award wins Assessor Acceptance: Yes

We are delighted that our work for customers has been acknowledged with 3 wins at the Northern Housing Awards In May 18. 2 out of the 3 were due to our partnership working. Best initiative for tackling homelessness and best partnering scheme for Cantley care leavers scheme. (July HouseProud p 6&7)

3.4.2 b: Extended Trades for hospital discharges Assessor Acceptance: Yes

Working with NHS CCG utilising skills from our existing trade teams ensuring patients wanting to leave hospital can have their home adapted quickly and safely to help aid their recovery. The 6 month pilot will help patient recovery and free up hospital beds more quickly. (installing grab rails etc.)

3.4.2 c: Service Level Agreements Assessor Acceptance: Yes

Please find attached a copy of the service level agreement we have for translation with the council. this is one of a number of agreements we have to ensure we still continue to deliver a quality service (others include out of hours calls etc..)

3.4.2 d: Doncaster Growing Together Assessor Acceptance: Yes

Doncaster Growing Together is made up of organisations from across the borough of Doncaster. This includes St Leger Homes, Doncaster Council, South Yorkshire Fire & Rescue & Police, NHS bodies, local charities, Doncaster Chamber of Commerce & Doncaster College. A film attached giving more details.

3.4.2 e: Other partnership arrangements and outcomes Assessor Acceptance: Yes

Please see attached document - outlining some of the other partnership schemes we have been involved in, continuing to deliver quality services and support. We work closely with over 1,300 different partners.

3.4.2.1: We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.

RP2 2019 A wide range of formal and informal arrangements ensure effective consultation and information exchange, including contractual agreements, service level agreements, joint working protocols and regular meetings. The supporting evidence here is outstanding and this element continues to merit Compliance Plus. At the Northern Housing Awards 2018, you won awards for two partnership projects, 'Tackling Homelessness' and 'Best Partnering Scheme of the Year' for setting up the Cantley care leavers scheme. Also noteworthy is the Doncaster Growing Together partnership and the Anti-Poverty Commitment group. RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

3.4.3: We interact within wider communities and we can demonstrate the ways in which we support those communities.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

3.4.3: Selection of HouseProud Stories Assessor Acceptance: Yes

a selection of clippings from our Tenants magazine are attached showing a variety of ways in which we are supporting our local communities.

3.4.3i: Garage 32 Assessor Acceptance: Yes

an idea generated from one of own staff members Garage 32 stores and recycles furniture for less fortunate tenants that has been donated fro the community, St Leger homes empty properties and the kindness of staff family and friends. case studies are attached.

3.4.3ii: Positive Activities Group Assessor Acceptance: Yes

As well as staff time and support we set aside funding each year to help local community groups - please see attached spend to date, on what and to drive what outcomes.

3.4.3iii: Community Hubs Assessor Acceptance: Yes

We felt it was important to be visible in the communities not just for our tenants and to see what support or assistance we could to provide to private residents and work to help and support our partner Doncaster Council after the floods.

3.4.3iv: Balby South Community Engagement Society Assessor Acceptance: Yes

Here is an example of where we worked with the local community to turn around the usage of one of our communal halls and the support we now give the tenants and residents making use of the facilities.

3.4.3v: General update Assessor Acceptance: Yes

Please see attached an appendix to the customer involvement report attached at 1.2.3 highlighting all the activity in Q2. please also see the social statement attached at 2.2.3 and our annual review about many other communities we have supported.

3.4.3.1: We interact within wider communities and we can demonstrate the ways in which we support those communities.

RP3 2020 You support the wider communities in many outstanding ways that merit Compliance Plus. The annual Social Statement details a variety of activities, including the work of the Food Bank Champions who have donated the equivalent of 2,363 meals for local families over 2018-2019. In the same year, St Leger Homes supported 26 apprenticeships / student placements to improve employment prospects for the future. One family on average per week was assisted through the Garage 32 recycling project, providing second hand furniture to people who need it. 194 community groups use your Communal Halls across the Borough, offering a variety of activities for users.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

4: Delivery

4.1: Delivery standards

4.1.1: We have challenging standards for our main services, which take account of our responsibility for delivering national and statutory standards and targets.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

New Evidence

4.1.1: KPIs	Assessor Acceptance:	Yes
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Please find attached the link to our key Performance Indicators showing current and historic performance

4.1.1a): Annual VFM report	Assessor Acceptance:	Yes
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In summary, St Leger operated within budget, our targets were met in most areas, tenant and customer surveys were positive and we continue to compare favourably with our peers and also providers nationally.

4.1.1b): Consumer standards review	Assessor Acceptance:	Yes
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The report shows that in general, we have self-assessed the organisation as compliant against the consumer standards set out by our regulator

4.1.1c): Consumer standards update 2020	Assessor Acceptance:	Yes
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please see attached an update on the actions we proposed to strengthen our position to exceed, not just meet the consumer standards.

4.1.1d): Customer Charter and Service Standards	Assessor Acceptance:	Yes
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Please see attached our charter that was developed from national standards but was tenant led.

4.1.1e): Housing Ombudsman review	Assessor Acceptance:	Yes
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In July 2020 The Housing Ombudsman published a new Complaint Handling Code. Landlords were all asked to complete a self-assessment against the new Code and publish the results. The self-assessment, was completed by our Customer Relations Team and our independent Tenant Appeals Panel

4.1.1.1: We have challenging standards for our main services,

Remote RP1 2021 You have a wide range of challenging standards and performance indicators that include financial, technical, operational, service and administrative standards. The Tenants and Residents Involvement (Scrutiny) Panel (TRIP) have carried out a number of reviews which have fed into the raising of standards.

Evidence Value: Fully Met

4.1.1.2: which take account of our responsibility for delivering national and statutory standards and targets.

Remote RP1 2021 You use a comprehensive range of national and statutory standards and performance indicators to provide a basis for service measurement. The previous regulatory body, the Homes and Communities Agency, was replaced in January 2018 by Homes England and the Regulator of Social Housing, as a result of which extensive consultation exercises on standards, such as Value for Money (VFM), have taken place. St Leger is not bound by the Regulator for Social Housing Regulatory Framework, but nevertheless continues to recognise it as best practice and follows its guidance in producing the annual VFM Statement, which is a requirement within the Regulatory Framework. The detailed 2020 annual VFM Statement shows that St Leger operated within budget, targets were met in most areas, tenant and customer surveys were positive and there continues to be favourable comparisons with peers and providers nationally. The Regulator also requires an annual Consumer Standards Compliance Report.

Evidence Value: Fully Met

4.1.2: We monitor and meet our standards, key departmental and performance targets, and we tell our customers about our performance.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

4.1.2 a: KPI's Assessor Acceptance: Yes

Performance information is published on a monthly basis on our website. The company has a number of different KPI's (key performance indicators). These are used to gauge how we are doing. We also report on service standards and the link to this page is attached at 5.3.2

4.1.2 b: Annual Review Assessor Acceptance: Yes

Attached is a link to our annual review, we produce a full brochure, a short version and a variety of films so people can see how we are doing against the targets we have agreed.

4.1.2 c: Social Statement Assessor Acceptance: Yes

Our social accounts / statement details outcomes/projects we have been involved in throughout the year that have made a difference to our tenants, communities, partners and colleagues. They aren't just the usual KPI's they are areas that provide a social outcome.

4.1.2 d: Councillor Newsletter Assessor Acceptance: Yes

Councillors are also our customers and we do a quarterly newsletter to our councillors explaining what is happening in their local area so they can pass this on at their forums with tenants, alongside that we let them know how we are doing as well.

4.1.2.1: We monitor and meet our standards, key departmental and performance targets,

RP2 2019 Rigorous and comprehensive quality assurance systems are well established. You monitor and meet the majority of your standards and performance targets. You currently complete 99.24% of repairs 'right first time'. Rent arrears are at their lowest level since 2012/13 – at 2.62 % of annual debit. Income loss from empty properties is 0.78 %, against a target of 0.97 % – the lowest level it has ever been, making St Leger Homes one of the best performers in the country. The number of voids is also at the lowest level.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.1.2.2: and we tell our customers about our performance.

RP2 2019 You publish performance data in HouseProud, in the Annual Review and on the web site. Your Social Statement, which details outcomes and projects you have been involved in during the year, is also published. Councillors receive a quarterly newsletter explaining what is happening in their local area.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.1.3: We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

4.1.3: Housing Management Strategy Assessor Acceptance: Yes

We engaged over 455 people in developing this brand new strategy using a variety of methods, face-to-face focus groups, online surveys, estate walks, TARA feedback, TRIP. ASB targets have changed based on this consultation which have led into the overall service standard review. (at 2.1.3)

4.1.3i: Service Standard Review Assessor Acceptance: Yes

We review our standards with our tenants every 3 years. We have just done consultation a variety of ways for our standards for 2020-2023. The first worksheet shows who we consulted and some Outputs from the survey, the second worksheets show the standards that are being proposed and why.

4.1.3ii: Corporate plan and others Assessor Acceptance: Yes

We engaged customers, partners and staff in the review of our corporate plan in terms of the golden thread of our strategic objectives, all the way through to how we make sure we measure and achieve those. Corporate plan is attached at 2.1.3 and evidence of this and other consultation at 1.2.3

4.1.3.1: We consult and involve customers, citizens, partners and staff on the setting, reviewing and raising of our local standards.

RP3 2020 You use feedback from customers, partners and staff to set, review and raise standards. You consult widely using a range of meetings and feedback from surveys. The Tenants and Residents Involvement (Scrutiny) Panel (TRIP) have carried out a number of reviews which have fed into the raising of standards.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.2: Achieved Delivery and Outcomes

4.2.1: We agree with our customers at the outset what they can expect from the service we provide.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

New Evidence

4.2.1: Service standards review and consultation Assessor Acceptance: Yes

Review of service standards report that went to Board. link to the papers: item 6 on agenda 7.10.20 minutes and discussion of that meeting can be found in the minutes of the Board meeting on 25.11.2020 page 4. these will come into force April 2020 with a newly designed charter.

4.2.1a): see 3.1.1 Assessor Acceptance: Yes

Please see Covid letters / messages again as at 3.1.1 and Information given at tenancy sign up as shown at 3.1.1 as examples to demonstrate that we agree with our customers what they can expect from the service they receive

4.2.1b): How we spend our money consultation Assessor Acceptance: Yes

We welcome views on the budget proposals about how we spend rent in the next financial year and in the years following that. We use feedback help us shape future service delivery. - this is a current survey we are doing with customers 28.1.21

4.2.1c): Contact Contract (ASB) Assessor Acceptance: Yes

We have a Contact contract for any victims of ASB, this states how often and how (what methods) contact will be made for support and general catch ups / check ins

4.2.1.1: We agree with our customers at the outset what they can expect from the service we provide.

Remote RP1 2021 SLHD has comprehensive mechanisms in place to ensure customer understanding and agreement as to what they can expect from the relevant service. Initially, you provide customers at sign-up with the new tenant leaflet and sign-up pack, setting out new tenancy information. Follow up visits are made to check understanding and deal with any queries. Callers to the housing repair service are given full information about the service that will be provided and timescales for attendance. During the pandemic, customers are being kept well informed about any changes to services.

Evidence Value: Fully Met

4.2.2: We can demonstrate that we deliver the service we promised to individual customers and that outcomes are positive for the majority of our customers.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

4.2.2 a: STAR Assessor Acceptance: Yes

Please see 1.3.2 for full report. Satisfied SLHD delivers promises 89.2%. Satisfied with the final outcome of your query 83.7% (+1.2%). both satisfaction scores remain high with our tenants via the annual STAR survey.

4.2.2 b: Specific Promises Assessor Acceptance: Yes

Please find attached a list of specific promises, outcomes and testimonials from tenants ranging from KPI outcomes to wider scale promises regarding the impact of welfare reform, bedroom tax and universal credit.

4.2.2 c: Support plan Assessor Acceptance: Yes

Attached is a support plan this tenant was referred to us on the 19/7/2018 with £1373.00 of arrears court action imminent, all aspects of debts/benefits were discussed. tenancy sustainability supported the tenant and case was closed 21/9/2018 now current rent level (Feb 19) is at £85.05 IN CREDIT

4.2.2.1: We can demonstrate that we deliver the service we promised to individual customers

RP2 2019 You deliver the service you promised to individual customers, as shown by your performance figures and feedback from surveys. The 2018 STAR Survey found that 89.2% of residents said that you deliver the promises made to tenants. The Capital Build programme is particularly impressive, continuing to merit Compliance Plus. The Assessor visited the Bristol Grove housing development in Wheatley, which won the LABC Bricks Award 2018 for 'Social Housing Development of the Year'.
 RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.
 Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

4.2.2.2: and that outcomes are positive for the majority of our customers.

RP2 2019 Outcomes are positive for the majority of customers, as shown by discussions with tenants on the visit, survey results and performance data. The 2018 STAR Survey found that 83.7% of tenants are satisfied with the final outcome of their query.
 RP3 2020 Not reviewed.
 Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.2.3: We can demonstrate that we benchmark our performance against that of similar or complementary organisations and have used that information to improve our service.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

4.2.3: Bench marking visits Assessor Acceptance: Yes

HouseMark, we remain a low cost, mid to high performing organisation against comparitors.(full report 5.3.3). Also, see evidence attached at 4.2.4 and 5.3.3. We also carry out more tailored benchmarking involving visits to review systems and processes and share best practice. Examples attached:

4.2.3i: Other benchmarking Assessor Acceptance: Yes

Example attached on how we share/ask for help/advice through the National Federation of ALMO (NFA) communications group in between 1/4ly meetings, using a social media tool. We attend South Yorkshire Information Governance Group and share Data Protection changes (new reporting tool implemented)

4.2.3ii: Visit to Bolton at Home Assessor Acceptance: Yes

On the back of this visit, we are in the process of submitting a business plan to request the usage of a shop unit to run a community pantry and wraparound service from in partnership with the organisation who run the communi-tea cafe (1.1.3)

4.2.3.1: We can demonstrate that we benchmark our performance against that of similar or complementary organisations

RP3 2020 Your benchmarking of performance against similar organisations merits Compliance Plus. You benchmark through your membership of HouseMark and the National Federation of ALMOs (NFA). In comparison with other ALMOs, you are a 'Good performance, Low cost' provider. You provided a long list of specific organisations with which you have carried out more tailored benchmarking, where appropriate. For instance, with regard to Income Management, you participated in a regional (northern) benchmarking group of 17 organisations.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

4.2.3.2: and have used that information to improve our service.

RP3 2020 You use benchmarking information to monitor and improve your service. You also carry out more tailored benchmarking with specific organisations, where appropriate, which involves visiting or being visited by them to review systems and processes to improve performance. You liaised with Stockport Homes and other local ALMOs to look at how they involve tenants in the Complaints Appeals process and, as a result, you have now set up a successful Appeals Panel. Following a visit to Bolton Homes to look at their community pantry and wrap around service, a business plan has now been submitted to request the usage of a shop unit to run a community pantry in partnership with the organisation who run the Communi-Tea Café. You have also visited other providers to review their processes on voids, which has helped reduce void turnaround times to 21 days.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.2.4: We have developed and learned from best practice identified within and outside our organisation, and we publish our examples externally where appropriate.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

4.2.4: NFA publication Assessor Acceptance: Yes

Attached publication from NFA where we are cited as a pioneer of best practice in their report entitled 'Managing To Make A Difference: Housing Management In The ALMO Sector' please see pages 8, 14, 16, and 28 and a specific case study pg 17-19.

4.2.4i: NFA conference Assessor Acceptance: Yes

We were invited to give a presentation to the National Federation of ALMOs (NFA) Conference on our 'Support to Sustain' approach to housing management – which led to us hosting a further visit from the NFA to see our methods in action.

4.2.4ii: Tenant representation at NFA Assessor Acceptance: Yes

One of the more recent ones was the Chair of our Tenants and Residents Involvement Panel (TRIP), was invited to speak to the NFA Board alongside other tenant representatives from other ALMO's about her experience with St Leger Homes.

4.2.4iii: Awards and accreditations Assessor Acceptance: Yes

Alongside the awards there is a media and social media plan that sits behind each one, publicising our achievements. See annual review, Oct HP pg10, HP july pg 3,4,10. HP april pg 2, 5,8 HP jan 20 pg 6. we continually review which awards to enter and look back at why others won previously.

4.2.4iv: Other award info Assessor Acceptance: Yes

we were Runners up in the 'Excellence in Customer Service' award – only losing out to a large national organisation. our CEO has also been asked to be a judge at the UK Housing awards - recognising his experience across the sector.

4.2.4v: Press Clippings Assessor Acceptance: Yes

Here are a very small selection of press clipping from 2019. we have a full folder we can show on site. Any news stories are sent to all managers in the organisations and stored in a central folder for anyone to see and access.

4.2.4.1: We have developed and learned from best practice identified within

RP3 2020 You have many examples of best practice identified within your organisation, as a result of meetings and staff suggestions.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.2.4.2: and outside our organisation,

RP3 2020 You learn from examples of best practice identified outside your organisation, for instance as a result of your benchmarking work and partnership activities.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.2.4.3: and we publish our examples externally where appropriate.

RP3 2020 You publish examples of best practice. You use NFA publications, the web site and the HouseProud magazine to publish best practice, including the many awards you have won. The new development of council homes at Bristol Grove in Wheatley has been named the 'Social Housing Development of the Year' at the LABC (Local Authority Building Control) 'Bricks Awards'. SLHD has an award winning Complex Lives homelessness initiative (winner at the Northern Housing Awards 2018), World of Work programme, and Care Leavers programme (winner of Best Partnering Scheme at the Northern Housing Awards 2018). The organisation was shortlisted for Landlord of the Year at the UK Housing Awards in 2019. You gave a presentation at the NFA Conference on your 'Support to Sustain' approach to housing management, which led to you hosting a further visit from the NFA. Compliance Plus is retained.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained.

Evidence Value: Fully Met

4.3: Deal effectively with problems

4.3.1: We identify any dips in performance against our standards and explain these to customers, together with action we are taking to put things right and prevent further recurrence.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

New Evidence

4.3.1: Service Standard reports	Assessor Acceptance:	Yes
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we monitor our service standards each quart and report on these to EMT and pour Performance and improvement committee - they are also on our website with actions we are taking to improve any areas that may have dipped.

4.3.1a): Customer Focus Presentation	Assessor Acceptance:	Yes
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This presentation shows service improvements that we have made each quarter - these are publicised on our website, alongside you said, we did examples at 4.3.4

4.3.1b): Social media posts	Assessor Acceptance:	Yes
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Selection of social media messages showing when our phone lines are down or water outages etc...

4.3.1d): Housing Ombudsman Self assessment	Assessor Acceptance:	Yes
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when we did our self assessment, there were some areas we felt we weren't 100% compliant in. our panel agreed and we put the assessment on our website with clear actions in place to improve

4.3.1c): Board minutes at 4.2.1	Assessor Acceptance:	Yes
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please see the link again to the minutes from Board where performance is discussed and evidence is clear what action we are taking to put and dips right and this is publicised on our website

4.3.1e): Phone lines and scheduled repairs	Assessor Acceptance:	Yes
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here are another couple of examples where we have made sure customers aware that we cant deliver the service they expect due to dips in performance

4.3.1.1: We identify any dips in performance against our standards

Remote RP1 2021 Your robust self-assessment procedures and monitoring of a wide range of performance indicators enable you to identify dips in performance, for instance in relation to repairs, rent collection levels or the availability of appointments. During the pandemic there have been particular issues with homelessness and the shortage of materials for repairs and maintenance.

Evidence Value: Fully Met

4.3.1.2: and explain these to customers,

Remote RP1 2021 You use the web site, the HouseProud magazine, letters, telephone calls and messages, posters, display boards and a wide range of meetings (currently virtual) such as those with the many tenants' groups to explain dips in performance to customers. You regularly explain the effects of Welfare Reform, government legislation and the challenging economic climate, and the implications for the tenants. During the initial Covid lockdown, only emergency repairs and gas servicing were carried out, which had to be communicated to tenants. Later on during the pandemic, some services, particularly repairs, suffered from delays because of the shortage of some materials, including plaster. However, tenants were kept well informed about the reasons for the delay.

Evidence Value: Fully Met

4.3.1.3: together with action we are taking to put things right and prevent further recurrence.

Remote RP1 2021 You explain remedial action to customers by means of the web site, the HouseProud magazine, on twitter, in letters, telephone calls, posters, display boards and through a wide range of meetings with the customers (currently virtual), including one-to-one meetings. You explain the action you are taking to put things right, including the continued effort you are putting into helping customers with the effects of Welfare Reform and the introduction of Universal Credit. The Tenancy Sustainability Team continues to provide excellent support to tenants who are struggling to pay their rents. You also publish a helpful 'You said – We did' section on your web site. During the pandemic there has been a massive increase in homelessness, which has been well addressed by the Homelessness Team, who are using local hotels and providing three meals a day to get everyone off the streets and well fed.

Evidence Value: Fully Met

4.3.2: We have an easy to use complaints procedure, which includes a commitment to deal with problems fully and solve them wherever possible within a reasonable time limit.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

4.3.2: Complaints procedure Assessor Acceptance: Yes

We have details of how you can complain a definition of a complaint and details of what time scales you can expect to receive a response from us all on our website for our tenants. We have an easy 2 stage policy and procedure for all staff to follow. service standards are monitored and publicised

4.3.2 a: Complaints policy Assessor Acceptance: Yes

Our policy is attached but is currently being reviewed and updated in light of the new appeals panel we are proposing which is outlined at 4.3.5. minor changes have already been made but the decision for the appeals panel was only made in December 18.

4.3.2 b: Q3 Customer focus presentation Assessor Acceptance: Yes

Please see attached the quarterly presentation that is presented to EMT, Performance committee and Board. it is also presented to our TRIP panel. It shows our commitment to reducing and solving complaints and learning from them.

4.3.2.1: We have an easy to use complaints procedure,

RP2 2019 You have an easy to use Complaints Policy, which is set out on the web site. Complaints may be made by telephone, e-mail, in person by visiting or writing to any of the local offices; alternatively by posting a message on your Facebook page, using the MY SLHD App or filling in the form on the web site.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.2.2: which includes a commitment to deal with problems fully

RP2 2019 The Complaints Procedure includes a commitment to take complaints seriously and always aim to resolve any issues with the customer.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.2.3: and solve them wherever possible within a reasonable time limit.

RP2 2019 The Complaints Procedure has clear time scales. At Stage 1, you promise to acknowledge the complaint within 3 working days and carry out an investigation within 10 working days, sending a full written response following completion of the investigation. At Stage 2, if the tenant disagrees with the outcome and has further evidence, then the tenant has 20 working days to log an appeal, which will be acknowledged within 2 days and responded to within 20 working days. Complainants who are not satisfied with the outcome of their appeal will be advised that it is their right to make a formal complaint to their designated Ombudsman. You are currently reviewing and updating this Complaints Policy.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.3: We give staff training and guidance to handle complaints and to investigate them objectively, and we can demonstrate that we empower staff to put things right.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

4.3.3: Complaint training Assessor Acceptance: Yes

In 2019 we had external training for representatives across all areas on how to handle complaints. Here is a snap shot of the training and feedback. The actual booklet can be shown on site. we also had letter writing training for my complaints team.

4.3.3i: ad hoc presentations Assessor Acceptance: Yes

This is an example of one presentation delivered at a tool box talk for a team to look at what they can do to prevent complaints. We have a full programme of customer experience training being delivered to the whole organisations throughout 2020 as well as a new management training programme.

4.3.3ii: Housing Management training Assessor Acceptance: Yes

This is the training outline of a two day course to accompany the launch of the new housing management strategy. this covered all aspects of Housing management but also covered complaint handling / investigation.

4.3.3iii: Complaint mapping Assessor Acceptance: Yes

Over the last couple of weeks we have been process mapping complaints to make improvements to the process before our new system is introduced, this includes who investigates complaints. Empowerment is also one of our behaviours (see 2.1.6)

4.3.3iv: New high level complaints flow Assessor Acceptance: Yes

On the back of feedback from the process mapping we are in the process of empowering more team leaders to investigate complaints rather than service managers. Training will be available for those Team Leaders who may need additional support carrying out the investigation if new to the organisation

4.3.3v: Empowerment - a caretakers story Assessor Acceptance: Yes

Attached is just one example of how one of our caretakers decided to try and reduce complaints on the estate he worked on without having to speak to his manager to gain approval! please also see 2.1.6 for further examples of how are staff are empowered to resolve problems.

4.3.3.1: We give staff training and guidance to handle complaints

RP3 2020 Staff training covers complaints handling and customer care. In 2019, you had external training for representatives across all areas on how to handle complaints. The launch of the new Housing Management Strategy led to a two day training course which included complaints handling. Very recently you have been process mapping complaints in order to improve the process.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.3.2: and to investigate them objectively,

RP3 2020 You give staff training and guidance to investigate complaints objectively.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.3.3: and we can demonstrate that we empower staff to put things right.

RP3 2020 Staff feel empowered to put things right and this was confirmed on the visit. One of your four core FEEL values is Empowerment.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.4: We learn from any mistakes we make by identifying patterns in formal and informal complaints and comments from customers and use this information to improve services and publicise action taken.

Applicant Self Assessment: Strong
Compliance to Standard: Compliance Plus

New Evidence

4.3.4a): Customer Focus Quarterly Presentation Assessor Acceptance: Yes

attached is our quarterly presentation (q2 2020) that is presented to exec team, our scrutiny panel and our Board. it shows how we are performing and the actions we are taking to learn form complaints and is also on our website for tenants to see as well.

4.3.4b): You said, we did Assessor Acceptance: Yes

link to our website showing the changes we have made based on actual customer feedback and complaints

4.3.4c): Housing Ombudsman Complaint handling code Assessor Acceptance: Yes

as shown at 4.3.1 this is the completed self assessment on complaint handling, showing how complaint we are and what we are doing to ensure we bring improve any areas

4.3.4d): Specific example Assessor Acceptance: Yes

This is a specific example of a new letter that was drafted to tenants to manage expectations and explain timescales, preventing complaints we were having about new top soil that had ben laid - we haven't received any more complaints on this, since this was introduced

4.3.4e): TRIP Assessor Acceptance: Yes

TRIP use all performance information to inform their scrutiny reviews and focus on - this is presented on a quarterly basis

4.3.4.1: We learn from any mistakes we make by identifying patterns in formal

Remote RP1 2021 You log and analyse formal complaints. The quality of the quarterly complaints presentation that is given to the Executive Team, the Scrutiny Panel and the Board continues to merit Compliance Plus. This presentation is also available on the web site for tenants to see. Complaints are analysed by source and cause, with relevant commentary and planned service improvements detailed.

Evidence Value: Fully Met

4.3.4.2: and informal complaints and comments from customers

Remote RP1 2021 You log and analyse informal complaints. Staff are empowered to sort problems out 'on the spot' where possible, but will report upon any areas of concern, if further action is required.

Evidence Value: Fully Met

4.3.4.3: and use this information to improve services and publicise action taken.

Remote RP1 2021 Complaints analysis identifies subject areas for customer journey mapping. You then use the learning from complaints to improve services, and publicise the action taken. You publish a helpful 'You said – We did' section on your web site and in HouseProud.

Evidence Value: Fully Met

4.3.5: We regularly review and improve our complaints procedure, taking account of the views of customers, complainants and staff.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

4.3.5 a: Appeals panel

Assessor Acceptance: Yes

Before the Housing Green paper was announced we had been talking to our tenant board members and members of our TRIP panel on the idea of a new tenant appeals panel. The Terms of reference is attached and was approved in December 2018 and aligns with the outcomes of the paper.

4.3.5 b: Process mapping

Assessor Acceptance: Yes

for the implementation of our new TOP system (mentioned in 3.3.2) we processed mapped our complaints procedure with other areas of the organisation to see if we could make any efficiencies / changes before the new system came in. Changes to letters to reduce time scales were made.

4.3.5.1: We regularly review and improve our complaints procedure,

RP2 2019 You are currently in the process of reviewing your Complaints Procedure, and, since this is not yet completed, this element reverts from Compliance Plus to Full Compliance. You are planning to introduce a new Tenants Appeals Panel, to include two tenants, who will review all complaints that progress to Stage 2 of the procedure.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.5.2: taking account of the views of customers, complainants and staff.

RP2 2019 You have consulted staff, tenant Board members and members of the TRIP (Scrutiny) Panel about possible changes to the Complaints Procedure.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

4.3.6: We ensure that the outcome of the complaint process for customers (whose complaint is upheld) is satisfactory for them.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

4.3.6: Complaint letters Assessor Acceptance: Yes

Please see the extract pulled from the end of all complaint letters, showing that if anyone is dissatisfied, what the process is to get back in touch. We also have the new policy attached at 2.1.3. our appeals are extremely low - we have only received 36 to date this year.

4.3.6i: General Update Assessor Acceptance: Yes

We have not had any Ombudsman complaints this year. They have contacted us for information, but we haven't had any referred cases that have led to an investigation. we do not do satisfaction testing anymore as it was not Value for Money and complaints continue to reduce year on year.

4.3.6iii: Appeals Panel Assessor Acceptance: Yes

Although already referenced, please see Houseproud October 2019 pg 5 where we have now a new tenants appeals panel ensuring our appeals are investigated independently. we also ensure we learn from complaints and these can be found at Q3 pres 2.2.3 and 2.1.6 compliments

4.3.6.1: We ensure that the outcome of the complaint process for customers (whose complaint is upheld) is satisfactory for them.

RP3 2020 You ensure that the outcome of the complaints process for customers (whose complaint is upheld) is satisfactory for them. You no longer use the Complaints Satisfaction Survey process because you did not feel it provided value for money. Instead you have introduced a new Appeals Panel, with tenants independently investigating those complaints where the tenant complainant is dissatisfied with the outcome. This new procedure is working well, as confirmed through discussions on the visit. Only 36 appeals have been received and no complaints have been referred to the Ombudsman over the last year.
Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5: Timeliness and Quality of Service

5.1: Standards for Timeliness and Quality

5.1.1: We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.

Applicant Self Assessment: Strong
 Compliance to Standard: Compliant

New Evidence

5.1.1a): Customer Charter Assessor Acceptance: Yes

our customer charter is attached again, alongside the report at 4.3.1 showing we have a full section on how easy we are to do business with and we monitor this quarterly

5.1.1b): Board Minutes - service standard review Assessor Acceptance: Yes

Review of service standards report that went to Board – Board papers on website link item 6 on agenda 7.10.20 <https://www.stlegerhomes.co.uk/minutes-and-discussion-of-that-meeting-can-be-found-in-the-minutes-of-the-board-meeting-on-25-11-2020> page 4

5.1.1.1: We set appropriate and measurable standards for the timeliness of response for all forms of customer contact including phone calls, letters, e-communications and personal callers.

Remote RP1 2021 You have a wide range of appropriate and measurable standards for the timeliness of response for all forms of customer contact, including telephone calls (95% responded to in 30 seconds), letters (95% responded to in ten working days), e-communications (95% responded to the same day), social media (95% responded to within the same working day) and personal callers, that are well presented in the Customer Charter.

Evidence Value: Fully Met

5.1.2: We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

New Evidence

5.1.2a): Web links showing quality of service measurement Assessor Acceptance: Yes

Please see attached web like to our service standards, KPIS and annual review showing where 'quality' is measured - this is alongside STAR and survey analysis and asking WHY, not just relying on % satisfied.

5.1.2b): VFM Report Assessor Acceptance: Yes

Please see again VFM report at 4.1.1 showing outcomes and evidence of quality of service - please also see all other case studies and compliments

5.1.2.1: We set comprehensive standards for all aspects of the quality of customer service to be expected in all dealings with our organisation.

Remote RP1 2021 You set standards for all aspects of the quality of customer service that are well presented in the Customer Charter. Your Service Standards include quality standards, such as expectations of the way staff respond and present themselves, including being helpful, respectful, polite, friendly and professional. You promise to treat the tenant as an individual, with respect and dignity.

Evidence Value: Fully Met

5.2: Timely Outcomes

5.2.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

Applicant Self Assessment: Not Rated
 Compliance to Standard: Compliance Plus

Active Evidence

5.2.1: Service Standards	Assessor Acceptance:	Yes
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We continue to report on our Service standards through our website - we report on the standards quarterly and review the actual standards on a 3 yearly basis. We do the same for KPI's as well. this link to this page has also been included at 4.2.2

5.2.1 a: Information pages of the website	Assessor Acceptance:	Yes
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Please see attached document which contains web links to different pages on our website where you can find information about promises for time scales and quality of the work we do.

5.2.1 b: Annual review	Assessor Acceptance:	Yes
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We advise our customer via our annual review (link attached again) via variety for formats including web, social media, HouseProud, press releases, video' s and Youtube links.

5.2.1 c: Out of office messages	Assessor Acceptance:	Yes
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Our repairs service is open 24/7 and 365 days but not all our service are. Attached are examples of our out of office messages via email or social media or proactive campaigns for Christmas closedown on who to contact and what level of service can be expected.

5.2.1.1: We advise our customers and potential customers about our promises on timeliness and quality of customer service.

RP2 2019 You tell customers about your promises on timeliness and quality of customer service by means of the Customer Charter, which is published on the web site. Out of office messages are posted via email or social media or proactive campaigns (as in the case of the Christmas closedown) on who to contact and the level of service provided. Compliance Plus is maintained.

RP3 2020 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Remote RP1 2021 Although not formally reviewed, Compliance Plus is retained as nothing has arisen to indicate otherwise.

Evidence Value: Fully Met

5.2.2: We identify individual customer needs at the first point of contact with us and ensure that an appropriate person who can address the reason for contact deals with the customer.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

5.2.2: Examples Assessor Acceptance: Yes

Please see attached examples of what we have done to ensure customers find the right person to speak to first time and also examples, where in certain circumstances, tenants have the own dedicated key workers.

5.2.2i: Satisfaction Assessor Acceptance: Yes

Satisfaction feedback attached at 1.3.3 for transnational surveys and STAR about knowledge and getting through. STAR survey 89.2% satisfied of getting hold of the right person easily (+2.8%) STAR survey 93.6% staff are helpful (+0.9%)

5.2.2ii: The One Project (TOP) Assessor Acceptance: Yes

Providing 'one view' of the customer so any questions about anything relating to their tenancy can be answered at the first point of contact. attached is a summary of the project so far....due for implementation in November 2020

5.2.2iii: Customer Access Team (CAT) Assessor Acceptance: Yes

One way we are improving our customer service, is by establishing the Customer Access Team. Part of the role of the team will be to deal with first point of contact enquiries, bringing together skills, knowledge and capacity in one place to deliver a single whole organisation customer service.

5.2.2.1: We identify individual customer needs at the first point of contact with us

RP3 2020 You identify individual need at the first point of contact. New tenants have a one-to-one sign-up meeting and are given helpful information packs, as well as contact details. Tenants told you that they wanted a single contact number, which you have now introduced, to get people through to the new Customer Access Team (CAT) which is being established as the first point of contact for customers. People who telephone you or call in at area offices have their needs addressed by well trained staff, supported by the IT system that holds information on every property and tenant.
Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.2.2: and ensure that an appropriate person who can address the reason for contact deals with the customer.

RP3 2020 You ensure that an appropriate person who can address the reason for the contact deals with the customer. The STAR survey found that 89.5% of tenants who had made contact were 'satisfied' with staff's ability to deal with their query quickly and efficiently. 89.2% of tenants who had made contact felt getting hold of the right person was 'easy'. The Transactional Surveys found that 94.9% of tenants got through to the right person who could help them.
Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.3: We promptly share customer information with colleagues and partners within our organisation whenever appropriate and can demonstrate how this has reduced unnecessary contact for customers.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

5.2.3i: General communication internally Assessor Acceptance: Yes

We share lots of info internally between colleagues copying in colleagues from all relevant departments internally so staff are fully briefed, aware and up to speed if we have any further contact, particularly from customers. We also proactively promote stories to stop customers having to contact us

5.2.3ii: Rent Statement review Assessor Acceptance: Yes

We reviewed the timescales and content of our rent statements with customers and an internal team to make sure everyone fed in so that when they were all sent out, customers didn't have to call us to ask further questions – here is the journey:

5.2.3iii: Flood response work Assessor Acceptance: Yes

We worked closely with all the following partners, colleagues and agencies to ensure customers were kept up to date and didn't need to contact us during (and still ongoing) through the floods (attached)

5.2.3iv: Data Sharing Agreements Assessor Acceptance: Yes

we have specific data sharing agreement across the main Doncaster Growing Together group, ensuring that our tenants get the services they need and information is shared so they don't have to contact other agencies themselves.

5.2.3v: Contractors Assessor Acceptance: Yes

We have specific data sharing agreements in place with contractors working on our behalf to ensure they know if our tenants have any needs that need taking into account before work starts on their property (such as disability, working hrs etc..)

5.2.3.1: We promptly share customer information with colleagues and partners within our organisation whenever appropriate

RP3 2020 You promptly share customer information with colleagues internally by means of the IT system that holds information on every property and tenant. You share customer information with partners by means of meetings and data sharing agreements, as with contractors, who need to know if tenants have any particular needs that should be taken into account before work begins.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.3.2: and can demonstrate how this has reduced unnecessary contact for customers.

RP3 2020 You can demonstrate that you reduce unnecessary contact for customers. For instance, you have teamed up with Experian to help improve the tenant's credit rating; this gives the tenant access to cheaper credit rather than having to use loan sharks or high street lenders. During the floods you worked closely with partners, colleagues and agencies to ensure that customers were kept up-to-date, and did not need to contact you during (and still ongoing) through the floods.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.4: Where service is not completed at the first point of contact we discuss with the customer the next steps and indicate the likely overall time to achieve outcomes.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

5.2.4: Complaint promise Assessor Acceptance: Yes

please see letter already attached about how we communication promises and how we make sure we follow these up if we cant rectify a problem / enquiry immediately. Please also see 1.3.3 where STAR survey feedback is 90.8% think we are good at keeping them informed

5.2.4i: TLO letter Assessor Acceptance: Yes

Please see TLO letter for external works and scaffolding that might have to stay up some time and the flood diaries when we were unsure when work would start in each individual home (both attached at 3.2.4)

5.2.4ii: Schedule repairs / gas servicing Assessor Acceptance: Yes

We try and let people know proactively when we will do their servicing and schedule repairs. These are advertised on our website and they are explained to tenants when anyone calls to report a repair that falls into our scheduled category.

5.2.4iii: Anti Social Behaviour Cases Assessor Acceptance: Yes

we give guidance on how we work with tenants to resolve anti-social behaviour. We can't resolve these at first point of contact and therefore we explain all the information below and create bespoke diaries and action plans for each case.

5.2.4.1: Where service is not completed at the first point of contact we discuss with the customer the next steps

RP3 2020 Where service is not completed at the first point of contact, you discuss with the customer the next steps. The aim is always to get things right first time.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.4.2: and indicate the likely overall time to achieve outcomes.

RP3 2020 Where service is not completed at the first point of contact, you indicate the likely overall time to achieve outcomes. For instance, you keep tenants informed about the timelines for repairs and home improvement work.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.5: We respond to initial enquiries promptly, if there is a delay we advise the customer and take action to rectify the problem.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

5.2.5 a: Complaint promises

Assessor Acceptance: Yes

as mentioned at 4.2.2 we Still use holding response we send for any enquiry if it can't be answered within our service standards or time scales promised. here is an example of an MP enquiry where we made a promise for a visit and then updated the MP with the outcome.

5.2.5 b: Service Standards

Assessor Acceptance: Yes

please again find the web link to our service standards page where we are green or amber for most of our promises regarding responding to enquiries (ie 100% of complaints acknowledged in 3 days, 100% - Response rate to social media posts within the same working day when within normal working hours

5.2.5a: Email

Assessor Acceptance: Yes

Our email system Liberty which we use for repairs can track responses and flag emails that need a response urgently.

5.2.5.1: We respond to initial enquiries promptly,

RP2 2019 You respond to initial enquiries promptly and in line with your service standards. The 2018 STAR Survey found that 89.5% say staff were able to deal with the query quickly and efficiently.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.2.5.2: if there is a delay we advise the customer and take action to rectify the problem.

RP2 2019 You notify customers of any delay and take action to rectify problems. During periods of high call volumes an IVR gives callers information and advice on alternatives. If any enquiries cannot be resolved within specified standards, a holding response will be sent. Any messages posted on facebook outside normal office hours are dealt with from 08.30 onwards on the next working day.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.3: Achieved Timely Delivery

5.3.1: We monitor our performance against standards for timeliness and quality of customer service and we take action if problems are identified.

Applicant Self Assessment: Satisfactory

Compliance to Standard: Compliant

New Evidence

5.3.1 a): EMT minutes	Assessor Acceptance:	Yes
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Please find attached an extract of some minutes from our Executive team showing the discussions they have on performance

5.3.1b: other reports	Assessor Acceptance:	Yes
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please again see evidence at 4.3.1 for the service standard reports, the quarterly complaints information and other evidence that we are taking action if any performance dips

5.3.1.1: We monitor our performance against standards for timeliness

Remote RP1 2021 You use a range of monitoring tools to monitor your performance against standards for timeliness, including Mystery Shopping results, Customer Satisfaction STAR Survey results and meetings with tenants. The 2020 STAR Customer Satisfaction Survey found that 95.5% were satisfied with staff's ability to deal with their query quickly and efficiently (up from 89.5% in 2018). Performance monitoring of timeliness standards is reported to management meetings on a regular basis.

Evidence Value: Fully Met

5.3.1.2: and quality of customer service

Remote RP1 2021 You monitor your performance against standards for quality of customer service by means of a range of surveys, including the Customer Satisfaction STAR Survey, and from feedback from tenants' meetings. The 2020 STAR Customer Satisfaction Survey found that 96.2% of customers think that St Leger Homes has friendly and approachable staff (96.7% in 2018) and 95.9% found staff helpful (up from 93.6% in 2018).

Evidence Value: Fully Met

5.3.1.3: and we take action if problems are identified.

Remote RP1 2021 The ethos of the organisation is to take action if problems are identified. Action taken is reported in HouseProud and in press releases.

Evidence Value: Fully Met

5.3.2: We are meeting our current standards for timeliness and quality of customer service and we publicise our performance against these standards.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

5.3.2 a: Weblinks

Assessor Acceptance:

Yes

I have attached the links to our website again showing how we are performing. we continue to do mystery shopping as well measuring against some of these standards, which has already been included as evidence.

5.3.2.1: We are meeting our current standards for timeliness

RP2 2019 You are meeting your standards for timeliness, well exemplified in the results of the 2018 STAR Survey and the Mystery Shopping results. Quarter 4 Mystery Shopping results for 2017-2018 show that 92.85% of calls were answered within 20 seconds.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value:

Fully Met

5.3.2.2: and quality of customer service

RP2 2019 You are meeting your standards for quality of customer service, well demonstrated in the results of the 2018 STAR Survey and the Mystery Shopping results.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value:

Fully Met

5.3.2.3: and we publicise our performance against these standards.

RP2 2019 You publicise performance against standards for timeliness and quality of customer service in the HouseProud magazine and on the web site. Detailed information is given in the STAR Survey reports and the Mystery Shopping reports.

RP3 2020 Not reviewed.

Remote RP1 2021 Not reviewed.

Evidence Value:

Fully Met

5.3.3: Our performance in relation to timeliness and quality of service compares well with that of similar organisations.

Applicant Self Assessment: Not Rated

Compliance to Standard: Compliant

Active Evidence

5.3.3i: VFM and Benchmarking

Assessor Acceptance: Yes

The Council renewed our management agreement from 01.4.19 - 31.3-24 and this was subject to St Leger presenting an annual review of its performance, including a Value for Money assessment and benchmarking of our services - this comprehensive review is attached and was approved at Council.

5.3.3ii: Other reviews

Assessor Acceptance: Yes

We don't just wait for an annual review to look at comparing our services - see 4.2.3 and 4.2.4. we can also log onto HouseMark at any point and compare services - we also use this in monitoring and reporting on our Key Performance Indicators

5.3.3.1: Our performance in relation to timeliness

RP3 2020 Your performance on timeliness compares well with similar organisations.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

5.3.3.2: and quality of service compares well with that of similar organisations.

RP3 2020 Your performance on quality of service compares well with similar organisations. The Core benchmarking HouseMark report puts you in the top quartile for 'satisfaction headlines'. Your Net Promoter Score is 62.1%, which is very good, compared with a sector average of 30%.

Remote RP1 2021 Not reviewed.

Evidence Value: Fully Met

Governance Summary Communications Template

Report from:	<i>Employment and People Committee</i>	
Date of meeting:	10 February 2021	
Report author:	<i>Dave Wilkinson</i>	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p>1. Gender Pay Report Committee reviewed the 2020 Gender Pay Gap Report, prepared following an analysis of the gender pay figures for 2020. The report includes the mean and median, and quartile figures for the last two years.</p> <p>2. Staff Survey Members were appraised of initial highlights from the third pulse survey. Members expressed concern with issues around lack of regular 1:1's and the number of responses received so far, however were reassured by the Head of HR and Organisational Development on plans in place to address these areas.</p> <p>3. Health and Safety Minutes Members received minutes from the Joint Safety Committee meeting held on 4 November 2020. Committee discussed recruitment to vacant posts within the team and queried whether there is any expected resistance from the workforce about taking up the Covid vaccination.</p>	<p>Committee approved the report, noted slight increase in the pay gap and reason for this as well as the planned action to address the gap in the coming year</p> <p>Committee noted the information provided.</p> <p>Committee noted the minutes provided agreeing that there could be some very difficult conversations to be had if there was workforce resistance to the vaccination.</p>	
Additional notes for communication to governance:		
None to raise.		

**St. Leger Homes of Doncaster Limited
EMPLOYMENT & PEOPLE COMMITTEE**

Wednesday 10 February 2021 at 9am

Present

Dave Wilkinson (Chair), Trevor Mason, Joe Blackham.

In Attendance

Dave Richmond (Chief Executive), Sarah Moore (Head of HR and Organisational Development), Leandra Graham-Hibling (EA to Chief Executive)

ACTION

- | | | |
|-----------|---|--|
| 1. | Apologies and Quorum | |
| 1.1 | There were no apologies recorded.

The meeting was quorate. | |
| 2. | Declarations of Interest by Board Members | |
| 2.1 | There were no declarations made. | |
| 3. | Minutes of the previous meeting held on 19 November 2020 and matters arising | |
| 3.1 | The minutes of the previous meeting were agreed as a true record with no matters arising. | |
| 4. | Gender Pay Report | |
| 4.1 | Committee reviewed the 2020 Gender Pay Gap Report, prepared following an analysis of the gender pay figures for 2020. The report includes the mean and median, and quartile figures for the last two years.

The Head of HR and Organisational Development advised of the legal requirement to prepare and publish this document. She drew Committee's attention to the small error in the quartile graph (3 rd quartile down) which will be amended before the report is published. | |
| 4.2 | The Head of HR and Organisational Development drew Committee's attention to the Upper Quartile graphs in the quartile breakdown. She advised that the data is taken at a point in time (March 2020) and at that point, the organisation had increased Heads of Service by 1 and had recruited a Male, therefore increasing the number of Males in this quartile.

The Head of HR and Organisational Development also advised of the | |

positive movement in the lower end of the organisation which is more balanced and some positive changes in the upper quartiles from SMT and above.

- 4.3 The Head of HR and Organisational Development expanded on the plans to take action from what this information tells us. She advised that following the 2019 report, there were still some actions that had been delayed due to Covid, however were hopeful through 2021, these actions can be followed with a targeted approach. She gave an example of real opportunities when considering our apprenticeship programme with placements due to be advertised in March and plans in place to target schools, particularly promoting Women in construction.

It was noted that there is a need to become more ambitious over the next 12 months but also a need to be cautious in the face of Covid and be realistic about what we can achieve.

- 4.4 A Member asked whether discussions at Exit Interviews highlight that women feel they are being blocked in progressing further within the organisation?

The Head of HR and Organisational Development answered that there was no sense of general inequality across the organisation and there are no messages coming through about this at Exit Interviews.

- 4.5 The Chair commented that The Mayor had recently praised SLHD on their social media messages about plans to provide 12 Apprentice placements this year.

- 4.6 **Employment Committee approved the report.**

5. **Staff Survey**

- 5.1 The Head of HR and Organisational Development provided highlights from the third pulse survey that was currently live. She advised that this third survey is specifically looking to test general mood of the organisation, perceptions around communication and support; feedback on some work with managers around frequency of 1:1's and team meetings, whether staff receive recognition for doing a good job and whether this increases feelings of being valued, and finally thoughts on levels of customer Service.

It was noted that the survey had been live for a week with a further week to provide opportunity for staff to be involved. Within the first week, 312 responses have been received which equates to 40% of organisation. Committee were informed that that this compares to 40% responses by the end of the second survey in September and 50% response rate from the first survey in May. Committee agreed that response rates for the third survey were good in the knowledge there was still a week to go.

The Head of HR and Organisational Development provided some first glance, high level figures:-

- 80/90% of people are saying their managers trust them to get on with their job.
- 80% of people are telling us that 1:1's and team meetings are happening within the required timescales. However this means that what we are currently seeing is that 20% are not having 1:1's or team meeting within timescales and something that needs to be addressed.
- Generally staff feel their manager cares about their wellbeing
- 70% feeling recognised and appreciated for a job well done.
- 80% of staff feel communication across the organisation is good, however 87% of staff feel that they are being supported and communicated to by their manager.

Committee noted that this is a good result and understood the importance of the support and communication by managers being higher.

5.2 The Chair queried whether there were any specific areas of the business where staff were not engaging and not completing the survey and whether this was a common theme and what Leadership are doing about it?

The Head of HR and Organisational Development explained that typically we have seen less feedback from the workforce within Property Services, but this seems not to be the case for this third survey. She advised Committee of discussions held with Property Services Leadership Team prior to this survey which led to some communications with staff about the importance of having their say which may have aided this increase in responses.

5.3 A Member queried previous concerns around the lack of 1:1's, asking if the positive news so far suggests the targeted communication across the organisation has worked?

The Head of HR and Organisational Development responded that the vast majority of staff are having 1:1s and they are being held within the policy timescales, however there is a very small pocket across the organisation who are telling us they either don't have a 1:1 at all or they are not within the timescales set out in the policy.

She advised that she can see a trend towards people having them more frequently, but she intends to drill down to see where these small pockets are.

5.4 **Committee noted the presentation so far.**

6. **Health and Safety Minutes**

6.1 The Chief Executive asked Committee to note the minutes from the Joint Safety Committee meeting held on 4 November 2020.

6.2 A Member asked for an update on recruitment to the Health and Safety

Team at the present time.

The Head of HR and Organisational Development advised that there are vacancies within the Health and safety Team, and that small progress had been made with one role had been filled at the beginning of the year.

She advised of the work undertaken around this issue including considering the roles and whether they exist within the market to be able to recruit it and therefore people are readily available, and also how and where we advertise to enable us to attract the right candidates and whether this should be outside of the Doncaster/Yorkshire region.

It was also noted that consideration is also being given to 'growing our own' if there is nothing available in the market.

The Chief Executive also advised that the Director of Property Services is also looking at where the Health and Safety Team sit within the business and producing a paper for Executive Management Team to consider in the coming weeks.

A Member asked whether there was any quick wins in terms of considering any highly skilled trades staff who could move across into these vacancies and be supported and trained up?.

The Head of HR and Organisational Development advised that this option has been considered and an offer for staff to be upskilled was advertised, with no uptake.

6.3 A Member asked if the Leadership Team expected any resistance within the workforce about taking up the Covid vaccination?

The Chief Executive and The Head of HR and Organisational Development advised that it was too early to say and that the current priority for the business was testing and that no staff member was eligible for the vaccination due to the nature of their job. However from a workforce point of view, a small number of people have been vaccinated due to being in the clinically extremely vulnerable category and there is a feeling across the workforce that visiting staff want to get vaccinated as soon as possible to enable them to carry out their job. It was noted that we need to wait for more Government information about how we can progress this.

The Head of HR and Organisational Development went on to advise that if we came across any resistance we would need to consider human rights laws and legal implications and that it would be very difficult to insist all the workforce was vaccinated.

Committee noted that if this became an issue, then very difficult conversations would be required.

7. **Any Other Business**

7.1

Election of Chair to P&I Committee

It was noted that the Chairman had the authority to elect and recommend a Committee Chair to Board.

8.

Date and Time of Next Meeting

8.1

Tuesday 4th May 2021 at 9:00am

DRAFT

Governance Summary Communications Template

Report from:	Performance and Improvement Committee	
Date of meeting:	24 February 2021	
Report author:	Dave Wilkinson	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p><u>1. Tenant and Residents Panel – Estate Walks Report</u> Members noted the key areas of focus of the review. The key recommendations were responded to by an EMT report.</p> <p><u>2. Tenant and Residents Panel – COVID 19 Report</u> Members noted the contents of the report which included comparative data from other organisations.</p> <p><u>3. Compensation and Goodwill Policy</u> Members reviewed the changes in the Policy and agreed as they were minor changes members could and did approve them without further approval by Board.</p>	<p>Change 7 day letter to 'will' result in enforcement action. Agree as part of TRIP scoping report at the start of a review what documents need to be provided. Feedback to staff via managers all recommendations from estate walk review and EMT response.</p> <p>Members noted and agreed the single recommendation within the report and agreed it would be beneficial for all Board members to have sight of the report.</p> <p>Members considered the proposed changes and noted the compensation payments had last been reviewed in 2012. The proposed changes took into account the awards proposed by the Local Government Ombudsman and the Housing Ombudsman when dealing with proven maladministration. Members approved the proposed changes.</p>	
Additional notes for communication to governance:		
None.		

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

24 February 2021

Present

Dave Wilkinson (DW) (Chair), Anthony French (AF), Stuart Booth (SB), Sam Bartle (SBa)

In Attendance

Steve Waddington (SW), Director of Housing and Customer Services, Chris Margrave (CM), Director of Property Services, Jane Davies (JD), Head of Housing Services, Betty Clayton (BC), Rodger Haldenby (RH), Ron Rickwood (RR), Anne Tighe (minutes)

1. Apologies and Quorum

- 1.1 Councillor Paul Wray's apologies were tendered and the meeting noted as quorate. The Chair informed TRIP members that following their presentations, they would be welcome to stay until the end of the meeting if they so wished.

2. Declarations of Interest by Committee Members

- 2.1 No declarations of interest were received.

3. Tenant and Residents Panel (TRIP) – Estate Walks Report

- 3.1 BC introduced herself and RH. She described the background to the TRIP decision to review Estate Walks. RR proceeded to give the formal presentation to Committee.

- 3.2 JD queried if TRIP had talked to tenants to obtain feedback during the review. RR explained that they had talked to tenants whilst undertaking an estate walk in Broadway; it had been noted a lot of tenants recognised the Estate Officer (EO) and approached the EO to ask questions.

- 3.3 SW referred to the EMT feedback document to TRIP around the recommendations contained within the report, and summarised all feedback in detail. He pointed out that whilst EMT had responded, they didn't agree with all the recommendations, however, the report had brought a fresh view and there was some learning for SLHD as an organisation. It was acknowledged that although we have processes in place that should alleviate TRIPs concerns, it was important to reinforce the processes with staff.

- 3.4 TRIP members expressed concern that EO's were knocking on tenants doors and didn't know who would answer and the

ACTION

responses they would receive. JD advised that the health and safety of all staff was important, staff had access to the Staff Warning Register which highlighted properties of concern and safety advice to staff around COVID safe practice had been provided to staff over the last 12 months. A safety phone was staffed and staff were reminded they needed to check in and out throughout the day.

3.5 TRIP members reiterated their concerns, particularly that officers signed tenants warning letters with their full names; they suggested that staff could 'PP' a senior manager's name block. SW responded that it was a fundamental part of the EO's role and responsibilities to take responsibility and dealing with the issues. Any removal of responsibility could impact on their job description and subsequently their grade. JD further advised that it could be confusing for tenants that one officer discussed issues with them around their tenancy, and then another officer signed letters. Following a brief discussion around staff requesting feedback, JD agreed to request that AHM's discuss the TRIP report and EMT responses with their entire teams.

JD

3.6 DW referred to the TRIP suggestion that Community Enterprises be employed to install dropped kerbs and advised that he and the Chief Executive Officer (CEO) have previously discussed making our estates more pedestrian friendly and to look at more off street parking. The models currently in operation in the Netherlands and Europe as a whole made streets greener and safer. The CEO has agreed to see if there was any external funding to tap into to possibly progress this.

3.7 In response to a query around permissions to carry out works, JD advised that updated technology would now allow EO's to take tablets on scheduled walks and any issues identified i.e. unauthorised hard standings, could be immediately noted and reported to the assets team for action.

3.8 The Chair thanked all members of TRIP involved in the review.

3.9 **The Committee noted the Tenant and Residents Panel (TRIP) – COVID 19 Report**

4. Tenant and Residents Panel – COVID 19 Report

4.1 RH and RR led on the above presentation.

4.2 SW was pleased to note the information that TRIP felt the organisation was in the top quartile in the report. He acknowledged that all Directors were sent an individual request for a response, and had agreed to send a joint response. EMT acted as one in their response to the pandemic and met daily to review all actions and debated and agreed a joint way forward hence a joint response. He apologised that this had not been made clearer when sending the response to TRIP to review.

SW stated that they accepted the single recommendation to in future send a SLHD letter to all tenants, and had implemented this recommendation and sent a letter to all tenants as part of our tenant engagement on the current national lockdown.

4.4 The Chair and members of the Committee thanked TRIP for both the report and presentation, particularly for the amount of information contained within it. The Chair requested that the papers be added to the March Board pack around COVID-19 update.

AT

4.5 **The Committee noted the Tenant and Residents Panel – COVID 19 Report**

5. **Minutes of the meeting held on 18 November 2020 and matters arising**

5.1 The minutes of the meeting held on 20 November 2020 were agreed as an accurate reflection of discussions held.

6. **Q3 Performance Information**

6.1 SW presented the Performance Information and reported that the issues identified as red had been discussed by Board and linked to COVID-19, Homelessness elements and Rent Arrears. Members were advised of current figures.

6.2 CM was pleased to report Gas Servicing was complete with 100% compliance. The new programme has now restarted. Due to a renewed emphasis in voids work a reduction in numbers was being achieved.

6.3 Members queried if the problems around compatibility/integrations with IT systems had been resolved. SW advised some but not all and further work was being carried out to address the issues. JD further reported that RentSense was now configured correctly and the only thing outstanding were bar codes on letters and we were working with Capita to resolve this.

6.4 In response to a query around government funds for UC, and government withdrawing additional COVID-19 monies, it was confirmed that officers could foresee issues arising as it would have a huge impact, particularly in addition to the end of furlough.

6.5 Members requested further information on voids. SW summarised ongoing work and explained that following receipt of the TRIP review of COVID-19 communications, EMT had acknowledged that they had not communicated effectively, with Board and the Mayor, the impact of COVID-19 on voids.

6.6 One of the challenges was that the system and staffing was designed to work with 110-120 voids; this was the optimum for the teams/officers involved in the process. Managers had been

holding voids as a result of flooding issues in 2019, and approximately 30 properties had come back into the letting process just prior to COVID-19; This added to the optimum of 115 moved us to approximately 145 voids at this time. As a result of the first national lockdown the lettings process was suspended for 10 weeks, however we still had 136 terminations during those 10 weeks. Therefore, when the voids process started again we had approximately 280 outstanding voids with a system and resources designed to work with 110 – 120 voids. In addition to the increased number of voids, as a result of introducing covid secure working practices, i.e. reduced numbers of trades staff able to work in a property at any one time, additional sanitising between viewings etc, everything is just taking longer.

6.7 A review of the voids process is being undertaken by the Director of Housing & Customer Services to bring the service back, or as close as possible to normal numbers by the end of the financial year.

6.8 **The Committee noted Q3 Performance Information**

7. **Q3 Customer Focus Update**

7.1 SW presented the Customer Focus Update and reported that there was a slight decrease in complaints, however there were a few areas that staff needed to focus on, particularly when complaints have been upheld. Members were pleased to note that tenant panels have been able to carry out work now.

7.2 Members queried if any changes to the complaints process would be made following the publication of the White Paper. SW confirmed that the White Paper would be the focus of the next Board Strategic Planning.

7.3 A member referred to the last slide around data breaches in emails. He advised that his organisation had faced the same issue and have attempted to look at ICT interventions to ensure the same issues doesn't happen again going forward. He would strongly advise services leads to try this suggestion. SW agreed this could be useful and he would progress this in SLHD.

SW

7.4 **The Committee noted the Customer Focus Update**

8. **Q3 Service Standards**

8.1 JD led on the Service Standards report and reported there were issues with recruiting more tenants and this was being addressed. The main points highlighted were:

- Mystery shopping – the appropriateness of this going forward were being discussed

- 10 working days to respond to written enquiries – additional context has been requested i.e. how much have we missed it by and analyse this and further details for future reports
- Widened report of reality checking
- Staff were working hard to get more young people involved
- More consultation done by telephone and digital engagement
- Customer involvement overall was being reviewed and this would be shared with EMT and tenants

8.2 Members were further advised that following Tenant Board Member recruitment SW had made contact with all unsuccessful tenants and a number had agreed to engage with us in various forums.

8.3 **The Committee noted the Q3 Service Standards**

9. **Q3 Quarterly Customer Involvement**

9.1 JD presented the Quarterly Customer Involvement report and reported that COVID-19 had affected the organisation with customer involvement but staff were trying to find new ways to involve customers.

9.2 The following items were highlighted:

- Increase in digital access has led to lots of digital engagement and more tenants becoming involved
- Customer engagement team was supporting 209 groups across the borough – it was emphasised that resources were not constantly spent on these groups but ensuring they were self-sufficient going forward
- Tenant's Awards delayed however a date was now in diaries and it was anticipated that it would be a good event and a chance to publicise and get as many tenants as possible involved.
- TRIP have continued to develop their skills and have updated their IT skills with all meetings taking place through Microsoft Teams
- The next TRIP review was around cleaning standards

9.3 **The Committee noted Q3 Quarterly Customer Involvement**

10. **Compensation and Goodwill Policy**

10.1 SW presented the Compensation and Goodwill Policy and reported the main changes were around compensation payments and were detailed at paragraph 6.2. As the changes were minor the changes could be approved by the Committee without further approval by Board.

- 10.2 Members noted that although compensation payments suggested by the changes were slightly under compensation payments the Housing Ombudsman worked towards, the reasoning behind this was that when the ombudsman considers a level of compensation, it is based on the fact that the organisation has not addressed it and the customer has therefore had to seek address through the ombudsman. This failure to address it at the organisational level is taken into account when determining the level of compensation, therefore, by addressing it at the organisational level we are removing that additional distress and therefore it is not considered in our compensation levels, which means they are slightly lower than the Ombudsman's.
- 10.3 Members referred to paragraph 7 and the 29 compensation payments made in 2019/20 and asked if they were low, moderate or severe issues. It was explained that currently the system did not separate it out, however it would be built into the new system, however the vast majority would fall into service failure, moderate and low impact.
- 10.4 **The Performance and Improvement Committee considered the alterations to the Compensation and Goodwill Policy and approved without any further changes.**
11. **Any Other Business**
- 11.1 RR and BC thanked members for their feedback during the TRIP presentations and for inviting them to stay for the full meeting. It was good to receive feedback as it was not normally given.

Governance Summary Communications Template

Report from:	Audit & Risk Committee	
Date of meeting:	3 March 2021	
Report author:	Trevor Mason	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p><u>1. External Audit Strategy</u> Members noted the timeline and key areas of focus. Interim audit fieldwork w/c 15 March and final audit fieldwork w/c 10 May.</p> <p><u>2. Monitoring of Outstanding Internal Audit Actions</u> Members reviewed the outstanding internal audit actions and have previously expressed concern with regard to these.</p> <p><u>3. Procurement Action Plan</u> Members reviewed the high number of breaches and waivers. Members recognised that it is likely the high number of cases can be attributed to the internal definition of a breach. Although a small number were legal cases that had been given priority. Members also acknowledged that previous staffing issues have also contributed to the high numbers.</p> <p><u>4. Business Continuity Plan (BCP)</u> Members reviewed the updated plan noting how highly effective it has been over the past year due to a number of incidents.</p> <p><u>5. Emergency Plan (EP)</u> Members reviewed the updated plan noting how highly effective it has been over the past year due to a number of incidents.</p>	<p>External Auditors to present the Management Letter at the next Audit & Risk Committee meeting on 24 June 2021. Update on post Statement of Financial Position events. Sign audit report.</p> <p>Members were pleased to note the efforts across the organisation to reduce the number of outstanding actions had been successful.</p> <p>Members welcomed a further report at the next Audit & Risk Committee meeting on 24 June 2021 where they are anticipating a significant reduction of cases. Members will decide at this time the frequency of future reporting.</p> <p>Members approved the revised BCP.</p> <p>Members approved the revised EP.</p>	
Additional notes for communication to governance:		
None.		

St. Leger Homes of Doncaster Limited

AUDIT & RISK COMMITTEE MEETING

3 March 2021

Present

Trevor Mason (Chair), Steve Lyons, Richard Allan Jones, Susan Jones.

In Attendance

Julie Crook - Director of Corporate Services (JCr), Nigel Feirn - Head of Finance and Business Assurance (NF), Nicci Frost-Wilson - Doncaster Council's Internal Audit Manager (NFW), Maxine Johnson – Executive Support Officer (minutes).

Also in Attendance

Lee Cartwright – Relationship Partner, Beever & Struthers (External Audit), Richard Graham – Audit Director, Beever & Struthers (External Audit)

		ACTION
1.	Apologies and Quorum	
1.1	No apologies were received. Quorum was noted and the meeting commenced with introductions.	
1.2	The Director of Corporate Services and Head of Finance and Business Assurance were asked to leave the meeting	
1.2	The Chair asked the external auditors whether there were any areas for concern? The Lead Auditor, Richard Graham assured members there were no concerns and confirmed that the migration to the new OpenHousing system was being managed well.	
1.4	The Director of Corporate Services and Head of Finance and Business Assurance were asked to join the meeting.	
2.	Declarations of Interest by Board Members	
2.1	There were no declarations of interest.	
3.	Previous Minutes and Matters Arising – 4 November 2020	
3.1	The minutes of the meeting held on 4 November 2020 were agreed.	
3.2	From Agenda Item 3.2 – Temporary Accommodation action plan: It was noted that Board members had received the updated report presented to Performance & Improvement committee on 18 November 2020. All actions had been completed except 1 which was anticipated would be completed by July 2021.	

From Agenda Item 4.9 – CCTV at Adwick – Privacy Impact Assessment: It was noted that the assessment had been completed on 30 November 2020.

From Agenda Item 8.6: Legal responsibility in the event of death in temporary accommodation – complete.

From Agenda Item 8.7 – Good News Stories Captured – complete.

4. External Audit Strategy

4.1 Lee Cartwright explained that the audit timeline at page 2 of the report and key areas of focus were consistent with previous years that had worked well.

4.2 Richard Graham confirmed the audit approach would take into consideration a revised standard that will apply to the audit for the first time in terms of fraud. This means auditors are required to explain in their report to what extent the audit was considered capable of detecting irregularities, including fraud.

4.3 No questions were raised.

4.4 The Committee noted and accepted the report.

4.5 Lee Cartwright and Richard Graham left the meeting.

5. Monitoring of SLHD Internal Audit Programmes by DMBC Internal Audit

5.1 The Head of Finance and Business Assurance advised that the 2020/21 Audit Programme consists of 82 audit days. Despite a challenging year and restrictions around staff working from home progress had been made; two reports the Procurement and General Financial Audit (payroll and creditors element) were being presented at the meeting.

He drew member's attention to 2.4 of the report where good progress had been made with the reduction in outstanding findings since the last meeting in November 2020. Details of which were found at appendix B.

Additionally, the Director of Corporate Service advised since the publication of the report 1 further finding had been completed reducing the outstanding number to 5. She confirmed the faulty camera at Shaw Lane had been repaired.

5.2 The Director of Corporate Services summarised the reasons for the remaining outstanding findings and explained there was a concerted effort by staff to complete them.

The Chair was pleased to see and acknowledged the reduction in outstanding findings.

- 5.3 A member raised he was having difficulty navigating from the report to the appendices with ease. He asked that the format of the report be revised so that the outstanding findings (detailed in the appendices) are accessed within the body of the report if possible.

NF/MJ

- 5.5 The Committee noted the progress and agreed the sign off of the completed actions.

6. Internal Audit Reports

6.1 General Financial Audit (Substantial Assurance)

- 6.1.1 The Internal Audit Manager advised a review is carried out annually that examines key controls within the payroll and creditors operations including work on the payroll system and accounts payable systems that include both P2P (Procure to Pay) and TOTAL (TASK). Members noted the substantial assurance awarded following the audit.

It was noted that the payroll system (iTrent) was a shared system with Doncaster and Rotherham Council.

She explained the difference between this and next years' audit is the extended work in the creditors arena due to the implementation of OpenHousing.

- 6.1.2 The Chair referred to point 1.4 of the report highlighting the previously reported issues with the payroll system and queried when will they be resolved?

It was noted this was a substantially bigger issue for Doncaster Council (DC) than SLH (St Leger Homes) and was part of the Doncaster Council Internal Audit action plan. She assured members it was a relatively small issue for SLH, which had been financially accounted for in last year's accounts.

- 6.1.3 The Chair raised it appears that staff are inputting their own additional hours and expenses onto systems, he questioned the potential risk?

The Internal Audit Manager gave assurance and explained to members that there was a line management intervention step built into the process. Line managers are required to authorise any additional hours and payments for staff prior to any payments being made.

- 6.1.4 Committee noted the contents of the report.

6.2 Procurement (Substantial Assurance)

6.2.1 The Internal Audit Manager advised the controls in place surrounding procurement activities are operating well. An assessment has been done around breaches and waivers reporting which was found to have good levels of compliance around procurement rules and waivers were used appropriately. Members noted the substantial assurance awarded following the audit.

She added there is a small piece of work scheduled in next year's plan for joint work between DC and SLH to ensure we have the risks under control and are achieving best value for money.

6.2.2 Referring to the top of page 6 one member asked if the European Union still applied?

It was noted that the procurement team were working within the laws of current legislation until a time of any potential changes announced following Brexit.

6.2.3 Referring to appendix B another member queried if there was anything that members should be concerned about that is high risk?

The Internal Audit Manager advised internal audit had done some detailed work on the list which was being worked through by the Procurement Team in priority order. Internal audit had no concerns following their assessment.

The Director of Corporate Services added in terms of breaches and waivers the next agenda item – Procurement Action Plan looks in more detail at the whether cases are procurement law or our own procurement rules. Priority will be given to the legal breaches.

6.2.4 Committee noted the contents of the report.

7. Procurement Action Plan

7.1 The Director of Corporate Services highlighted we can take assurance from the Internal Audit Procurement report earlier on the agenda, that the work carried out by the procurement team is done well.

She said the high number of breaches and waivers have historically been associated with low staffing levels over a number of years as well as internal reporting definitions. She highlighted as detailed in the Internal Audit Procurement report the team can often be 'hard on themselves' when defining an internal breach.

Members noted from the report during the period April 2019 to December 2020 there were 64 breaches in total, 8 of which were considered to be 'legal breaches' - they did not comply with public contract regulations 2015. The remaining 56 were considered to be internal - they did not comply with internal standing orders.

It was further noted 15 internal breaches have now been subsequently resolved reducing the number to 49 and 8 legal breaches remain outstanding.

7.2 The Chair asked if the procurement team were responsible for monitoring all contracts and their expiry dates with flags on the system? He suggested better joint working across departments. It was noted that many of the large contracts are managed by the Contracts team otherwise contract managers were responsible.

7.3 The Chair was pleased to note plans for additional training for staff across the organisation by the Procurement and Commercial Team to help address the number of breaches.

7.4 The Chair summarised by saying members recognised that 64 breaches is significantly high but that the number is likely to be overstated by the definition of an internal breach.

The committee welcomed a further update report to the next meeting in June 2021 where they anticipated to see a reduction of breaches.

7.5 The Director of Corporate Services suggested at the next meeting members could review how regularly they would like to see the report.

7.6 The Committee noted the contents of the briefing note and welcomed a further update report at the next scheduled meeting in June 2021.

8. Internal Audit Plan

8.1 The Internal Audit Manager reminded members that the three year audit plan is provided annually to the committee for approval in line with the Committee's terms of reference.

She highlighted the Internal Audit Strategy had been updated to include a Charter, which was based on the one used at Doncaster Council albeit substantially lighter.

The audit plan is drawn up together by between DC and SLH and this year's plan continues to focus on financial risk areas and areas of change, which represent new areas of risk for the company. She said SLH is considered to be a relatively low risk organisation, with the plan consisting of 79 planned audit days.

8.2 The Chair was pleased to see the three year plan was reviewed annually by DC and SLH.

It was noted that SLH have a choice as to who carries out their internal audit function however, due to commonalities of systems across both organisations it was recognised that there are significant

advantages of having the same internal auditors and neither did this present a conflict of interest.

- 8.3 The Committee approved the Internal Audit Strategy, Charter and the 2021/22 Internal Audit Plan.

9. Fraud Register and Related Activities

- 9.1 The Director of Corporate Services advised the company continues to work with the National Anti-Fraud Network (NAFN) and National Fraud Initiative (NFI) sharing information across public and private sectors. Tenants and staff are reminded to remain vigilant at all times.

She added there is a lot of work being done to protect both Doncaster Council and St Leger Homes from cyber-attacks, where appropriate as best practice for local authorities is cascaded it will be adopted.

- 9.2 The Chair asked referring to point 2.3 of the report if there were any specific learning points?

It was noted in the first case of 'theft and resale of company property' the company should have acted more quickly, it has highlighted some weaknesses in systems which are being addressed. An item has been added to the 2021/22 internal audit plan.

- 9.3 Another member commented that all cases identified at 2.3 were in connection with company property misuse or sale. She asked how the company was getting the message across to staff that this will not be tolerated or are we learning from incorrect processes?

It was noted that toolbox talks were used to disseminate messages such as this to staff and reiterate that all of its products are for the benefit of our tenants and if not used should be return to stores. During investigations processes are reviewed to ensure there are no gaps.

- 9.4 The Chair asked where employees have employment or a business interest outside of the organisation, are they asked to make a declaration?

The Director of Corporate Services confirmed employees are asked to complete a declaration of interest form that is reviewed regularly.

- 9.5 The Committee noted the contents of the briefing note.

10. Business Continuity Plan (BCP)

- 10.1 The Head of Finance and Business Assurance advised the BCP provides a clear policy statement on the company's commitment to maintaining service delivery and ensuring business continuity. In

addition, it provides a practical guide for managers and staff on how business continuity events are dealt with.

He explained the BCP is reviewed annual and this year it has seen few changes.

10.2 The Chair asked whether the BPC and Emergency Plan (PE) were interchangeable ? It was acknowledged there are some incidents where both plans overlap for example in the case of a cyber-attack both plans would be activated.

10.3 Another member commented the plan was very comprehensive, although it was long and may not be easily assimilated in an emergency situation when staff were under pressure. He suggested including flow charts or the use of hyperlinks.

NF

10.4 Another member asked how well do staff know the procedures to following within the report? And are deputies readily available?

The Head of Finance and Business Assurance explained all managers receive both an electronic and a hard copy version of the plan. They are also reminded to add the contact numbers for their direct reports to their mobile phones. Deputies are also included. Arguably over the past few years the plan has proved successful given the challenges faced such as the floods in November 2019 and current pandemic.

10.5 It was noted credit cards are an alternative method of payment and used in emergency situations i.e. hotel rooms reserved quickly during the recent potential flood situation.

10.6 The Committee approved the revised Business Continuity Plan.

11. **Emergency Plan (EP)**

11.1 The Head of Finance and Business Assurance highlighted that the plan is designed to support the response to a wide range of emergencies affecting St Leger Homes and the borough of Doncaster.

An incident where the EP would be activated include floods, fire or terrorist act and would usually also involve other bodies such as DC and the emergency services: police, fire and ambulance.

It was noted during the pandemic SLH have continued to attend a range of meetings/groups that support the borough's response to emergency planning.

11.2 The Chair asked how often the plan was updated?

The Head of Finance and Business Assurance advised annually in February/March.

11.3 The Director of Corporate Services highlighted that the company implement improvements from any lessons learnt following activation of the EP.

11.4 The Committee approved the updated Emergency Plan provided.

12. Forward Plan

12.1 Housing Rents

It was noted this internal audit report was currently being finalised and was scheduled to be presented at the next meeting in June 2021. This had impacted on the Internal Audit Annual Report also due to be presented at the next meeting.

Procurement Update

It was noted that an update report was scheduled for the next meeting in June, where it could be decided if more regular updates were needed.

12.2 The meeting closed at 15:40hrs.

Date and Time of Next Meeting

24 June 2021, 10am.