

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

**To be held at 2pm on Thursday 1 February 2023  
Civic Office, Floor 4 - Room 410 or via MS Teams (Hybrid Meeting)**

**AGENDA**

**13:30 – 14:00 – Lunch**

<b>1</b>	City of Doncaster Council and St Leger Homes Consumer Standards Review	J Crook Julian Paine	<b><i>Presentation</i></b>
<b>2</b>	Apologies and Quorum		<b><i>Verbal</i></b>
<b>3</b>	Declarations of Interest by Board Members		<b><i>Verbal</i></b>
<b>4a</b>	Matters arising and action log from previous meetings	D Wilkinson	<b><i>Enclosed</i></b>
<b>4b</b>	Ratification of minutes of meeting held on 7 December 2023	D Wilkinson	<b><i>Enclosed</i></b>
<b>5</b>	Chair and Chief Executive's update	D Wilkinson	<b><i>To be circulated</i></b>

***For Approval***

<b>6</b>	Management Agreement	J Crook	<b><i>Enclosed</i></b>
<b>7</b>	Corporate Plan	D Richmond	<b><i>Enclosed</i></b>
<b>8</b>	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance	J Crook	<b><i>Enclosed</i></b>
<b>9</b>	Performance Management Framework	D Richmond	<b><i>Enclosed</i></b>

***For Information***

<b>10</b>	Health & Safety Highlight & Dashboard Update	C Margrave	<b><i>Enclosed</i></b>
<b>11</b>	Strategic Risk Register	J Crook	<b><i>Enclosed</i></b>
<b>12</b>	Annual Development Plan – Current Year	J Crook	<b><i>Enclosed</i></b>
<b>13</b>	Revenue Monitoring	J Crook	<b><i>Enclosed</i></b>
<b>14</b>	Capital Monitoring	J Crook	<b><i>Enclosed</i></b>
<b>15</b>	KPI Performance	J Crook	<b><i>Enclosed</i></b>

***Committee Information for Noting***

<b>16</b>	Committee Minutes <ul style="list-style-type: none"><li>Performance and Improvement Committee 16 November 2023</li></ul>		
<b>17</b>	Any Other Business		
<b>18</b>	<i>Date of next meeting – 7 March 2024</i>		

## Board Decision Summary

<b>Meeting:</b>	St Leger Homes Board
<b>Date of meeting:</b>	7 December 2023
<b>Chair:</b>	Dave Wilkinson
The Board approved:-	
<u>Agenda Item 4</u> - Chair and Chief Executive's report: <ul style="list-style-type: none"><li>• Board Members approved the composition of the CEO interview panel as described in the report.</li><li>• Board approved the Chief Executive is nominated as an 'executive complaints champion' as described in the report.</li></ul>	
<u>Agenda Item 6</u> – Repairs and Maintenance Policy	
<u>Agenda Item 7</u> – Value for Money Statement	
<u>Agenda Item 8</u> - Equality Diversity and Inclusion Report 2023 and Gender Pay Report 2022	
<u>Agenda Item 9</u> – Board Member & Attendance Register <ul style="list-style-type: none"><li>• Board approved the revised Board Member Code of Conduct</li></ul>	
The Board requested:-	
<u>Agenda Item 4</u> – Chair and Chief Executive's report <ul style="list-style-type: none"><li>• Board agreed that it would be appropriate for the 'non-executive complaints champion' to be a member of Performance &amp; Improvement (P&amp;I) Committee, and therefore requested that this item is placed on the P&amp;I forward plan to be discussed at the next committee meeting.</li></ul>	
<u>Agenda Item 5</u> – Corporate Plan 2024 - 29 <ul style="list-style-type: none"><li>• Board requested that the corporate plan should be amended following feedback and circulated for critique, with a view to being approved at Board in February 2024.</li></ul>	
The Board received:-	
<u>Agenda item 9</u> – Board Member & Attendance Register	
<u>Agenda Item 10</u> - Q2 Revenue Monitoring	
<u>Agenda Item 11</u> – Q2 Capital Monitoring	
<u>Agenda Item 12</u> – KPI Performance	
<u>Agenda Item 13</u> – Board Forward Plan	
<u>Agenda Item 14</u> – A&R Cttee mins 30.10.23, BS&C Cttee mins 23.11.23	

St Leger Homes of Doncaster Board - Action Log						
NO	Month	Ref	Action	Progress	Completed Y/N	Owner
76	Oct-23	10.5	<b>ASSET MANAGEMENT STRATEGY</b> Board requested that base line information is collated on a number of properties to compare energy performance before and after installation of EWI.	In Progress	N	CM
77	Oct-23	14.2	<b>KPI Performance - DMC</b> The Director of Property Services to consider how the 7 days to carry out a survey and 21 days to make the repair can be added to the Health, Safety & Compliance report, to keep Board informed.	Complete	Y	CM
79	Dec-23	4.5	<b>Tenant Satisfactory Measures</b> Further analysis to be discussed at the next Board Strategic Planning meeting.  Item added to the BSP forward plan July'24.	In progress	N	MJ/JCr
80	Dec-23	4.8	<b>Non Executive Complaints Champion</b> Item to be placed on the next P&I Committee meeting, to agree champion.	Complete	Y	MJ
81	Dec-23	5.4	<b>Corporate Plan</b> To be amended and circulated to members, with a view to being approved at Feb'24 Board.	Complete	Y	DR
82	Dec-23	6.3	<b>Repairs and Maintenance Policy</b> Reference to 'tenant' and 'customer' throughout the document to be checked to ensure they are used in the correct context.	Complete	Y	CM
83	Dec-23	8.2	<b>Gender Pay Gap</b> Director of Corporate Services to check if the baseline reporting is only based on full time employees, as stated in the document.	In Progress	N	JCr
84	Dec-23	14.1	<b>Employment &amp; People Committee</b> Board agreed to schedule a separate E&P Cttee to discuss the number of high level vacancies within the organisation.	Complete – meeting scheduled.	Y	MJ/JCr

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**7 December 2023**

**Present:**

Dave Wilkinson (Chair), Trevor Mason, Cllr Richard Alan Jones, Milcah Walusimbi, Cllr Phil Cole, Dave Richmond, Susan Jones, Cllr Joe Blackham (partial), Stuart Booth, Vicky Purnell.

**Also In Attendance:**

Mark McEgan (Director of Housing and Customer Services), Chris Margrave (Director of Property Services), Julie Crook (Director of Corporate Services), Maxine Johnson (Executive Support Officer) – minutes.

**Members of the Public/Observers:**

Sarah Vause – GS Insights, Adam Goldsmith – CDC Head of Housing, Julian Paine – Savills.

	<b>Action</b>
<b>1 Apologies and Quorum</b>	
1.1 Apologies were received from Barry Keable.	
<b>2 Declarations of Interest by Board Members</b>	
2.1 There were no declarations of interest.	
<b>3a Matters arising and action log from previous meetings</b>	
3a.1 Board noted updates against outstanding actions.	
<b>3b. Ratification of minutes from the meeting held on 5 October 2023</b>	
3b.1 The Board agreed the minutes from the meeting held on 5 October 2023 were an accurate reflection of discussions.	
<b>4 Chair and Chief Executive's Update</b>	
4.1 The Chief Executive presented the report that included updates on recent key areas: Committee membership, Board member allowances, Board and Committee Dates 2024, CEO Recruitment, Board Complaints Champion, Government's Autumn Statement, Tenant Satisfaction Measures, Homelessness services, High Rise Remediation, Safeguarding, Policy Development and Awards.	

#### 4.2 CEO Recruitment

Board Members discussed and agreed the following composition of the forthcoming CEO interview panel and as described in the report:

Dave Wilkinson, Susan Jones, Milcah Walusimbi, Cllr Joe Blackham and the Council's Portfolio Holder for Housing, Glyn Jones. In reserve - Trevor Mason.

The Chief Executive was pleased to advise that he was confident with the strong applications received, and there will be 4 - 5 credible candidates to move onto the final interviews taking place 17<sup>th</sup> and 19<sup>th</sup> January 2024.

#### 4.3 Board Complaints Champion

Following discussion Board agreed that it would be appropriate for the 'non-executive complaints champion' to be a member of Performance & Improvement (P&I) Committee, and therefore asked that this item is placed on the P&I forward plan to be discussed at the next meeting.

Board agreed the Chief Executive is nominated as an 'executive complaints champion' as described in the report.

#### 4.4 Governments Autumn Statement

Board were drawn to the freeze in Local Housing Allowance (LHA) for benefit claimants and announcement in the Autumn Statement by the Chancellor who confirmed that the rate of LHA will be returned to 2020 levels i.e., the 30th percentile as of April 2024. However, the figures seem to suggest the rates will be frozen again after the April 2024 uplift.

#### 4.5 Tenant Satisfaction Measures

Referring to Appendix C of the report the Chief Executive advised after surveying customers we now have our mid-year results for 2023/24 and we are pleased to say we are performing very well compared to other landlords in terms of what tenants think about our services. In 11 out of the 12 measures we are in the top quartile compared to other landlords nationally which shows that our performance has been good across the board.

He added we know where our strengths and weaknesses lie, we intend to do some further analysis of the data and bring it to a future P&I Committee.

A Board Member requested that the report is brought to a Board Strategic planning meeting in the new year.

**MJ/  
JCr**

4.6 A Board Member asked what can the organisation do to help affordability of rent levels, and bridging the gap between social housing rents and private landlords in Doncaster?

The Chief Executive advised it was difficult to say, however the acquisition programme has been purchasing properties from private owners in order to increase the housing stock, there are currently 56 properties that have either already been bought or are now in the conveyancing process.

He added some Housing Associations have closed their registers because they don't have the legal duties that the Council has. The ability to discharge with a longer term private rented option would help – we are already helping homeless applicants with bond payments and rent guarantees.

He confirmed that St Leger Lettings (SLL) would be re-launched next year, which was seen as one of the mid-longer term options. He said of the 190 private lettings 55 are owned by one company, with the organisation currently in dialogue for the Council to buy them.

4.7 The Chair queried what the budget figure was for acquisitions?

It was noted £32m initially with £6m added on for treasury receipts, this was the total amount including the borrowing.

The Director of Property Services added we have a team scanning the property market on a daily basis, to look for properties ideally that are the same archetypes as our current stock on estates. The issue sometimes is that we can be outbid, demand in Doncaster remains high. In terms of converting commercial buildings, there are considerable cost implications to this option.

4.8 (i) **Board Members agreed to the composition of the CEO interview panel as described in the report.**

(ii) **Board agreed that it would be appropriate for the 'non-executive complaints champion' to be a member of Performance & Improvement (P&I) Committee, and therefore asked that this item is placed on the P&I forward plan to be discussed at the next committee meeting.**

(iii) **Board agreed the Chief Executive is nominated as an 'executive complaints champion' as described in the report.**

MJ

5 **Corporate Plan 2024 - 29**

5.1 The Chief Executive presented the report, the purpose of which was to seek approval from Board for the proposed Corporate Plan 2024 – 29.

He reminded members of the extensive consultation carried out over the past eighteen months, with the plan seeing fairly significant changes from the existing plan made up of 4 main elements: mission statement, organisational values, skills and priority themes (People, Partnerships, Homes and Communities).

He explained that time exists for revisions to be made and for the plan to come back to a future Board in advance of the April 2024 start date.

Questions were sought from the room.

5.2 A Board Member commented they were pleased with the design and succinct layout of the document, and offered some areas for improvement:

- Introduction – tweak to reflect the strength of the organisation.
- Green agenda – include the way in which the organisation works.
- Board – the document is light in terms of the role of the Board
- People theme – pay reference to our current trajectory of being an Investors in People (IIP).

Another Member suggested rewording the following text:

- Community - seek 'TPAS exemplar' status

5.3 A discussion took place regarding the launch of the Corporate Plan. It was agreed that key aspects of the plan should be promoted using info graphics that are easy to digest and aimed to meaningfully connect with tenants.

5.4 **Board agreed that the corporate plan should be amended following feedback and circulated for critique, with a view to being approved at Board in February 2024.**

DR

## 6. Repairs and Maintenance Policy

6.1 The Director of Property Services presented the report which informed members of the recent consultation exercise undertaken following the policy review, and to seek approval of the proposed policy changes.

6.2 Members noted the following amendments:

- Added that tenants do not have the right to demand the attendance of an inspector and that some inspections will be undertaken by trade operatives.

- Added that tenants are responsible for providing access for surveys and if a survey is required it may cause delays in the repair being undertaken.
- Referenced the 'One' Repairs service and removed the scheduled repairs service.
- Updated definition of vulnerable person, removed specified age.
- Added that a vulnerability must have a direct link with the reported repair for any adaptations of the policy to be considered.
- Tenants Responsibilities, agreed what is a tenants' responsibility under repair.
- New section; Mutual Exchange/Transfers. Stipulates that all repairs for the incoming tenant will be completed in-line with the standard repair priorities as laid out in the policy
- New Section; Suspension of Non-Essential Repairs to give SLHD the authority to suspend non-essential repairs, if a tenant has an outstanding service and access is required for a compliance activity, until the service has been completed.
- Recharges and Fencing Policies will follow in early 2024.

6.2 The Director of Property Services commented the organisation will want to take a robust approach to its implementation should it be approved.

6.3 A board Member welcomed the piece of work, emphasising the need for the repairs and maintenance service to be customer orientated. He said, operative's mindset should not be solely to attend and carry out a repair, but also to consider if the expectations of the tenant have been met.

He added the policy references both 'tenant' and 'customer' and asked that both terms are checked throughout the document, to ensure they are used in the right context.

**CM**

6.4 **Board agreed the proposed changes to the repairs and maintenance policy, subject to point 6.3.**

## 7. Value for Money Statement (VFM) – 31 March 2023

7.1 The Director of Corporate Services presented the value for money statement (VFM) for the financial year ended 31 March 2023.

Members noted an action within the Management Agreement and the VFM strategy is to produce an annual statement to evidence that we



are delivering VFM services. The statement is in the same format as previous years looking at the four priorities within the Corporate Plan and detailed benchmarking.

Referring to the report members further noted a slight deterioration in performance, but overall still showing SLH as a good performing low cost organisation.

7.2 A Board Member commended the organisation for its performance.

7.3 **Board approved the VFM statement for the financial year ended 31 March 2023.**

8. **Equality Diversity and Inclusion Report 2023 and Gender Pay Report 2022**

8.1 The Director of Corporate Services advised of the two reports being presented together due to the close link between the two:

Gender Pay Gap report

Members noted it is a legal requirement for employers with over 250 employees to calculate and report their gender pay gap. Also it is our seventh annual report, with the intention to be published on the website following approval by Board.

The report showed a reduction of 0.46% in the mean gender pay gap which is a move in the right direction and a slight deterioration of the median at 5.22% from 2022 to 2023. Reasons for the decrease were substantiated in the report.

Equality Diversion and Inclusion report

Members noted this will be the last time the report will be presented in this format. In order to ensure that our data and narrative is as up to date as possible the quarterly dashboard will be used for future reporting to Board and appended to the CEO report.

8.2 One member asked if the Gender Pay Gap baseline reporting is only based on full time employees ? As stated in the document.

The Director of Corporate Services advised she would check and confirm if this was the case.

JCr

8.3 **Board approved the Equality Diversity and Inclusion Report 2023 and Gender Pay Gap report 2022.**

9. **Board Member Expenses and Attendance Register**

9.1 The Director of Corporate Services presented the biannual report that also included an annual review of the declarations of interest and review of the Code of Conduct for Board Members.

She drew members attention to point 7 of the report and highlighted the Board Member's Code of Conduct has been reviewed. The proposed new document is based on the template document from the National Housing Federation (NHF). She then sought approval of the revised document welcoming any questions.

9.2 No questions were received.

9.3 **Board noted the contents of the report and approved the revised Board Member Code of Conduct.**

## 10. Q2 Revenue Monitoring

10.1 The Director of Corporate Services presented the report that informed Board of the projected revenue income and expenditure for 2023/24 and the actual and committed income and expenditure to date as at 30 September 2023.

10.2 Referring to the report she acknowledged the very tight projected outturn position, and overall surplus of £6k at Q2.

Members noted the significant increase in demand across all services within the organisation all of which were impacting budgets, with specific issues around homelessness presentations.

10.3 The Chair asked if there had been any impacts by the government's autumn statement?

The Director of Corporate Services advised in terms of social housing rents, they could be increased by inflation (consumer price index currently at 6.7%) plus 1%, however there were no announcements relating to this. She added, rents would be decided by CDC (City Doncaster Council).

The Local Housing Allowance (LHA) has been frozen for many years, in the Autumn Statement the Chancellor confirmed that the rate of LHA will be returned to 2020 levels in April 2024. However, then seemingly be immediately frozen.

10.4 A Member raised concerns regarding councils in England warning of growing financial crisis, he asked if there were any implications for the organisation?

The Director of Corporate Services advised that lots of local authorities are under pressure. The organisation has two main income streams; the HRA (Housing Revenue Account) and General Fund (GF), with the majority of income received from the HRA. The General Fund is under specific pressure due to a significant increase in homeless presentations. Robust financial controls are in place to

ensure that as an organisation we operate within budget. She was pleased to say the organisation had seen some financial efficiencies as a result of the Repairs Excellence programme.

- 10.5 The Chief Executive advised the impact of the homelessness presentations is a concern and it is important we move people on through the process, which is a real challenge.

He added in terms of Children and Adults Services, we have done quite a bit around the care leavers offer. He further added, in the future I think there is going to be a need for the organisation to work smarter with partners and use of housing services.

- 10.6 **Board noted the Q2 Revenue Monitoring report.**

## 11. Q2 Capital Monitoring

- 11.1 The Director of Corporate Services presented the report to inform Board of the projected expenditure for 2023/24, the funding available and the actual committed expenditure to date as at 30 September 2023.

- 11.1 Members noted the reported projections at Q2 show the planned, in-year spend on the Housing Capital Programme would be £44.12m, a variance against the £42.42m revised budget of £1.70m.

The Director of Corporate Services then drew members attention to point 6 of the report that gave further detail around the 2 main variances; £0.67m, 17% over budget - Mechanical and Electrical Improvements and £0.59m, 5% over budget - External Works.

- 11.2 Referring to Acquisitions at 8.3 of the report, one member asked if the EPC ratings of the properties acquired are EPC C rating or above?

The Director of Property Services explained that there are very few acquisitions that didn't need works carrying out to them, the vast majority required a variety of improvements.

The Director of Corporate services further added £20k for refurbishment costs are also included in the budget for each acquisition to reflect the total cost of acquisitions.

- 11.3 **Board noted the Q2 Capital Monitoring Report 2023/24 as at 30th September 2023.**

## 12. KPI Performance - October 2023

- 12.1 The Director of Corporate Services presented the briefing note to provide Board members with the KPI dashboard as at the end of

October 2023 (period 7), and brief commentary for those KPIs where the target was not met.

12.2 It was noted performance data for the four additional Health & Safety measures, which are also TSMs (tenant satisfactory measures) is now being captured from September 2023.

12.3 KPI 3: Voids Average Days to Re-let – members noted although reported worse than target, performance shows a continued improvement at 23.5 days and is ranked quartile one in terms of Housemark benchmarking.

KPI 14: Households in Hotel Accommodation – members noted that high levels of placements had continued into November, with concerns raised and a number of mitigating measures being put in place.

KPI 11: Days lost to Sickness per (WTE) – members also noted October saw a return to higher absence levels with a target of 8.5 days compared to an actual of 11.5 days. Follow up to the deep dive work is planned between the HR team and Leadership, and work is underway to focus specifically on mental health and resilience.

12.4 The Chair reminded Board Members they receive a weekly schedule of KPI data, which kept them informed.

The Chair of Performance & Improvement Committee highlighted that no concerns had been raised at committee to carry out any further work, other than that which is already being done.

12.5 **Board noted the KPI Performance as at end October 2023.**

### **13. Board Forward Plan**

13.1 Board noted the forward plan.

13.2 The Director of Corporate Services advised of the intention to hold an additional meeting in March 2024 to look at the assessment against Consumer Standards.

### **14. Committee Minutes**

14.1 Audit and Risk Committee – 30.10.23

- Q2 Revenue Monitoring report

The Chair of Audit & Risk highlighted that a discussion had taken place regarding the extremely tight financial position and high level of vacancies. At 6.7 of the minutes the Chair had suggested the possibility of a separate Employment & People Committee and

agreement was reached for the Director of Corporate Services to discuss this further with the Chief Executive.

The Director of Corporate Services advised she had taken this to the Executive Management Team, where it was thought there was nothing to add to what was already being done.

Board agreed to schedule a separate Employment & People Committee to discuss the number of high level vacancies within the organisation.

**MJ/  
JCr**

14.2 Building Safety and Compliance Committee – 23.11.23

The Chair commented on the excellent performance in relation to Building Safety and Compliance.

**15. Any Other Business**

15.1 Renters Reform Bill

One Member asked for an update position on the bill.

The Director of Housing and Customer Services advised the bill was expected to become law sometime in 2024, however the government has recently announced it will be delayed, with no end date in sight.

**16. Date of next meeting**

1 February 2024.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 01 February 2024

**Item** : 06

**Subject** : Management Agreement

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

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

**Purpose** : To ask the Board to agree the revised Management Agreement with effect from 1 April 2024.

### **Recommendation:**

That Board agree the revised Management Agreement and the appointment of Representatives.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 06  
Date: 01 February 2024**

**1. Report Title**

1.1 Management Agreement.

**2. Purpose**

2.1 To ask the Board to agree the revised management agreement with effect from 1 April 2024.

**3. Recommendation**

3.1 That Board agree the revised Management Agreement and the appointment of Representatives (as outlined at paragraph 4.6)

**4. Background**

4.1 St Leger Homes of Doncaster's (SLHD) current Management Agreement expires on 31 March 2024.

4.2 After a Value for Money and Performance review, Cabinet agreed the following recommendations as its meeting on 16 August 2023:

- Note the findings of the internal review undertaken during 2023.
- Agree to the renewal of the Management Agreement between CDC and SLHD, for a 5-year period from the 1st April 2024 – 31st March 2029 with a review and optional break point in the contract at year 3.
- Delegate to the Director of Place, in consultation with the Chief Finance Officer, and the Portfolio Holder for Housing & Business, to agree the enhanced oversight measures to be inserted into the Management Agreement. (Strengthened KPIs)

4.3 There were no significant changes to the management agreement as a result of the recommendations from Cabinet. The revised Management Agreement is attached at Appendix A. The main changes are summarised below:

- Dates updated
- Updates for changes to legislation and
- Some consistency issues resolved.

There may be some further minor changes to the final document and Board will be updated in matters arising at the next Board meeting.

- 4.4 The new contract clearly sets out the formal responsibilities as required in;
- the Building Safety Act 2022 (for higher risk buildings), The Council is the Accountable Person and the Principal Accountable Person
  - Regulatory Reform (Fire Safety) order 2005, St Leger Homes is the Responsible Person and
  - Draft Consumer Standards, the Council is the Accountable Person.
- 4.5 To meet the third recommendation the following wording has been added to the agreement at clause 7.5 “a schedule of KPIs will be agreed on an annual basis. These will be reviewed regularly to ensure that they cover all regulatory requirements and are fit for purpose to drive improvements in performance and value for money”.
- 4.5 The Council is in the process of completing an Officer Decision Record (ODR) to approve the contract from their side, the Council will then seal the contract and it will be signed by the Chair of the Board and the Company Secretary for St Leger Homes.
- 4.6 Paragraph 12.2 of the agreement requires that the Organisation (SLHD) will appoint an Organisational Representative (and a deputy to act in his/her absence) to act on its behalf for all purposes connected with the Agreement. Board are asked to agree that the Organisational Representative will be the Chief Executive and his deputy will be the Director of Corporate Services.

## **5. Procurement**

- 5.1 There are no procurement considerations associated with this report.

## **6. Consultation**

- 6.1 Consultation has taken place with a number of senior officers within the Council, which has been led by the Assistant Director of Legal & Democratic Services.

## **7. Legal Implications**

- 7.1 The management agreement is a legally binding document between DMBC and SLHD.
- 7.2 Independent and specialist legal advice was obtained from Trowers in relation to the responsibilities under the Building Safety Act 2022 and the Regulatory Reform (Fire Safety) Order 2005.

## **8. Financial Implications / Risk / Diversity**

- 8.1 There are no direct financial implications arising from this report.
- 8.2 There are no diversity implications associated with this report.



**9. Value for Money**

9.1 N/A

**10. Health & Safety Implications**

10.1 There are no health & safety implications associated with this report.

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

11.1 Julie Crook, Director of Corporate Services  
01302 862701

**12. Background Papers**

12.1 Appendix A – Management Agreement 2024-2029

12.2 St Leger Homes Doncaster Management Agreement Review - Cabinet Report 16 August 2023.

12.3 Draft Management Agreement – SLHD Board report, 6 March 2019.

DATED

2024

**ST LEGER HOMES OF DONCASTER LIMITED**

and

**CITY OF DONCASTER COUNCIL**

**Management Agreement**

Scott Fawcus

City Of Doncaster Council  
Civic Office  
Waterdale  
Doncaster  
DN1 3BU

**DATE OF AGREEMENT:**

2024

**PARTIES:**

1. **ST LEGER HOMES OF DONCASTER LIMITED** whose registered office is at Civic Office, Waterdale, , Doncaster, DN1 3BU ('the Organisation); and
2. **CITY Of DONCASTER COUNCIL** of Civic Office, Waterdale, Doncaster, DN1 3BU ('the Council')

**INTRODUCTION**

1. The Council is the local housing authority for its area pursuant to Sections 1 and 2 of the Housing Act 1985. It provides housing and exercises general management, regulation and control of it.
2. The Council agreed, with the approval of the Secretary of State, for the Organisation to exercise certain of its functions and activities.
3. This Agreement sets out the terms upon which those functions and activities are to be delivered on an arms length basis by the Organisation. It supersedes all previous agreements between the parties relating to this matter.
4. The intention of the Parties is to work in partnership together in order to deliver the Services in the most effective way possible. [The Partnership Protocol set out in Schedule 1 therefore lies at the heart of this Agreement.]

**AGREEMENT:**

**1 OBJECTIVES AND VALUES**

- 1.1 The Parties will work in partnership to improve continuously the Services and the way in which they are delivered.
- 1.2 The Parties recognise and acknowledge the Council:-

- 1.2.1 is the sole member of the Organisation;
  - 1.2.2 is responsible for setting the strategic context for the Organisation;
  - 1.2.3 has responsibility for, and exercises ultimate control over, the Organisation.
- 1.3 The principal roles of each of the Parties in relation to this partnering arrangement are as follows:-
- 1.3.1 the Council will set and monitor the outcomes and objectives to be achieved; and
  - 1.3.2 the Organisation will effect delivery of those outcomes and objectives and will support the Council's objectives generally.
- 1.4 The relationship between the Parties will be based on good faith, openness, honesty, trust and respect. [It will embody the values and principles set out in the Partnership Protocol set out in Schedule 1.]
- 1.5 Through their relationship the parties will seek to:-
- 1.5.1 deliver Value for Money;
  - 1.5.2 demonstrate their commitment to equal opportunities;
  - 1.5.3 provide a holistic range of services to tenants and residents;
  - 1.5.4 engage with all sections of the community;
  - 1.5.5 promote the economic, social and environmental well-being of the area and the people served by the Council;
  - 1.5.6 ensure housing resources are invested efficiently, effectively and economically;

- 1.5.7 improve and maintain the Dwellings to the decent homes standard as a minimum;
- 1.5.8 meet performance improvement targets so as to satisfy the expectations of the Council's tenants
- 1.5.9 work together to support the Key Goals of the Council; and
- 1.5.10 assist the Council to comply with its statutory duties
- 1.5.11 assist the Council to manage and reduce Homelessness

in each case in a manner commensurate with the financial resources available to them.

## **2 DELIVERY PLAN**

- 2.1 The Organisation will carry out the Delivery Plan.
- 2.2 The Delivery Plan will detail:-
  - 2.2.1 the outputs to be achieved by the Organisation;
  - 2.2.2 the key performance requirements for the Services;
  - 2.2.3 the strategy of the Organisation to deliver the key goals of the Council; and
  - 2.2.4 the financial and staffing resources required to carry out the Delivery Plan and perform the Services properly.
  - 2.2.5 How the Organisation will support the delivery of the Council's Key Goals

### **3 EQUAL OPPORTUNITIES**

- 3.1 The Council has a strong commitment to equal opportunities. In providing the Services the Organisation will operate appropriate equal opportunity policies and procedures in all aspects of its work.
- 3.2 The Organisation will ensure it does not discriminate unlawfully against any person or other organisations.
- 3.3 The Organisation will follow best professional practice in relation to equal opportunities and comply with:-
- 3.3.1 all relevant legislation; and
  - 3.3.2 all relevant statutory and official guidance and codes of practice.
- 3.4 The Organisation will provide such information as the Council may reasonably request for the purpose of assessing its compliance with this Clause 3.

### **4 TENANT INVOLVEMENT**

- 4.1 The Council has a partnering relationship with its tenants and leaseholders. To further this relationship the Organisation will develop and honour its Tenant Voice Strategy 2022-2026 (“the Strategy”) to support and encourage tenant involvement.
- 4.2 The Strategy will include plans for engaging “*under represented*” groups.
- 4.3 The Organisation will consult with the Tenant Representative Body at appropriate intervals to review the Strategy and the objectives set out in it.
- 4.4 The Delivery Plan will include sufficient resources to ensure the objectives set out in the Strategy can be met.
- 4.5 The Organisation will keep the Strategy up-to-date so that it:-

4.5.1 complies with all relevant statutory requirements and other official guidance; and

4.5.2 follows best professional practice.

## **5 VALUE FOR MONEY**

5.1 The Parties acknowledge the fundamental importance of delivering Value for Money in relation to the Services.

5.2 The Parties will accordingly use all reasonable endeavours to ensure the Management Agreement delivers the best possible Value for Money.

5.3 The Organisation shall ensure that its procurement processes comply with the Social Value Act 2012.

5.4 The Organisation shall ensure that its procurement processes and policies contain the principles listed at Schedule 6 hereto.

5.5 Wherever possible the Organisation shall use its own in-house services and supplies provided that such services and supplies provide best value.

5.6

## **6 ANNUAL REVIEWS**

6.1 Each year the Parties will organise Planning Meetings to:-

6.1.1 review performance during the preceding twelve months, to include a value for money assessment;

6.1.2 look ahead to the next financial year;

6.1.3 identify any key areas of concern;

6.1.4 establish priorities for the Plans and Programmes referred to in Clause 6.3; and

- 6.1.5 agree who will be responsible for taking any necessary follow-up action.
- 6.1.6 discuss the Council Key Goals and how the Organisation may assist in delivering these
- 6.2 By 31 January each year, the Organisation will provide to the Council Representative drafts of the following
  - 6.2.1 the Delivery Plan;
  - 6.2.2 the Revenue Plan;
  - 6.2.3 the Capital Programme.
- 6.3 The draft Plans and Programmes may be amended by the Organisation after 31 December to take account of any external factors not under its control. In all other respects, the draft Plans and Programmes are to be presented in as complete a form as possible for review by the Council.
- 6.4 The Delivery Plan will include a section setting out suggested measures that might be taken by the Organisation, the Council or others to improve the Services. The Council will give reasonable consideration to these suggestions and respond accordingly.
- 6.5 The Capital Programme will be prepared on a four year rolling basis. It will be reviewed annually
- 6.6 The Parties will co-operate generally to facilitate the synchronisation of their respective business planning processes. They will each provide support and assistance as the other may reasonably require for this purpose.

## **7 HOUSING RETURNS AND PERFORMANCE MANAGEMENT**

- 7.1 The Organisation will provide such timely information and assistance as the Council may reasonably require to enable the Council to complete relevant



returns of housing statistics relating to the Services. The Parties will work together to ensure that their performance reporting timetables are unified.

- 7.2 The Organisation will respond promptly to all reasonable requests for information and assistance, especially where the Council has to meet any statutory deadlines.
- 7.3 The Organisation will supply the Council with such assistance and information as the Council may reasonably require to enable it to allocate such expenditure as the Council may incur under this Agreement between its general fund and housing revenue accounts.
- 7.4 The Organisation will provide such information as the Council may reasonably require in relation to management reports on the provision of the Services.
- 7.5 A schedule of KPIs will be agreed on an annual basis. These will be reviewed as and when required (but at least annually) to ensure that they cover all regulatory requirements and are fit for purpose to drive improvements in performance and value for money.

## **8 CORPORATE STRATEGY REVIEWS**

- 8.1 The Organisation will be a “*strategic partner*” of the Council, and a user of the Council’s services.
- 8.2 The views of the Organisation as a stakeholder, a service user and service provider will therefore be essential to the development of the corporate strategies of the Council and the conduct of service reviews.
- 8.3 The views of the Council as a stakeholder, a service user and service provider will be essential to the development of the Organisation’s corporate strategies and conduct of service reviews.
- 8.4 The Organisation and the Council will respond promptly to consultation requests regarding such matters and will provide such information as the other may reasonably require.

## **9 WORKING WITH OTHERS**

- 9.1 The Organisation will work with other appropriate agencies, bodies and organisations to achieve the objectives set out in the Delivery Plan.
- 9.2 The Organisation will be an active member of Team Doncaster and the Council's Emergency Planning and Response operations.

## **10 PROVIDING THE SERVICES**

- 10.1 The Organisation will perform the Services to the reasonable satisfaction of the Council.
- 10.2 The Organisation will act with all reasonable skill, care and diligence and in accordance with:-
  - 10.2.1 the Delivery Plan;
  - 10.2.2 any relevant Council policies and procedures;
  - 10.2.3 any reasonable instructions issued to the Organisation by the Council Representative; and
  - 10.2.4 any relevant legislation.
- 10.3 The Organisation will ensure any work it carries out in addition to the delivery of the Services will not conflict or interfere with such delivery.
- 10.4 The Organisation will notify the Council Representative promptly if it is:-
  - 10.4.1 unable to provide any of the Services; or
  - 10.4.2 aware of anything that may prevent it from complying with this Agreement or the Delivery Plan.

- 10.5 The notice is to give details of the circumstances, reasons for and likely duration of the problem. The provision of this information will not release the Organisation from any of its obligations under this Agreement.
- 10.6 If the Organisation is unable to provide any Services in accordance with this Agreement the Council may direct the Organisation to produce a remedial plan.
- 10.7 The Organisation will produce and deliver the remedial plan to the Council within twenty working days of a request to do so.
- 10.8 The remedial plan is to contain:-
- 10.8.1 an analysis of the events leading up to the failure to deliver the relevant Service;
  - 10.8.2 steps to deal with the issue promptly and effectively; and
  - 10.8.3 steps to ensure there is no recurrence.
- 10.9 If the parties cannot agree the remedial plan either may refer the matter to the Dispute Avoidance and Resolution Procedure.
- 10.10 If the Organisation requires any further instruction or information relating to the provision of the Services, it may write to the Council's Representative for clarification. The Council will ensure such clarification is provided promptly.
- 10.11 The Organisation will take all reasonable steps to ensure that on termination of this Agreement either the Council or another company can take over provision of the Services in a timely and effective manner.
- 10.12 The Organisation will maintain appropriate quality management systems and procedures to ensure the Services are provided to the standard required by this Agreement.

- 10.13 The Organisation will, on reasonable written notice, give the Council reasonable access to those systems and procedures for audit or other purposes.
- 10.14 The Organisation will not:-
- 10.14.1 solicit or accept any gratuity, tip or any other form of money; or
  - 10.14.2 take any reward; or
  - 10.14.3 make any unauthorised charge for any part of the Services.
- 10.15 The Parties will agree and follow a protocol for dealing with enquiries from Councillors about tenants' issues.
- 10.16 The Organisation will follow the Council's approved policy for assisting tenants to acquire houses.
- 10.A.1 The Organisation shall not enter into a contract with a third party valued in excess of Two Hundred Thousand Pounds which will either outlast the Term of this Agreement or require the Council to receive the contract either via assignment or novation or provide guarantees without the prior written consent of the Council's representative.
- 10.A.2 The Organisation may not make significant amendments to the existing staffing structure or staff terms and conditions during the Term without the prior written approval of the Council's Representative in consultation with the Portfolio Holder (which shall not be unreasonably withheld or delayed). For the purposes of this Clause 10.A.2, "significant" shall mean either an amendment that affects 10% or more of the Organisation's total number of employees at the date of the amendment to the staffing structure or a redundancy of one of the Executive Team or the creation of a new post in the Executive Team.
- 10.A.3 The Organisation shall notify the Council's Representative and the Portfolio Holder in writing of any significant amendments in the said staffing structure or staff terms and conditions during the Term whether or not they fall within the provisions of Clause 10.A.2. The Council's expectation is that when

proposing any changes the Organisation will where relevant align its management structure with the Council's locality management structure and will seek approval for any deviations where they may occur.

## **11 PERSONNEL**

11.1 The Organisation will employ sufficient people (commensurate with the financial resources available to it) to ensure the Services are provided in accordance with the Agreement.

11.1.1 Any significant changes to the organisations structure to be agreed by the Board

11.2 The Organisation will ensure its personnel are:-

11.2.1 appropriately qualified, competent and skilled; and

11.2.2 properly instructed and supervised with regard to the provision of the Services.

11.3 If the circumstances under which the Services are provided are such that any personnel of the Organisation are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, the Organisation will ensure the relevant personnel provide information in accordance with that Act about convictions which would otherwise be spent.

11.4 Before the Organisation introduces any new policies, procedures or protocols that may affect its employees it will consult with the Council

## **12 APPOINTMENT OF REPRESENTATIVES**

12.1 The Council will appoint the Council Representative (and a deputy to act in his/her absence) to act on its behalf for all purposes connected with the Agreement.

12.2 The Organisation will appoint the Organisation Representative (and a deputy to act in his/her absence) to act on its behalf for all purposes connected with the Agreement.

12.3 Should the appointee (or deputy) change, the relevant party will notify the other in writing as soon as possible.

12.4 Each party will ensure its appointee (or deputy) is available to meet the other party's appointee at all reasonable times.

### **13 ASSIGNMENT AND SUB-CONTRACTING**

13.1 The Organisation will not assign the Agreement or any part or benefit of it.

13.2 The Organisation will not sub-contract the provision of the Services or any part of them (other than in the ordinary course of business) without the prior written consent of the Council. Such consent will not be unreasonably withheld or delayed.

13.3 If consent is given this will not relieve the Organisation from any liability or obligation under the Agreement. The Organisation will be responsible for the acts, defaults or neglect of its sub-contractors.

13.4 The Organisation will ensure any permitted sub-contractor is supplied with all necessary information about this Agreement and any relevant instructions given by the Council Representative to the Organisation.

13.5 The Organisation will not carry out work for or provide services to third parties (other than the Council's tenants in accordance with this Agreement) without the Council's prior written consent. Such consent will not be unreasonably withheld or delayed.

### **14 USE OF COMPUTER SYSTEMS AND SOFTWARE**

14.1 The Council will permit the Organisation to use its Computer Systems and Software as provided in the IT Service Level Agreement.

14.2 The Organisation will use the Computer Systems and Software for the purposes of providing the Services and for the benefit of the Council.

Unless expressly authorised so to do by the Council, the Organisation will not use them for or allow them to be used by any third party.

- 14.3 The Council will, on reasonable request, make available to the Organisation the technical specifications of the Computer Systems and the Software.
- 14.4 The Organisation will take all reasonable steps to safeguard those parts of the Computer Systems and the Software under its control or influence against unauthorised access, tampering or systems failure.
- 14.5 The Organisation shall work within the Council's Technology Governance Board structures in relation to the acquiring of any computer systems
- 14.6 When this Agreement comes to an end the Organisation will transfer all data, information and licences in respect of the Services to the Council or as the Council may reasonably direct.
- 14.7 Such transfer will be made as soon as reasonably possible and as instructed by the Council.
- 14.8 Until the transfer is made, the Organisation will give the Council (or its authorised agent) reasonable access to the relevant data and information.

## **15 DATA**

- 15.1 Subject to the provisions of Clauses 14 and 16, the Organisation will be entitled to access the data and information held by the Council in order to provide the Services.
- 15.2 In addition to any requirements set out in the Delivery Plan, the Organisation will ensure Council Data and information is kept up-to-date.
- 15.3 The Organisation will take all reasonable steps to comply with the information and data policies and standards issued by the Council.

## **16 DATA PROTECTION**

16.1 The Organisation will:

16.1.1 comply with the obligations set out in Schedule 7 of this Agreement;

16.1.2 provide the Council with such information as the Council may reasonably require to satisfy itself the Organisation is complying with these obligations;

16.2 The Council will comply with the obligations set out in Schedule 7 to this Agreement.

## **17 INTELLECTUAL PROPERTY RIGHTS**

17.1 When this Agreement comes to an end, the Organisation will transfer to the Council (or as it may reasonably direct) all documents, material, data and other information in its possession relating to the Agreement, together with any relevant computer software processing facilities.

17.2 All intellectual property rights developed under this Agreement or arising from the provision of the Services by the Organisation (other than those belonging to a third party) will belong to the Council.

17.3 The Organisation agrees it will execute all deeds, documents and acts reasonably required to vest such intellectual property rights in the Council.

## **18 RIGHT TO USE DOCUMENTS**

18.1 The Council will have the right to use any documents produced by the Organisation, its sub-contractors and agents in relation to the provision of the Services.



## **19 CONFIDENTIALITY**

- 19.1 Neither Party will divulge or part with any sensitive material or information provided by the other, or prepared or obtained pursuant to the Agreement, except with the written consent of the other. Such consent will not be unreasonably delayed or withheld.
- 19.2 Both Parties will use their respective reasonable endeavours to ensure its employees, agents and sub-contractors adhere to the provisions set out in this Clause 19.
- 19.3 The obligations set out in Clauses 19.1 and 19.2 do not apply to any information that must be disclosed by virtue of any law or the direction of a court of competent jurisdiction.
- 19.4 The Organisation will respond on behalf of the Council to requests for information made under the Freedom of Information Act ("FOIA") ensuring that they comply fully the provisions of FOIA. The Organisation will notify the Council on a quarterly basis or as otherwise requested of the number and nature of requests made and their response times.

## **20 INSURANCE**

- 20.1 The Organisation will maintain in force the following insurance cover
- 20.1.1 public liability insurance with a level of cover of not less than Fifty million pounds (£50,000,000.00) in respect of any one claim or series of claims arising out of any one incident and unlimited in any one year;
- 20.1.2 employer's liability insurance with a level of cover of not less than Fifty million pounds (£50,000,000.00) in respect of any one claim or series of claims arising out of any one incident and unlimited in any one year
- 20.1.3 Other insurances as may be necessary or prudent for the

performance of the Agreement. In particular, without limiting the generality of the foregoing, Board Members and officer's insurance for the protection of Board Members and officers of the Organisation.

20.2 The cover is to be placed with such insurers or underwriters as the Council may approve. Such approval will not be unreasonably withheld or delayed.

20.3 The Organisation will ensure all relevant insurance policies either have the interest of the Council endorsed upon them or by their terms confer their benefits upon it.

20.4 The Organisation will at such times as the Council may reasonably require supply certified copies of:-

20.4.1 all insurance policies required by this Clause 20; and

20.4.2 any cover notes, premium receipts or other documents necessary to show the policies are fully maintained and comply with this Agreement.

20.5 If the Council is dissatisfied with the adequacy of any insurance policy effected by the Organisation pursuant to this Clause 20 it will give notice in writing to the Organisation to that effect.

20.6 Upon receipt of such notice the Organisation will put in place promptly such additional, enhanced or other insurance as the Council may reasonably require.

20.7 If there is any dispute between the Parties concerning the reasonableness of the Council's request it may be referred to the Dispute Avoidance and Resolution Procedure.

## **21 WORKING TOGETHER**

- 21.1 The Parties have established a matrix of working relationships, which is set out in the Working Structure Diagram (attached at Schedule 4). They will each use their respective reasonable endeavours to ensure the effectiveness of those working relationships in accordance with the principles set out in the Partnership Protocol and in the Team Doncaster Partnership Charter.
- 21.2 The Organisation will ensure that its ICT Strategy is complementary to the Council's ICT Strategy and that it has complementary themes. The Organisation will participate in the Council's Technology Governance Board to assist this aim.
- 21.3 The Organisation and the Council will work together to ensure that their Customer Services Strategies are complementary providing the best possible joined up experience for the people of Doncaster. This will include joining up of processes and technology where appropriate so citizens only have to tell us something once.
- 21.4 The Organisation and the Council shall work together to introduce complementary digital strategies that focus on achieving 24/7 on-line transactional stream-lined services that join up where required to improve the customer experience and promote these as the primary channel encouraging take-up whenever possible contributing to modernisation, efficiency and effectiveness.
- 21.5 The Organisation and the Council shall work together to ensure that where appropriate their strategies are complementary.

## **22 CONSULTATION**

- 22.1 The Council will carry out all consultations and negotiations with statutory or voluntary bodies in relation to such matters as it may determine.
- 22.2 The Organisation will provide such information, advice and assistance to

support such consultations or negotiations as the Council may reasonably request.

- 22.3 The Organisation will carry out all other consultations or negotiations with statutory or voluntary bodies.
- 22.4 The Organisation will respond to any enquiries from such bodies concerning individual tenants or applicants for accommodation on such basis as is appropriate to and consistent with both its and the Council's legal obligations and duties.
- 22.5 Both Parties will consult with tenants about the subject matter of this Agreement whenever reasonably requested by either to do so.

## **23 ASSURANCE FRAMEWORK**

- 23.1 The Organisation will put in place, maintain and operate in accordance with an Assurance Framework comprising:-
  - 23.1.1 a scheme of delegation;
  - 23.1.2 a set of contract standing orders;
  - 23.1.3 a set of internal and external audit processes; and
  - 23.1.4 a mechanism to capture and provide to the Council appropriate evidence of compliance with the scheme of delegation, procurement rules and audit processes.
  - 23.1.5 Code of Governance
- 23.2 The Organisation will provide the Council with full details of the Assurance Framework, and take account of any suggestions or observations made by the Council in response.

- 23.3 The Organisation will undertake appropriate internal and external audits. It will establish an audit committee to review audit findings and provide controls assurance to the Council.
- 23.4 The Organisation will provide all reasonable co-operation and access to personnel and records relating to the provision of the Services.
- 23.5 The Organisation will send the Council Representative a copy of its audited accounts as soon as reasonably possible after they have been certified by its external auditors.

## **24 FRAUD**

- 24.1 As soon as the Organisation becomes aware of or suspects any significant fraudulent action or malpractice concerning the Services it will notify the Council.
- 24.2 The organisation will investigate any significant fraud or malpractice within the terms of its Anti Fraud, Corruption and Bribery Policy.
- 24.3 The Organisation will give the Council all reasonable access and facilities to carry out such investigations as it reasonably sees fit in relation to such fraudulent action or malpractice.
- 24.4 If the Council has reasonable grounds for believing fraud or malpractice has taken place that has a significant impact on the delivery of the Services it may:-
- 24.4.1 require the Organisation to suspend any person suspected of the fraud or malpractice; and/or
  - 24.4.2 suspend all or any further work under this Agreement.

## **25 COMPLAINTS**

- 25.1 The Organisation will publicise how complaints concerning Services may be made.
- 25.2 The Organisation will deal with any complaints it receives in a prompt, courteous and efficient manner.
- 25.3 The Organisation will keep a written record of all complaints received and the action taken in relation to them.
- 25.4 Such records will be kept available for inspection by the Council on reasonable notice.
- 25.5 The Organisation will provide such assistance as the Council may reasonably require in dealing with any enquiries from the Local Government Ombudsman.
- 25.6 The Organisation will also comply with any direction or recommendation from the Local Government & Housing Ombudsman in replying to complaints regarding its performance of the Services.

## **26 LEGAL PROCEEDINGS**

- 26.1 The Organisation will notify the Council promptly in writing if it becomes aware of any legal proceedings that may be threatened or commenced against the Council or the Organisation in relation to the Services. This does not apply to proceedings alleging a Dwelling is a statutory nuisance or seeking damages for failure to repair.
- 26.2 The Organisation will copy promptly to the Council any documents it receives in connection with any such proceedings.
- 26.3 If so requested by the Council, the Organisation will allow its employees to give evidence in relation to the proceedings.
- 26.4 The Organisation will (and the Council authorises the Organisation to)

conduct all legal proceedings relating to the Dwellings for:-

26.4.1 rent recovery;

26.4.2 statutory nuisance; and

26.4.3 damages for failure to repair.

26.5 The Council will provide promptly such reasonable assistance in relation to such proceedings as the Organisation may request. This includes providing such further authorities as may be required for the Organisation to be granted rights of audience in court hearings.

## **27 EMERGENCY ASSISTANCE**

27.1 The Organisation will permit the Council to use any of the Premises or other suitable accommodation if a civil emergency is declared by the Council. In such circumstances the Organisation will provide all reasonable assistance to the Council in arranging emergency use.

27.2 If so requested by the Council, the Organisation will also use all reasonable endeavours to:-

27.2.1 provide for persons made homeless or evacuated as a result of the emergency;

27.2.2 supervise and co-ordinate efforts to secure immediate temporary accommodation for those people;

27.2.3 equip such places for use as temporary accommodation;

27.2.4 liaise with the Council (and such other organisations as the Council may reasonably direct) to co-ordinate action in dealing with homeless persons and evacuees;

27.2.5 co-ordinate and supervise the operation of the temporary

accommodation; and

27.2.6 set up and maintain arrangements for the reasonable protection of any property brought to the temporary accommodation, and liaise with the police and other relevant bodies in relation to the same.

27.3 Such services will be provided under the control and direction of the Council's emergency officer or his/her designated representative.

27.4 The Organisation will produce monthly accounts to the Council itemising its reasonable costs incurred in the provision of such services.

27.5 Those costs are to be agreed by the Parties and treated as a variation of the Delivery Plan. In default of agreement the matter will be referred to the Dispute Avoidance and Resolution Procedure.

27.6 The Organisation will attend such training sessions and/or exercises as the Council may reasonably request.

## **28 AGENCY**

28.1 Except as provided by this Agreement, the Organisation will not hold itself out as:-

28.1.1 being the servant or agent of the Council; or

28.1.2 being authorised to enter into any contract or obligation on behalf of the Council; or

28.1.3 having the power to make, vary, discharge or waive any byelaw or regulation.

## **29 FAILURE TO PERFORM**

29.1 No liability will be incurred by the Organisation if and to the extent it would not have arisen had the Council complied properly with its obligations under this Agreement.



## **30 DELEGATION AND PARTNERSHIP COMMITMENT**

- 30.1 The Council delegates to the Organisation such of its functions and activities as are necessary to deliver the Services.
- 30.2 The Scheme of Delegation for this purpose is reproduced in Schedule 2.
- 30.3 The Council will work in partnership with the Organisation to ensure the relevant functions and activities are carried out as effectively as possible for the benefit of tenants and residents.
- 30.4 The Council acknowledges the role of the Board of the Organisation in setting its strategy and direction.

## **31 ASSIGNMENT**

- 31.1 The Council will not assign the benefit of this Agreement except:-
- 31.1.1 by operation of law;
- 31.1.2 pursuant to a statutory scheme; or
- 31.1.3 otherwise as directed by the Secretary of State.

## **32 USE OF PREMISES**

- 32.1 The Council will continue to make the Premises available to the Organisation on the current terms and conditions.

32.2 The Council and the Organisation will take such further steps as may reasonably be required in order to formalise those terms.

### **33 EXCLUSION OF LIABILITY**

33.1 The Council will not be liable to the Organisation for any loss, damage or injury connected with:-

33.1.1 the provision by the Organisation of the Services; or

33.1.2 the use or occupation by the Organisation of the Premises.

33.2 This exclusion will not apply to anything resulting from a deliberate or negligent act or omission of the Council or any of its employees.

33.3 Subject to Clause 33.2, the Council will not be liable to the Organisation for any indirect or consequential loss.

### **34 RIGHTS AND DUTIES RESERVED**

34.1 All rights, duties and powers the Council has as a local authority or the Council's officers have as local authority officers are expressly reserved.

34.2 The Council also reserves the right to exercise its powers as a landlord in respect of any of its properties, notwithstanding the provisions of this Agreement.

### **35 WAIVER**

35.1 Failure by the Council to enforce any provision of this Agreement will not:-

35.1.1 be construed as a waiver of or create an estoppel in relation to such provision; nor

35.1.2 affect the validity of this Agreement; nor

35.1.3 prevent the Council enforcing any other rights it may have.

## **36 FINANCIAL ARRANGEMENTS**

36.1 The Organisation will comply with the financial arrangements described in Schedule 3.

36.2 If for any reason these are deemed unacceptable or unsatisfactory by an appropriate regulatory body, the parties will amend them to comply with the relevant regulatory requirements.

## **37 RECOVERY OF RENT**

37.1 When collecting rent and other sums due on the Council's behalf the Organisation will act promptly, diligently and generally in accordance with all reasonable requirements of the Council.

37.2 All monies collected will be remitted promptly to the Council,

37.3 The Organisation will keep proper records of the receipt and transfer of the monies collected in such form as the Council may reasonably require.

## **38 VALUE ADDED TAX**

38.1 All payments by either party to the other pursuant to the terms of this Agreement will be exclusive of Value Added Tax unless legislation provides otherwise.

38.2 If Value Added Tax should become chargeable then the parties will co-operate together to minimise the impact of the same so far as is permitted by law.

## **39 CONSUMER STANDARDS REGIME**

39.1 In relation the obligations set out in the Consumer Standards Regime the

Council shall be the Accountable Person. Both Organisations will work together to ensure compliance with the standards and the inspection regime. There will be annual reporting which shows compliance against the Consumer Standards Regime.

#### **40 EXIT PLAN**

- 40.1 The organisation shall six months before the expiry of this Agreement or within such other period as the Council shall specify in the event of an earlier termination of this Agreement co-operate fully with the Council in order to facilitate the orderly transfer of services to the Council or to such other third party as the Council shall specify
- 40.2 The organisation shall upon notice from the Council to do so provide to the Council a list of all transferring assets and employees as required by the Council and shall indemnify the Council and any third party identified by the Council as to the accuracy of any such list

#### **41 RIGHT TO REPRESENTATION**

- 41.1 The Organisation will take reasonable steps consistent with good employer practice to ensure its employees have appropriate representation, whether through trade unions or otherwise.
- 41.2 The Organisation will recognise those trade unions who are signatories to the relevant agreements of the National Joint Council for Local Government Services and the Joint Negotiating Committee for Chief Officers of local

authorities.

## **42 PROPOSED FORMATIONS**

- 42.1 If any tenants propose forming a TMO the Council will be responsible for dealing with all aspects of the proposal.
- 42.2 The Council may ask the Organisation to provide reasonable assistance to it and the tenants making the proposal.

## **43 NOT USED**

## **44 DURATION AND RENEWAL**

- 44.1 This Agreement will expire at 00.01 on the thirty-first day of March Two Thousand and Twenty-nine unless:-
- 44.1.1 The Council exercises its option to terminate the Agreement on 00.01 on the thirty-first day of March Two Thousand and Twenty-Seven. (In the event that the Council wishes to exercise this option it must serve written notice of its intention to do so to the organisation no later than 12:00 on the thirty-first day of December Two thousand and Twenty-Six);
- 44.1.2 or the Agreement is terminated earlier pursuant to Clause 46.

## **45 VARIATION OF SERVICES**

- 45.1 The Council may from time to time require variations to the Services.
- 45.2 Variations are to be effected by the Council giving reasonable notice to the Organisation of the proposed variations.
- 45.3 Reasonable notice will be deemed to be either:
- 45.3.1 six months' notice for changes which the Council has determined

will require consultation under Section 105 of the Housing Act 1985, or which it reasonably considers will result in significant changes to the staffing levels or cost-base of the Organisation; or

45.3.2 one month's notice in any other case.

- 45.4 The Organisation will be entitled to object to any variation that would have the effect of changing significantly the fundamental nature of the Services and/or the delivery of them.
- 45.5 If the Parties are unable to resolve any such objections themselves then they may be referred to the Dispute Avoidance and Resolution Procedure.
- 45.6 Pending resolution of any such objections the Parties will co-operate in good faith to ensure any resultant delay does not affect the provision of the Services or the delivery of them.
- 45.7 Where a variation is effected the current Delivery Plan will be amended as soon as practicable to reflect:-
- 45.7.1 any increase or reduction in the Organisation's responsibilities; and
- 45.7.2 any likely increase or reduction in cost to the Organisation.
- 45.8 Both Parties are to act reasonably and in good faith when seeking to agree the relevant amendments.
- 45.9 If a variation is effected by the Council (other than in response to representations from the Organisation) that is likely to result in the redundancy of any of the Organisation's employees who provide the Services, the Organisation will as soon as reasonably possible:
- 45.9.1 identify the relevant employee or employees;
- 45.9.2 quantify and substantiate the costs the Organisation is likely to incur by reason of the redundancies; and

45.9.3 notify the Council of the same.

45.10 On receipt of such notification the Council will consult with the Organisation and either:

45.10.1 take account of the potential redundancy costs in determining the variation to the Delivery Plan; or

45.10.2 meet the redundancy entitlement of the relevant employee or employees.

45.11 The Organisation will provide such information to the Council as it may reasonably require to enable it to reach a determination in accordance with Clause 45.10.

45.12 No change to the Delivery Plan will be made in respect of a variation if there is a compensating reduction or re-organisation of any part of the Services.

45.13 If there is any dispute as to how any variation affects the Delivery Plan the matter will be referred to the Dispute Avoidance and Resolution Procedure.

## **46 TERMINATION**

46.1 The Council may exercise the rights set out in Clause 46.2 if the Organisation:-

46.1.1 commits a material breach of any of its obligations under the Agreement that is not remedied within a reasonable time of a request by the Council to do so

46.1.2 has a director or senior manager convicted of dishonesty in circumstances that would reasonably call into question the ability of the Organisation to deliver the Services; or

46.1.3 has an application made under the Insolvency Act 1986 (as amended) to the Court for the appointment of an administrator or an

administrative receiver; or

- 46.1.4 has a winding-up order made against it or (except for the purpose of amalgamation or reconstruction) a resolution for voluntary winding-up passed; or
- 46.1.5 has a provisional liquidator, receiver, or manager of its business or undertaking duly appointed; or
- 46.1.6 has possession taken by or on behalf of the holders of any debenture secured by a floating charge, or any property comprised in, or subject to, the floating charge; or
- 46.1.7 is in circumstances that entitle a court or a creditor to appoint, a receiver, manager, administrator or a administrative receiver, or that entitle a court to make a winding-up order.
- 46.1A The Council may in its absolute discretion terminate this Agreement at 23:59 on 31<sup>st</sup> March 2027 if following a Service Review it considers it appropriate to do so. in such circumstances notice to terminate will be served upon the Organisation no later than 23:59 on 31<sup>st</sup> December 2026.
- 46.2 In the circumstances set out in Clauses 46.1 the Council may take any or all of the following actions:-
  - 46.2.1 provide itself or procure the provision of all or any of the Services until such time as the Organisation demonstrates to the reasonable satisfaction of the Council that it can resume normal delivery; and/or
  - 46.2.2 terminate immediately the relevant part of the Services and provide or procure a third party provides them instead; and/or
  - 46.2.3 determine the whole of this Agreement



- 46.3 If action is taken pursuant to Clauses 46.2.1 or 46.2.2, a corresponding variation to the Delivery Plan will be made pursuant to Clause 45.
- 46.4 If the Agreement is terminated in whole or part the Council may:
- 46.4.1 reoccupy the relevant Premises and repossess any assets it has licensed, loaned, or hired to the Organisation;
  - 46.4.2 exercise a lien over any assets of the Organisation;
  - 46.4.3 access any documentation used by the Organisation in connection with the Services; and
  - 46.4.4 employ and pay others to deliver the relevant Services and to use all the Organisation's physical resources and documents for this purpose.
- 46.5 If at any time during the Term the Council reasonably determines any of the Services have been undertaken without due skill and care, inadequately or otherwise than in accordance with the provisions of this Agreement it may:-
- 46.5.1 serve notice on the Organisation to rectify the defect within such time as the Council may reasonably direct; and/or
  - 46.5.2 carry out the relevant Services itself or by a third party and vary the Delivery Plan to reflect the cost of so doing.
- 46.6 If the Council exercises its right to terminate all or part of the Agreement the Organisation will, unless the Council requests otherwise:-
- 46.6.1 cease to perform the relevant Services;
  - 46.6.2 hold all rent and other sums collected under this Agreement on trust for the Council; and

46.6.3 use all reasonable endeavours to effect a smooth handover of the relevant Services to the Council or as it may otherwise reasonably direct.

#### **47 VARIATION OF AGREEMENT**

47.1 No change to this Agreement will be valid unless agreed in writing and signed by both parties.

#### **48 VARIATION OF STRUCTURE**

48.1 The Organisation will not create any subsidiary company without the prior written consent of the Council.

48.2 Such consent will not be unreasonably withheld or delayed by the Council.

#### **49 VARIATION OF ACTIVITIES**

49.1 The Organisation may from time to time wish to investigate opportunities to carry out activities for third parties.

49.2 In the first instance, any such opportunities will be discussed as part of the process set out in Clause 2 for agreeing the Delivery Plan.

49.3 If, however, any such opportunities should emerge during the course of the Financial Year, the Organisation may raise these with the Council.

49.4 The Council will have the final say as to whether or not it will give its approval to the Organisation to pursue such opportunities. However, it will look favourably on any proposal that in its opinion will not adversely affect the delivery of the Services and:-

49.4.1 demonstrates clear benefits; or

49.4.2 is cost-neutral: or

49.4.3 brings in additional revenue

## **50 NOTICES**

50.1 Any notice under this Agreement is to be given in writing. It may either be served personally or sent by prepaid first class recorded delivery post, electronic mail or facsimile transmission to the registered office of the party in question.

50.2 Subject to proof to the contrary, any notice sent will be deemed received by the addressee on the next Working Day after the date of posting or successful transmission.

## **51 SEVERANCE**

51.1 If any provision of this Agreement becomes or is declared by any court of competent jurisdiction to be invalid or unenforceable this will not affect any other provision.

## **52 USE OF COUNCIL'S ASSETS**

52.1 The Council has made available to the organisation various assets (hereinafter called "the Council Assets") for use in connection with the services.

52.2 The Organisation shall keep the Council Assets correctly maintained insured and serviced and shall keep a suitably detailed asset register detailing the Council Assets which shall be returned to the Council at the termination of this Agreement.

## **53 HEALTH & SAFETY**

- 53.1 The Organisation and the Council understand the importance of Health & Safety issues and agree to work together to ensure that they provide a safe environment for tenants, staff and the public and meet their respective obligations under the Health & Safety at Work Act 1974.
- 53.2 The Organisation and the Council will operate an open book approach towards Health & Safety and the Organisation will inform the Council's Health & Safety Manager and the Council's Representative of any significant Health & Safety concerns and will arrange for access & inspection within 48 hours.

#### **54 PARTNERSHIP**

- 54.1 Nothing in this Agreement gives rise to a legal partnership or joint venture between the parties.

#### **55 SURVIVAL OF THIS AGREEMENT**

- 55.1 If any rights or powers of either Party under this Agreement are exercised or exercisable after it has come to an end the relevant provisions will survive and remain in full force.
- 55.2 If any obligations of either Party in this Agreement remain to be discharged after it has come to an end the relevant provisions will survive and remain in full force and effect.

#### **56 LAW**

- 56.1 This Agreement will be governed by and construed according to English Law.

#### **57 CONCURRENT REMEDIES**

- 57.1 No right or remedy of either Party under this Agreement is exclusive of any other right or remedy, whether under this Agreement or by law or equity.
- 57.2 Each such right or remedy will be cumulative of every other right or remedy and may be enforced concurrently.

## 58 RIGHTS OF THIRD PARTIES

- 58.1 Subject as provided to the contrary, nothing in this Agreement gives any third party any benefit or the right to enforce any term of this Agreement.
- 58.2 The Parties may cancel or vary this Agreement in whole or in part without being required to seek or obtain the consent of any third party.

## 59 ENTIRE AGREEMENT

- 59.1 This Agreement constitutes the entire agreement between the Parties as to the subject matter and supersedes all previous agreements and understandings.

## 60. ROLES AND RESPONSIBILITIES FOR BUILDING SAFETY

- 60.1 This Clause applies to Higher Risk Buildings to which this Agreement applies. The Building Safety Act 2022 and the Regulatory Reform (Fire Safety) Order 2005 establish the roles defined in Clauses 60.2 – 60.4 below, which the Organisation and the Council have agreed shall be allocated as follows:
- 60.2 The **Accountable Person** for a Higher Risk Building under the Building Safety Act 2022 on the basis that it is the entity that **holds a legal estate in possession in any part of the common parts** (subject to the exceptions set out within the legislation);<sup>1</sup>
- 60.3 The **Principal Accountable Person** for a Higher Risk Building under the Building Safety Act 2022 shall be the Council on the basis that :
- 60.3.1 in relation to a building with one accountable person, the Council is that person; and
- 60.3.2 in relation to a building with more than one accountable person, the Council is the accountable person who holds a legal estate in possession in the relevant parts of the **structure and exterior** of the building.<sup>2</sup>
- 60.4 The **Responsible Person** within The Regulatory Reform (Fire Safety) Order 2005 means—
- 60.4.1 the Organisation in relation to a workplace (such as the common parts of any building to which this Management

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Agreement applies), if the workplace is to any extent under the Organisation's control; and / or

60.4.2 in relation to any premises not falling within Clause 60.4.1:

- (a) **the person who has control of any part of the non-domestic premises** (as occupier, contractor or concierge or otherwise) in connection with carrying on a trade, business or other undertaking (for profit or not); or
- (b) the Council, where the Organisation does not have control in connection with carrying out its obligations under this Management Agreement.<sup>3</sup>

60.5 A **Higher-Risk Building** for the purposes of the Building Safety Act 2022 and this Management Agreement means a building in England that is at least 18 metres in height<sup>4</sup> or which has at least seven storeys, and contains at least two residential units.

60.6 **Relevant Persons** for the purposes of the Regulatory Reform (Fire Safety) Order 2005 means any person (including the Responsible Person) who is or may be lawfully on the premises; and any person in the immediate vicinity of the premises who is at risk from a fire on those premises.

## 61. Responsibilities

61.1 The Council as the Accountable Person has the overarching responsibility for all buildings to which this Schedule applies and as such, shall take all reasonable steps to:

61.1.1 prevent a building safety risk happening, with building safety risk defined as 'spread of fire and/or structural failure'; and

61.1.2 reduce the seriousness of a building safety incident should one occur.

61.2 The Council as the Principal Accountable Person has a duty to :

61.2.1 register all Higher Risk Buildings with the Building Safety Regulator (BSR) between April 2023 and October 2023;

61.2.2 register all new Higher Risk Buildings before occupation;

61.2.3 prepare a safety case report for all Higher Risk Buildings, which must show that the Accountable Person(s) has/have assessed all building safety risks and taken all reasonable steps to control them;

61.2.4 give the safety case report to the (BSR) on request; and

61.2.5 apply for a building assessment certificate when directed by the BSR.

61.3 The Organisation as the Responsible Person must ensure that any duties imposed by the Regulatory Reform (Fire Safety) Order 2005 are complied with, including:

61.3.1. Taking general fire safety precautions to ensure the safety of employees and others affected by the Organisation's operations, such as residents, visitors and contractors, within the premises;

61.3.2 Undertaking suitable and sufficient fire risk assessments;

61.3.3 Applying the principles of fire prevention as set out in Part 3 of Schedule 1 of the Regulatory Reform (Fire Safety) Order 2005;

61.3.4 Making arrangements for the effective planning, organisation, control, monitoring and review of the preventive and protective measures taken;

61.3.5 Eliminating or reducing risks from dangerous substances;

61.3.6 Ensuring premises are equipped with appropriate fire-fighting equipment and with fire detectors and alarms, and that any non-automatic equipment provided is easily accessible, simple to use and indicated by signs;

61.3.7 Ensuring that routes to emergency exits and the exits themselves are kept clear at all times;

61.3.8 Establishing appropriate procedures, including safety drills, to be followed in the event of serious and imminent danger to Relevant Persons, as defined at Clause 60.6 above;

61.3.9 Ensuring that no Relevant Person has access to any area to which it is necessary to restrict access on grounds of safety, unless the person concerned has received adequate safety instruction;

61.3.10 Establishing procedures for serious and imminent danger and dangerous areas of the premises;

61.3.11 Maintaining fire-fighting equipment in an efficient state, good working order and in a good state of repair;

61.3.12 Appointing one or more competent persons to assist with undertaking the preventive and protective measures;

61.3.13 Providing suitable and sufficient information and training to employees, contractors and other Relevant Persons; and

61.3.14 Cooperating and co-ordinating with other Responsible Persons, including the Council, if applicable.

61.4 In circumstances where the Council has, to any extent, control of any of the buildings to which this Schedule applies, it shall also be regarded as a Responsible Person in so far as it has control of any repairs or maintenance within those buildings, or of the safety of any premises.

61.5 Both the Council and the Organisation shall co-operate with each other and any other Responsible Persons (such as contractors who, by reason of a contract have control of the premises for a specific time period), to achieve the following:

61.5.1 communication and sharing of information pertaining to fire safety within, and the structural safety of, the buildings to which this Schedule applies;

61.5.2 co-ordination and establishment of systems to plan and manage work; and

61.5.3 competence of staff through the appointment of people with the right skills, knowledge, experience and behaviours for the work they need to do

## **62. DEFINITIONS AND INTERPRETATION**

62.1 In this Agreement, these words have the following meanings:-

<b>“Agreed Format”</b>	In the form agreed from time to time by the Parties, or in the absence of a failure to agree, in the form decided by the Council
<b>“Agreement”</b>	this Agreement (including the Schedules and Annexes) as varied pursuant to Clause 47
<b>“Assurance Framework”</b>	the framework pursuant to which the Organisation will provide assurance to the Council concerning how it conducts its business, as referred to in Clause 23.1
<b>“the Board”</b>	means the Board of St Leger Homes of Doncaster Limited
<b>“Capital Programme”</b>	the programme for capital investment drawn up on a rolling basis for the next four Financial Years (and reviewed annually) in the Agreed Format.



<b>“CEDR“</b>	the Centre for Effective Dispute Resolution, and any successor body to it.
<b>“Commencement Date”</b>	First day of April 2024.
<b>“Computer Systems”</b>	the computer hardware systems owned, leased and/or operated from time to time by the Council or any third party either in whole or in part in connection with the Undertaking.
<b>Consumer Standards Regime</b>	Means the consumer standards introduced by the Social Housing (Regulation) Act 2023
<b>“Contract Procedure Rules and Financial Regulations”</b>	such of the Council’s documented orders and regulations that are relevant to the subject matter of this Agreement.
<b>“Council Data”</b>	any information or data compiled by or on behalf of the Council in connection with the Services.
<b>“Council Key Goals”</b>	Means such strategies and targets as shall be notified to the Organisation from time to time
<b>“Council Representative”</b>	the person nominated by the Council pursuant to Clause 12.1.
<b>“Council Strategies”</b>	the relevant strategies of the Council concerning the items contained in the Council’s budget and policy framework as set out within the Council’s constitution.
<b>“Customer Services Strategies”</b>	Means such strategies and targets as shall be notified to the Organisation from time to time

<b>“Decent Homes”</b>	the standard of decent homes improvement as agreed locally in Doncaster.
<b>“Delivery Plan”</b>	the documents describing the outputs to be achieved in relation to the Services for each Financial Year in the Agreed Format and including both the agreed Organisation’ s Corporate Plan and the Organisation’s annual development plan
<b>“Dispute Avoidance and Resolution Procedure“</b>	the dispute avoidance and resolution procedure set out in Schedule 5.
<b>“Dwelling”</b>	any leasehold or tenanted dwelling house to be managed by the Organisation pursuant to this Agreement including:- <ul style="list-style-type: none"> <li>• any part of a building occupied or intended to be occupied as a separate dwelling-house;</li> <li>• any land, gardens, outhouses, private paths or driveways usually enjoyed with any such dwelling house; and</li> <li>• group homes for sheltered accommodation together with any land, gardens or driveways usually enjoyed with them.</li> </ul>
<b>“Executive Team”</b>	means the senior management team of the Organisation which shall be the Chief Executive of the Organisation and the next tier of senior officers reporting directly to the Chief Executive.
<b>“Expert”</b>	an individual appointed in accordance with the Dispute Avoidance and Resolution Procedure to act as an expert.
<b>“Financial Year“</b>	a financial year of the Organisation, which currently is from 1 <sup>st</sup> April to 31 March.

<b>“GDPR”</b>	Means the EU General Data Protection Regulations and the Data Protection Act 2018
<b>“Guidance”</b>	the guidance entitled “ <i>Guidance on Arms Length Management of Local Authority Housing</i> ” and any subsequent guidance which amplifies, modifies or replaces the same.
<b>“Housing Revenue Account”</b>	the account maintained by the Council as defined in section 74 of the Local Government and Housing Act 1989.
<b>“ICT Strategy”</b>	Means such strategies and targets as shall be notified to the Organisation from time to time
<b>“Information Governance”</b>	Means the control of information and ensuring that information in all its forms is appropriately managed, accessible, accurate, processed lawfully, kept secure and disposed of when appropriate
<b>“IT Service Level Agreement“</b>	the service level agreement between the Council and the Organisation dealing with the use of the Computer Systems and the Software as amended from time to time by the Parties.
<b>“Management Fee”</b>	the payments to the Organisation by the Council in consideration for the performance of the Services as more particularly described in Schedule 3.
<b>“Organisation Representative”</b>	the person appointed to represent the Organisation pursuant to Clause 12.2.
<b>“the Parties”</b>	means the Organisation and the Council.
<b>“Partnership</b>	the protocol setting out the values and principles that underpin

<b>Protocol“</b>	the relationship between the Parties attached as Schedule 1, as amended from time to time by the parties.
<b>“Performance Indicators”</b>	the performance indicators and standards specified by the Secretary of State under section 4 of the Local Government Act 1999 and the local performance indicators developed by the Council.
<b>“Plans and Programmes”</b>	the Delivery Plan, the Revenue Plan and the Capital Programme
<b>“Portfolio Holder”</b>	the Council’s Cabinet Member with responsibility for Housing matters
<b>“Premises”</b>	the offices and other premises leased/licenced to the Organisation from the Council
<b>“Revenue Plan”</b>	the income and expenditure plan of the Organisation for each Financial Year in the Agreed Format
<b>“Services”</b>	the services to be provided by the Organisation in accordance with the Agreement, including any variations made pursuant to Clause 45.
<b>“Service Review”</b>	A review of the Services to be carried out by the Council during 2026 which will determine whether the Agreement will be terminated as set out in Clause 46.1A hereto.
<b>“Software”</b>	any computer software owned by or licensed to the Council relating to or used in connection with the Services.
<b>“SIRO Board”</b>	Means the board attended by the Council and its partners which considers the Council’s approach to Information Governance

<b>“Team Doncaster”</b>	means the local partnership of public, private, voluntary and community sector organisations, working collaboratively to transform and ensure that Doncaster continues to support its residents and business community.
<b>“Team Doncaster Partnership Charter”</b>	Means the document agreed by Team Doncaster
<b>“Technology Governance Board”</b>	Means the board attended by the Council and its partners which seeks to collectively agree the strategic prioritisation and procurement of technology.
<b>“Tenancy Conditions”</b>	the conditions pursuant to which the Council's tenants occupy the Dwellings, including all the Council's rights and obligations whether statutory or contractual and whether or not expressly incorporated.
<b>“Tenant Representative Body”</b>	The Strategic tenants body or such other tenants forum or residents association as the Council from time to time resolves to be representative of those of its tenants whose dwellings are managed by the Organisation.
<b>“Term”</b>	the period starting on the Commencement Date and expiring at opening of business on the fifth anniversary of that date, subject to earlier termination as provided in this Agreement.
<b>“TMO”</b>	a Tenant Management Organisation as defined in Section 27AB(8) of the Housing Act 1985.
<b>“Value for Money”</b>	<ul style="list-style-type: none"> <li>• delivering agreed services;</li> <li>• at the right time;</li> <li>• at the appropriate level;</li> <li>• at the appropriate cost;</li> <li>• in a sustainable manner; and</li> </ul>

- with an agreed objective measurement process in place.

**“Working Day”** any day between the hours of 9.00am and 5.00pm except Saturdays, Sundays, public holidays and other non-statutory holidays taken as public holidays by the Council.

**“Working Structure Diagram”** the diagram setting out the structure for communication between the parties (together with an explanatory description) attached as Schedule 4, as amended from time to time by the parties.

62.2 Reference to any statutory provision includes any amendment, replacement or extension from time to time in force.

62.3 Words denoting the singular include the plural and vice versa, words denoting the masculine gender include the feminine and vice versa, and words denoting persons include firms and corporations.

62.4 References to Clauses, Schedules and Annexes are to the relevant provisions of this Agreement unless specified otherwise.

62.5 The headings and introductions to this Agreement are included for ease of reference only. They do not affect its interpretation.

**IN WITNESS** of which the parties have executed this Agreement as a Deed and delivered the day and year first before within.

**THE COMMON SEAL of CITY OF DONCASTER** )  
**COUNCIL** was affixed in the )  
presence of: )

Authorised by the Assistant Director Of Legal & Democratic Services

No In Seal Register:

**EXECUTED** as a **DEED** by **ST LEGER HOMES** )  
**OF DONCASTER LIMITED** acting by a )  
Director and its Secretary )

.....  
Director

.....  
Secretary

## **SCHEDULE 1**

### **The Partnership Protocol**



## PARTNERSHIP PROTOCOL

This protocol has been agreed by both organisations to set out how our partnership will work and the key principles that will underpin our behaviour toward each other.

### VALUES

Our partnership is based on the key values of:

- openness;
- respect;
- honesty;
- trust;
- understanding;
- confidence (in ourselves, in each other and in our partnering arrangement)
- effective communication;
- transparency;
- professionalism;
- collaboration; and
- the acceptance of responsibility
- accountability.

### PRINCIPLES

We will both demonstrate by our actions the following key principles that underpin our partnership:

- ***Roles***

The Council recognises the Organisation is run by a Board of Directors with specific corporate responsibilities.

The Organisation recognises the Council has the duty to monitor it in relation to its delivery programme, and as the sole member has ultimate responsibility and control.

- ***Delegation***

We will establish and maintain clear lines of delegation.

- ***No Surprises***

We will inform each other of sensitive issues at the outset, well before any decision is taken. We will take account of each other's views before a decision is made, with the objective of reaching decisions that benefit us both.

Where joint decisions are necessary, we will consult and take account of each other's views to mutual benefit. We will ensure a free exchange of information on such matters.

- ***Positive Attitudes***

We will promote positive messages and attitudes at all times about each other, both inside and outside our respective organisations.

- ***Problem Solving***

We will adopt a joint approach to problem solving that is focused on achieving solutions that work for us both.

- ***Valuing Each Other***

We will recognise and acknowledge openly our contribution to each others success.

- ***Joint Celebration***

We will celebrate positively our individual and shared successes. We will support each other in terms of publicity and public relations.

- ***Mutual Support***

We will support each other to achieve our common and shared objectives.

- ***"No Blame" Culture***

We recognise things don't always go to plan. We will learn from our mistakes, in a "no blame" environment, to ensure they don't occur again.

If misunderstandings do arise, we will follow the dispute resolution process to ensure they are addressed positively and at an early stage.

- ***Honesty and Transparency***

We will be open, honest and transparent in all our dealings with each other.

- ***Sharing Information***

We will share information to enable both organisations to make better decisions.

## OBJECTIVES

We define 'success' in terms of four key areas.

- **Relationships**

Our relationship will be built on mutual trust and respect. It will help both of us achieve our individual and shared goals and objectives

- **Stakeholders**

We will deliver appropriate services that result in satisfied tenants and leaseholders.

Tenants and leaseholders will be involved right at the very heart of things, playing a vital role in helping develop and shape our services so they are constantly improved.

- **Measurement**

We will deliver Value for Money consistently.

- **Communication**

We will deliver key messages consistently, at the right time and in the right way.

Our joint-work will be seen as leading the way in terms of best practice in whatever form this may take in the post 'three star' environment.

**SCHEDULE 2**  
**Scheme of Delegation**

## SCHEME OF DELEGATION

Function	Retained by the Council	Delegated to the Organisation	Comments
<b>1 Housing Strategy</b>	✓		
1.1 Strategic work in partnership with RSLs and others	✓		
1.2 Tenant involvement in strategy	✓		Potential for SLHD to be commissioned and/or joint working
1.3 Tenant consultation on strategy	✓		
1.4 Market analysis	✓		
1.5 Enabling and resource planning	✓		
1.6 Contribution to corporate planning	✓		
<b>2 Stock Condition for council owned dwellings</b>		✓	
2.1 Carrying out Surveys		✓	
<b>3 Housing Needs</b>			
3.1 Assessments	✓		} In conjunction with SLHD re: waiting list analysis etc
3.2 Carrying out Surveys	✓		
<b>4 Home Energy Conservation Act</b>	✓		Potential for SLHD to be commissioned and / or joint working

<b>5</b>	<b>Housing land and other assets</b>		✓	SLHD to recommend for CDC decision
<b>6</b>	<b>Homelessness</b>	✓	✓	
6.1	Strategy	✓		
6.2	Appeals	✓		
6.3	Determination	✓	✓	Decisions made by SLHD endorsed/signed off by CDC
<b>7</b>	<b>Housing Advice</b>		✓	
7.1	Homelessness service		✓	Includes delivery in partnership as part of the Complex Lives Alliance & Team
7.2	General housing advice to applicants and tenants		✓	
<b>8</b>	<b>Private sector housing</b>	✓		
8.1	Renewal/redevelopment	✓		
8.2	Renovation grants			
8.3	Disabled facilities grants	✓		
8.4	Area renewal activity and clearance	✓		
8.5	Work in relation to HMOs	✓		
8.6	House condition surveys	✓		
8.7	Home improvement agencies	✓		
8.8	Fitness enforcement activity and other enforcement activity in respect of unsatisfactory housing conditions	✓		
8.9	Energy efficiency	✓		

<b>9</b>	<b>Co-ordination with corporate policy</b>			
9.1	Care Services	✓		
9.2	Community safety	✓		Engagement via SDP
9.3	Neighbourhood renewal Regeneration	✓		SLHD to be engaged
9.4	Housing and health	✓		SLHD to be engaged
9.5	Supporting People	✓		SLHD to be engaged
9.6	Sustainable development	✓		SLHD to be engaged
9.7	Social inclusion	✓		SLHD to be engaged
9.8	Equalities	✓		SLHD to be engaged
9.9	Home Energy Conservation	✓		SLHD to be engaged
9.10	Customer service standards	✓	✓ Council Tenants	SLHD to be engaged
9.11	Allocations		✓	SLHD to recommend for CDC approval
9.12	Affordable housing	✓		SLHD to be engaged
<b>10</b>	<b>New tenancies</b>		✓	
10.1	Housing Register		✓	
10.2	Making best use of housing stock		✓	SLHD to recommend for CDC approval
10.3	Selection of tenants for vacant properties		✓	
10.4	Notification to and signing up new tenants		✓	
10.5	Transfer waiting list management		✓	
10.6	Granting of new tenancies		✓	
10.7	Successions		✓	

10.8	Mutual Exchange management		✓	
<b>11</b>	<b>Repairs and Maintenance</b>		✓	
11.1	Stock condition survey of local authority housing		✓	
11.2	Response repairs		✓	
11.3	Planned maintenance		✓	
11.4	Modernisation and improvements		✓	
11.5	Energy efficiency		✓	
<b>12</b>	<b>Provision of New Build properties</b>	✓		CDC to commission and develop new build. SLHD to take on management of new build properties.
<b>13</b>	<b>Lead neighbourhood renewal in most deprived areas of the City</b>	✓		CDC to develop policy and lead in areas of predominately private sector housing.  SLHD to lead in areas of predominately council housing.
<b>14</b>	<b>Void and Empty Property Management</b>		✓	
14.1	Terminations		✓	
14.2	Inspection and repairs		✓	
14.3	Major repairs		✓	
			✓	



<b>15</b>	<b>Tenancy Management</b>			
15.1	Neighbourhood Management	✓	✓	SLHD for Council owned stock
15.2	Enforcement of Conditions of Tenancy		✓	
15.3	Evictions and court action to support enforcement		✓	
15.4	Alterations to Conditions of Tenancy		✓	SLHD to recommend for CDC approval
15.5	Option Appraisal/Consultation		✓	SLHD to recommend for CDC approval
15.6	Illegal occupation		✓	
15.7	Responsibility for Anti Social Behaviour Orders		✓	
15.8	Assembling evidence and processing orders.		✓	
15.9	Requests for Anti Social Behaviour Orders		✓	
15.10	Tackling under-occupation		✓	
15.11	Overcrowding Assessments		✓	
<b>16</b>	<b>Neighbourhood Management</b>			
16.1	Caretaking housing schemes		✓	} In relation to council stock and land
16.2	Environmental services		✓	
16.3	Grass cutting/ground maintenance		✓	
<b>17</b>	<b>Supported Housing</b>			
17.1	Sheltered housing schemes	✓ Care and Support	✓ buildings / landlord role	
17.2	Call centres	✓		
17.3	CCTV Monitoring	✓		

17.4	Supported Housing Schemes	✓		
17.5	Refuges	✓		
17.6	Homeless accommodation		✓	
17.7	Temporary accommodation		✓	
<b>18</b>	<b>Right to Buy</b>			
18.1	Valuations		✓	SLHD to recommend for CDC approval
18.2	Administration and calculation of discount		✓	
18.3	Approvals and legal administration	✓		
<b>19</b>	<b>Leasehold Management</b>		✓	
<b>20</b>	<b>Finance</b>			
20.1	Advice/information on rent setting	✓	✓	SLHD to recommend for CDC approval
20.2	Calculation and drafting of rent increase proposals		✓	
20.3	Preparation and distribution of rent increase notifications		✓	
20.4	Rent collection		✓	
20.5	Recovery of arrears		✓	
20.6	Recovery of other charges		✓	
20.7	Financial returns		✓	
20.8	Financial management of HRA	✓ Decision making by CDC	✓ Administration of HRA on behalf of CDC	
20.9	Insurance and claims		✓	
20.10	Financial Management of the Housing Capital	✓ CDC schemes	✓ SLHD managed	Joint arrangements

Programme		schemes	in place
<b>21 Procurement</b>			
21.1 Policy in consultation with ALMO	✓		
21.2 Letting of contracts in relation to delegated activities with the exception of the Capital Programme		✓	Opportunity for SLHD to be commissioned for major works
21.3 Service Level Agreements		✓	CDC to be advised of fundamental changes
<b>22 Tenant Involvement</b>		✓	
22.1 Tenant Scrutiny		✓	
22.2 Community Engagement		✓	
22.3 Tenant consultation & information		✓	
22.4 Reports to Tenants		✓	
<b>23 Other HRA Assets (including lettings, management and clearance)</b>			
23.1 Garages		✓	} SLHD to recommend to CDC for approval
23.2 Shops and buildings		✓	
23.3 Neighbourhood offices		✓	
23.4 Tenant Resource Centres or Tenant Offices		✓	
23.5 Meeting Rooms		✓	
<b>24 Clearance and Disposal of HRA Dwellings</b>			

24.1 Sale of dwellings	✓		SLHD to recommend to CDC for approval
24.2 Clearance		✓	SLHD to recommend to CDC for approval
24.3 Consultation		✓	
24.4 Decanting tenants		✓	
<b>25 Management of Sundry properties</b>		✓	SLHD to recommend for CDC approval
<b>26 Management of:</b>			
i. Gypsy & Traveller Sites		✓	
ii. Residential Caravan Sites		✓	
iii. New Age Traveller Sites		✓	

## **SCHEDULE THREE**

### **FINANCIAL ARRANGEMENTS**

#### **Contents**

1. Introduction
2. Principles
3. The Management Fee
4. Use of Surpluses
5. HRA Revenue Budget
6. Housing Capital Programme
7. Housing General Fund
8. Monitoring Arrangements
9. Service Level Agreements
10. Write Offs
11. Financial Framework, Financial Regulations and Financial Systems
12. Internal Audit
13. Borrowing, Banking Arrangements & Treasury Management

## **1. Introduction**

- 1.1 This Schedule sets out the key financial arrangements between the Council and St Leger Homes of Doncaster Homes.
- 1.2 Further operational details are also contained in the Delivery Plan, with this Plan being updated from time to time in accordance with the procedure set out in the main body of this Management Agreement.

## **2. Principles**

- 2.1 There are eight underlying principles to this Schedule:
- (i) The Council will approve the annual Housing Revenue Account (HRA) revenue budget and rent increase, the Housing Capital Programme and the HRA Business Plan. Statutory responsibility for maintaining and balancing the HRA and the Housing Capital Programme rests with the Council.
  - (ii) In practice St Leger Homes of Doncaster will manage the HRA and the Housing Capital Programme together, building on the processes set out in the annual Delivery Plan. In doing this both the Council and St Leger Homes of Doncaster will work together in an open and transparent way.
  - (iii) Within the parameters in 2.1(i) the presumption is that as much delegation as possible and reasonable will be placed with St Leger Homes of Doncaster.
  - (iv) In consultation with St Leger Homes of Doncaster, the Council will determine virement rules for the overall management of the HRA and the Housing Capital Programme prior to the start of each financial year.
  - (v) St Leger Homes of Doncaster will use the Council's financial system E5 and the Housing systems as appropriate to manage its delegated budgets. The arrangements for this are set out in section 13 of this Schedule.
  - (vi) St Leger Homes of Doncaster will be responsible for its own taxation, audit and accounting requirements as a Company Limited by Guarantee.
  - (vii) In operating this Schedule, the Council and St Leger Homes of Doncaster will abide by appropriate accounting standards and practices.

- (viii) The content of this Schedule will be reviewed over time in the light of annual updates to the Delivery Plan and in the light of developments to the Council's housing stock and service.

### **3. Management Fee**

- 3.1 The Council will pay St Leger Homes of Doncaster a Management Fee for the provision of services under this Agreement. The priorities will be:
  - (i) the delivery of repairs and improvements to tenants' homes
  - (ii) the delivery of front line housing management services to tenants
  - (iii) the delivery of housing general fund services including homelessness, housing options, Gypsy & Traveller sites and other travellers site.
- 3.2 The Fee will be paid in advance in quarterly instalments.
- 3.3 The Fee will be subject to annual review by the Council, as part of the annual budget setting process, taking account of inflation, the impact of Value for Money Reviews, Service Improvement Plans and resources available.
- 3.4 Variation to the Fee during the year arising from changes in responsibilities or unforeseen circumstances will be dealt with in accordance with the provisions set out in the body of this Management Agreement.
- 3.5 The Fee will cover work in relation to the HRA and the Housing Investment Programme. St Leger Homes of Doncaster will provide the appropriate information to enable the Council to properly account for the relevant elements of the fee.

### **4. Use of Surpluses**

- 4.1 Any financial surpluses at the year end realised from the normal delivery of services within the Management Fee, will be returned to either the HRA or the Housing general fund (depending on where the surpluses have arisen from) for discussion and subject to bids (where required) from SLHD and approval by the Council for investment in service development.
- 4.2 Any financial surpluses at the year end attributable to activities outside the Management Fee to be retained by SLHD for investment in services.

## **5. HRA Revenue Budget**

- 5.1 The budget preparation process and timetable will follow the Council's agreed budget timetable, as will in year financial reporting.
- 5.2 As part of the annual budget preparation process the Council will analyse the HRA into budgets which:
  - are retained by the Council
  - will form the St Leger Homes of Doncaster Management Fee
- 5.3 In monitoring and controlling budgets during the year, the Council and St Leger Homes of Doncaster will, in the first instance, look to manage any potential overspendings from underspendings in their own respective budgets.
- 5.4 Any Council proposals for in year virements between retained budgets will be discussed in advance with St Leger Homes of Doncaster.
- 5.5 Council approval will not be required for any in year virements by St Leger Homes of Doncaster between its own budgets (i.e. within those contained within the Management Fee).

## **6. Housing Capital Programme**

- 6.1 The programme preparation process and timetable will follow the Councils agreed budget timetable as will any in year reporting.
- 6.2 As part of the annual budget preparation process the Council will analyse the Housing Capital Programme into schemes which:
  - are delegated to St Leger Homes of Doncaster
  - are retained by the Council
- 6.3 In monitoring and controlling budgets during the year, the Council and St Leger Homes of Doncaster will, in the first instance, look to manage any potential overspendings from underspendings in their own respective budgets.
- 6.4 In making the strategic allocation of capital resources across schemes the Council will ensure that specific capital resources from government arising from ALMO bids will be earmarked for spending by St Leger Homes of Doncaster in the areas for which the bids were approved.
- 6.5 Capital Programme budgets will be prepared and monitored jointly by DMBC and SLHD in accordance with the Councils financial regulations.

## **7. Housing General Fund**

- 7.1 The budget preparation process and timetable will follow the Council's agreed budget timetable, as will in year financial reporting.



- 7.2 As part of the annual budget preparation process SLHD will provide a breakdown of the budget. The Council will provide details of the required savings which are required from the general fund.
- 7.3 In monitoring and controlling budgets during the year, the Council and St Leger Homes of Doncaster will, in the first instance, look to manage any potential overspendings from underspendings in their own respective budgets.
- 7.4 SLHD must maintain appropriate accounting records to enable any surpluses arising to be properly attributed to either the HRA of the GF.
- 7.5 Council approval will not be required for any in year virements by St Leger Homes of Doncaster between its own budgets (i.e. within those contained within the Management Fee).

## **8. Financial Monitoring Arrangements**

- 8.1 In addition to financial monitoring identified in paragraphs 5.1, 6.1 & 7.1; summary information related to SLHD Management Fee will be presented to Quarterly Resource meetings.

## **9. Service Level Agreements**

Services provided by the Council to St Leger Homes of Doncaster

- 9.1 The services provided by the Council to St Leger Homes of Doncaster will be subject to Service Level Agreements that specify the activities to be carried out by the different departments within the Council.
- 9.2 Renegotiations on SLA's will be conducted for completion by the end of each calendar year to adjust the charging regime for the subsequent financial year. This is essential to fit into the budget setting schedule for both organisations, and allow sufficient lead time for resource levels to be adjusted in line with service levels required.

Services Provided by St Leger Homes of Doncaster to the Council

- 9.3 There may be some services, which St Leger Homes of Doncaster will provide to parts of the council outside the management fee agreement.

## **10. Write Offs**

- 10.1 DMBC Chief Financial officer & Assistant Director of Finance (Section 151 officer) delegates to SLHD Director of Corporate Services the authority to write off Former Tenants Arrears up to a value of £2,500 per individual case.
- 10.2 The level of these approved write offs will be reported to DMBC on a quarterly basis.

## **11. Financial Framework, Financial Regulations and Financial Systems**

- 11.1 St Leger Homes of Doncaster will follow the Council's Financial Framework and scheme of delegated authorities in respect of contractual commitments administered on behalf of the Council.
- 11.2 St Leger Homes of Doncaster will maintain its own scheme of delegated authorities, authorised signatories and associated procedures, in respect of contractual commitments undertaken in its own name.
- 11.3 Insofar as St Leger Homes of Doncaster operates the Council's financial systems, it will adhere to the Council's relevant specified procedures and timetables.
- 11.4 SLHD cannot change the financial systems which it uses in accounting for the Council's HRA,
- 11.5 If SLHD wants to move from the Council's financial for its own accounting transactions it must first seek approval from the Council's Chief Financial Officer.

## **12. Internal Audit**

- 12.1 St Leger Homes of Doncaster will undertake to maintain an appropriate level of Internal Audit. A three year strategic and an annual tactical plan will be agreed with the Internal Audit provider and agreed by the Board in advance of the new financial year.

## **13. Borrowing, Banking Arrangements and Treasury Management**

- 13.1 Prior written consent from the Council is required for St Leger Homes of Doncaster to:
  - borrow money, issue loan stock or raise money including by way of floating charge upon the whole or any part of the Organisation's property or assets (whether present or future)
  - guarantee performance of any obligation or liability it may undertake or which may become binding on it.
- 13.2 All St Leger Homes of Doncaster banking arrangements will be subject to agreement with the Council.
- 13.3 The Council will consult in good time with St Leger Homes of Doncaster on any changes to its own banking arrangements that might affect St Leger Homes of Doncaster.

- 13.4 St Leger Homes of Doncaster has been allocated one of a range of Council bank accounts for its own sole use for receipts and payments relating to the company's accounts.
- 13.5 The treasury management functions relating to this account will be carried out by the Council and its bankers in line with existing procedures.
- 13.6 St Leger Homes of Doncaster will be responsible for the monthly bank reconciliations.

## SCHEDULE 4

### SLHD Performance Management

Performance Management Framework in place

#### **GOVERNANCE**

- Board Meetings (6 per annum)
- Employment & People Committee (called as required)
- Audit & Risk Committee (at least 3 per annum)
- Performance & Improvement Committee (at least 4 per annum)
- Building Safety and Compliance Committee (at least 4 per annum)
- One Voice Forum (6 weekly)
- Tenant Scrutiny Panel (monthly)

#### **OPERATIONAL**

- EMT – Finance & Performance Meeting (monthly)
- Leadership - Heads of Service (monthly)

*Note - does not fully reflect the liaison meetings SLHD attend and are involved in*

### SLHD and CDC Liaison

#### **GOVERNANCE**

- Mayoral meeting - Mayor, Housing P.Holder, CDC CEO, SLHD CEO, Director of Place, SLHD Chair (quarterly)
- Housing Portfolio Holder meetings – Housing P.Holder, CDC Director of Place & AD of Strategic Housing, SLHD CEO, (monthly)
- Housing Portfolio Holder Catch up – Housing P.Holder and SLHD CEO (monthly)
- Building Safety Group – CDC Director of Place, SLHD Director of Property Services, Assistant Directors and colleagues from both H&S teams (monthly)

#### **OPERATIONAL**

- Officer Liaison Board – SLHD EMT, CDC Director & AD of Strategic Housing, CDC AD of Finance, CDC Policy & Performance Service Manager (6 weekly)
- Finance Liaison Meeting – SLHD CEO & Director of finance, CDC Director & AD Corporate Resources (quarterly)
- Building Safety Sub-Group – SLHD Director of Property Services & Head of Building Safety, CDC AD for Strategic Housing and colleagues from CDC H&S Team (monthly)
- SLHD CEO / CDC AD Strategic Housing (6 weekly)
- Strategic Homeless Board – SLHD CEO & Director of Housing & Customer Services, CDC Director for Adults & Wellbeing (monthly)

### SLHD Finance and Performance reporting to CDC

#### **GOVERNANCE**

- Executive Board (quarterly)
- Cabinet (quarterly)
- OSMC Scrutiny Panel (quarterly)
- Regeneration and Housing Scrutiny Panel (Adhoc)

## **SCHEDULE 5**

### **The Dispute Avoidance and Resolution Procedure**

#### **Good Faith**

The Council and the Organisation will use all reasonable endeavours to negotiate and settle, in good faith, any issues arising between them. In seeking to resolve matters, both parties will adopt a spirit of mutual trust and co-operation and a shared approach to problem solving.

In the first instance, the officers having day-to-day responsibility for the matter concerned will seek to resolve the matter. If, however, they are unable to do so, the procedures set out below will apply

#### **Stage 1**

The Council Representative, the Portfolio Holder and the Organisation Representative will meet within ten Working Days of a request by either party to do so.

If they are unable to reach agreement the matter may proceed to Stage 2.

#### **Stage 2**

Within ten Working Days of a request from either party to do so, there will be a meeting between:-

- the Council Representative;
- the Portfolio Holder;
- the Chief Executive Officer of the Organisation; and
- two board members of the Organisation.

If they are unable to reach agreement the matter may proceed to Stage 3

#### **Stage 3**

Either party may serve notice on the other to commence mediation in accordance with the Centre for Effective Dispute Resolution (CEDR) Model Mediation Procedure.

Within five Working Days of such a notice being served, either party may notify the CEDR and request a mediator be appointed. Any such mediation will be deemed to commence on the written notification to both parties of the appointment of a mediator by the CEDR.

If agreement can still not be reached the matter may proceed to Stage 4.

## **Stage 4**

The matter may be referred to an Expert agreed by the parties, or (in default of such agreement) nominated by the President of the Chartered Institute of Housing.

The Expert will be entitled to make such decision as he thinks just and equitable having regard to all the circumstances then existing.

## **Fast Track Procedure**

Either party may seek to invoke the Fast Track Procedure if: -

- a deadline imposed by a body with legitimate executive, legislative or judicial authority precludes use of the full procedure; or
- the party reasonably considers the full procedure cannot be used because there are other material reasons why the dispute must be settled by a particular deadline.

In such circumstances, Stages 2 and/or Stage 3 may be omitted provided both the Council Representative and the Organisation Representative agree.

## **Continuation of Services**

Until such time the dispute between the parties is resolved, the Organisation will continue to perform the Services in accordance with this Agreement.

## **Costs**

Unless agreed otherwise (or determined by the Expert): -

- both parties will bear their own costs relating to the Dispute Avoidance and Resolution Procedure; and
- the costs of the Expert will be shared equally between them.

## **Status of the Procedure**

The Dispute Avoidance and Resolution Procedure has been designed to help the parties resolve matters amicably and effectively. However, it is not intended to have the force of law.

Accordingly, whilst the Council will take account of the Expert's decision, it will not be bound by it.

The Council therefore has power to issue a different direction to the Organisation, notwithstanding the outcome of the Dispute Avoidance and Resolution Procedure.

## **SCHEDULE 6**

### **Procurement Principles**

**The Organisation shall follow the following procurement principles:-**

**Officers must ensure that when compiling an approved list that the list is advertised in such a manner as to be visible to Doncaster businesses.**

**When requesting quotations for contracts valued below £30,000 (wherever possible) a Doncaster business must be invited to submit a quotation**

**When requesting quotations between £30,000 and £172,000 (wherever possible) a Doncaster business must be invited to submit a quotation**

**A “Doncaster Business” is defined as “a company or other organisation which has an office or premises within the City of Doncaster Council area.”**

## SCHEDULE 7

### DATA PROTECTION

#### Definitions

For the purposes of this Schedule the following definitions apply

<b>"Data Controller"</b>	has the meaning given in the Data Protection Legislation;
<b>"Data Loss Event"</b>	any event that results, or may result, in unauthorised access to Personal Data held by the Organisation under this Agreement, and/or actual or potential loss and/or destruction of Personal Data in breach of this Agreement, including any Personal Data Breach;
<b>"Data Processor"</b>	has the meaning given in the Data Protection Legislation;
<b>"Data Protection Impact Assessment"</b>	has the meaning given in the Data Protection Legislation;
<b>"Data Protection Legislation"</b>	all applicable data protection and privacy legislation in force from time to time in the UK including the UK GDPR; the Data Protection Act 2018 (DPA 2018) (and regulations made thereunder) and the Privacy and Electronic Communications Regulations 2003 (SI 2003/2426) as amended and the guidance and codes of practice issued by the Information Commissioner or other relevant regulatory authority and applicable to a Party
<b>"Data Subject"</b>	has the meaning given in the Data Protection Legislation;
<b>"Data Subject Access Request"</b>	means a request made by a Data Subject in accordance with rights granted pursuant to the Data Protection Legislation to access his Personal Data;
<b>"EIR"</b>	means the Environmental Information Regulations 2004 and any subordinate legislation from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to such Regulations;



<b>"FOIA"</b>	means the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) made under the Freedom of Information Act 2000 from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant government department in relation to the Freedom of Information Act 2000;
<b>Personal Data</b>	has the meaning given in the Data Protection Legislation;
<b>Processing</b>	has the meaning given in the Data Protection Legislation;
<b>Right of Access Request</b>	has the meaning given in the Data Protection Legislation;

1. DATA PROTECTION

- 1.1 The Parties acknowledge that for the purposes of the Data Protection Legislation, the Council is the Data Controller and the Organisation is the Data Processor. The only processing that the Organisation is authorised to do is listed in this Schedule by the Council and may not be determined by the Organisation.
- 1.2 The Organisation shall notify the Council immediately if it considers that any of the Council's instructions infringe the Data Protection Legislation.
- 1.3 The Organisation shall provide all reasonable assistance to the Council in the preparation of any Data Protection Impact Assessment prior to commencing any processing. Such assistance may, at the discretion of the Council, include:
- (a) a systematic description of the envisaged processing operations and the purpose of the processing;
  - (b) an assessment of the necessity and proportionality of the processing operations in relation to the Services;
  - (c) an assessment of the risks to the rights and freedoms of Data Subjects; and
  - (d) the measures envisaged to address the risks, including safeguards, security measures and mechanisms to ensure the protection of Personal Data.

1.4 The Organisation shall, in relation to any Personal Data processed in connection with its obligations under this Contract:

(a) process that Personal Data only in accordance with this Schedule, unless the Organisation is required to do otherwise by Law. If it is so required the Organisation shall promptly notify the Council before processing the Personal Data unless prohibited by Law;

(b) ensure that it has in place Protective Measures, which are appropriate to protect against a Data Loss Event, which the Controller may reasonably reject (but failure to reject shall not amount to approval by the Controller of adequacy of the Protective Measures) having taken account of the:

(i) nature of the data to be protected;

(ii) harm that might result from a Data Loss Event;

(iii) state of technological development; and

(iv) cost of implementing any measures;

(c) ensure that :

(i) the Organisation's personnel do not process Personal Data except in accordance with this Contract ;

(ii) it takes all reasonable steps to ensure the reliability and integrity of any of their Personnel who have access to the Personal Data and ensure that they:

(A) are aware of and comply with the Organisation's duties under this clause;

(B) are subject to appropriate confidentiality undertakings with the Organisation or any Sub-processor;

(C) are informed of the confidential nature of the Personal Data and do not publish, disclose or divulge any of the Personal

Data to any third Party unless directed in writing to do so by the Council or as otherwise permitted by this Contract; and

- (D) have undergone adequate training in the use, care, protection and handling of Personal Data; and
- (d) not transfer Personal Data outside of the UK unless the prior written consent of the Council has been obtained and the following conditions are fulfilled:
  - (i) the Council or the Organisation has provided appropriate safeguards in relation to the transfer as determined by the Council;
  - (ii) the Data Subject has enforceable rights and effective legal remedies;
  - (iii) the Organisation complies with its obligations under the Data Protection Legislation by providing an adequate level of protection to any Personal Data that is transferred (or, if it is not so bound, uses its best endeavours to assist the Council in meeting its obligations); and
  - (iv) the Organisation complies with any reasonable instructions notified to it in advance by the Council with respect to the processing of the Personal Data;
- (e) at the written direction of the Council, delete or return Personal Data (and any copies of it) to the Council on termination of the Contract unless the Organisation is required by Law to retain the Personal Data.

1.5 Subject to clause 1.6, the Organisation shall notify the Council immediately if it:

- (a) receives a Right of Access Request (or purported Right of Access Request);
- (b) receives a request to rectify, block or erase any Personal Data;

- (c) receives any other request, complaint or communication relating to either Party's obligations under the Data Protection Legislation;
- (d) receives any communication from the Information Commissioner or any other regulatory authority in connection with Personal Data processed under this Contract;
- (e) receives a request from any third Party for disclosure of Personal Data where compliance with such request is required or purported to be required by Law; or
- (f) becomes aware of a Data Loss Event.

1.6 The Organisation's obligation to notify under clause 1.5 shall include the provision of further information to the Council in phases, as details become available.

1.7 Taking into account the nature of the processing, the Organisation shall provide the Council with full assistance in relation to either Party's obligations under Data Protection Legislation and any complaint, communication or request made under clause 1.5 of this Schedule (and insofar as possible within the timescales reasonably required by the Council) including by promptly providing:

- (a) the Council with full details and copies of the complaint, communication or request;
- (b) such assistance as is reasonably requested by the Council to enable the Council to comply with a Right of Access Request within the relevant timescales set out in the Data Protection Legislation;
- (c) the Council, at its request, with any Personal Data it holds in relation to a Data Subject;
- (d) assistance as requested by the Council following any Data Loss Event;
- (e) assistance as requested by the Council with respect to any request from the Information Commissioner's Office, or any consultation by the Council with the Information Commissioner's Office.

1.8 The Organisation shall maintain complete and accurate records and information to demonstrate its compliance with this clause 1.7.

- 1.9 The Organisation shall allow for audits of its Data Processing activity by the Council or the Council's designated auditor.
- 1.10 The Organisation shall designate a data protection officer if required by the Data Protection Legislation.
- 1.11 Before allowing any Sub-processor to process any Personal Data related to this Contract, the Organisation must:
- (a) notify the Council in writing of the intended Sub-processor and processing;
  - (b) obtain the written consent of the Council;
  - (c) enter into a written Contract with the Sub-processor which give effect to the terms set out in this clause 1 such that they apply to the Sub-processor; and
  - (d) provide the Council with such information regarding the Sub-processor as the Council may reasonably require.
- 1.12 The Organisation shall remain fully liable for all acts or omissions of any Sub-processor.
- 1.13 The Council may, at any time on not less than 30 Working Days' notice, revise this clause by replacing it with any applicable controller to processor standard clauses or similar terms forming part of an applicable certification scheme (which shall apply when incorporated by attachment to this Contract).
- 1.14 The Parties agree to take account of any guidance issued by the Information Commissioner's Office. The Council may on not less than 30 Working Days' notice to the Organisation amend this Contract to ensure that it complies with any guidance issued by the Information Commissioner's Office.
- 1.15 The Organisation shall fully indemnify and keep indemnified the Council against all liabilities whatsoever incurred by the Council or for which the Council may become liable due to any failure by the Organisation to comply with its obligation under this clause 1.
- 1.16 The Organisation will respond to subject access requests on behalf of the Council ensuring they comply fully with the Data Protection Legislation. They will periodically notify the Council of the number of requests made and response times.

- 1.17 The Organisation will manage data security incidents on behalf of the council and periodically notify the council of the number of incidents. In the event of a major incident, the Organisation will notify the council immediately. The Organisation will consult with the council prior to reporting any incident to the Information Commissioner's Office.
- 1.18 The Organisation will be an active member of the Council's SIRO Board and will work with the Council to ensure good Information Governance practices are followed by the Organisation's staff and contractors.

## Processing, Personal Data and Data Subject

1. The contact details of the Council's Data Protection Officer is:

**60 Sarah Corbett, Information Governance Manager, Legal Services, Civic Office, Waterdale, Doncaster DN1 3BU tel: 01302 736285**

2. The contact details of the Organisation's Data Protection Officer is:

**Louise Robson, Governance Service Manager, Civic Office, Waterdale, Doncaster DN1 3BU tel: 01302 862866**

3. The Processor shall comply with any further written instructions with respect to processing by the Controller as notified by the Controller.
4. Any such further instructions shall be incorporated into this Schedule.

Description	Details
Subject matter of the processing	<i>To provide certain housing management functions on behalf of the Council as detailed in the Scheme of Delegation</i>
Duration of the processing	<i>For the duration of the contract</i>
Nature and purposes of the processing	<i>Provision of housing management services as specified in the Scheme of Delegation:</i>  <i>Housing Strategy - Tenant consultation and involvement in strategy,</i>  <i>Stock Condition for council owned dwellings – Carry out surveys</i>  <i>Housing Needs - assessments and surveys</i>  <i>Home energy</i>  <i>Housing, land and asset management</i>  <i>Homelessness – determination, service and advice</i>  <i>General housing advice and assistance</i>  <i>Private sector housing- renewal ,redevelopment, renovation grants, empty property management</i>  <i>Provide the following services in co-ordination with council policy -</i>

*Community safety, neighbourhood renewal and regeneration, housing and health, supporting people, sustainable development, social inclusion, equalities, home energy conservation, customer service standards, allocations, affordable housing*

*New tenancies – Housing register, optimum use of housing stock, selection of tenants, notifying and signing up new tenants, transfer waiting list management, granting new tenancies, successions, mutual exchange management*

*Repairs and maintenance – stock condition survey, repairs, maintenance, modernisation and improvements, redevelopment and renewal, energy efficiency,*

*Provision of new build properties*

*Neighbourhood renewal in most deprived areas of the City*

*Void and empty property management – terminations, inspection and repairs, major repairs*

*Tenancy management – neighbourhood management (council stock), conditions of tenancy enforcement, evictions and court action to support enforcement, alterations to conditions of tenancy, option appraisal / consultation, illegal occupation, Responsibility for Criminal Behaviour Orders (CBOs) and Community Protection Notices (CPNs)), assembling evidence and processing orders, requests for CBOs and CPNs, tackling under occupation, overcrowding assessments*

*Neighbourhood Management – caretaking housing schemes, environmental services, grass cutting/ground maintenance*

*Supported housing – sheltered housing schemes building and landlord role, homeless accommodation, temporary accommodation*

*Right to Buy – valuations, administration and calculation of discount*

*Leasehold management*

*Finance – advice / information on rent setting, calculation and drafting of rent increase proposals, preparation and distribution of rent increase notifications, rent collection, recovery of arrears, recovery of other charges, financial returns, administration of HRA, insurance and claims, financial management of housing capital programme for SLHD managed schemes*

*Procurement – letting of contracts in relation to delegated activities(with the exception of the Capital Programme), service level*



	<p><i>agreements</i></p> <p><i>Tenant involvement – tenant scrutiny, community engagement, tenant consultation and information, reports to tenants</i></p> <p><i>Other HRA assets – garages, shops and buildings, neighbourhood offices, tenant resource centres or offices, meeting rooms,</i></p> <p><i>Clearance and disposal of HRA dwellings – clearance, consultation, decanting tenants</i></p> <p><i>Building services</i></p> <p><i>Management of sundry properties</i></p> <p><i>Management of gypsy and traveller sites, residential caravan sites, new age traveller sites</i></p>
Type of Personal Data	<p><i>name, address, date of birth, household and family details, housing situation and history, health data, financial data including rent and insurance, contact details, anti social or criminal behaviour, enforcement action, employment details and history</i></p>
Categories of Data Subject	<p><i>Tenants, potential tenants, visitors</i></p>
Plan for return and destruction of the data once the processing is complete UNLESS requirement under union or member state law to preserve that type of data	<p><i>Stored on systems owned by the council and on the council network. Any data or information held outside of this and processed on behalf of the Council must be returned to the Council at the end of the contract. Any data or information no longer required must be destroyed in accordance with the Council's information security and data protection policies.</i></p>

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 01 February 2024

**Item** : 07

**Subject** : Corporate Plan 2024-29

**Presented by** : Dave Richmond

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

**Purpose** : To secure approval of the Board for the  
Corporate Plan 2024-29

**Recommendation:** That Board approves the Corporate Plan 2024-29.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 07  
Date: 01 February 2024**

**1. Report Title**

1.1 Corporate Plan 2024-29

**2. Executive Summary**

2.1 Members of The Board will recall the discussion at The Board meeting on 7<sup>th</sup> December 2023, where the final draft of the corporate plan was positively received. The Board had a small number of issues that they wished to see addressed. These issues have all been included in the version presented today and this report seeks to secure final approval for the Corporate Plan 2024-29.

**3. Purpose**

3.1 To secure approval of the Board for the Corporate Plan 2024-29

**4. Recommendations**

4.1 That Board approves the Corporate Plan 2024-29

**5. Background**

5.1 The current corporate plan was the subject of extensive consultation in 2018/19. Since then, much has changed in the housing industry and also at St Leger Homes.

Board agreed in 2021 to undertake a mid-term review of the plan, but ultimately decided against making changes to the plan at that point, preferring to undertake a full review towards the end of the existing plan and to develop a wholly new plan.

A core group of officers led by the Chief Executive have met regularly to coordinate activity. Key elements of the process have included, desk top analysis and horizon scanning, a wide range of meetings and other forms of consultation with staff, tenants, colleagues in the council including politicians and partners from other organisations.

Some elements of the plan, such as the skills and behaviours framework have been the product of extensive work by a small group of staff and considerable consultation and workshop activity with a wider cohort of staff. Other elements of the plan have been the subject of digital polls, for example, the proposed mission statement was agreed after staff and

customers generated ideas and then voted on them.

The Board has made a significant contribution to the production of the plan. This has occurred over the last two years at both strategy awaydays and at Board meetings when the plan or constituent parts of the plan have been discussed.

## **6. Revisions following feedback from the Board**

- 6.1 The introduction section seeks to strike a balance between being positive about the organisation and highlighting the known areas for development. Nevertheless, The Board felt that it could be more positive. Paragraph two was amended to begin, " We are an effective organisation that is doing well, but we are determined to improve further." There are other such statements in the introduction such as "We are proud of our achievements; we believe we offer high quality, well-performing services at great value for money".

It was also suggested that we could strengthen the people section and should reference the recent Investors in People accreditation. A number of revisions have been made to this page, including the reference to "we will embed the actions from our people Strategy 2024-29, being an employer of choice and Investors in People accredited".

A further issue related to the last page which contained a target concerning digital interactions, this has been removed. The tile now reads, "communication channels will increase, so you can interact with us how and when you want". This issue has also been trailed both in the introduction section and the people priority theme section.

The Board also suggested that reference to the organisations environmental credentials could be strengthened. This version makes reference to our commitment to the environment in the opening paragraph of the introduction section, refers to energy efficiency, investment to meet the decency standard and achieving EPC 'C' on page 10. Reference to tackling climate change, working to be carbon neutral and making our homes easy to heat is contained on page 12 and the final commitments page refers to our intention to ensure 94% of our homes are at EPC C by 2029.

A further minor issue was the use of the acronym 'TPAS', this has been spelt out in full.

## **7. Next steps**

- 7.1 Following agreement by The Board, a communication plan will be put into operation in March and April to ensure that the plan is shared widely with our staff groups, tenants and stakeholders.

We will share progress with The Board on an annual basis and we have

also committed to update the council at regular intervals on progress to achieve the commitments.

The plan is largely meant to be a digital document and it contains several hyperlinks to additional sources of information. Only a small number of copies of the plan will be printed and held for those that specifically request them. Accessibility tools available on the SLHD website will ensure that it is accessible to all.

## **8. VFM Considerations**

- 8.1 The plan contains several references to activity which is designed to ensure SLHD continues to operate in an efficient and effective manner.

## **9. Financial Implications**

- 9.1 The actions contained in the report are all subject to separate decision making processes. As such there are few direct financial implications immediately resulting from the plan itself. Each specific project will be dealt with through the required approval process appropriate to that scheme. Some commitments such as the aspiration to create a small scale development programme (to ensure apprentices can undertake all activities they require to meet the conditions of their apprenticeship) could have considerable financial implications but will only be pursued when resources are available to do so.

Direct financial implications are small scale, such as the need to print a small number of copies of the plan, to change wallpaper at the civic to reflect the new values and to replace some mugs in offices. Such changes are affordable.

## **10. Legal Implications**

- 10.1 No specific implication.

## **11. Risks**

- 11.1 The plan sets the context of subsequent activity. Failing to update it runs the risk of organisational stagnation.

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

- 12.1 Several issues are referenced in the plan enshrining our commitment to the highest levels of health, safety and regulatory compliance.

## **13. IT Implications**

- 13.1 Reference is made to IT developments which are all scheduled and progressing.

## **14. Consultation**

- 14.1 Extensive consultation has taken place with the Board of SLHD, staff, customers and other stakeholders including senior politicians and officers at City of Doncaster Council.

## **15. Diversity**

- 15.1 Whilst we have not enshrined equality and diversity as a core value, it does feature heavily in the corporate plan and underpins much of the plan.

## **16. Communication Requirements**

- 16.1 If adopted a communication plan will be developed to disseminate the key elements of the plan.

## **17. Equality Analysis**

- 17.1 An equality analysis has been completed.

## **18. Environmental Impact**

- 18.1 There will be a range of positive environmental impacts arising from actions within this plan, these are to be dealt with through normal planning channels.

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

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

## **20. Background Papers**

- 20.1 Appendix A – Corporate Plan  
Appendix B – Equality Analysis

# CORPORATE PLAN 2024-29

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



# Contents

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# Introduction

This plan sets out St Leger Homes' key priorities for the next five years which we've grouped into four themes; People, Partnerships, Homes and Communities. It is a plan for St Leger Homes, our employees, and partners, but most importantly a plan that lets our tenants know what they can expect from us.

We are an effective organisation that is doing well, but we are determined to improve further. We are committed to making a positive impact on the lives of the people we serve and employ, the economic well-being of Doncaster and the environment. We will do this by working together with our partners and being transparent with both our customers and employees.

In developing our plans, we have looked closely at the Doncaster Borough-wide strategy ('Doncaster Delivering Together') and the things that matter to our tenants, residents, stakeholders and colleagues. During extensive consultation, you told us that you expect us to provide good quality, safe homes at a reasonable price. Homes tenants can be proud to live in. This is our starting point and it's important we get it right.

Beyond this, we want to make a positive contribution, to the health and wellbeing of our tenants and the economic and environmental success of Doncaster. We want to do our bit in tackling crime and anti-social behaviour and generally helping make Doncaster a more compassionate and fair place to live.

We have developed this plan in partnership with our tenants, staff and other stakeholders to ensure it's right for all. In it, we need to build on those things we do well, but also be mindful of those areas where we have an opportunity to improve.

We are very proud of our achievements at St Leger Homes; we believe we offer high-quality, well-performing services at great value for money.

We believe we are a compassionate and caring organisation that seeks to do its best for our tenants and communities.



# Introduction continued

We are particularly proud that we have the highest standards of building safety, that we go beyond expectations with our tenancy sustainability work, and we provide support for vulnerable people including the disabled and care leavers.

We hold numerous accreditations that show both our intention of delivering quality services and stand as testimony to the standards we achieve. In all areas of our business there are things to learn and to do better. However, we are conscious that in particular we can do and are doing more to improve our understanding of the condition of our stock and our customers circumstances and needs. We are seeking to be more efficient in the ways we deliver our repair service, and this will go a long way to reducing the number of complaints that we receive. Our tenants want to enjoy living in their home without the worry caused by anti-social behaviour and we are improving the ways we deal with such issues.

We are also aware that we can improve the ways in which we communicate with tenants, this will involve us looking at our channels of communication and also our own communication skills. These issues will be critical to our progress over the next five years.

We operate in a time of an ageing workforce, a national construction skills labour shortage and a rising cost of living. Our plan needs to take account of these issues.

Our employees are passionate about providing excellent service to our customers and are keen to see the way that we operate modernised to meet changing demand.

We are proud to have high levels of employee satisfaction. For the next five years, our plan will see us maintaining these high levels by addressing the key issues our employees tell us are important to them.

We will do all of this against a backdrop of national imperatives, and legislative and regulatory requirements which will measure our performance; we intend that both Doncaster's Council housing and St Leger Homes will not be found wanting.



**Dave Wilkinson, Chairman, Board**

# About Us

St Leger Homes is the City of Doncaster Councils' arm's length management organisation, we manage the housing services on behalf of the City of Doncaster Council.

Properties we manage

20,000



People we employ

800+



Budget we manage

£55m



Community groups we support

250



We make sure we deliver services to a high standard; the Council set those standards and hold us to account, making sure we deliver services in the way and to the level they expect.

You can read more about our performance in the tenants' annual report [www.stlegerhomes.co.uk](http://www.stlegerhomes.co.uk) or watch this short video which gives a flavour of what we do: [YouTube/stlegerhomes](https://www.youtube.com/stlegerhomes)

# Our Mission and Our Values

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

We involved our customers and colleagues to determine the values that will drive our organisation forward.

We agreed:

-  **We want to get it right for the **People** that live in our homes and that work for us**
-  **We take **Pride** in what we do and want our tenants to be proud to live in a St Leger Home**
-  **We want to achieve the best possible individual and organisational **Performance****
-  **We expect **Progress**, to get things done and change how we do things when there is a better way**

Our values drive the skills and behaviours we expect of our employees. In developing these we had in mind both customer expectations and the Chartered Institute of Housing Professional Standards. You can see a diagram of this on the following page. We will use this framework to inform how we recruit, manage, retain and reward our workforce.

Underpinning the way that we work is our commitment to championing equality, diversity and inclusion for our customers and colleagues. Demonstrating respect through our dealings with colleagues, customers, and partners as well as an explicit duty to speak out when we see or hear something that is inappropriate, are behaviours which are embedded within our values.



Through our partnerships and accreditation with The Housing Diversity Network and Disability Confident, we will continue to strive to ensure that St Leger Homes offers an inclusive service to our customers and a working environment where diversity is celebrated.



# Our Priority Themes

## People Homes Communities Partnership

Many people contributed to this plan, there were many differing views expressed, but all agreed on the four themes and objectives detailed in the following pages.

The following pages contain only a snapshot of how we intend to improve. We keep this under constant review and each year we write a more detailed [Annual Development Plan](#).

# People

**Our aim is**

**To get it right for our customers and staff**

**We will focus on**



Listening, communicating and engaging effectively, ensuring we have a courteous, compassionate and skilled workforce



Investing in our communication channels; increasing opportunities to access our services when and how it suits you



Doing more than providing homes; by offering you support to sustain your home and deal with the cost of living crisis



Working hard to tackle homelessness. Develop a new Preventing Homelessness Strategy for 2024-29



Understanding the needs and aspirations of our tenants and staff and delivering for them

**How you will see a difference:**

**We will**



Make sure our Leadership Team are visible, accessible and approachable



Use modern methods to improve security of our IT systems, utilise innovative technology and promote collaborative working



Embed the actions from our People Strategy 2024 - 29 being an employer of choice, Investors In People accredited and a great place to work.



Do more for our most vulnerable tenants by offering an effective sustainability service and growing our shared tenancy scheme for care leavers



Learn from customer feedback so we deliver better and more effective services



We will have a wider range of tenancies available including more private tenancies and a new furnished tenancy offer



Maintain and continually develop our website, which provides better customer functionality including the opportunity to request services online

# Homes

**Our aim is**

**To provide good quality, safe homes at a rent you can afford**

**We will focus on**



Ensuring tenants are satisfied with the homes and services we provide



Delivering an efficient and effective repairs and maintenance service



Making sure our homes are safe and free from hazards



Reducing damp mould and condensation in our homes and making them more energy efficient



Achieving the highest standards of building safety and compliance

**How you will see a difference:**

**We will**



Comply with all building safety and compliance standards



Introduce a new Tenancy Agreement that meets today's requirements



Keep investing in our homes to ensure they continue to meet the decent homes standard



Be on target to achieve EPC C for all our homes by 2030, and continue to develop our environmentally sustainable approach to service delivery



Deliver a 4 year programme of property purchases



Commence a small in house new build programme to create training opportunities for our apprentices



# Communities

**Our aim is**

**To help build communities not just houses**

**We will focus on**



Increasing engagement with the diverse communities of Doncaster



Seek Tenant Participation Advisory Service exemplar status. Ensure the One Voice Forum is the conduit for effective tenant influence



Providing safer communities through tackling and reducing anti-social behaviour and crime



Providing communal halls and spaces which the community value



Support the Council to regenerate communities

**How you will see a difference:**

**We will**



Promote economic opportunities for our communities by offering more training and employment opportunities via our World of Work, apprenticeship and graduate placement programmes



Increase community well-being by embedding a new team to tackle anti-social behaviour



Continue to develop our Environmental Pride programme, supporting communities who want to improve their neighbourhoods



Undertake a review of our communal halls' promote their usage and deliver a programme of investment



Delivering on our Equality, Diversity and inclusion (EDI) Strategy action plan

# Partnerships

**Our aim is**

**To Work with others to deliver Doncaster's 'thriving people places and planet' ambitions**

**We will focus on**



Tackling climate change by working to become carbon neutral in the ways we work and how we use stock and materials



Contributing to the Borough Strategy priorities especially:

- Supporting training and skills, economic regeneration, social care and locality working
- Making Doncaster a fairer and more inclusive place and tackling health inequalities.



Work with other social and private landlords to ensure those facing homelessness have a safe and secure home

**How you will see a difference:**

**We will**



Help to address poverty and other forms of disadvantage through keeping our rents low, making our homes easy to heat and supporting people to maximise their income



Help residents access good quality social and private homes with other landlords



Support the local economy by using local suppliers and contractors wherever possible



Align our resources to help City Of Doncaster Council meet the needs of vulnerable people



To work with City of Doncaster Council to help build more new homes

# How will we know we are successful ?

Getting things right starts with listening to what you our customers think. We regularly ask for feedback and we act upon what you say. This activity includes the Government's standardised process for measuring tenants' satisfaction. We also work alongside customers in numerous ways to improve our services, for example, the Tenant Scrutiny Panel (TSP) conduct regular reviews and scrutinise our services and policies.

St Leger Homes maintains detailed monitoring and review processes. Right from the Board to our front-facing staff, we try to understand how we are performing by comparing ourselves against other landlords and benchmarking ourselves against national standards and regulatory responsibilities. We invite scrutiny from specialist third-party auditors and the Council's internal audit service to ensure we don't just mark our own homework but take an objective balanced view.

As an Arms Length Management Organisation, in addition to our work with tenants, the St Leger Board, its sub-committees and the Council also hold senior management to account. There are numerous ways this happens. For example, The Mayor, sets our targets and the Council's Cabinet, which includes The Mayor review our performance quarterly. The Council's Portfolio Holder for Housing takes a keen interest with several meetings held every month and we meet more frequently with council officers who look at a wide range of issues in significant detail.

These complex arrangements are described in our [performance management framework](#).



# Get Involved

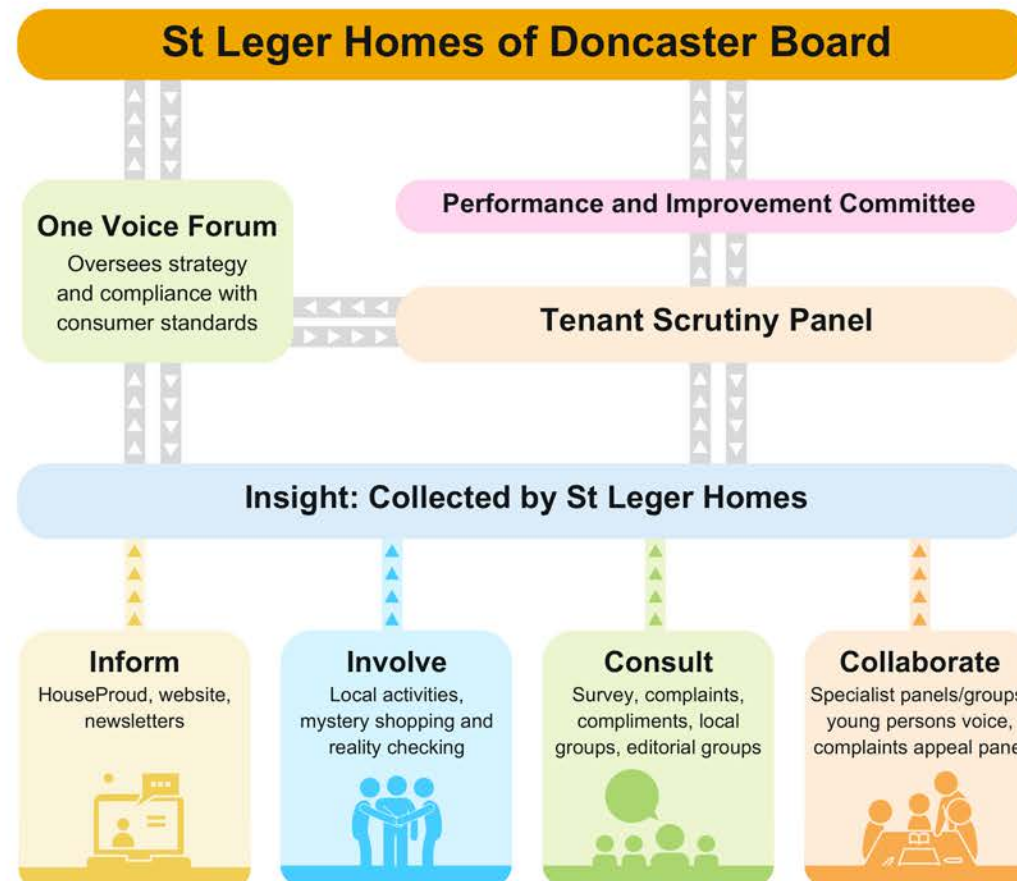
At St Leger Homes we think we provide a good quality service at a very reasonable price, but there is always more we can learn, improve and do better. We are determined to continue improving. We want to go from good to great. This plan sets out our intentions and plans. We will only succeed if we work effectively with our tenants and our partners.

If you want to know more please take the time to look at our website ([www.stlegerhomes.co.uk](http://www.stlegerhomes.co.uk)) where there is a great deal more information about how we are performing. There are a lot of ways you can help shape our services as demonstrated in the engagement framework graphic.

If you want to get involved and help us continue to improve please contact us:

**Email: [info@stlegerhomes.co.uk](mailto:info@stlegerhomes.co.uk)**

**Tel: 01302 862862**



# Our Commitments by 2029

Acquire **180** additional homes



Have thermally efficient homes with **94% at EPC C** or above



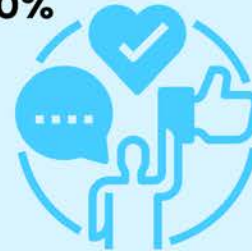
Ensure no home has a **damp and mould category 1 hazard**



Have **16** shared accommodation **homes** for **32** care leavers



Ensure at least **80%** of complainants are **satisfied** with our handling of **ASB**



Be an **exemplar** organisation for **customer Involvement**



Recruit at least **2.3%** of our **new starters** on apprenticeships



Achieve a **gender pay gap** of less than **4%**



**Communication** channels will **increase**, so you can **interact** with us how and when you want.





[www.stlegerhomes.co.uk](http://www.stlegerhomes.co.uk)

Email: [info@stlegerhomes.co.uk](mailto:info@stlegerhomes.co.uk)  
Tel: 01302 862862



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### View results

Respondent

3 Daniel Debenham

09:21

Time to complete

1. Name of Officer Submitting Analysis \*

Daniel Debenham

2. Policy, Strategy or Function \*

Corporate Plan 2024-2029


3. Service Area or Directorate \*

Executive Management Team

4. Who is the Lead Manager & others involved in analysis \*

Dave Richmond

5. Date of Equality Analysis \*

12/01/2024 

6. What type of policy, service or function is this and what is its main purpose? \*

This is an over-arching plan that sets the corporate aims and objectives for all other policies and strategies that fall below it. Setting the vision and direction of the company over the included five years the plan will be in effect.

7. Who will this policy, service or function affect? Colleagues, Tenants and/or individual groups? \*

This Plan will affect all tenants, prospective tenants, colleagues and stakeholders over its five year life.

8. Who is this policy, service or function intended to help/benefit? \*

This Plan is designed to help and benefit all tenants, prospective tenants and colleagues over its five year life as it sets out the aims and objective focus of the business and what is expected and desired with regards to service delivery, engagement and obligations to tenants and colleagues and stakeholders.

9. Please provide the details and key findings from any consultations that have been carried out with staff, customers, stakeholders, partners or other interested parties \*

Consultation has been undertaken with tenants groups through the One Voice Forum (OVF) alongside Voicescape consultation and colleagues through the Colleague festival and pulse surveys (further consultation on the final version is also being undertaken) to establish what focus was desired by those groups and what could and should be achieved by that focus.

10. List below any evidence, data or sources of information you have used to help you assess impact on any communities, groups and individuals \*

Responses from staff and tenants were quite high and of high quality. overall both groups agreed on the four strands - People, Homes, Communities and Partnerships which reflect more accessible leadership and further support to the most vulnerable in the community, updating tenancy agreements to reflect modern day changes and modernising safety in properties alongside increasing community wellbeing delivering equality and inclusion and supporting the building of new homes whilst addressing poverty and disadvantage whilst also ensuring that tackling climate change is undertaken.

11. With over 10% of our customers being from an Ethnic Minority, How does this policy / strategy or service affect those customers in a **POSITIVE** or **NEGATIVE** way? \*

The Plan is designed to have a positive impact on tenants from the Ethnic Minority community as well as colleagues and stakeholders as a whole. There are no negative impacts on the Ethnic Minority community arising from this plan. The Plan is an over-arching strategy that set out the direction of service delivery by focusing the goals of St Leger Homes on the things that matter most to service users and colleagues. Treating people equally and as individuals, delivering services in a way that the Ethnic Minority community needs. Success will be measured through consultation and feedback from tenants and colleagues by way of surveys, consultation groups and a wide variety of tenant contact.

12. 26% of our customers are disabled? What **POSITIVE** or **NEGATIVE** impact will there be on those customers once this policy / strategy or service is adopted? \*

With such a large group of our customers telling us that they disabled it's important to note that in order to ensure that those customers get a positive impact. The Plan doesn't just focus on service delivery but takes into account the people that will be it's ultimate beneficiaries by providing for support to communities, individuals and groups. The positive impact of this is that support for those customers and colleagues that need it most will be easier to access. The Plan also sets out to work alongside our partners such as Doncaster Council to support vulnerable people. There are no negative impacts from The Plan as this document feeds down to individual policies.


13. The LGBTQ community make up around 1.4% of our customers. With such a small number of service users, it makes that community much easier to over look, how have you ensured they have been included and what if any **POSITIVE** or **NEGATIVE** impacts will affect them in this policy / strategy or service? \*

An integral part of The Plan sets out that service users need be consulted and collaborated with in-order to ensure that they have been included and their collective voice is heard. With smaller communities such as the LGBTQ+ community it's even more important. Consultations, workshops and surveys have been carried out to ensure that those who wish to, have been included. Positive impacts for LGBTQ customers are a focus on support, community cohesion and the level of importance The Plan places on Equality, Diversity and Inclusion. There are no negative impacts arising from The Plan

14. Religion can play an important part in peoples daily lives, what, if any, **POSITIVE** or **NEGATIVE** impacts arise for those customers that are members of that community from this policy / strategy or service? \*

The level of importance The Plan places on listening and acting on those conversations with communities that St Leger Homes serve extends out to religion and religious groups and those communities with specific beliefs. The Plan has a heavy focus on delivering the right services to the communities that it serves and to ensuring that those services are delivered in a diverse and inclusive way. The Plan recognises that religion and belief are hugely important to community wellbeing and as such places and emphasis on ensuring that those voices are heard, understood and acted on, through consultation and collaboration to help the community thrive. There are no negative impacts arising from The Plan that will affect Religion or Belief.

15. Please Upload a copy of your Strategy, Policy or Service amendment \*

 [SLHD Corporate Plan 2024-29 v25 Jan Daniel Debenham 1.pdf](#)



# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	St Leger Homes Compliance with National Housing Federation (NHF) Code of Governance
<b>Action Required:</b>	Board Members note the contents of the report and accompanying Appendix and consider the updates and recommendations included.
<b>Item:</b>	08
<b>Prepared by:</b>	Louise Robson Governance Service Manager
<b>Date:</b>	01 February 2024

### 1. Background

- 1.1 Organisations and their Boards across all sectors should aim to achieve a set of standards in order to be well governed. In February 2023, Board formally adopted The National Housing Federation (NHF) Code of Governance.
- 1.2 A gap analysis and self-assessment against the NHF Code of Governance was completed and presented to Board members in February 2023, with clear evidence sought to ensure St Leger Homes complies with all sections of the code, alongside an action plan to address any gaps.
- 1.3 In February 2023, out of 133 sections in the code, the self-assessment showed we were:
  - Compliant in 94
  - Partially Compliant in 13
  - Not compliant in 10
 (16 sections of the code are not applicable to us).
- 1.4 It was agreed that the self-assessment and action plan would be updated regularly however, it should be formally reviewed by Board on an annual basis.

### 2. Current Position

- 2.1 A review of the code has again been undertaken by EMT, alongside the Governance Service Manager and suggestions / challenges have been made to evidence and update each section in the action plan.
- 2.2 Please see **Appendix A** which includes 3 worksheets:
  - An updated summary worksheet showing compliance totals
  - An updated evidence worksheet showing what evidence we have gathered to show compliance with each section of the code and
  - An updated action plan worksheet for all sections of the code where we are partially or non-compliant showing the action required, clear owners and timescales to track

progress on the journey to ensure full compliance.

2.3 Following the review in January 2024, please see below a table showing compliance from 2023 to compliance in 2024 for the 133 sections in the code.

Category	2023	2024
Compliant	94	107
Partially Compliant	13	5
Not Compliant	10	5 (Two of which are not bad No's)
Not applicable	16	16

- 2.4 For the 10 sections that we are not compliant or are partially complaint in:
- Two of the non-compliance sections are not unfavourable, they just mean the situations haven't ever arisen and therefore we cannot currently evidence to say we comply (e.g. *Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters*).
  - Five sections need short to medium term actions to ensure compliance and three need further consideration in terms of an external governance review.
- 2.5 New pieces of evidence have been added in sections 1.4 and 3.9 and are highlighted in red on **Appendix A**.

### 3. Recommendations

- 3.1 Board members are asked to review all sections of **Appendix A** to see if they agree with the 2024 update.
- 3.2 For those sections where we are not complaint or partially compliant, Board is asked to make any further suggestions for actions or evidence that could be collected to gain compliance.

### 4. Next Steps

- 4.1 The action plan will be updated based on any further recommendations and suggestions from Board. The updated evidence worksheet and action plan will then be added to the Board forward plan and reviewed on an annual basis and actions will be progressed.
- 4.2 Board members are asked to suggest any evidence at any time and not wait for the annual review to submit evidence to demonstrate compliance.

### 5. Report Author

- 5.1 Louise Robson  
Governance Service Manager  
(862866)

Status as at January 2023	
Compliant	94
Partial	13
No	10
N/A	16
<b>Total</b>	<b>133</b>

Status as at January 2024	
Compliant	107
Partial	5
No	5
N/A	16
<b>Total</b>	<b>133</b>

## Code of Governance 2020: compliance checklist

Appendix A

Principle	Section of the code	Compliance	Evidence / updates Q4 2022	January 2024 Update	Evidence collected
mission and values and through these embeds within the organisation resident focus, inclusion, integrity, and accountability.	<b>1.1 Mission: the board leads the organisation in pursuit of achieving its social purpose. The board sets the organisation's mission and values, and regularly reviews and reaffirms their relevance.</b>				
	<b>1.2 Resident focus: the needs and safety of the organisation's current and future residents and other customers are placed at the heart of the board's decision-making.</b>				
	(1) There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision-making.	Yes	We have Tenant Board Members We have a Tenant Voice Strategy and new Tenant Voice Model included in the strategy (on the website for visibility) TSP recommendation reports that go to P&I and TSP members attend Board as observers Service standard reviews Consultation is a header on all Board and committee reports to ensure policies and strategies or changes to services have been influenced by customer feedback (see minutes - strategies Inc. comms strategy for evidence of this to name just one) Tenant voice quarterly reports to P&I	No change to evidence	Completed- evidence in folder/attached
	(2) The board has access to insight into the views and needs of the organisation's residents and other customers (including insight into their concerns and complaints) and uses this to inform decisions where appropriate.	Yes	Regular updates such as Customer Involvement quarterly report to P&I, Customer complaints, Appeals panel updates, TSP reports, TSM Survey, Transactional Surveys - all through to Board/Committee's. Board Minutes and strategic planning away days. Balanced score cards - all tenant feedback in one place - strategy and policy reviews as above -challenges about tenant voice at all committees when reviewing strategies (BSC 18.6.21 as an example)	No change to evidence	Completed- evidence in folder/attached
	(3) There are policies in place which reflect that the safety of residents and other customers (as well as that of the workforce and the wider public) is an overriding priority, and the board receives reports annually on their operation.	Yes	Building Safety Committee (BSC) created, new policies and are signed off by board - full list of policies and strategies and updates that Board receives and approved after update report sept 22 , Anthony is an independent advisor to upskill the board. Behaviours framework, receive regular H&S reports, Board review and approve the H&S Policy. Meet 31/3/2021 - Impact of Building Safety Bill and Other Legislation as an example of evidence.	No change to evidence	Completed- evidence in folder/attached
	(4) The organisation regularly reports to its residents on how its commitments to resident focus have been delivered.	Yes	HouseProud has regular articles from TSP and outcomes from large scale consultations and launches of strategies, Tenant voice strategy launch, website pages on performance, service standards, social statement, complaints reports, social media posts, annual review, P&I reports on customer involvement.	No change to evidence	Completed- evidence in folder/attached
	<b>1.3 The board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition. It has policies and statements which meaningfully demonstrate this commitment, and sets priorities and objectives for the organisation to achieve.</b>				
	(1) The board seeks regular assurance about how these commitments and objectives are being delivered in practice, and tracks progress against the priorities it has set.	Yes	Board have received EDI training We have changed the recruitment process for new members Request for new EDI dashboard discussed at Board on 3.2.2022 E&P review documents and action plan - annual EDI strategy updates and review	No change to evidence	Completed- evidence in folder/attached
	(2) The organisation annually publishes information about its work to deliver these commitments and objectives, and the progress it has made.	Yes	Board approve the annual gender pay report, the annual EDI report and our fairness statement Board review and minute E&D strategy action plan progress.	No change to evidence	Completed- evidence in folder/attached
	<b>1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.</b>				
	(1) The board leads by example and promotes the culture of the organisation.	Yes	Blank copy of 2022 self assessment for appraisals that all Board members complete to score against their values and behaviours Culture report on Board meeting 3.2, Agenda Item 7 - minutes of discussion on 7.4 meeting Board away day presentation and minutes in CEO report	No change to evidence	Completed- evidence in folder/attached - can evidence via observation of Board Meeting as well
	(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Partial	Board receive and review Complaints information, alongside this there has been an away day session and culture update documents . E&P Minutes can be used as evidence where culture is discussed on a regular basis. Board members give out some of the annual staff awards (staff Focus articles) - attend other staff events such as Q&A sessions or staff conference and Tenants choice awards. Chair of Board doing work shadowing in November/ December 2022 for CAT in Shaw Lane and visit to staff members working in CIVIC as well. New Evidence - IIP survey feedback presented to Board GAP - Do Board Members review compliments - see action plan	Remains partial. Compliments included in P&I Quarterly report however Consideration of more reporting to Board on complaints and compliments. Remains on action plan.	See Action plan
	<b>1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.</b>				

Principle 1: Mission and values The board sets and actively drives the organisation's social purpose, openness and	1) The board adopts a formal code of conduct to which all its members adhere.	Yes	GAP - Board need a code of conduct.	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed - evidence in folder / attached	
	(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest.	Yes	There isn't a policy and procedure. All board members sign an acceptance of duties and responsibilities form. At meetings there is a standard 'declarations of interest' agenda item and the minutes and evidence of this is all on the website. GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed - evidence in folder / attached	
	(3) There is a publicly available register for board and committee member declarations of interest which is reported on annually to the board	Yes	There isn't a register but it is documented at each Board Meeting and these are available on the website	No change to evidence	Completed- evidence in folder/attached	
	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	We cant find any evidence of this happening? - <b>this is not a bad no at the moment.</b> GAP - see action plan for regular reviewing of this code and for new code of conduct.	Happy this remains as a No. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered.	See Action plan	
	(5) In case of a fundamental or ongoing material conflict, the board determines whether the person concerned should cease to be a board member.	Yes	JNightingale became a tenant so was replaced on the board - Removal from companies house emails and email from DR to JN to say thank you - the email eludes to the fact she is now a tenant	No change to evidence	Completed- evidence in folder/attached	
	<b>1.6 Accountability: the board operates openly and transparently, and demonstrates accountability to key stakeholders including residents, other customers, and partner statutory bodies.</b>					
	(1) The board publishes information annually about the organisation's activities, performance and plans for future improvements which is accessible to its key stakeholders, and covers the matters referred to in this code.	Yes	ADP - developed with Board and is submitted to Board regularly and is documented in minutes on web see agenda item 10 on 3/2/22, agenda item 8 on 7/4/22 and agenda item 10 on 26/5/22. The Chair launches the annual review and does an introductory piece to the HP annual review edition	No change to evidence	Completed- evidence in folder/attached	
	(2) The organisation systematically identifies and regularly communicates with its key stakeholders and receives feedback about their views. In doing so it has regard to the communication needs of the diverse groups and communities it serves.	Yes	This is about us as an organisation, not necessarily as a Board. STAR, transactional Surveys, Staff Pulse surveys - all of which are reported to Board Also send tenant newsletter in different formats and communicate with tenants in various formats at their request. Letter to everyone for board member vacancy - comms strategy and EDI review / approval and action plan updates? Customer involvement reports and TV strategy as evidenced in first section. Complaints reporting to Board and on web	No change to evidence	Completed- evidence in folder/attached	
	(3) Opportunities and information are provided for residents and other customers independently to scrutinise the work of the organisation and to hold it to account, and the board reviews these arrangements regularly to ensure that they remain fit for purpose.	Yes	TSP report into P&I committee TSP attend board as observers tenant Exec board, cabinet, scrutiny, OLB, Building safety group and sub group, High rise forum, wider consultations for strategies and allocations policy - use diagram from TV strategy	No change to evidence	Completed- evidence in folder/attached	
	(4) The organisation publishes clear and up-to-date information about its board members, committees, and	Yes	Website is clearly set out and up to date	No change to evidence	Completed- evidence in folder/attached	
	(5) The organisation responds in a considered, open and transparent way to requests for information about its work, activities, and decisions made by the board, where it cannot provide certain information it gives clear reasons as to why this is the case.	Yes	We follow FOI and DPA requests within the set timescales. Included in annual customer focus reports to Board and now separate quarterly reporting on DP/FOI to A&R committee (was previously reported quarterly to P&I)	No change to evidence	Completed- evidence in folder/attached	
	(6) The role of shareholders in the governance of the organisation is documented and understood.	Yes	Scheme of delegation to clearly sets out accountability of everyone.	No change to evidence	Completed- evidence in folder/attached	
	(7) Organisations with open shareholding publish their policy for admission of shareholders.	N/A				
	1.7 Reputation and trust: the board takes into account in its actions and decisions the importance of maintaining trust in the organisation and upholding its reputation	Yes	Regularly review the risk register - in board papers and minutes. (presented 7/4, minutes 26/5 agenda item 10) Consider the organisation when looking at commercialisation options - notes from Board strategic planning day in 2020 for reputational risks alongside commercialisation report	No change to evidence	Completed- evidence in folder/attached	
	<b>2.1 Strategy, resources and plans: the board sets the organisation's overall direction and strategy in line with its charitable, community benefit or other constitutional purposes</b>					

purpose and remain viable and sustainable, and exercises demonstrable and effective oversight of their delivery.

(1) The board sets financially sustainable plans to ensure that the organisation has the resources it needs to deliver its strategy	Yes	New VFM strategy presented Nov 2022 combined with action plan VFM statement presented Dec 22 We provide services and added value to the Council to ensure we remain as an ALMO Corporate plan that we consult on and Board are involved in development and approve it Board sets a 3 year budget and there are links into the ADP	No change to evidence	Completed- evidence in folder/attached
(2) The board gives specific consideration in setting such plans to value for money, financial sustainability; carbon neutrality and environmental sustainability; and social sustainability.	Yes	The 30 year plan is the Council's plan and not approved by SLHD Board. SLHD Board gives consideration to these though - they are ongoing and we also contribute and feed into council strategies. Development of environmental strategy to support need for carbon neutral. Board received Asset Management linking to Council's 30 year plan - 5/8/21 strategies presented. 7/10/21 minutes of discussions	No change to evidence	Completed- evidence in folder/attached
<b>2.2 Structures: organisational and governance structures support the delivery of the organisation's social purpose and strategic objectives.</b>				
(1) Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose.	Yes	Current structure with committees was reviewed in last 4 years. - Governance arrangements are reviewed regularly to ensure it is fit for purpose. TOR are reviews and updated - see reports in folder as per below evidence	No change to evidence	Completed- evidence in folder/attached
(2) The board considers regularly whether the organisation's purpose could be better achieved through changes to its group, governance or staffing structures.	Yes	Current Mem and Arts and Management Agreement doesn't allow us to consider the organisations purpose however have been involved insetting the vision, mission and corporate plan. If changes are more than 10% of staff this is a shareholder decision, not a decision for Board. E&P recommended any changes to EMT structure to DMBC. Creation of new BSC Committee. Reviewed to set up separate committees, reviews compositions and functions of committees - delegated and scheme of delegation and they receive information about new structures (i.e. H&S)	No change to evidence	Completed- evidence in folder/attached
<b>2.3 Working with others: within the organisation's overall corporate strategy (or associated strategies and plans) there is consideration given to whether and how active cooperation, collaboration, joint working or partnership with other organisations could enable it to deliver its social purpose and strategies more effectively and economically</b>				
<b>2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.</b>				
(1) The responsibilities of, and delegations to, the chief executive are clearly set out.	Yes	Evidenced in the Full scheme of delegation	No change to evidence	Completed- evidence in folder/attached
(2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required.	Yes	Any changes to the CEO salary requires approval by the Council A contract of employment is in place. - The remuneration package is reviewed and approved by Employment and People Committee for the org, not CEO?	No change to evidence	Completed- evidence in folder/attached
(3) The chief executive's remuneration package is set at a level which is proportionate to the organisation's size, complexity, level of risk, and resources; it is also aligned with the organisation's social purpose and wider reputation.	Yes	No evidence found to say this is a yes? Was this included in any benchmarking?	No change to evidence	Julie to produce evidence if requested
(4) If the chief executive's contract is to be determined, any extra contractual severance payments or benefits are approved by the board with the reasons, costs and reputational risks clearly minuted.	No	Council would need to approve this - <b>This is not a bad NO</b> , this would need to be completed by the council. Demonstrate by scheme of delegation which is saved in the folder	Remains No	Completed- evidence in folder/attached
(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Partial	DR due to discuss this with the Chair and to consider methodology. Proposal that CEO appraisal will be led by Chair and includes E&P Cttee. Proposal that Vice Chair will lead on Chair appraisal. Consideration being given to involve Cllr Glyn Jones as Housing Portfolio Holder. <b>GAP - We need a report to make this a formal arrangement - see action plan</b>	Remains partial. Methodology still needs documenting, appraisal needs to happen and outcome needs to be cited in CEO/Chairs report to Board.	See Action plan
<b>2.5 Workforce: the board ensures that its workforce policies and practices support the success of the organisation and reflect its values and its commitments to equality, diversity and inclusion.</b>				
(1) The board has access to insight into the views of staff, such that their opinions and needs are understood, and influence the board's decisions as appropriate.	Yes	Pulse survey feedback - goes to E&P. Outcomes of staff survey annually, Board are invited to staff conference Minutes of meeting showing Pulse results on 7/4 following it being presented on 3/2. People strategy updates presented 26/5. Chair 's update - meets with director and CEX. Board members attended staff Q&A sessions	No change to evidence	Completed- evidence in folder/attached
(2) The board determines a strategy for remuneration of the workforce which is aligned to the organisation's size and complexity, and to its purpose and values.	Yes	Very limited as we follow LA green book structure and the pay award is the NJC pay award. Anything that affects more than 10% of staff requires Council decision, anything under 10% of staff this is reasonable level for Board consideration. Job Evaluation - Board approved the project. Board approve the Pay Policy which includes the market supplement policy. Pay and Benefits Discussed at E&P 17.5.22 Minutes saved in folder (agenda item 8)	No change to evidence	Completed- evidence in folder/attached

and delivery - The board sets ambitions, plans and strategies which enable the organisation to fulfil its social pu

(3) The board has policies on the safety and wellbeing of its workforce and reviews their effectiveness.	Yes	The Health, Safety and wellbeing strategy was separated in 2020 and the wellbeing priority was incorporated into the people strategy. Board approve the H&S policy and fire management policies. Board approved and received updates on the Health, Safety and Wellbeing strategy - new strategy being written for approval in 2023. Board review Pulse surveys and employee feedback - evidenced in a number of minutes saved in the folder - see minutes from BSC lots of questions asked about staff awareness and effectiveness	No change to evidence	Completed- evidence in folder/attached
<b>2.6 Performance: the board has demonstrable oversight of the organisation's performance.</b>				
(1) The board exercises active and regular oversight of delivery of strategies and plans. This includes scrutinising key operational and finance performance information, and information concerning resident insights and satisfaction.	Yes	Board receive regular updates on the ADP, monthly updates on performance, finance and H&S updates. P&I receive on TV strategy. P&I also receives Customer focus (complaints) also update on transactional and STAR tenant surveys / TSMs - each new strategy has an action pan that is reviewed by Board or relevant committee.	No change to evidence	Completed- evidence in folder/attached
(2) The board has assurance that the reports it receives provide an accurate picture of performance.	Yes	We are audited and have internal audit programme. performance is are presented to every Board and quarterly to P&I for service standards Housemark complete verification on our performance and services. There is internal challenge around key issues by Head of service, EMT, Council challenge through OLB. Also external verification such as gas safe, British safety council, CSE, SHIFT, ISO 45001 - see challenge at BSC 21.7.22 "can we be assured about the numbers of properties on each programme? - gave examples of where service numbers were different from the previous committee meetings report."	No change to evidence	Completed- evidence in folder/attached
2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission.	N/A			
(1) Where the group parent is not a registered provider, formal arrangements are in place to ensure that any registered provider subsidiaries remain compliant with their own charitable or community benefit purposes, and with regulatory requirements.	N/A			
(2) Where a subsidiary is to be or has been established, the benefits, risks and relationship are reviewed by the board of the parent beforehand and thereafter regularly.	N/A			
(3) The board of a parent organisation in a group structure has the responsibility and the reserve powers to direct, and if necessary, intervene in the governance of its subsidiaries.	N/A			
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A			
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	N/A			
(5) The board of the parent approved the group's plans and budgets, and holds the board of each subsidiary accountable for the delivery of its objectives.	N/A			
(6) The board of the parent considers and determines whether and how this code should apply to each of its subsidiaries	N/A			
(7) Where, within a group, there are people who serve on more than one board, there is guidance and documentation to set out how board members must deal with their overlapping responsibilities and any resulting conflicts of interest.	N/A			

<b>Principle 2: Strategy a</b>	(8) Where there is, within a group, a single or common board which governs more than one organisation, the organisation has documented how its meetings will be conducted, serviced and minuted.	N/A			
	2.8 Joint ventures and partnerships: organisations that set up joint ventures or partnership vehicles with external counterparties ensure that these are in support of their mission and objectives.	N/A			
	(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A			
	(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	N/A			
<b>3.1 Roles and responsibilities: the statutory and governance roles and responsibilities of the board, of its individual members, office holders and of others who work to the board are clearly set out.</b>					
(1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness.	Yes	Board cant appoint - Mem and Arts that it's a Mayoral appointment - Mem and Arts and Scheme of Delegation saved	No change to evidence	Completed- evidence in folder/attached	
(2) The chair of the board does not chair and is not a member of the committee responsible for audit, nor does the chair of the board chair the committee responsible for remuneration.	Yes	Board Chair also chairs E&P however E&P are not responsible for remuneration. All staff on agreed national pay structure - staff pay is delegated to Doncaster Council and EMT to do HOS, council were asked for salary approval for CEO but not Board. Delegated to EMT and anything from EMT is a council decision	No change to evidence	Completed- evidence in folder/attached	
(3) Where there are executive board members, the board formally records and publishes policies about the role they play on the board and committees, and makes clear those matters for which they must leave the meeting, or not	Yes	Within scheme of delegation the Executive Board Member does not have voting rights and the Company Secretary ensures this.	No change to evidence	Completed- evidence in folder/attached	
(4) The roles of chair of the board and standing committees (and those of vice chair or senior independent director as applicable) are not held by an executive.	Yes	Board structure on our website - CEO as an attendee not present as a board member for some meets - evidenced in minutes saved.	No change to evidence	Completed- evidence in folder/attached	
(5) Executives are not members of the committees responsible for nominations, remuneration or audit.	Yes	The Chief Executive attends Employment and People Committee as an officer, not a Board Member. E&P Minutes 17.5.22 as an example shows DR as an attendee not present as a Board Member	No change to evidence	Completed- evidence in folder/attached	
(6) There is a clear, documented framework setting out delegations to staff, committees and subsidiaries.	Yes	Mem and Arts, scheme of delegation and TOR's	No change to evidence	Completed- evidence in folder/attached	
<b>3.2 Functions of the board: there is a record of the essential functions and other matters which are reserved for board decision and cannot be delegated. In addition to matters set out in law, statute, regulations and in the organisation's constitution these include as a minimum:</b>					
(1) Setting and ensuring compliance with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success;	Yes	Corporate plan link attached. Starting consultation now for 2024 corporate plan and have evidence in the folder.	No change to evidence	Completed- evidence in folder/attached	
(2) Establishing a culture that is positive, focused on the needs of current and future residents, other customers and other key stakeholders, and embeds equality, diversity and inclusion in the organisation;	Yes	E&D training for our board, E&D section in board reports, EDI annual and quarterly reporting	No change to evidence	Completed- evidence in folder/attached	
(3) Ensuring the organisation operates effectively, efficiently and economically;	Yes	Minutes of all meetings include performance and budgets. VFM annual statement presented Dec 22, annual review presented, social statement presented	No change to evidence	Completed- evidence in folder/attached	
(4) Providing oversight, support, direction and constructive challenge to the organisation's chief executive and other executives;	Yes	Challenge can be evidenced through meeting minutes - sample list of queries and challenges pulled together in one document. See committee minutes with sections highlighted for challenge and questions.	No change to evidence	Completed- evidence in folder/attached	
(5) Appointing and, if necessary, dismissing the chief executive;	Yes	Board are involved in the appointment, interview notes for Dave or panel of people involved for Dave and roles and titles? Interview notes from Chair as evidence - also showing other board member taking lead in asking questions.	No change to evidence	Completed- evidence in folder/attached	
(6) Satisfying itself as to the integrity of financial information, and setting and approving each year's budget, business plan and annual accounts prior to publication;	Yes	Board receive and approve financial information, 3 yr. budgets, corporate plan, KPI's and ADP - Meeting on 26/5 all the information was presented 7/7 shown minutes they were discussed.	No change to evidence	Completed- evidence in folder/attached	



and effectiveness, and ensures that it complies with this code.

(7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff;	Yes	Scheme of delegation is reviewed as and when required	No change to evidence	Completed- evidence in folder/attached
(8) Establishing and overseeing control and risk management frameworks in order to safeguard the assets, compliance and reputation of the organisation;	Yes	Board receive risk register on regular cycle - Strategic risk register on agenda 3/2/2022 minutes show it was discussed in meeting on 7/4/21	No change to evidence	Completed- evidence in folder/attached
(9) Holding to account the organisation's subsidiary boards, committees and senior staff for the exercise of any powers delegated to them.	Yes	Audit committee review and approve annual audit plan Adopting a new reporting template to sit in front of Committee minutes when submitted to Board Changes to policies are reported to Board - action plans to all strategies are regularly presented Performance reports and CEO reports and ADP progress Key decision made highlighted on each board minutes not just annually	No change to evidence	Completed- evidence in folder/attached
<b>3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.</b>				
(1) The organisation determines, documents and regularly reviews the board composition best suited to its needs; in the case of a group subsidiary, this may be a matter for the group parent.	Yes	The Council review our Governance and they recommend a change in the board composition. In 2013, the Council made changes to the Board to change from a 5,5,5 to a 3,3,3 and agreeing the CEO becomes a board member - both decisions made separately. This was also set out in chief exec report Regular governance training every two years (July 22) Considered composition twice in last year when vacancies arose.	No change to evidence	Completed- evidence in folder/attached
(2) The board has between five and 12 members, including and co-optees and executive members.	Yes	Current structure - Evidence displayed on our website	No change to evidence	Completed- evidence in folder/attached
(3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting.	Yes	Chief exec is a board member and doesn't have a vote	No change to evidence	Completed- evidence in folder/attached
(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	We have a vice chair but is this documented in their JD - No. GAP - We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed and it is documented and evidenced they take part in the appraisal process of the chair? - See action plan	Remains partial - list of duties still needs documenting and agreeing	See Action plan
<b>3.4 Board election, selection and appointment: the board has a diverse membership with the collective skills and attributes needed to govern effectively.</b>				
(1) The board understands, states and regularly reviews the collective skills and attributes it requires to be effective.	Yes	Board appraisal process in place and evidence of skills and attributes. Training plan and forward plan also saved.	No change to evidence	Completed- evidence in folder/attached
(2) Prospective board and committee members undergo an open and merit- based assessment process to establish their suitability. Where the organisation's constitution provides for one or more board members to be nominated by an external body, or directly elected, the organisation ensures that those coming forward have the necessary attributes and qualities, and that they are aware of the responsibilities of the role, including those of exercising independent judgement.	Yes	Application and interview process for tenant and independent Members - applications, shortlisting interview notes and scoring for recent round	No change to evidence	Completed- evidence in folder/attached
(3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion.	Yes	At the AGM, we have an opportunity to consider whether we let Members stand down and recruit keeping diversity in mind when re-recruiting. Council Board Members are nominated by the Council.	No change to evidence	Completed- evidence in folder/attached
(4) People with direct lived experience of (or particular insight into) the communities served by the organisation are meaningfully engaged in governance structures.	Yes	We have 3 tenant board members with lived in experience- all Board members receive insight into community feedback as demonstrated earlier.	No change to evidence	Completed- evidence in folder/attached
(5) Shareholders who are not board members are supported and informed to play their proper constitutional role in the organisation's governance and in particular in the election of board members.	Yes	This relates to Council officers - when we make any appointments to Board members, the mem and arts require approval by the Council (Housing portfolio Holder) in OLB minutes 14.9.22	No change to evidence	Completed- evidence in folder/attached
(6) The organisation annually publishes information about the appointment of new board members, and about the diversity, skills and attributes of all the board members.	Yes	HP articles and press releases when new member are appointed Our Website contains a full biography for all Board Members so the need for an annual report is not needed. This includes skills and attributes and is updated as and when new board members are appointed.	No change to evidence	Completed- evidence in folder/attached
<b>3.5 Committees: committees are established where the board determines that they will enable it to exercise more effective scrutiny, control or oversight of particular areas of the organisation's activity.</b>				

organisation is led by a skilled and diverse board which regularly reviews and capably manages its own performance

(1) Each committee has formally recorded terms of reference approved by the board, and reports regularly to the board on its work and the exercise of any delegated authority.	Yes	All have TOR and reviewed every year. Annual report for each committee is reported to Board annually	No change to evidence	Completed- evidence in folder/attached
(2) The membership of committees is determined on the basis of the skills, attributes and diverse characteristics which the board determines are appropriate.	Yes	Limited number of board members - Training programme in place- review composition and need for committees and diversity and attributes required - check minutes. Dave wrote a report and check CEO reports -OLB minutes 14.9.22 Board working with Housing Diversity Network to look at diversity	No change to evidence	Completed- evidence in folder/attached
<b>3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is:</b>				
(1) Permitted by law and by the organisation's own constitution;	Yes	Yes, and reviewed by our solicitors - in Mem and arts	No change to evidence	Completed- evidence in folder/attached
(2) Agreed by the board as being in the best interests of the organisation;	Yes	Not agreed by Board, but approved by Shareholder In our Scheme Of Delegation / Mem and Arts	No change to evidence	Completed- evidence in folder/attached
(3) Aligned with the organisation's social purpose and wider reputation;	Yes	It is and recently agreed that increases are in line with pay award of staff to ensure it is in proportion and is agreed by the shareholder.	No change to evidence	Completed- evidence in folder/attached
(4) Proportionate to the organisation's size, complexity, level of risk and resources;	Yes	We are a management company and therefore no assets. Benchmarked against other organisations and Chair.	No change to evidence	Completed- evidence in folder/attached
(5) Linked to the role's responsibilities, against which performance is reviewed;	Yes	Need to review as part of reviewing E&P Committee membership? Need to consider whether all Board Members are a member of a committee meeting. rate of pay for chair and vice chair and other board members paid the same and performance discussed at annual appraisal - GAP - Review committee structures during 2023 - see action plan.	Changed to compliant - This was discussed and agreed and documented in CEO/ chairs report at Board on 7.12 meeting	Completed- evidence in folder/attached
(6) Regularly reviewed, drawing on external advice as necessary;	Yes	Need to ensure this is reviewed regularly - It was reviewed in 2022/ 23 and covered in the financial statements and CEO report in next year (2023/24)	No change to evidence	Completed- evidence in folder/attached
(7) Disclosed in the organisation's annual financial statements.	Yes	Reviewed in 2022/23. GAP - will be included in next year (2022/23) financial statements and in CEO reports, see action plan	Changed to compliant - this was included in our financial statements	Completed- evidence in folder/attached
<b>3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.</b>				
(1) The board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required.	Yes	We do not have a strategy, but there is a process for each category standing down, however this is not linked to skills and attributes required. Regular reports from CEO medium term plans renew when opportunity arises. Ongoing set out in Mem and arts board itself only has control over 7/11 appointments. Advert for recent member was led by the need for the person standing down i.e. financial or general - No strategy but review the skills of the board annually. Culture report from CEO on Board make up	No change to evidence	Completed- evidence in folder/attached
(2) Where a member is at the end of a term of office and is eligible for reappointment, this is subject to considering the member's performance and skills, and the needs of the board.	Yes	Culture report from CEO on Board make up Board members standing down can re apply and compete with other board members - Steve Lyons applied again after stepping down. When a new vacancy arises the skills and gaps needed will be advertised for (i.e. next time we will be asking or someone with housing experience)	No change to evidence	Completed- evidence in folder/attached
(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	SLHD is 9. GAP - If we want to remain at 9 and not move to 6 we need to document why.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	See action plan
(4) A member who has left the board is not re-appointed for at least three years.	Yes	Detailed within mem and arts - saved as evidence	No change to evidence	Completed- evidence in folder/attached
(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-	No	Need conversation about Council board members and difference set of rules with other 'No' section above. GAP - If we want to remain at 9 need conversation about Council board members and document why.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board	See action plan
<b>3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.</b>				

**Principle 3 : Board Effectiveness - The organ**

(1) The board has appointed (and is responsible for the removal of) a company secretary who is accessible to all board and committee members and accountable to the board for advising on governance matters.	Yes	Director of corporate services is responsible for this post and listed on companies house. All duties of company secretary are laid out in the code of governance framework.	No change to evidence	Completed- evidence in folder/attached
(2) Board and committee meetings are quorate.	Yes	Inc. in all minutes	No change to evidence	Completed- evidence in folder/attached
(3) Scheduled board and committee meetings are based on agendas and documents circulated well in advance. Decisions and the main reasons for them are recorded in the minutes.	Yes	Papers are circulated 7 days in advance. There is a forward plan considered on a regular basis. All decisions are recorded.	No change to evidence	Completed- evidence in folder/attached
(4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements.	Yes	TOR for Board is included in there - no special Board meetings have taken place In past couple of years.	No change to evidence	Completed- evidence in folder/attached
(5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate.	Yes	Board regularly use Microsoft teams, civic is DDA complaint. TM visually impaired so given a laptop with a touch screen to enlarge font - email to test Teams function so meets could continue during Covid	No change to evidence	Completed- evidence in folder/attached
(6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute.	Yes	We know we do this but is hard to evident - found some emails to make sure everyone was comfortable using teams during Covid - Convene training as well.	No change to evidence	Completed- evidence in folder/attached
(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	Yes	Attendance criteria? Duties acceptance Document? GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed- evidence in folder/attached
<b>3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.</b>				
(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	Partial for this time - Requires strengthening through recruitment and appraisal process. will be ongoing and will need to consider what evidence we can produce to demonstrate compliance of the full Board and not individuals - have included the Appraisal effectiveness form - critical friend to evaluate some Board Meetings GAP - arrange a full board appraisal on how board works collectively - see action plan	Remains Partial - Still need an external governance review	See Action plan
(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Partial	Partial for this time - Requires strengthening through recruitment and appraisal process. Will be ongoing and will need to consider what evidence we can produce to demonstrate compliance - maybe board member appraisals but not an appraisal against the whole board - critical friend to evaluate some Board Meetings. New Evidence added - The HDN DNA assessmnt Chair and CEO speaking at HDN and TPAS conferneces on culture issues. GAP - what more evidence can Board suggest to comply with this? - see action plan	Remains Partial - Still need an external governance review	See Action plan
(c) Governing instruments, delegations, regulations, standing orders, structures, systems and other formal documentation as referred to in this code;	Yes	Evidence could include minutes, Standing orders, governance framework	No change to evidence	Completed- evidence in folder/attached
(d) Timing and frequency of meetings;	Yes	The Board have changed the time of the board meetings. Was virtual during Covid and hybrid moving forwards, always documented at top of each minutes - see minutes 26/5 "It was noted that should Board members wish to attend future Board meetings 'in person', meetings will take place at Civic building - Away Day around Governance also covered this - July 2022	No change to evidence	Completed- evidence in folder/attached
(e) Format of agendas, quality and scope of papers, minutes and communications;	Yes	The Board have changed the format of the reports and pushing narrative into appendices to create a more succinct report. Away Day around Governance covered this - July 2022	No change to evidence	Completed- evidence in folder/attached
(f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions;	Yes	Away Day around Governance covered this. STAR Survey, tenant surveys - need to ensure Board receive this information. Tenant Voice Strategy must take into account customer views - reported to Board will cover this GAP - new template for decisions/ actions / challenges to be produced for clarity - see action plan	Changed to compliant - all minutes now include a section to clearly show decisions made and why	Completed- evidence in folder/attached
(g) Compliance with this code and legal duties.	Yes	What evidence can we produce for this? GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	Completed- evidence in folder/attached
(2) These matters are regularly and formally reviewed.	No	What evidence can we produce for this? GAP - Board appraisal of Board performance to be arranged - critical friend could facilitate - see action plan	Remains No - Still need an external governance review	See action plan

	(3) All new board and committee members receive a full induction.	Yes	Legal Induction checklist that Board support officer completes and training forward plan but no formal training or induction to the organisation / structure / functions. New members have settling in months before appraisal in Jan when appointed in Oct GAP - create new induction checklist similar to employees	Changed to compliant - new handbook and induction check list completed.	Completed- evidence in folder/attached	
	(4) All members have an agreed programme of ongoing learning and development opportunities, including to address needs identified through the appraisal process.	Yes	Board training plan and is documented as part of appraisal process - have included the Appraisal effectiveness form	No change to evidence	Completed- evidence in folder/attached	
	<b>3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two years.</b>					
	(1) The appraisal of the board's chair is led by a senior board member, informed by the views of all board members.	Yes	Will be picked up as part of a new process for the Chair.	No change to evidence	Further evidence being sought	
	(2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes.	Yes	Model code of conduct, acceptance of duties form but where is a documented process of what we would do if any of these weren't followed in the acceptance of duties it says you must report this to the chair or vice chair. GAP - Code of Conduct for Board members could remedy this - see action plan	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed- evidence in folder/attached	
	<b>3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.</b>					
	(1) Where the formal constitution of an organisation conflicts with the code, the constitution takes precedence.	Yes	This is in the mem and arts	No change to evidence	Completed- evidence in folder/attached	
	(2) Where a statement of non-compliance is needed it sets out: (a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and (b) Summary plans for the achievement of compliance, if applicable.	Yes	GAP -once adopted review compliance with this code on an annual basis, see action plan	Changed to compliant - review of this code at Board on 1.2.24	Completed- evidence in folder/attached	
	(3) Where an organisation has subsidiaries which have not adopted this code, the reasons for this are given.	N/A				
	(4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed.	Yes	All are originally reviewed by Board and an annual review of all key documents is conducted and presented to EMT	No change to evidence	Completed- evidence in folder/attached	
	<b>4.1 Audit: the board has formal and transparent arrangements ensuring that the organisation is financially viable and maintains both a sound system of internal audit and controls and an appropriate relationship with its external auditors.</b>					
	(1) The board can have confidence in the information it receives and there are robust internal controls and systems for business and control assurance in place which are reviewed annually.	Yes	Use Councils Internal Audit, and Independent external audit. This is also part of audit of financial statements included in evidence file which Board approve.	No change to evidence	Completed- evidence in folder/attached	
	(2) There is a committee primarily responsible for audit, and there are arrangements for effective internal control assurance and audit functions.	Yes	Audit and Risk committee in place and evidence on our website.	No change to evidence	Completed- evidence in folder/attached	
(3) The organisation's external auditors are independent and effective, and their appointment is reviewed at least every six years.	Yes	Reviewed more regularly than 6 years but We have a service level agreement SLA following a full procurement process. Contact is for 2 yrs. +1+1.	No change to evidence	Completed- evidence in folder/attached		
<b>4.2 Audit committee: a committee exercises independent scrutiny and challenge to provide the board with assurance.</b>						
(1) The committee responsible for audit meets regularly and its minutes are available to the board.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	No change to evidence	Completed- evidence in folder/attached		
(2) The committee exercises oversight of the internal and external audit functions.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder. Q2 2022 IA A&R report in the folder as well. Audit committee forward plan.	No change to evidence	Completed- evidence in folder/attached		
(3) The committee annually meets with the external auditors with only non- executives present.	Yes	Twice Yearly - Execs <b>ARE NOT</b> present and it is minuted. Slightly different arrangements for meetings on teams. Chair of Audit, IA and EA can verify this and it is in the minutes. Chair of A&R emails all committee members to see if they want to raise anything and this is minuted.	No change to evidence	Completed- evidence in folder/attached		
(4) The chair of the committee is a member of the board and regularly reports to it.	Yes	Minutes are discussed and documented on Board meeting Minutes saved in the folder.	No change to evidence	Completed- evidence in folder/attached		
(5) The membership of the committee includes at least one person with recent and relevant financial experience, proportionate to the size and complexity of the organisation.	Yes	Chair of A&R was a former group director of a local charity organisation (renew Leeds limited) and therefore has the proportionate skills and experience needed.	No change to evidence	Completed- evidence in folder/attached		

ion, and obtains robust assurance that controls are  
ne organisation is financially viable.

**Principle 4: Control and assurance - The board actively manages the risks faced by the organisation effective, that plans and compliance obligations are being delivered, and that ti**

<b>4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place.</b>				
(1) The board may delegate the detailed scrutiny and evaluation of risk to a committee.	Yes	Scheme of Delegation	No change to evidence	Completed- evidence in folder/attached
(2) The board has a suitable risk management framework in place; it understands the organisation's risk profile and the effectiveness of key controls.	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes	No change to evidence	Completed- evidence in folder/attached
(3) The board establishes and documents its appetite for the risks the organisation faces in pursuit of its strategy.	Yes	Risk section in financial statements/annual report section.	No change to evidence	Completed- evidence in folder/attached
(4) The board ensures that the organisation is resilient to the risks it may face, with appropriate mitigations and a suitably comprehensive, tested and up-to-date business continuity plan.	Yes	Reviewed. Audit and Risk are responsible for reviewing annually in March - Minutes of A&R.	No change to evidence	Completed- evidence in folder/attached
(5) The board includes members with skills and experience appropriate to the level and type of risks faced by the	Yes	We can stipulate the skills we required (accountant, tenants, HR etc..) adverts reflect the skills we need when recruiting	No change to evidence	Completed- evidence in folder/attached
(6) The board regularly reviews the risks the organisation faces and how they are being managed; this includes the risks associated with activities carried out by subsidiaries or	Yes	Risk management profile and framework which is externally reviewed by insurers - regular reports to Board can see reports and challenges and questions in the minutes.	No change to evidence	Completed- evidence in folder/attached
(7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place.	N/A			
(8) The organisation's annual report includes a statement about the risk management work of the board, including its understanding of principal and emerging risks and how these	Yes	In the financial statements each year - includes a risk statement	No change to evidence	completed- evidence in folder/attached
<b>4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements.</b>				
(1) The board has a robust internal control framework and has regular assurance about the effectiveness of key controls	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates and financial statements.	No change to evidence	Completed- evidence in folder/attached
(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Yes	Internal audit, A&R committee, accreditations, gas compliance via performance information. BSC minutes. Legal register updates - cannot find any reports on safeguarding? GAP - Do Board Members review safeguarding - see action plan	Changed to compliant - this is has now been included in the CEO/Chair's report	Completed- evidence in folder/attached
(3) The board publishes an annual statement setting out its approach to compliance and internal control.	Yes	In the financial statement - Approved by the Board, signed by the Chair and the External Auditors. This is published on our website.	No change to evidence	Completed- evidence in folder/attached
<b>4.5 Whistleblowing and confidential concerns: there are clear and well- publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns with a designated non-executive member of the board (other than the chair), where these are serious concerns and cannot appropriately be raised through the usual channels, and for these to be dealt with through proportionate and independent investigation as necessary.</b>				
(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Yes	The organisational one is out of date, last approved 2019 was due for approval April 2022 - new date approved at EMT for review by Q4 2022. GAP - update and approve the policy - see action plan	Changed to compliant - This policy has been updated and approved in April 2023	Completed- evidence in folder/attached
(2) The board (or an appropriate committee) regularly receives an account of matters raised under these policies, and actions taken in response.	Yes	A&R receive the fraud report and whistleblowing is included in this report	No change to evidence	Completed- evidence in folder/attached
(3) If a board member has concerns about the board or the organisation that cannot be resolved, these concerns are shared with the board and formally recorded.	Yes	No evidence this has ever happened and will be addressed in new Board code of conduct.	No change to evidence	Completed- evidence in folder/attached

Code of Governance: Action plan						
Principle	Section of the code	Compliance	Owner	Action	Jan 2024 Update	Date to be completed (Financial year)
Principle 1: Mission and values: The board sets and actively drives the organisation's social purpose, mission and values and through these sets the tone for the organisation's culture of inclusion, integrity, openness and accountability.	<b>1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.</b>					
	(2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values.	Partial	M McEgan	Compliments to be included in the quarterly customer focus presentation to P&I and annual presentation for Board.	Remains partial. Compliments included in P&I Quarterly report however Consideration of more reporting to Board on complaints and compliments	Q4 2023/24
	<b>1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.</b>					
	(1) The board adopts a formal code of conduct to which all its members adhere.	Yes	Board	Produce a new code of conduct for Board Members	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed
	(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest.	Yes	J Crook and Board	Produce a new code of conduct for Board Members	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed
	(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	No	Board	We can find any evidence of this happening? This needs to be regularly reviewed and updated by Board if and when evidence arises	Happy this remains as a No. Considered how and when this would occur and would be in very extreme circumstances. Training on the role of a board member and details of companies act has been delivered.	N/A
	<b>2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.</b>					
	(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	Partial	D Richmond	We need a report to make this a formal arrangement. DR due to discuss this with the Chair and to consider methodology.	Remains partial. Methodology still needs documenting, appraisal needs to happen and outcome needs to be cited in CEO/Chair's report to Board	Q4 2023/24
	<b>3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.</b>					
	(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Partial	J Crook and Chair of the Board	We need a separate list of duties for the vice chair that the vice chair signs and agrees to once appointed.	Remains partial - list of duties still needs documenting and agreeing	Q4 2023/24
<b>3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is:</b>						
(5) Linked to the role's responsibilities, against which performance is reviewed;	Yes	J Crook / D Richmond	Review committee structures during 2023. Need to consider whether all Board Members are a member of a committee meeting.	Changed to compliant - This was discussed and agreed and documented in CEO/Chair's report at Board on 7.12 meeting	Completed	
(7) Disclosed in the organisation's annual financial statements.	Yes	J Crook	To be included in next years financial statements and in CEO reports	Changed to compliant - this was included in our financial statements	Completed	
<b>3.7 Tenure and renewal: tenure for non- executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.</b>						
(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	No	Board and DC	If we want to remain at 9 and not move to 6 we need to document why and ensure there is a good succession plan in place to address this. There is also no maximum term for Council board members.	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	Q4 2023/24	
(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	No	Board and DC	Need conversation about Council board members and difference set of rules with other 'No' section above	Remains No - Need to minute to be able to evidence that board members have had the discussion and opinion that we want the best board members for the role and are happy we didn't adopt.	Q4 2023/24	
<b>3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.</b>						
(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	Yes	J Crook and Board	Produce a new code of conduct for Board Members	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed	
<b>3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.</b>						
(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: (a) Composition, skills, experience and diversity;	Partial	J Crook	Arrange a full board appraisal on how board works collectively and invite a critical friend to evaluate some Board Meetings	Remains Partial - Still need an external governance review	Q1 2024/25	
(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Partial	Board	Invite a critical friend to evaluate some Board Meetings. What further can Board member suggest for evidence to strengthen this section?	Remains Partial - Still need an external governance review	Q1 2024/25	
(f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions;	Yes	J Crook	A new template to be devised for decisions/ actions / challenges to be produced for clarity following all meetings	Changed to compliant - all minutes now include a section to clearly show decisions made and why	Completed	
(g) Compliance with this code and legal duties.	Yes	Board	Once adopted review compliance with this code on an annual basis	Changed to compliant - review of this code at Board on 1.2.24	Completed	
(2) These matters are regularly and formally reviewed.	No	J Crook	Board appraisal of Board performance to be arranged - critical friend could facilitate	Remains No - Still need an external governance review	Q1 2024/25	
(3) All new board and committee members receive a full induction.	Yes	J Crook	Create a new induction checklist similar to new employees	Changed to compliant - new handbook and induction checklist completed.	Completed	
<b>3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two years.</b>						
(2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes.	Yes	J Crook	Produce a new code of conduct for Board Members	Changed to compliant. Produced, adopted and agreed at Board meeting on 7.12.23	Completed	
<b>3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.</b>						
(2) Where a statement of non-compliance is needed it sets out: (a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and (b) Summary plans for the achievement of compliance, if applicable.	Yes	J Crook	Once adopted, review compliance with this code on an annual basis	Changed to compliant - review of this code at Board on 1.2.24	Completed	
(b) Summary plans for the achievement of compliance, if applicable.	Yes	J Crook	Once adopted, review compliance with this code on an annual basis	Changed to compliant - review of this code at Board on 1.2.24	Completed	
<b>4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements.</b>						
(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Yes	M McEgan / D Richmond	Annual safeguarding report to be added to Board meeting	Changed to compliant - this is now included in the CEO/Chair's report	Completed	
<b>4.5 Whistleblowing and confidential concerns: there are clear and well-publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns with a designated non-executive member of the board (other than the chair), where these are serious concerns and cannot appropriately be raised through the usual channels, and for these to be dealt with through proportionate and independent investigation as necessary.</b>						
(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Yes	J Crook and Board	Update and approve the policy	Changed to compliant - This policy has been updated and was approved in April 2023	Completed	

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 01 February 2024

**Item** : 09

**Subject** : Performance Management Framework

**Presented by** : Julie Crook, Director of Corporate Services

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

**Purpose** : To present a Performance Management Framework for approval.

### **Recommendation :**

For Board to approve the Performance Management Framework.

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

**Agenda Item No. 09  
Date: 01 February 2024**

**1. Report title**

1.1. Performance Management Framework.

**2. Executive Summary**

2.1. Robust Performance Management is a fundamental requirement of any successful organisation and is implicit and explicit within the Management Agreement between Doncaster Council (CDC) and St Leger Homes (SLHD).

2.2. SLHD has established, extensive financial and operating performance reporting and management arrangements in place, with numerous budget, Key Performance Indicators (KPIs) and other service specific reports being reported weekly, monthly, quarterly and annually to numerous SLHD management groups, CDC, budget holders, employees and on our website.

2.3. However, a review of these arrangements has identified that there isn't a specific document – a Performance Management Framework – that formally sets out all of the work undertaken and the roles and responsibilities within them.

2.4. The framework, attached at **Appendix A**, is the structure that all of our arrangements and processes fit within. It is the means by which every team and every individual's contribution is understood in the context of helping SLHD deliver its priorities.

2.5. The purpose of this framework is to:

- set out how SLHD will set targets and manage performance;
- ensure everyone understands their responsibilities and accountabilities in order to achieve objectives set out in the Corporate Plan;
- provide a guide for all those involved in the performance management process;
- help improve communications and embed a performance management culture.

2.6. The framework is essentially a working tool for SLHD and helps to determine how we ensure that objectives are understood, monitored and achieved and crucially what happens when performance levels are not where we want them to be.

**3. Purpose**

3.1. To present Board with a Performance Management Framework (**Appendix A**) for approval



#### **4. Recommendation**

4.1. For Board to approve the Performance Management Framework.

#### **5. Procurement**

5.1. Procurement implications are considered within the framework.

#### **6. Value For Money**

6.1. Value for money is referenced comprehensively within the framework

#### **7. Financial Implications**

7.1. All the financial implications are considered within the framework.

#### **8. Legal implications**

8.1. Legal implications for SLHD will be related to non delivery of services as set out by legislation or management agreement, and are therefore implicit within the framework.

#### **9. Risks**

9.1. Risk is implicit in the report. Poor management of performance has significant financial, operational and reputational risks, particularly in the increasingly challenging economic and regulatory climates.

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

10.1. Health and Safety (H&S) implications are implicit in the report. St Leger must ensure it meets its H&S obligations and a detailed understanding and meeting of budgets and performance requirements is essential.

#### **11. IT Implications**

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

#### **12. Consultation**

12.1. No specific implications. References are implicit within the report where appropriate. Customer involvement and consultation were built in to the corporate planning and service delivery methodology.

#### **13. Equality and Diversity**

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

**14. Communication**

- 14.1. There are no communication requirements arising from this report. RPs must publish their self-assessment within six months of the financial year end, and this self-assessment will be published as required.

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

- 15.1. There is no equality analysis specific to this report.

**16. Environmental**

- 16.1. Environmental implications are referenced in this report as appropriate in the report.

**Report author, Position, Contact Details**

Nigel Feirn

Head of Finance and Business Assurance

**Appendix A – Performance Management Framework**

## 1. Introduction

- 1.1. Robust Performance Management is a fundamental requirement of any successful organisation, and is implicit and explicit within the Management Agreement between Doncaster Council (CDC) and St Leger Homes (SLHD).
- 1.2. The Management Agreement is one of a number of strategic documents against which SLHD will be measured. SLHD therefore requires a Performance Management Framework to ensure these requirements are met.
- 1.3. SLHD's approach to performance rests on a set of management and analytic processes that enables us ensure that top level strategic objectives as described in the corporate plan are owned at each level of the organisation and translated into clear actions capable of being monitored and managed at each level of the organisation.
- 1.4. This framework is the structure that the processes fit within, it is the means by which every team and every individual's contribution is understood in the context of helping SLHD deliver its critical priorities.

## 2. Purpose/ Why do we need this?

- 2.1. The purpose of this framework is to:
  - set out how SLHD will manage performance;
  - ensure everyone understands their responsibilities and accountabilities in order to achieve objectives set out in the Corporate Plan.
  - provide a guide for all those involved in the performance management process
- 2.2. The framework is essentially a working tool for SLHD. It sits alongside the key strategic and operational documents that describe our priorities at differing levels within the organisation.
- 2.3. This document helps to determine how we ensure that objectives are understood, monitored and achieved and crucially what happens when things go astray.
- 2.4. The framework will:
  - Describe the process for ensuring each part of the organisation is clear about, what are their priorities, the processes required to meet them, the way they will be monitored and the remedial action required if off track
  - Ensure clarity and accountability for key issues throughout the organisation
  - Enable a clear line of sight throughout the entire organisation between corporate priorities and direct delivery.
  - Act as a key governance document and ensure transparency for the City of Doncaster Council (CDC), ensuring they are clear how performance is managed in SLHD
  - Help us to improve our communication
  - Tie together the key elements of how we manage the performance of the organisation
- 2.5. The framework is also a useful document for anyone who wishes to understand how SLHD derives its priorities and how it works to ensure they are achieved.

## 3. Setting our Priorities.

- 3.1. SLHD exists to deliver the housing service on behalf of CDC. Our work sits within a context of legislative and regulatory standards for the housing industry but also crucially it seeks to help the council and its partners deliver the key strategic document for Doncaster; the Borough Strategy, called 'Doncaster Delivering Together'

3.2. In summary, the CDC Borough Strategy has 'Great 8' priorities

1. Tackling climate change
2. Developing skills to thrive in life and work
3. Making Doncaster the best place to do business and create good jobs
4. Building opportunities for happier and healthier lives
5. Creating safer, stronger, greener and leaner communities where everyone belongs
6. Nurturing a child and family friendly borough
7. Building transport and digital connections fit for the future
8. Promoting the borough and its cultural sporting and heritage opportunities

3.3. SLHD therefore requires a vision and Corporate Plan that aligns with the CDC strategy. The Corporate Plan has four strategic objectives and have required outcomes.

3.4. The strategic objectives in our 2024-29 Corporate Plan are :

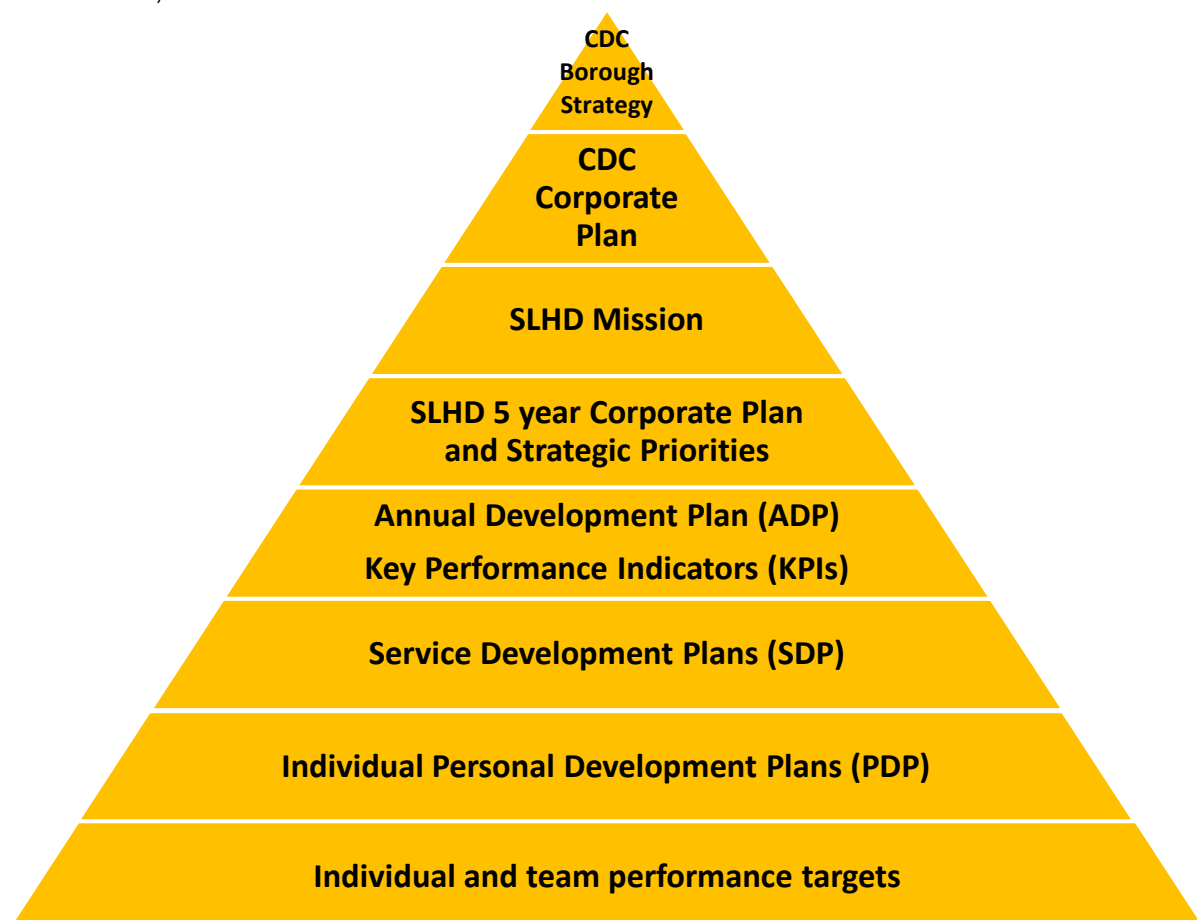
- To get it right for our customers and staff;
- To provide good quality, safe homes at a rent you can afford;
- To help build communities not just homes; and
- To work with others to deliver Doncaster's 'thriving people places and planet' ambitions.

3.5. The Corporate Plan for 2024-29, has the following priorities:

- People;
- Homes;
- Communities; and
- Partnerships.

#### 4. Business Planning & Management

4.1. These objectives are cascaded down into detailed actions across all areas and levels of SLHD, as set out in the framework below



4.2. Analysing the above pyramid framework, each 'layer' has detailed actions and targets:

<b>Pyramid layer</b>	<b>SLHD Outcomes, Actions and Targets</b>
CDC vision and strategy	SLHD Management Agreement and Delivery Plan, CDC / SLHD reporting arrangements – Budgets, KPIs, Governance, Compliance, VFM
SLHD Mission and Values	Strategic objectives and priorities
Corporate Plan	Regulatory Standards adherence, Tenant reports, Budgets, Building safety compliance,
Annual Development Plan	Corporate actions in ADP, full suite of 22 KPIs and TSMs
Service Development Plans	Team performance targets, suite of PIs and information for each service area
Individual objectives / PDPs	PDPs, individual performance targets, Check-ins, team meetings

## 5. The framework

5.1. The framework must cover all aspects of the organisation, so a balanced scorecard of ADP, KPIs and PIs will and are developed annually, cross referenced with Budgets and Risks, within the following categories :

- Customers;
- Employees;
- Finance;
- Governance;
- Assets; and
- Growth.

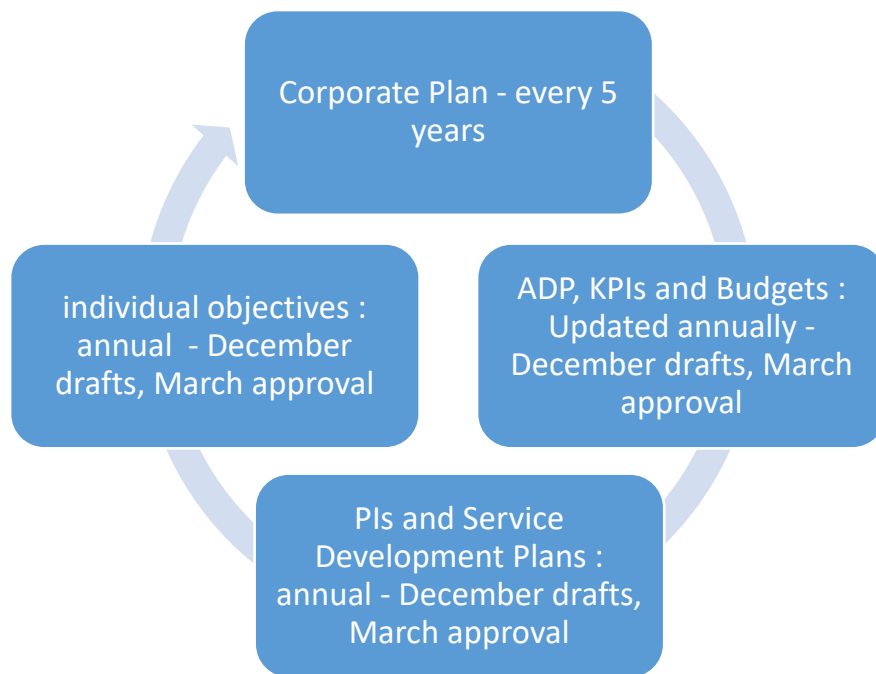
5.2. Within the above, and detailed below, are performance measures that incorporate:

- Strategies, Policies and procedures;
- Tenant and Staff surveys;
- PDPs;
- Individual performance targets;
- KPIs and TSMs (Tenant Satisfaction Measures);
- Risk management framework;
- Regulatory requirements;
- Budgetary control and monitoring;
- Financial planning; and
- Asset modelling.

## 6. Planning cycle

6.1. All of the above requires extensive planning and SLHD operate a comprehensive planning cycle as shown below.

6.2. In summary, the Corporate Plan is renewed every five years, but priorities within the plan are reviewed and refreshed annually to ensure our work remains current and meets the changing and challenging operating environment.



## 7. Target setting

- 7.1. In summary, drafting of Performance targets (KPIs, PIs, budgets, Annual Development Plan (ADP), PDPs, etc.) commences in October each year and undergo a rigorous review process involving EMT, Board and CDC before finalised approved in March in readiness for the financial year ahead.
- 7.2. Targets are based on a combination of past and current performance, benchmarking, company and sector risk, economic climate and regulatory requirements. Wherever possible, KPIs will utilise sector standard definitions to enable consistency and effective benchmarking.

## 8. Roles and responsibilities

- 8.1. Performance Management is everyone's responsibility within SLHD, and accountability is summarised below :

### The Council

Each year we agree with the council which performance measures are appropriate to be reported to the various governance meetings and what the expected targets are.

### Board

Strategic responsibility for :

- setting Annual Development Plan (ADP) objectives, agreeing Key Performance Indicators (KPIs) and Targets;
- leading and directing the performance of SLHD via their Executive Management Team; and
- periodic reporting on performance to CDC as required as per the Management Agreement.

### Executive Management Team

Strategic accountability and responsibility for :

- performance in relation to delivering SLHD strategic objectives;
- driving continuous improvement by implementing and embedding the Performance Management Framework across SLHD; and
- periodic reporting on performance to Board and DC as required in the Management Agreement and Scheme of Delegation.

### Heads of Service

Accountable for achieving ADP objectives, KPIs and Targets within their service areas.

Responsible for overseeing the performance of service areas within their remit and ensuring all staff are encouraged and have the opportunity to engage in performance improvement activity in relation to their service area. Ensuring performance improvement methods are utilised to improve service delivery where necessary.

### Service Managers

Responsible for:

- achieving ADP objectives, service plans, KPIs and targets within their service areas;
- communicating expectations in relation to performance and engaging with teams in performance improvement activity; and
- using performance improvement methods to improve service delivery where necessary.

### Team Leaders

Responsible for:

- monitoring and managing performance;
- supporting their team to deliver agreed objectives;
- engaging their team in discussions about team performance; and
- using performance improvement methods to improve service delivery where necessary.

### Employees

Individuals have a responsibility to undertake tasks allocated in accordance with their role. Performance is discussed during regular check ins with their line managers. Employees are supported to develop the skills and knowledge required to undertake their role.

Everyone should understand how their work contributes to the delivery of SLHD's key priorities. Engagement in continuous improvement processes is expected and encouraged and employees should feel able to contribute to performance improvement activity.

### Tenants

Tenants play a crucial role in our performance framework, scrutinising and challenging us on our services performance and in particular helping set our annual Customer Service Standards.

## **9. Performance and Data**

9.1. A balanced scorecard of KPIs and PIs are developed annually, cross referenced with the Annual Development Plan, Statutory and Regulatory requirements, Budgets and Risks, within the categories below, which include examples of typical measures for the housing sector:

Category	Example performance indicators
Customers	Rent arrears, void rent loss, void relet times, repairs, satisfaction, ASB, sustainability, homelessness
Employees/Processes	Sickness, employee turnover, productivity, efficiency

Finance	Budget monitoring, local expenditure
Growth	Training, employment, investment.
Assets	Energy efficiency, property decency, H&S compliance,
Governance	ADP monitoring, internal audit programme, H&S compliance,

## 10. Performance monitoring

10.1. As standard, the following will be produced :

- a corporate dashboard of KPIs and TSMs, accompanied by a detailed booklet with supporting HOS commentary, will be produced monthly and reported to Leadership, Board and the Council (quarterly) ;
- a suite of PIs will be produced and maintained for the Senior Management Team (SMT) to access, utilising business intelligence software, enabling all employees to access timely and accurate performance data;
- an update on progress of ADP actions will be produced quarterly and reported to Leadership and Board;
- detailed monthly budget monitoring reporting with detailed HOS commentary;
- weekly presentation of a selection of KPIs to all employees giving an overview of company performance covering core service areas;
- quarterly service standards reporting;
- monthly benchmarking of a selection of KPIs with our per group and nationally;
- tenant perception surveys and transactional surveys; and
- monitoring of employee check ins and Personal Development Plans (PDPs).

10.2. Additional reporting will be implemented as appropriate.

10.3. The table below summarises core reporting and scrutiny arrangements:

	CDC	Board	Sub committees	EMT	HOS	Managers	Employees	Customers
Budget monitoring for all services	Quarterly	Quarterly	Quarterly	Monthly	Monthly	Monthly	n/a	n/a
Full suite of Corporate KPIs	Quarterly	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Website
Headline Corporate KPIs	n/a	Weekly	Weekly	Weekly	Weekly	Weekly	Weekly	n/a
Suite of PIs for each service	n/a	n/a	n/a	On demand	On demand	On demand	On demand	n/a
Risk Management and Internal Audit	n/a	Quarterly	Quarterly	Quarterly	Quarterly	n/a	Quarterly	n/a
Health, Safety and Compliance	n/a	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly	Annually
Employee surveys	n/a	Per survey	Per survey	Per survey	Per survey	Per survey	Per survey	n/a
Customer surveys	n/a	Annually	Annually	Annually	Annually	Annually	Annually	Annually

10.4. We report all of the above at various points throughout the year. Customer reporting is usually via the website or 'Houseproud' (tenant publication)

10.5. This reporting will identify where corrective action is required, the management responsible and the steps we will take to improve performance to satisfactory levels.

## 11. Reporting methodology

11.1. Performance reporting will be via a number of channels

- SLHD Website
- SLHD intranet
- Annual Review
- Financial Statements (Companies House)



- Houseproud (Tenant magazine)
- Staff Focus (Employee magazine)
- Reports to DC, Board, Performance and Improvement Committee, EMT, HOS, SMT
- Staff email

## 12. Benchmarking

- 12.1. One of SLHD's strategic objectives is to be a nationally recognised provider of housing services and benchmarking is a key element of this, as it is a comprehensive way of assessing performance and in turn Value For Money (VFM).
- 12.2. We actively benchmark our services with other organisations. The main method of benchmarking is through our membership of Housemark, but we also carry out more tailored benchmarking with specific organisations. We also validate our performance with employee and customer surveys
- 12.3. One outcome with Housemark is the grading of our costs and performance into four bands "quartiles", ie Quartile 1 for top performers or lowest cost, etc. We submit performance information quarterly and more comprehensive performance information on annual basis, together with detailed financial analysis.
- 12.4. SLHD strives to be in the top quartile (top 25%) for all of our cost and performance indicators. A review of all indicators where SLHD is below Median is undertaken and corrective action taken to improve wherever possible.
- 12.5. We also carry out more tailored benchmarking with specific organisations, where appropriate. For example :
- Local KPI sharing with peers within Yorkshire and Humberside;
  - Universal Credit (UC) – working with the DWP national policy team;
  - Income Management (IM) – participation in a regional (northern) benchmarking group;
  - Income Management (IM) – talking to other organisations to review systems;
  - Part of the National Early Adopter programme for High Rise Buildings (HRRB);
  - Participated in a regional health, safety and compliance benchmarking group; and
  - Member of a national Former Tenant Arrears forum.
- 12.6. Other appropriate benchmarking will be undertaken wherever possible.

## 13. Summary

- 13.1. As set out in detail above, the Performance Management Framework is a key element of our strategic documents
- 13.2. It is a working tool that describe our priorities at differing levels within the organisation and helps everyone to determine how we ensure that objectives are understood, monitored and achieved and crucially what happens when things go astray.
- 13.3. It sets out clear roles and responsibilities for reporting and managing performance and will be reviewed and updated periodically to ensure it remains current and meets the requirements of CDC, SLHD, tenants and all legislative bodies, such as the Social Housing Regulator.

**December 2023**

# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	Safety and Compliance Dashboard – December 2023
<b>Action Required:</b>	Members of Board are asked to consider the content of this report
<b>Item:</b>	10
<b>Prepared by:</b>	Laura Dougan Health, Safety and Compliance Service Manager
<b>Date:</b>	01 February 2024

### 1. Report Title

1.1 Safety and Compliance Exception Report – December 2023

### 2. Property Compliance Status Summary

2.1 The Compliance Team are collecting evidence to demonstrate compliance with Regulatory, Statutory and manufacturers requirements for the equipment within the assets managed by SLHD. The information collected is firstly validated and then stored in our compliance software C365; top level compliance is demonstrated in 2.4.

2.3 This exception report provides a position statement on the 7 main areas of compliance including Damp and Mould.

2.4

CATEGORY	COMPLIANCE	ALL PROPERTIES			
		COMPLIANCE %	TOTAL COMPLIANCE	IN COMPLIANCE	OUT COMPLIANCE
Asbestos	Asbestos Reinspections - Common Areas	100%	553	553	0
Electrical Safety	Fixed Electrical Wiring Testing - Common Areas (EICR) (5Y)	100%	408	408	0
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (5Y)	79.86%	19821	15830	3991
Electrical Safety	Fixed Electrical Wiring Testing - Dwellings (EICR) (10Y)	81.91%	94	77	17
Fire Safety	Fire Risk Assessment	100%	513	513	0
Gas Safety	Landlord Gas Safety Record (LGSR's)	100%	18804	18804	0
Lifts & LOLER	Passenger Lift - LOLER Thorough Exam	100%	26	26	0
Water Hygiene	Legionella Risk Assessment	100%	73	73	0

### 3. Landlords Gas Safety Record (LGSR) Programme

3.1 The number properties requiring an annual gas service is shown in table one below. The programme is delivered between February and the end of October each year, using the MOT style anniversary which allows the service to be completed two months early and retain the anniversary date. The 2024 programme was completed in November 2024 with all properties accessed.

3.2 Table 1: Compliance reporting on LGSR programme

Total number of properties on the Internal Service Provider (ISP) 2023/24 gas servicing programme	18,804
Total number of properties remaining on the programme	0
Total number of validated properties on the 2023/24 programme (C365)	18,804

3.3 Work continues to ensure consistency across systems with accurate and valid data being provided.

3.4 Table 2: LGSRs in the access process and at which stage

Properties cannot reach stage 4 of the access process until they have gone past their anniversary date so therefore table 2 demonstrates there are no properties in the no access process as all properties have been accessed in the 2024 programme.

<b>Access Stage December 2023</b>		<b>Number of Properties</b>
<b>1</b>	No Access – carded property advising tenant to make another appointment (first visit)	0
<b>2</b>	8 Day letter sent advising to make appointment or legal action would commence (sent first class)	0
<b>3</b>	21 days abatement notice sent with letter (sent recorded delivery) – contact us and initiating court action	0
<b>4</b>	Expired LGSR (have or waiting for a court date to obtain warrant)	0
<b>Total Properties in the access process</b>		<b>0</b>

3.7 **Caron Monoxide Detection Compliance**

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

3.8 To date 18,804 gas services have been completed. During each service a CO detection device is being fitted and tested; replacing any devices already in place in the property. Reports are generated from Open Housing and triangulated with the LGSR programme to confirm that CO detection is installed. This report is run monthly, and the comparison is taking place. 1,832 Properties are being re-attended to fit new CO detection as the validation identified that new CO alarms were not fitted during a specific period of those 1,832 properties. As at end of December 2023 there were 768 still to have CO detectors installed. More resources were applied during December, tenants have been contacted through voicescape as well as numerous visits and cards left for the tenant to contact us.

#### 4. Electrical Installations Condition Report (EICRs) Programme

4.1 There are 7,410 residential properties which require the EICR to be completed between April 1st 2023 and March 31st, 2024. 3,450 have been completing leaving 3,960 to be completed before the end of March 2024. Table 3 demonstrates performance against the programme. External Service providers (ESP) are being used for additional capacity with permanent arrangements now procured. With all four contractors in place we expect to achieve the electrical testing programme for 2023/24. However, we continue to monitor this closely.

4.2 Table 3: Compliance reporting on domestic EICR Programme –

Total numbers EICRs completed in December 2023 by ISP	39		
Total numbers EICRs completed in December 2023 by ESP	382		
Total number of properties on 2023-24 programme	7,410	Completed to date -	3,450
Total number of properties on programme	<b>19,821</b>		
Total number of properties with an in date 5-year EICR	15,817		
Total number of properties with an over 5 year old EICR	3,897		
Total number of properties with an in date 10 year EICR	77		
Total number of properties with an EICR over 10 years	17		

4.3 There are 408 properties with a communal area that require an EICR. 89 of these properties require the EICR to be completed between 1st April 2023 to March 31st, 2024. 42 have been completed leaving 47 still to complete by the end of March 2024. These are all to be completed by ISP. Table 4 demonstrates performance against the programme.

4.4 Table 4: Compliance reporting on communal EICR programme

<b>Properties with Communal Areas EICRs</b>			
Total numbers EICRs completed in December 2023	3		
Total number of properties on 2023-24 programme	89	Completed to date against programme	42
Total number of properties on programme	408		
Total number of properties with a 5-year EICR	408 (100%)		
Total number of properties out of compliance with programme	0 (0.00%)		

## 5. Fire Risk Assessment (FRA) Programme

### 5.1 Table 6 : Compliance reporting on FRA programme

Total numbers FRA completed in December 2023	5
Total numbers FRA with an anniversary date in December 2023	0
Total number of properties on programme	513
Total number of properties with a compliant FRA	513 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

## 5.2 Fire Door Inspection Programme

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

	Number of doors
Total number of flat entrance fire doors inspected	502
Total number due flat entrance fire doors still to inspect	101
Total number of common area fire doors inspected during December 2023	0
Total number of common area fire doors due during December 2023	0

5.4 The Building Safety Team have identified all of the fire doors across areas of the district in order to categorise and catalogue these and ensure that there are inspected at the appropriate frequency ensuring compliance with the requirements of the Fire Safety Regulations 2022. These Regulations apply to all buildings in England that comprise two or more domestic premises (including the residential parts of mixed-use buildings) although there additional requirements depending on the height of the building. However, for each building where there are two or more dwellings the Responsible Person -

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

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

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

These inspections are completed by the Building Safety Team and a fire door register is being created within C365. SLHD has determined that we have 9 buildings where the enhanced checking of fire doors needs to be completed to date we have identified and recorded 603 flat entrance doors (FED) and 801 communal doors. Once all of the doors have been identified, inspected, asset tagged and recorded centrally on C365 the inspection program will be smoothed to cover the year providing regular assurance on fire door compliance. The current compliance position is reported in table 7. No common area doors were due for inspection in December, these are required quarterly on the programme.

## 5.6 FRA Action Delivery

5.7 Table 8: Year 1 FRA Action Performance

A 10 year programme has been developed for delivery of FRA actions. All actions have been assigned work plan year; work plan year 1 are those actions to be delivered in 2023-24. Table 8 shows performance of these

<b>Work Plan Year 1 FRA Actions</b>			
Total in Work plan 1	Total remaining at end of October 2023	Number at end of November 2023	Number at end of December 2023
199	140	131	95

5.8 The remaining 95 actions to be delivered in 23/24 are a combination of fire risks identified at the Milton Court project (due for completion January 2024), within low risk supported living properties (works due for completion March 2024) and fire doors in highrise buildings.

5.9 In total 1,274 actions have been completed to date over all levels of actions since 1<sup>st</sup> April 2023. 3,162 have been completed over the 18 months since the ISP resource has been in place dealing with actions directly.

## 6. Asbestos Re-inspections Programme

6.1 Table 9: Compliance reporting on re-inspections programme

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

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

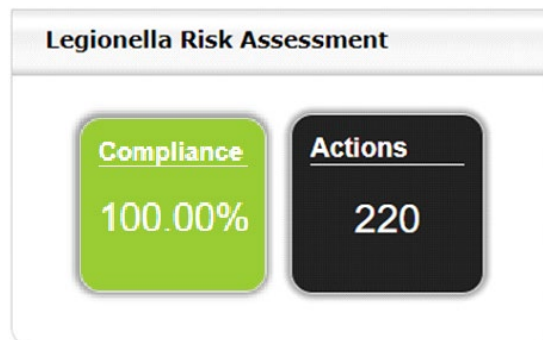
- 6.3 We continue to look for opportunities to gather more data from surveys in properties to recoup information not migrated to C365. Increased survey contractor and asbestos officer capacity is supporting this process without detriment to operational delivery; without these resources being in place we would not be able to have the confidence in the effective management for asbestos. 2526 surveys have been completed so far, this financial year over all work streams. 10771 properties (54.19%) now have valid asbestos information on C365. This is a 1.19% increase on the previous report, although lower than previous month but consideration needs to be taken as this was over the Christmas and New Year period.
- 6.4 A programme to undertake asbestos management surveys in properties not identified as being on schemes for 2023/24 is being developed, this will enable C365 to be updated with current asbestos survey information to further populate the data base. It is anticipated this will be started in 2023/24.

## 7. Water Hygiene Management Programme

- 7.1 Table 10: Compliance reporting on legionella risk assessment (LRA) programme

Total number of properties on LRA programme	73
Total number of properties with a compliant LRA	73 (100%)
Total number of properties out of compliance with programme	0 (0.00%)

- 7.2 LRAs are showing at 100% on C365 with 220 actions requiring remedial works. Due to a change in contractors we are currently awaiting C365 to create a new template to upload all recent LRA's. Actions are monitored by the Water and Lifts Compliance Officer and as remedial work is carried by the ISP the actions are closed on C365. Where appropriate the due dates on actions are reviewed with the ISP team.



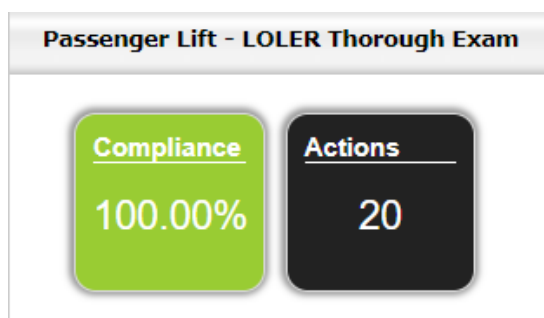
## 8. Lift and Lifting Equipment (LOLER) Management Programme

### 8.1 Table 12: Compliance reporting on LOLER passenger lift programme

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

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

8.3 All supplementary testing requested from the new contractor has now been completed and evidenced. Actions have been closed down as necessary.



## 9. Occupational Health and Safety Update

9.1 No RIDDORs were submitted in December.

## 10. Damp, Mould and Condensation

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

- 2,350 customer requests for a damp inspection have been received between 2 January 2023 and 02 January 2024, relating to 1,997 properties.
- From 02 January 2024 onwards: 191 damp appointment inspections currently booked in that are still to be attended (includes some without an appointment date).
- Earliest inspection appointment for a tenant calling in on 04 December is currently 16 January 2024 in all areas.
- Demand for a D&M related inspections has been up and down. During Sep/Oct weekly requests were around the 60-70 mark. Early November saw a significant jump to high 90s/100s. Last few weeks demand has reduced to around mid-50s. However, overall demand continues to be higher than previous years.



# ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England  
Company Number 05564649

## Board Meeting

# REPORT

**Date** : 01 February 2024

**Item** : 11

**Subject** : January 2024 - Strategic Risk review  
2023/24

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

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

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

**Recommendation:** That Board note the updated  
Strategic Risk Register.

**To the Chair and Members of the ST LEGER HOMES OF DONCASTER BOARD** **Agenda Item No. 11**  
**Date: 01 February 2024**

**1. Report Title**

1.1. January 2024 Strategic Risk review

**2. Executive Summary**

2.1. Board receive periodic updates on the company’s Strategic Risk Register (SRR), most recently in November 2023. At that time, two risks were removed as no longer relevant (relating to 1. ICT systems and 2. Challenging economic climate, ie. Covid, Brexit, inflation, etc.).

2.2. A full review of the SRR was undertaken by Leadership at their meeting on 11 January 2024. **No risks have been added or removed but there have been changes to risk ratings.**

2.3. **The SRR still has six risks** and is attached at **Appendix A**. There have been updates to risk descriptions, causes, effects, controls, assurances and actions, and are highlighted red for reference. Ratings are based on existing and planned controls in place.

2.4. The table below summarises the SRR and shows Inherent, Current and Forecast Residual ratings for each strategic risk:

- **Inherent Risk** – the risk score on the assumption of no controls in place.
- **Current Residual Risk** - the risk score taking into account the current controls in place to mitigate the risks.
- **Forecast Residual Risk** (post actions) - the risk score after taking into account the planned controls are in place and actions are completed.

2.5. Each risk is assessed based on a 5 x 5 numerical traffic light scoring matrix, which comprises of **likelihood** and **impact**. The risk scoring matrices are summarised below with details attached at **Appendix B**.

	Risk – Failure to :	January 2024			October 2023		
		Inherent rating	Current Residual Rating	Forecast Residual Rating	Inherent rating	Current Residual Rating	Forecast Residual Rating
1	manage Homelessness issues and the subsequent demand for housing within Doncaster	20	16	12	20	16	12
2	manage increasing housing and political demands, local expectations of SLHD and deliver on performance and VFM as measured by CDC	20	15	8	20	15	10
3	recruit, develop and retain a skilled, efficient and effective workforce	16	16	9	16	16	12
4	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	10	5	25	10	5
5	manage corporate health, safety and compliance risks	25	10	5	25	10	5
6	effectively govern and manage in an increasingly regulated climate	12	8	4	12	8	4

Risk rating key :

Risk rating score key : R A G		IMPACT				
		1 = Very low	2 = Low	3 = Medium	4 = High	5 = Very High
LIKELIHOOD	5 = Very likely	5	10	15	20	25
	4 = Likely	4	8	12	16	20
	3 = Possible	3	6	9	12	15
	2 = Unlikely	2	4	6	8	10
	1 = Very Unlikely	1	2	3	4	5

### 3. Purpose

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

### 4. Recommendation

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

### 5. Background

- 5.1. As always, the Leadership reviews looked back on recent activity within SLHD and developments within the sector, also horizon scanned as to the major areas to consider over the coming months.
- 5.2. The review considered if risks were still relevant, any new ones needed to be added, specifically if they weren't already sufficiently covered, and also if the ratings for each risk were appropriate.
- 5.3. There have been some positive developments in the period since the last review, notably:
  - SLHD achieving Investors in People accreditation;
  - Good progress in our regulatory preparation work;
  - Positive performance of 2023/24 Tenant Satisfaction Measures (TSMs) to date, and also benchmarking when compared with peers and Local Authorities nationally; and
  - Further positive benchmarking of VFM measures from 2022/23 with peers and Local Authorities nationally.
- 5.4. However, the operating environment continues to be very challenging in terms of delivering services and ongoing financial pressures. Numerous areas were discussed in detail as part of this review, including regulation, economic climate, homelessness, recruitment challenges and emergency planning, among others.

### 6. Procurement

- 6.1. Procurement services to SLHD are now provided by CDC under a Service Level Agreement since December 2021.
- 6.2. Contract Standing Orders were updated in 2022 and Financial Regulations were updated in April 2023. These robust procedures are inherent within a number of strategic and operational risks, and are a fundamental part of SLHD's assurance framework.

## **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. VFM is achieving the optimum balance of costs and performance, and the financial reporting and performance management frameworks in place, including extensive benchmarking, ensure VFM is managed as effectively as possible.

## **8. Financial Implications**

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

## **9. Legal Implications**

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

## **10. Risks**

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

## **11. IT Implications**

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

## **12. Consultation**

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

## **13. Diversity**

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

## **14. Communication Requirements**

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

## **15. Equality Impact Assessment (new/revised Policies)**

- 15.1. Not applicable to this report.

## **16. Environmental Impact**

- 16.1. Not applicable to this report.

## **17. Report Author, Position**

Nigel Feirn  
Head of Finance and Business Assurance

### **Background Papers**

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

**Strategic Risk Register - Dashboard**

**As at January 2024**

Strategic Risk - Failure to :	INHERENT Risk			CURRENT RESIDUAL Risk			FORECAST RESIDUAL Risk (post actions)		
	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score	Likelihood 1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	Impact 1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	Rating Impact score x likelihood score
1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster	5	4	20	4	4	16	3	4	12
2. manage increasing housing and political demands, local expectations of SLHD and deliver on performance and value for money as measured by CDC	4	5	20	3	5	15	2	4	8
3. recruit, develop and retain a skilled, efficient and effective workforce	4	4	16	4	4	16	3	3	9
4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)	5	5	25	2	5	10	1	5	5
5. manage corporate health, safety and compliance risks	5	5	25	2	5	10	1	5	5
6. effectively govern and manage in an increasingly regulated climate	3	4	12	2	4	8	1	4	4

RISK OWNER	Head of Access to Homes As at January 2024		
FAILURE TO	1. manage the Homelessness issues and subsequent demand for housing within the city of Doncaster		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Impact of changes to the welfare benefit system</li> <li>* Reduction in turnover of Social Housing stock and impact on demand reducing early intervention opportunities.</li> <li>* Additional Grants for homeless initiatives are time limited.</li> <li>* Unaffordable Private Rented Sector, rising market rents and freezing of LHA rates, increasing the top up gap for those on benefits and rents unaffordable for those on lower incomes</li> <li>* Review and recommissioning of Supported Housing Model</li> <li>* Extreme Weather Events or other emergency situations</li> <li>* Increases in number of rough sleepers with complex needs</li> <li>* Reduction in commissioned services</li> <li>* Workforce - skills, culture and retention</li> <li>* Increase in domestic abuse</li> <li>* Increase in ASB and violence causing people to flee</li> <li>* Cost of Living crisis and sustainability of customers accommodation</li> <li>* Increases in evictions from private sector accommodation</li> <li>* Lack of partnership working to address other parts of the homeless system</li> <li>* Government legislation amended to accommodate a wider group of people.</li> <li>* Increase in presentations from the ending of the Homes for Ukraine Scheme &amp; Asylum Migration Integration Fund (AMIF)</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Increase in demand on service beyond accepted levels</li> <li>* Judicial Review of Homelessness cases</li> <li>* Unable to effectively prevent Homelessness</li> <li>* Reduction in Housing Pathways</li> <li>* Increased demand for Temp Accom / hotel during transition to new supported housing model.</li> <li>* Supply not meeting demand from those in greatest need</li> <li>* Reputational damage</li> <li>* Economic impact on City Centre and reputational damage</li> <li>* Insufficient supply of housing options to meet needs.</li> <li>* Unable to deliver statutory service leading to a reduction in prevention and an increase in homelessness</li> <li>* Turnover of accommodation is reduced restricting move on options.</li> <li>* Access to and Affordability in the Private Rented Sector increases risk of homelessness and restricts options available to customers.</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>20</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Increased Management Fee to increase capacity.</li> <li>* Journey to Excellence Project commenced with governance arrangements to monitor progress and outcomes</li> <li>* Allocation Policy reviewed and updated</li> <li>* Identify and apply for additional resources through new funding streams.</li> <li>* Monitoring and Flexible use of CDC stock for temp accommodation</li> <li>* Annual review of Severe Weather Emergency Plan (SWEP)</li> <li>* Revised staffing structure agreed and implemented</li> <li>* Complex Lives Alliance</li> <li>* Multi agency engagement in developing a new housing support model.</li> <li>* New structure providing opportunity for progression and succession planning.</li> <li>* Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings</li> <li>* DLUHC Funding - Rough Sleeper Initiative funding secured</li> <li>* Home Options structure realignment</li> <li>* New Housing Solutions service</li> <li>* Partnership governance arrangements involving key partners from other areas of the system and ultimately governed by Homeless Board</li> <li>* HPG Funding increased in 23/24 and 24/25. RSI Funding secured until 2024/25.</li> <li>* AEFO funding secured until 2024/25, 2 x DA Posts and 1x Homes for Ukraine/Refugee Workers funding for 12 months respectively.</li> <li>* Secured additional Post for Immigration Home Options officer until 2025 to support partnership work with the council's resettlement team.</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* Performance Management framework in place to track progress</li> <li>* New software providing improved quality assurance on Data</li> <li>* Improved case management by Team Leaders</li> <li>* Homelessness Board established overseeing Strategic Action Plans</li> <li>* Partnerships in place</li> <li>* Monitoring of Allocations Policy and lettings by priority bands</li> <li>* Homelessness &amp; Rough Sleeping Strategy</li> <li>* Successful bids for additional resources</li> <li>* Recovery Plans in Place</li> <li>* Journey to Excellence transformation project</li> <li>* Out of Hours service in place</li> <li>* New processes being implemented</li> <li>* Staff training and development in place with performance monitoring arrangements</li> <li>* Revised Allocations Policy approved implemented from July 2023</li> </ul>		
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	<b>16</b>		
<b>What further action is planned to treat the risk?</b>			
		Action owner ?	Timescale
Action 1	Review comms planner ensuring effective internal & external comms	Head of Customer Services	Mar-24
Action 2	Deliver Journey to Excellence project with emphasis on shift from emergency/crisis response to planned preventative service	Head of Access to Homes	Mar-24
Action 3	Deliver Homelessness and Rough Sleeping Strategy Action Plan	Head of Access to Homes	Mar-24
Action 4	Deliver Housing Solutions work stream as part of overall J2E project to ensure utilising all accommodation options for customers with emphasis on the private rented sector	Head of Access to Homes	Mar-24
Action 5	Develop next steps accommodation plan to reduce the number in Hotel Accommodation.	Head of Access to Homes	Mar-24
Action 6	Develop Sustainable structure beyond 2022/23 transition funding.	Head of Access to Homes	Mar-24
Action 7			
Action 8			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>12</b>		

RISK OWNER	Chief Executive As at January 2024		
FAILURE TO	2. manage increasing housing and political demands, local expectations of SLHD and deliver on performance and value for money as measured by CDC		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Unrealistic expectations</li> <li>* Lack of understanding of role and remit</li> <li>* Continued increases in demand for all service areas over past few years</li> <li>* Comparisons with better resourced Housing Associations and ALMOs - target budget savings for SLHD</li> <li>* Failure to react to changing demand</li> <li>* Failure to sell the need for change to key council members</li> <li>* Change in national and local political leadership</li> <li>* Conflicting priorities</li> <li>* Extensive partnership arrangements and unreasonable expectations</li> <li>* Change in new Chief Executive approach</li> <li>* Poor / inadequate operational performance and budgetary control</li> <li>* Failure to deliver value for money</li> <li>* Insufficient housing stock to meet housing need</li> <li>* Impact of new New Regulatory standards from 2024</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Unrealistic political expectations</li> <li>* Services taken back 'in house'</li> <li>* Increase in Councillor complaints</li> <li>* Reduced customer satisfaction and increase in complaints and members enquiries</li> <li>* Failure to support strategic, operational and policy initiatives</li> <li>* Reputational damage</li> <li>* Excessive / increasing demands on time impacting on capacity for core service delivery</li> <li>* Overspend and loss of trust of Board and Council, reduction in services</li> <li>* Upheld complaints and increased fines which impact on budget and service delivery</li> <li>* Poor, lower quartile benchmarking performance</li> <li>* 'Worst first' and increased risk of early inspection</li> </ul>		
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"> <li>* Regular Mayoral and portfolio member briefings and attendance at relevant member and officer briefings</li> <li>* Councillor complaints and monitoring system in place</li> <li>* Customer and transactional satisfaction surveys</li> <li>* Member Consultation processes in place</li> <li>* Proactive engagement with our customers;</li> <li>* Ward member monthly updates by comms and area teams, and meeting attendance;</li> <li>* Estate walk invites;</li> <li>* Inclusive and extensive selection process</li> <li>* Weekly / Monthly performance reporting to EMT, quarterly by Board, Cabinet and OSMC and action plans developed</li> <li>* Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place</li> <li>* Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC</li> <li>* Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings.</li> <li>* National and service specific benchmarking arrangements in place;</li> <li>* VFM Strategy updated periodically and Annual VFM self assessment and statement</li> <li>* Business Intelligence (BI) tool (Qlik) implemented producing real time performance information</li> <li>* OH - new integrated housing management solution which will improve operational efficiency</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* New 5 year M'ment Agreement approved from April 2024</li> <li>* From 2019/20 new corporate plan aligned with CDC plans. New SLHD corporate plan being prepared (in 23/24)</li> <li>* Regular Portfolio Member briefings</li> <li>* Communications Strategy</li> <li>* Extensive customer surveys each year, with upper quartile customer satisfaction</li> <li>* Timely, accurate, regular budget monitoring, both capital and revenue</li> <li>* Low cost, mid to high performance benchmarking position nationally and peer group for the past six years</li> <li>* Extensive benchmarking, primarily Housemark (monthly and annual), with review of Quartiles 3 and 4 indicators and actions</li> <li>* Positive annual VFM statements to date</li> <li>* Updated Customer Involvement/Tenant Voice strategy, model and structure</li> <li>* bi-annual Councillor forums</li> <li>* 360 degree appraisals of the Chief Executive</li> <li>* e5 CP development for SLHD, HRA and Capital Programme budget monitoring</li> <li>* Re-designed and delivered 1:1 and performance management training to all people managers</li> <li>* Tenant Satisfaction Measures (TSM) implemented from April 2023. Positive/upper quartile perception results received September 2023</li> <li>* Customer Excellence training rolling programme delivered to all employees in stages</li> <li>* Performance Management Framework in place with redesigned check-ins linking goal setting, performance and compliance</li> </ul>		
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	Undertake review of 5 year Corporate Plan	EMT	Mar-24
Action 2	Meet / exceed challenging KPIs, TSMs and ADP for 2023/24	HOS	Mar-24
Action 3	Develop benchmarking, in particular frequency and increased locally, incorporating new TSMs	HOFBA	Mar-24
Action 4	Preparation for inspection - working jointly with CDC	EMT	Mar-24
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	8		



RISK OWNER	Head of HR & OD As at January 2024		
FAILURE TO	3. recruit, develop and retain a skilled, efficient and effective workforce		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Occupational shortages/skills shortages</li> <li>* Ageing workforce - lack of succession planning</li> <li>* Lack of management buy in to recruitment changes (behaviours v. knowledge)</li> <li>* Lack of manager involvement in employee engagement / change management</li> <li>* Failure to identify the skills needed for the future (e.g. digital)</li> <li>* Failure to manage people in line with policies and procedures</li> <li>* Policies and procedures - not aligned with strategic direction</li> <li>* Inappropriate targets and lack of timely performance information or management</li> <li>* Lack of appropriate equipment and training</li> <li>* Inability to fill vacancies due to economic factors or pay market rates.</li> <li>* Reduced budgets resulting in more limitations on reward packages</li> <li>* Inability to influence / pay annual pay award due to lack of union agreement with national Pay Offer</li> <li>* Inadequate systems - eg Rotherham system and restricted advertising of vacancies AND system failures</li> <li>* Lack of career progression/ development opportunities</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Lack of internal succession identified as the ageing workforce reaches retirement</li> <li>* Posts unfilled, impacting on ability to deliver services to our customers</li> <li>* Reduced employee satisfaction and engagement</li> <li>* Increased employee turnover</li> <li>* Increased sickness absence in particular stress related absence</li> <li>* Reputational and brand damage</li> <li>* Failure to comply with legislation/regulation</li> <li>* Unproductive and demotivated staff</li> <li>* Lower quartiles benchmarking</li> <li>* Customer dissatisfaction and increase in complaints</li> <li>* Health and safety risks</li> <li>* Poor culture</li> <li>* High temporary agency spend and / or consultancy fees</li> </ul>		
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	<b>16</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* People Strategy in place</li> <li>* Skills and Behaviours framework in place</li> <li>* Financial and Performance Management framework in place</li> <li>* Leadership development programmes completed</li> <li>* Strategies, Policies and Procedures framework in place</li> <li>* National and local benchmarking arrangements in place</li> <li>* Market supplement available</li> <li>* Attractive Benefits package and communication of total reward statements and packages</li> <li>* Attractive advertising of vacancies selling the total package</li> <li>* Agency Framework for temporary recruitment through Cirrus</li> <li>* Succession planning in place</li> <li>* Creative advertising of vacancies utilising a variety of platforms including social media, with appropriate designs and as appropriate video content</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* Workforce planning process in place, Leadership Development completed across the business and First Line manager program delivery complete</li> <li>* Wider range of apprenticeships across the business and career start activity</li> <li>* Regular employee surveys undertaken</li> <li>* A range of employee benefits, and employee health, safety and wellbeing communicated regularly</li> <li>* Regular check in (personal review) meetings between employees and their line manager</li> <li>* Top quartile customer satisfaction</li> <li>* Budget monitoring and Performance Management frameworks in place</li> <li>* People strategy in place - years 1, 2 and 3 actions completed</li> <li>* Be well at work Gold award achieved in early 2023</li> <li>* Embedded agile, remote and flexible working</li> <li>* Behaviours embedded in job descriptions to enhance recruitment</li> <li>* Complaints training delivered to all Service Managers and Team Leaders.</li> <li>* Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones</li> <li>* Implemented new industry standard Schedule of Rates (SORs);</li> <li>* Personal Development Plans for all staff in place from 2022 onwards, with central monitoring;</li> <li>* Repairs Excellence Board in operation</li> <li>* Journey to Excellence Board in operation</li> <li>* Attendance at targeted careers events, bespoke campaigns and vacancy monitoring</li> <li>* Detailed benchmarking of Trade Pay to further analyse turnover and vacancies against the market conditions</li> <li>* Professional development (sponsored study support) and Career graded roles</li> <li>* Professional membership requirements and senior colleagues part of networking and future focused industry standard groups.</li> <li>* IIP accreditation achieved November 2023</li> <li>* New website and intranet implemented late 2023</li> <li>* St Leger Stars in place with plans in place to widen recognition activity</li> <li>* Gap analysis undertaken in preparation for the future professionalisation requirements anticipated in Housing</li> <li>* Changes to pay grades 3 and 4</li> </ul>		
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	<b>16</b>		
What further action is planned to treat the risk?			
Action 1	Targeted recruitment initiatives for hard to fill roles	Head of HR&OD	Ongoing
Action 2	Continue to benchmark as required peer group performance benchmarking specifically for trades team DLO	Head of Repairs and Maintenance	Ongoing
Action 3	Deliver Repairs Excellence Project (Phase 1 (21/22) and additional Phases Voids and out of hours 24/25	Head of Repairs and Maintenance	Phase 1 completed, phase 2 immobilised from February 24
Action 4	Wide review of pay and benefits offer and activity to review existing pay grades as appropriate	Head of HR&OD	Plan agreed for Implementation April 2024
Action 5	Reviewing recognition schemes including SLHD Stars	Head of HR&OD	Mar-24
Action 6	Deliver year 4 of the People Strategy	Head of HR&OD	Mar-24
Action 7	Develop actions for implementation as a result of the Investors in People Assessment and Development of the new People Strategy from 2024 onwards	Head of HR&OD	Jun-24
Action 8	E&P Committee planned		
Action 9		EMT	2024/25
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	<b>9</b>		

RISK OWNER	Head of Building Safety As at January 2024		
FAILURE TO	4. manage all Building Safety related issues surrounding High Risk Residential Building and any emerging new requirements (HRRBs)		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Failure to carry out risk assessments and deliver resultant recommendations</li> <li>* Lack of leadership, governance, scrutiny and performance monitoring of compliance with Building Safety</li> <li>* Failure to adhere to legislation and keep up to date with emerging best practice and legislative changes</li> <li>* Lack of a responsibility and accountability culture within employee roles in the organisation</li> <li>* Lack of suitably trained, sufficient and competent resources to monitor/deliver compliance</li> <li>* Failure to understand the Building Safety agenda and subsequent legislation</li> <li>* Failure to conduct, review and record specific fire strategies for each HRRBs</li> <li>* Lack of management of future works to buildings by ourselves and other contractors employed by tenants</li> <li>* Suitability of residents within HRRBS and management of the complex issues of vulnerable tenants living in HRRBs</li> <li>* Lack of engagement with tenants and residents</li> <li>* Inability to complete recommendations due to unavailability of materials or specialist labour</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Loss of life, serious physical or mental injury</li> <li>* Loss or serious damage to assets</li> <li>* Investigations and action by regulatory bodies</li> <li>* Legal action (criminal and civil)</li> <li>* Reputational damage,</li> <li>* Financial penalties</li> <li>* High risk residential buildings are deemed as unsafe and residents put at risk</li> <li>* Failure to secure Building Assurance Certificate due to absence of information within the building safety case.</li> <li>* Prohibition notice served or company prosecuted for failure to maintain safety standards</li> <li>* Properties become undesirable/difficult to let, estates have crime and ASB</li> <li>* Vulnerable tenants not receiving the support they need</li> </ul>		
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	<b>25</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Health, Safety &amp; Compliance framework in place, including specific policies, plans and procedures for High Rise Residential Buildings.</li> <li>* High Rise Forum established</li> <li>* Processes to ensure employees are competent (skills, knowledge, training, training, tool box talks)</li> <li>* Health, safety and compliance performance report in place. Key stakeholder scheduled reporting</li> <li>* Annual budget allocation</li> <li>* Independent surveys and audits (i.e. gas and electricity) Morgan &amp; Lambert</li> <li>* Annual fire risk assessments are carried out by nationally recognised external fire engineer/expert</li> <li>* Working Group established to monitor progress of FRA recommendations</li> <li>* Compliance team in place</li> <li>* Head of Building Safety appointed.</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* External experts appointed to provide advice on building safety and fire related issues</li> <li>* New Board reporting governance - Building Safety &amp; Compliance Committee</li> <li>* Internal and external audit programme</li> <li>* Self assessment compliance check against legal register</li> <li>* On site caretaker service and CCTV monitoring reports</li> <li>* Fire risk assessments &amp; type 4 surveys</li> <li>* Partnership working with South Yorkshire Fire and Police services</li> <li>* Engagement with tenants</li> <li>* Fire Suppression Systems installed and operational in all high rise accommodation</li> <li>* Decision made to increase capacity in team</li> <li>* Structure and staffing resources in relation to Building Safety reviewed</li> <li>* External health check on 'fire' undertaken by independent external consultancy.</li> <li>* Training requirements identified across the business and programme developed to support and manage building safety and compliance</li> <li>* Resident engagement strategies for each high rise building</li> <li>* Budget provision for all FRAs</li> </ul>		
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	<b>10</b>		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Completion of recommendations arising from FRAs. The Plan is to make the improvements following the remediation works to the EWI on the buildings at Balby.	Head of Building Safety	Apr-25
Action 2	Complete recommendations arising from the 'fire' external health check. -Complete the render remediation scheme at Balby Bridge (which is now underway).	Head of Building Safety & Head of HOAM	Apr-25
Action 3	Fill remaining vacancies within the Building Safety Team following structure review. There is one vacancy left in the building safety team for building safety surveyors, this will be appointed following the Assets restructure	Head of Building Safety & Head of HOAM	Jan-24
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>5</b>		

RISK OWNER	Head of Building Safety As at January 2024		
FAILURE TO	5. manage corporate health, safety and compliance risks		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Lack of an effective health and safety management system</li> <li>* Failure to carry out suitable and sufficient risk assessments and produce safe systems of work</li> <li>* Failure to adequately follow corporate policies, procedures and risk assessments (culture)</li> <li>* Lack of a responsibility and accountability culture within the organisation - both employees and management</li> <li>* Lack of leadership around health, safety &amp; compliance</li> <li>* Ineffective health surveillance and monitoring programmes in place</li> <li>* Lack of resources to manage health, safety and compliance</li> <li>* Failure to adhere to legislation and keep up to date with codes of practice (compliance register)</li> <li>* Lack of competent and suitably qualified staff</li> <li>* Failure to maintain ongoing adequate health, safety and compliance training</li> <li>* Lack of governance, scrutiny and performance monitoring of health, safety &amp; compliance</li> <li>* Failure to keep accurate compliance data, records and certification</li> <li>* Inadequate IT/data systems to capture key data and provide performance and assurance reporting</li> <li>* Lack of internal quality assurance processes and external audit and verification</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Loss of life, serious physical or mental injury</li> <li>* Increased staff sickness</li> <li>* Increased turnover of staff</li> <li>* Reduced staff motivation and engagement</li> <li>* Legal action (criminal and civil)</li> <li>* Reputational damage</li> <li>* Financial penalties (fines)</li> <li>* Investigations and action by regulatory bodies</li> <li>* Termination of management agreement</li> </ul>		
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	<b>25</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* H&amp;S Management System framework in place - plans, policies, procedures and risk assessments</li> <li>* Compliance register developed</li> <li>* Suitable control measures in place from risk assessments (including safe systems of work)</li> <li>* Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks)</li> <li>* Monitoring processes, with inspections at all levels across the organisation.</li> <li>* Audit programme in place for buildings and services.</li> <li>* Health and wellbeing promotion (incl. employee healthcare scheme)</li> <li>* Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme</li> <li>* New health, safety and compliance performance management framework to in place</li> <li>* Provision of additional capacity</li> <li>* Head of Building Safety appointed</li> <li>* Health and Safety team</li> <li>* Property compliance team</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* Internal/external audit programmes</li> <li>* Quarterly Audits through SLA by Doncaster Council</li> <li>* Assurance reports by Business Assurance Team specifically around fire safety</li> <li>* Inspection programme in place at all levels in the organisation</li> <li>* Be Well at Work Charter external verification every 2 years - Gold achieved in early 2023</li> <li>* Presence of accident and incident reporting procedure</li> <li>* British Safety Council 5* award</li> <li>* New Board reporting governance</li> <li>* ISO45001 accreditation</li> <li>* Restructure and increased team resources</li> <li>* External Verification via health check</li> <li>* New safe, compliant, excellent model for key 6 areas of compliance embedding C365</li> <li>* New health, safety and compliance sub group</li> <li>* Recommendations arising from compliance health checks delivered</li> <li>* Implementation of health surveillance programme gap analysis</li> </ul>		
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	<b>10</b>		
What further action is planned to treat the risk?			
Action 1	Further full review of all risk assessments. This project will be delivered by the new H&S advisor at Corporate level but will still needs areas to be responsible & accountable for RA for their services	Action owner ?	Timescale
Action 2	Implementation of health surveillance programme following completion of gap analysis	Head of service Building Safety / Head of HR&OD	Apr-24
Action 3			
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
Action 11			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>5</b>		

RISK OWNER	Chief Executive		
	As at January 2024		
FAILURE TO	6. effectively govern and manage in an increasingly regulated climate		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Failure to adhere to Regulator's new Standards and receive resulting adverse inspection</li> <li>* Failure to adhere to Financial Regulations and corporate policies</li> <li>* Continued high inflation impact on tenants' income</li> <li>* Contractor and materials prices increase causing budget pressures</li> <li>* Labour availability / unable to fill vacants posts</li> <li>* Property prices - impact on RTB enquiries and sales, and acquisition programme to increase stock</li> <li>* Regional unemployment / zero hours contracts / minimum wage levels impacts on poverty</li> <li>* Increase in anti-social behaviour and crime on our estates</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Failing to meet all Regulatory and legal requirements - adverse Regulatory Inspection</li> <li>* Unable to complete repairs and improvements and deliver other core services on time/target</li> <li>* Stockpiling impacting on supply chains</li> <li>* Budget overspend, loss of trust of Board and Council, reduction in services.</li> <li>* Poor financial and operational performance, customer dissatisfaction</li> <li>* Insufficient customer engagement, involvement and communications</li> <li>* Increase in complaints which impact on budget and service delivery</li> <li>* Poor, lower quartile benchmarking performance</li> <li>* Increased rent arrears / bad debts</li> <li>* Increased tenancy turnover and homelessness</li> </ul>		
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	<b>12</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Close watching brief on local and national issues affecting the borough and sector</li> <li>* Members/attendance of numerous governance working groups, webinars, conferences</li> <li>* Regular attendance at Mayoral Cabinet, OSMC, member and officer briefings</li> <li>* Team Doncaster member with close working relationships with key stakeholders.</li> <li>* Timely Financial and Operational performance indicators and information.</li> <li>* Robust procurement and Contractor monitoring arrangements in place.</li> <li>* Focus on VFM to drive efficiency savings and increase capacity</li> <li>* Alternative contractors available in the event of liquidation to prevent service disruption</li> <li>* Member of Prevent and ASB theme groups and hate crime reporting procedures in place. Staff trained</li> <li>* Anti-poverty steering group and financial inclusion group</li> <li>* Food bank collections &amp; referrals and financial inclusion services</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* Robust Governance framework in place</li> <li>* Performance Management Framework in place</li> <li>* Reports to Leadership, Audit &amp; Risk and Performance &amp; Improvement Committees, Board and CDC</li> <li>* Timely, accurate, regular budget monitoring, both capital and revenue</li> <li>* KPIs meeting targets and positive benchmarking</li> <li>* Arrears levels and tenancy sustainment good through proactive tenancy management plans</li> <li>* KPIs reported quarterly to Anti Poverty Steering Group</li> <li>* Board training plans in place</li> <li>* New Business Assurance and Governance management arrangements</li> <li>* Housing Management and Housing Options realignments complete in 23/24</li> <li>* NHF Code of Governance adopted by Board</li> <li>* Critical friend appointed to review governance arrangements and undertake mock inspection</li> <li>* Governance peer group developing and NFA Governance group in operation to share plans and best practice in lead up to inspection</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>8</b>		
What further action is planned to treat the risk?			Action owner ?
Action 1	Maintain close watching brief of local and national economic developments	Leadership	On-going
Action 2	Complete actions arising from adopting NHF Code of Governance	EMT	Mar-24
Action 3	Critical friend to review governance arrangements and undertake mock regulatory inspection and assess SLHD against Consumer Standards	DCS	Mar-24
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	1		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>4</b>		

## Risk rating methodology

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

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

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

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

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

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

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan (ADP) 2023/24 Update
<b>Action Required:</b>	For information
<b>Item:</b>	12
<b>Prepared by:</b>	Mark Haughey - Head of ICT & Transformation
<b>Date:</b>	01 February 2024

### 1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2023/24. The ADP was agreed following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2023/24 ADP proposes a number of key developmental activities or "actions" aligned to the strategic objectives set out in the SLHD Corporate Plan 2019 to 2024.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

### 2. Background

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

### 3. 2023/24 ADP

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

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

<b>Directorate</b>	<b>Number of 2023/24 ADP Actions</b>
Housing Services	8 actions of which:- 4 are on track 1 is amber 3 complete
Property Services	8 actions of which:- 5 are on track 3 are red
Corporate Services	5 actions of which:- 3 are on track 1 is complete 1 is red
Brought Forward / Underway	9 actions of which:- 6 are on track 2 are amber 1 complete

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

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

- New external website and internal Intranet successfully launched within established timescales. Feedback internally and externally on the new sites has been very positive.
- Actions have been identified within the evolving Damp Mould and Condensation (DMC) action plan. Posts within the DMC team filled and the specialist contractor to support on more complex DMC cases has been appointed.
- Investors in People (IIP) assessment complete and accreditation received, demonstration that we have developed practises against all of the IIP 9 indicators and established practise in 3 of these.
- Governance workplan for 2023/24 in place and on track. Critical friend undertaking review work with both SLHD and CDC and SLHD also doing own review work on Consumer Standards and code of governance review, with reports going to EMT and Board from January.
- New Access to Homes and Homelessness module launched and being embedded.

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

- B10 Remediate external walls on 5 high rise blocks – Delays due to a number of issues (for example, structural issues, roof repairs needed and balcony design). The project is now not scheduled for completion (of all 5 blocks) until May 2025.
- B11 Review the future of the communal halls – This action has slipped. The desk top review has been completed, but progression of the review has been paused pending discussions with the Portfolio Holder.
- B15 Invest in Gypsy & Traveller sites – Planning approval for all 3 sites has been secured. However, appointment of a contractor has stalled given only 1 tender submission was received. A start on the first site is expected in Spring 2024, but it is anticipated that the project will last circa 18-20 months from the start on site date.
- B21 Upgrade OpenHousing to OneHousing – The planned upgrade is yet to be scheduled in and delayed due to the product readiness.

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

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

#### **5. Recommendation**

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

#### **6. Appendices**

- Appendix A - 2023/24 ADP



# Appendix A

ADP Actions								
Ref	Service area	2023/24	Plans	Date	Owner	Objective of Action	Q3 Status	Q3 Commentary
B1	Access to Homes	Deliver the Journey to Excellence programme for homelessness with 9 work streams.	<b>Reduce and prevent homelessness</b> <b>Continuously improve our business processes</b> <b>Improve communication with tenants and residents</b>	Mar-24	HoATH	Prevent and reduce homelessness in the city.	Green	On Track to deliver this year's actions with a new superseded action in the 24/25 ADP as demand remains high from Relief cases, compromising the % prevented measurement. Demand for Emergency Accommodation spiked to 109 placements during October overall numbers in Hotels increased above 100 households. Turnover remains good, particularly for households with children. Pressure remains from single people, rough sleeper & immigration initiatives. Additional Funding Streams secured until Mar 2024 and growth bid submitted for 3 FTE staff.
B2	Access to Homes	Review Housing Register Customer Journey and Service Standard.	<b>Continuously improve our business processes</b> <b>Improve communication with tenants and residents</b> <b>Use technology to modernise and transform service delivery</b>	Mar-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Amber	Delayed due to Capita Open House Project and mobilisation issues. Still anticipate commencement in Q4.
B3	Housing Management	Review and implement the Tenancy Agreement	<b>Help tenants to sustain their tenancies</b>	Mar-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Green	On Track. There is a slight delay to the implementation of the new tenancy agreement due to CDC Cabinet dates and the earliest Cabinet date available is April 2024. This means that the new tenancy agreement will be implemented 6 weeks later than planned. There are no legal implications to this delay.
B4	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	<b>Improve communication with tenants and residents</b> <b>Use technology to modernise and transform service delivery</b>	Aug-23	HoCS/ HoICT&BT	Improved, up to date and user friendly website which encourages customers to self serve and which supports channel shift. Improved communication across the organisation and engagement with employees. Project commenced 22/23 with full delivery planned 23/24.	Complete	Complete. Both projects were successfully implemented within timescale. Feedback internally and externally on the new sites has been very positive.
B5	Customer Services	Explore and investigate implementation of AI and Omnichannel technology to encourage channel shift and self service.	<b>Improve communication with tenants and residents</b> <b>Use technology to modernise and transform service delivery</b>	Mar-24	HoCS/ HoICT&BT	Improved customer access to services, greater transparency of customer interaction across a range of access channels and increase in amount of customer self servicing.	Complete	Completed. The next phase is a proposed action in 24/25 ADP. A project Board has been established to look at the implementation of a solution to improve digital access for our customers.
B6	Housing Management	Implement the decisions taken on the Furnished Tenancy business case	<b>Help tenants to sustain their tenancies</b>	Mar-24	HoHM	Targeted support to prevent tenancy failure.	Green	The proposal has now been submitted to Cabinet and was approved on 17th January 2024. Furnished Tenancies will now be implemented for all platinum tenants who choose to take up a furnished tenancy and will be operational from 1 April 2024. The furniture provider is Your Homes Newcastle.
B7	Housing Management	Develop approaches to tackling ASB to improve outcomes, perceptions and satisfaction	<b>Safer neighbourhoods through reduced anti-social behaviour and crime</b>	Oct-24	HoHM	ASB outcomes demonstrating high quality service delivery.	Green	On Track. The Safeguarding and ASB team continue to work successfully. We will shortly have some meaningful satisfaction information to monitor the outcomes of the team.

B8	Customer Services	Implement procedures to ensure tenant feedback is collected and data analysed using the new Tenant Satisfaction Measures.	<b>Improve communication with tenants and residents Increase tenant and community member involvement in our business</b>	Aug-23	HOCS	To meet regulation and to gather insight from tenants on satisfaction with the services we provide.	Complete	Complete. Data collection is complete, and the outturn performance data has been considered by Performance and Improvement Committee.
B9	Repairs & Maintenance	Deliver repairs excellence project. (Phase 2)	<b>Deliver an efficient and effective repairs and maintenance service</b>	Mar-24	HoRM	Modernise the repairs service. <b>Phase 2</b> has a number of defined areas within the project including: The out of hours emergency service, scheduled and responsive repairs, staff culture and performance management.	Green	On Track. New InfoSuite software installed in November. Future phases such as voids are now in the scoping stage preparing for Q4 as we look to replace the previous project lead during January 24. Our focus on the out of hours service also continues from January 24 as the current rota is now in place until March 24, giving us time to analyse the service and implement any proposed changes during 24/25.
B10	Asset Management	Complete the delivery of the render remediation scheme at Balby Bridge and the PAS9980 assessment of the EW1 at Intake.	<b>Ensure our homes are safe and free from hazards</b>	May-24	HoAM & HoBS	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.	Red	The render remediation at Balby Bridge will not complete by the ADP target date of May 2024. The revised estimated completion date is currently May 2025. The PAS9980 assessment for Intake has now been completed alongside an updated Fire Risk Assessment. Consideration of the way forward for Intake is now being deliberated, with a decision on this expected early in Q4.
B11	Asset Management	Complete phase 2 review of communal halls.	<b>Provide communal halls and spaces which the community value</b>	Dec-23	HoAM	To review and confirm the longer-term future of the communal halls previously identified as having low usage.	Red	The communal hall review will not be completed by the ADP target date of December 2023. Whilst the desk top review has been undertaken, formal consultation with key stakeholders on the proposed options has yet to commence.
B12	Building Safety & Property Compliance	Disseminate the requirements of the Regulations and confirm each high rise building conforms and we are able to provide robust evidence.	<b>Implement the requirements of the Fire Safety Regulations 2023</b>	Mar-24	HOBS	All 12 requirements are achieved across each Property Type High, Medium & Low rise properties	Green	On Track. All fire doors identified and register complete. Inspection process in place and recorded on C365 to provide evidence. Audit being undertaken by CDC H&S team in January 2024.
B13	Building Safety & Property Compliance	Develop Building Safety Cases for all High Rise Residential Buildings and have them accepted by the Building Safety Regulator (BSR), so that Building Assurance Certificates (BAC) can be issued by the BSR.	<b>Deliver the requirements of the Building Safety Act.</b>	Jan-24	HOBS	All Nine HRRBs are registered with the BSR, each building has a Building Safety Cases (BSC) accepted by the BSR and a BAC is issued for each building.	Green	On Track. Complete all buildings registered. Next steps collation of Building Safety Cases for submission to the BSR.
B14	Health Safety & Property Compliance	Ensure all the evidence is available and to hand to provide assurance in the event of a In depth Assessment (IDA)	<b>Review the Compliance Framework and embed it within working practices</b>	Mar-24	HOBS	Undertake preparation for an IDA using Key Lines of Enquiry. Ensuring there are suitable and sufficient Key Performance Indicators (KPIs) for each area of compliance and Building Safety.	Green	On track - Key Performance Indicators continue to be identified and evidence gathered to provide assurance through the monthly performance paper. This paper is now shared with CDC BSG for additional scrutiny and assurance.

B15	Asset Management	Deliver the improvements to 3 x Gypsy & Traveller sites as part of the Gypsy, Traveller and Residential Sites investment plan.	<b>Continue to invest in homes and neighbourhoods</b>	Jun-24	HoAM	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.	Red	Investment to the 3 Gypsy & Traveller sites will not be completed by the ADP target date of June 2024. Planning approval for all 3 sites has been secured (albeit with some conditions that still require discharging). However, appointment of a contractor has stalled given only 1 tender submission was received. Clarification on key points within the tender submission are ongoing, and it is hoped that these will be concluded early in Q4 and a contractor appointed. A start on the first site is expected in Spring 2024, but an estimated completion date cannot be confirmed until a contractor has been appointed. It is anticipated that the project will last circa 18-20 months from the start on site date.
B16	Asset Management	Deliver and Monitor SLHD's Damp & Mould Action Plan.	<b>Ensure our homes are safe and free from hazards</b>	Mar-24	HoAM	To ensure that SLHD's approach to managing damp and mould meets the 26 recommendations identified in the Housing Ombudsman's Spotlight on Damp and Mould report.	Green	On track - 51 actions have been identified within the evolving DMC action plan. 13 have been completed, 25 are in progress and 13 are yet to commence. Two key milestones during Q3 has been (1) to fill all posts within the DMC team and (2) the appointment of a specialist contractor to support on more complex DMC cases.
B17	HR and Organisational Development	External accreditation / assessment in line with IIP / Best Companies TBC	<b>Work in ways which reflect our values Continue to develop our workforce Deliver award winning services and achieve appropriate accreditations</b>	Mar-24	HoHR&OD	Achieve assurance of our workforce wellbeing. Having decided in 22/23 what the right external method of accreditation is, deliver against this.	Complete	Complete - Assessment complete and accreditation received, demonstration that we have developed practises against all of the IIP 9 indicators and established practise in 3 of these. The Assessment provides useful recommendations an areas of development which will now be incorporated into the 2024 People Strategy
B18	HR and Organisational Development	Implement Leadership development and deliver future leaders and managers learning	<b>Work in ways which reflect our values Continue to develop our workforce</b>	Mar-24	HoHR&OD	Develop our Leadership and Management development offering. To continue to ensure that our leaders and managers are equipped to lead the workforce.	Green	On Track - the future Leaders and managers offer is in development to be complete by end of March 2024. SMT development will continue at the next session in 2024 with a focus on Leadership and the use of our psychometric profiles (lumina) to further develop our collaboration, communication and leadership.
B19	HR and Organisational Development	Develop and consult upon the People Strategy post April 2024	<b>Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy</b>	Mar-24	HoHR&OD	Engage the workforce, leadership and review the changing external environment to draft the future looking people strategy. Create the future direction for activity.	Green	On Track - now the Investors In People Assessment in complete this insight will be built into the future strategy.
B20	Finance and Business Assurance	Review all Governance arrangements and implement improvements as required	<b>Deliver value for money services Continuously improve our business processes Operate commercially</b>	Mar-24	HoF&BA	To ensure SLHD has appropriate, fit for purpose governance arrangements in readiness for Regulatory inspection for 2024/25. Review all Governance arrangements, appoint and work with a critical friend to identify strengths and weaknesses, implementing changes as required, and undertake mock regulatory inspection.	Green	On track - Governance workplan for 2023/24 in place and on track. Critical friend undertaking review work with both SLHD and CDC and reporting to Board in March 24. SLHD also doing own review work on Consumer Standards gap analysis and code of governance review, with reports going to EMT and Board from January 2024.
B21	ICT & Business Transformation	Upgrade of Open Housing to web based One Housing.	<b>Use technology to modernise and transform service delivery</b>	Dec-23	HoICT&BT	To take advantage of the benefits that a web based version of the Housing Management solution enables.	Red	Will not hit deadline, due to product readiness commercially. Discussions ongoing with Capita on upgrade, who cannot commit to a timescale for implementation.

C1	Access to Homes	Implement revised Allocations Policy aligned to new IT System.	<b>Ensure the allocations policy reflects the changing needs of tenants and residents</b>	Jan-24	HoATH	To make best use of the Housing Stock to meet the housing needs of the city.	Complete	Complete.
C2	Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social housing furnished tenancy offer.	<b>Help tenants to sustain their tenancies</b>	Mar-24	HoHM	Targeted support to prevent tenancy failure.	Green	The proposal has now been submitted to Cabinet and was approved on 17th January 2024. Furnished Tenancies will now be implemented for all platinum tenants who choose to take up a furnished tenancy and will be operational from 1 April 2024. The furniture provider is Your Homes Newcastle.
C3	Housing Management	Review of Tenancy Agreement.	<b>Help tenants to sustain their tenancies</b>	May-24	HoHM	To ensure the Tenancy Agreement (TA) addresses issues of access for services, maintenance and welfare.	Amber	This action will be slightly extended as Cabinet approval cannot be completed in time to send out preliminary notices and notices of variation ahead of a March implementation. The new tenancy agreement is on the CDC forward plan for 17 April Cabinet meeting. Once approved Notice of Variations will be sent to all tenants providing 4 weeks' notice of the changes and the new agreement will therefore be in place for 20 May 2024.
C4	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	<b>Deliver our environmental and asset management strategy</b>	Jul-24	HoAM	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.	Green	On track - Infrared system has been installed, but some supporting works (loft insulation top up) still to be completed.
C5	Asset Management	Procure and implement an asset sustainability modelling tool.	<b>Deliver our environmental and asset management strategy</b>	Aug-24	HoAM	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.	Green	On track - Initial findings have been received. Assets Team need to receive training on the system and results need to be shared more broadly. It is anticipated that both of these actions will be completed in Q4.
C6	Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	<b>Ensure our business accommodation is fit for purpose</b>	Sep-24	HoAM	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.	Green	On track - Initial proposals for area offices have been presented and considered. The plan to revisit in Q3 was not possible due to other service priorities and will now be picked up in Q4.
C7	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	<b>Ensure our homes are safe and free from hazards</b>	Oct-24	HoBS	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.	Green	On track - All six areas are identified on C365 work continues to gather evidence of compliance and populate C365. Regular reports are provided on Performance to groups within SLHD and CDC full dashboard not in use within C365 and included in performance report.
C8	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	<b>Improve communication with tenants and residents</b>	Dec-24	HoCS	To improve the opportunities to tailor the services we provide to meet our customer needs.	Green	On track - We will be considering how to use One Housing when implemented to collect data on site. Data will also be captured during Keep In Touch visits. Commenced work on a pilot project to identify and connect with 'silent' customers using VoiceScape technology.
C9	Access to Homes	Review the operational arrangements for the accessible housing register.	<b>Ensure tenants with disabilities are able to secure appropriate homes</b>	Jan-24	HoAtH	To make best use of the housing stock to meet housing needs within an efficient allocations and lettings process to keep void turnaround to a minimum.	Amber	Mobilisation delayed due to turnover of 3 key staff at the Council. Revised meeting with interim staff scheduled in late January 2024.

NB B1 – B8 Housing & Customer Directorate  
B9 – B16 Property Directorate  
B17 – B21 Corporate Directorate  
C1 – C9 Actions carried forward from 2022/23

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 01 February 2024

**Item** : 13

**Subject** : Q3 Revenue Monitoring Report  
2023/24

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

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

**Purpose** : To inform Board of the projected  
revenue income and expenditure for  
2023/24 and the actual and committed  
income and expenditure to date as at  
31 December 2023.

### **Recommendation :**

For Board to note the Revenue Monitoring report as at 31 December 2023 and the projected outturn for the financial year 2023/24.

**1. Report title**

1.1. Quarter 3 (Q3) Revenue Monitoring Report 2023/24.

**2. Purpose**

2.1. To report income and expenditure to 31 December 2023, projected for 2023/24, variances to the approved budget and related commentary.

**3. Executive Summary**

3.1. At the end of December (period 9) 2023/24, the projected outturn to 31 March 2024 shows an overall **Deficit of £623k**. This has increased by £161k from the Quarter 2 (Q2) figure. However, the overall Deficit figure is **before** additional Housing Revenue Account (HRA) Management Fee of £666k from City of Doncaster Council (CDC) have been included.

3.2. These additional fees will go towards known or anticipated inflation or virement impacts (see 3.4). A revised **Surplus of £51k** is projected after accounting for these, which is summarised in the table below, with comparatives from Q2.

<b>2023/24</b>	HRA	Gen Fund	SLHD
	£k	£k	£k
<b>Q3 / Period 9 Projections</b>	<b>468</b>	<b>155</b>	<b>623</b>
Management Fee – net inflation	-323	0	<b>-323</b>
Management Fee - pay award	-667	-43	<b>-710</b>
Management Fee – reduced pension contributions	536	35	<b>571</b>
Management Fee – SLA adjustments	-212	0	<b>-212</b>
<b>True Q3/period 9 -surplus / deficit</b>	<b>-198</b>	<b>147</b>	<b>-51</b>
Q2 / period 6 Projections	372	80	452
Management Fee – net inflation	-319	0	-319
Management Fee - pay award	-667	-43	-710
Management Fee - reduced pension contributions	536	35	571
<b>True Q2/period 6 -surplus/deficit</b>	<b>-78</b>	<b>72</b>	<b>-6</b>

3.3. The additional £579k **HRA** Management Fee items are as follows :

<u>Budget</u>	<u>Comments</u>	<u>£k</u>
Ext. Contractor	Dunbar (lifts) (£12k), FRAs (£16k), Switch 2 G6 (£28k)	58
Office costs	Civic Office (£96k) and Shaw Lane (£58k) rates (£10k)	164
District Heating	Maintenance fee in SLHD from CDC virement	101
<b>Inflationary impacts sub total</b>		<b>323</b>
Pay award	£1,925 per employee vs 4% budgeted	667
Pension contributions	Reduced contribution rates 16% to 10.2% / refund offset	-536

SLAs	Pay award related SLA adjustments (see below)	212
<b>Additional HRA Management Fee</b>		<b>666</b>

3.4. In summary, the above tables show that the pay award impact on the HRA and GF Management Fees are as follows.

	HRA	Gen Fund
	£k	£k
Pay award	667	43
Reduced pension contributions	-536	-35
	<u>131</u>	<u>8</u>

3.5. Following the approval of the pay award, SLHD has also been discussing its impact on the SLAs with CDC. Revised costs are still being finalised, but are expected to increase by in the region of £212k, as summarised below

<u>SLA</u>	<u>£k</u>
Arboriculture	15
Grounds Maintenance	83
Legal	31
ICT	30
Metroclean Communal areas	36
Concierge	17
	<u>212</u>

3.6. The report below comments on the main variances and **highlights the very tight projected outturn position** and required robust financial control required.

#### 4. Budget pressures / projected variances

##### HRA OPERATIONS - Commentary on main variances

- 4.1. HRA operations are projecting a Deficit of £458k before any additional management fee for inflation or virement. The table below summarises the main variances projected at Q3 compared to Q2, and why these are expected to occur. Further comments appear below

Variances	HRA	HRA	Comments
	Q3 projected variance £k	Q2 projected variance £k	
Salaries (excl Call Out)	-1,621	-1,612	Vacant posts, pay award. See below
Salaries - Call Out costs	421	361	Budget £663k, Projection £1,084k
Temporary staff	229	184	Vacant post cover
Supplies and Services	356	374	Project Management £84k, District Heating maintenance £101k (see additional m'ment fee notes above) Skips £87k
Premises / SLA	154	154	Civic Office, Shaw Lane,
Strategic Asset SLA	-70	-70	23/24 costs agreed with CDC, recruitment issues the reason for the reduced costs.
SLAs - Other	212	0	Pay award adjustments (see additional m'ment fee notes above)
Utilities	-226	-151	Efficiencies gas/electricity usage/price on Communal Halls, areas & Offices
Building Materials	325	302	£80k Damp and Mould increased repairs, £151k CO detectors, £48k Heating capital scheme (see additional income below), £50k revenue voids.
Fuel	-153	-153	Reduced cost due to efficiencies and price fall
External Contractors	1,207	1,134	EICR £681k, Wates £190k – see below
Net Others	-53	35	
Capital Income	-955	-830	Primarily CO detectors (£524k), Acquisitions (£173k) and Heating replacements (£120k). see below
Other Income	-83	-81	External Funding £81k (2x Mental health practitioners)
Other income – Pension	725	725	Pension refund replaced by reduced contributions
<b>Deficit / (-) Surplus</b>	<b>468</b>	<b>372</b>	

- 4.2. Salary costs – the budget assumed a 4% pay award but, an increase of £1,925 per employee has now been agreed and paid, so is included in the projections. This equates to approximately 6.6% overall and an additional £667k.
- 4.3. Salary costs – Pension contributions were budgeted at 16.0% and a lump sum refund of £725k. Terms changed at the start of the year to 10.2% with no lump sum refund. The effect was a cost saving of £1,261k on contributions partially offset by removal of the £725k, leading to a net saving of £536k (see table at 3.4).
- 4.4. Vacant posts have been reviewed in all areas to identify if they need to be filled, the impact on service delivery and alternatives, and when they are likely to be filled.



4.5. External contractors are projecting to be £1,207k over budget. Variances to originally anticipated expenditure are listed below :

	<b>Q3</b>	Q2	Q1
	<b>23/24</b>	23/24	23/24
<u>Expenditure comments</u>	<u>£k</u>	<u>£k</u>	<u>£k</u>
EICR contractors funded by CO detectors surplus and electrical vacancies	<b>681</b>	681	612
Wates £40k spend last year - rest is slippage and is unfunded in 23/24	<b>190</b>	170	170
Dunbar Boardman costs	<b>13</b>	13	13
Switch 2 – tenant led call out to faulty G6 meters on District heating properties	<b>29</b>	6	0
Fans - remedial works for high rise buildings	<b>11</b>	11	11
Dentons- includes 22/23 showers legacy, repairs to pipe dead legs in high rises	<b>92</b>	90	30
Dale Comms, Network Comms, ad hoc contractors (Responsive Repairs)	<b>106</b>	76	0
Metrorod - Responsive repairs	<b>67</b>	48	29
Voids revenue works	<b>76</b>	47	47
High Rise Cladding Maintenance	<b>-113</b>	-43	0
Fire Risk Assessments	<b>63</b>	63	63
Net others	<b>-8</b>	-22	-28
	<b>1,207</b>	1,134	947

### **GENERAL FUND (GF) OPERATIONS - Commentary on main variances**

4.6. GF operations are projecting a Deficit of £155k before any additional management fee for inflation. The table below summarises the main variances projected at Q3 compared to Q2, and why these are expected to occur.

	<b>GF</b>	<b>GF</b>	<b>Comments</b>
<u>Variances</u>	<b>Q3 projected variance £k</b>	Q2 projected variance £k	
Salaries (excl Call Out)	<b>-173</b>	-142	Vacant posts, pay award. See below
Temporary staff	<b>49</b>	10	Vacant post cover
Supplies and Services	<b>1,182</b>	424	Demand on hotels, security and equipment
Premises	<b>191</b>	194	Temp Accom (GF)
Net Others	<b>-52</b>	-66	
Other Income	<b>-1,089</b>	-387	Increased HB due to higher hotel and TA costs
Other income – Pension	<b>47</b>	47	Pension refund replaced by reduced contributions
<b>Deficit / (-) Surplus</b>	<b>155</b>	<b>80</b>	

4.7. Salary costs - the new structure within Home Options is implemented but there remain ten vacancies currently, some of which are in the process of being appointed to and some that will be covered by agency staff until the end of the year.

- 4.8. All posts in the new structure have been reviewed and assumptions applied to those still vacant. Staffing turnover continues to place pressure on the service and is a risk to performance.
- 4.9. The main movements in projections since Quarter 2 are around hotel accommodation. Up until the end of September, the average number of placements in hotels was around 40. October's average increased to around 60 per night and this increase continued steadily in November and was between 90 and 110 for the last two months.
- 4.10. The temporary accommodation (TA) budget assumes 110 properties in use throughout the year. Numbers have increased here and have been at around 160 since around August. This is expected to be the level for the rest of the year.
- 4.11. The table below shows the assumptions used at Q2 and how they have changed for the Q3 projections.

Projections	Q3	Q2
TA properties (budget 110)	162	160
<u>Hotel placements per night :</u>		
December	105	42
January	95	42
February	85	42
March	75	42

- 4.12. The impact of these on the projected outturn are TA rents being £233k (50%) higher than the budgeted £463k, and Hotel costs totalling £1.62m, some £922k (130%) more than the budgeted £698k. Several other budget lines will exceed budget (eg. equipment, security) as a result of this.
- 4.13. Housing Benefit recovery is again assumed at 90% on TA and Hotel costs and additional £1.05m is projected to be received, partially offsetting the above adverse variances.
- 4.14. No additional funding, ie grant income, has been assumed other than budgeted.
- 4.15. All other budget lines have been projected in line with their respective budgets.

**5. OPERATIONS – Heads of Service (HOS) commentary on year to date key operational points and Risks/Key issues/Actions**

Housing and Customer Services:

- 5.1. The Housing Management realignment was implemented on 31<sup>st</sup> July 2023, and recruitment is ongoing to vacant posts many of which are internal appointments resulting in further vacancies to be backfilled.
- 5.2. No other significant changes to note since Quarter 2.

### Corporate Services:

- 5.3. No major budget pressures have emerged in year to date and the only issue has been the higher than normal levels of sickness throughout the year within the Directorate, increasing workloads and delaying some work.

### Property Services: Asset Management Services

- 5.4. At the end of December, the Directorate is projecting a surplus of £125k and net savings of £166k have been identified since Q2. This is due to the AHR project management now projecting to be £84k thus reducing the forecast by £128k. This support has reduced as internal posts in the team have now been filled, but AHR are still required to offer expert advice on ongoing contract disputes around Balby Bridge render remediation scheme.
- 5.5. Also the budget for contractor maintenance works on the high rise cladding is forecasting to reduce by £113k. It has been taken into account that the render replacement scheme on Balby Bridge will be ongoing yet for some time, and therefore checks are not appropriate at this stage at this location.
- 5.6. Included in the forecasts are known higher spend levels for which some additional management fee income will be received, namely:
- Increased rental costs of £58k at Shaw Lane following the rent review, not fully budgeted;
  - Increased SLA costs of £96k for accommodation at the Civic, not fully budgeted;
- 5.7. Staff recruitment and retention has relatively been successful of late, but remains a risk area. Currently there are 7.6 FTEs vacant in the Asset Management Service Area, but mainly on administration posts.
- 5.8. Shaw Lane skip usage and costs have increased and now projecting £47k over budget. Contributing to the overspend changes to waste regulations which requires segregation of waste. Also other service areas (Garden Service/Voids) are using Shaw Lane skips thus increasing costs on this budget.
- 5.9. Disrepair cases are continuing to rise and so far there have been 117 cases this financial year (75 in the last quarter). There is an increase in cases approaching court stage which will result in legal and compensation costs incurred that are currently at £97k. At Q3 the forecast is now £120k which is £45k over budget.

### Property Services: Building Services

- 5.10. Staff costs: A recruitment drive to fill trade vacancies continues, although staff turnover is currently breaking even with the trade vacancies remaining constant throughout this financial year (see table in note 5.21). Electricians are difficult to recruit to and currently there are 11 vacancies, a quarter of all service vacancies. Generally, savings from vacant posts are funding overtime, agency staff and/or contractors to ensure delivery and performance targets are attainable.
- 5.11. Savings from the Electrician vacancies in the Mechanical & Electrical Service Area are funding the EICRs (electrical tests) completed by contractors, as agreed by EMT.

5.12. Call out salary costs are now projecting to be £1m, which is an increase of £80k since Q2. This is due to the severe wet weather increasing the volume of jobs and thus requiring works to be completed out of the normal working day. The outturn forecast is still £160k less than last year's outturn figure of £1,160k, but is still £370k (59%) over the £630k budget for 2023/24. There is also an additional holiday pay which is projecting to be £52k over budget.

5.13. Other areas to note impacting on budgets are:

- Transport – fuel savings of £151k projected as anticipated level of price increases not fully materialising and prices have seen a slight reduction recently. Monthly analysis will closely track any fluctuations. Previously, usage has dropped by approx. 2,500 litres a month (nearly 9%) as we stabilise the areas on 'One repairs', however there was a spike in usage since Q2 as the backlog of repairs is being addressed. Currently there is a small buffer in the projection for winter months and further price increases.
- Materials – projecting £325k over budget; The main reasons for this variance are
  - £151k CO detector replacement programme for all properties in this financial year. Increased income will result from this and the net surplus will partially fund the EICRs;
  - £80k Additional Damp and Mould repairs (see note 3.6)
  - £48k for additional capital Heating works that will generate a further £120k income to fund the additional EICR tests by external contractor; and
  - £50k increase on revenue void works due to the high volume of void properties and the value of repairs higher than average.
- External Contractors – as detailed at 2.5 above. Some responsive and void contractor works are being funded by vacancies but all contractor spend is being closely monitored due to budget pressures;
- Capital Income - additional income from CO detectors and Heating/boiler replacements as above.

5.14. Repairs and voids volumes to date with comparatives are as follows:

<u>Year to date repairs orders</u> – 9 months	<b>Dec-23</b>	Dec-22	Dec-21	Dec-20	Dec-19
	<b>no.</b>	no.	no.	no.	no.
Emergency Orders	<b>17,811</b>	18,777	10,308	6,746	6,786
Urgent Orders	<b>17,673</b>	18,723	22,759	23,495	26,568
Routine Orders	<b>20,902</b>	11,059	12,033	10,646	14,177
Scheduled Orders	<b>284</b>	6,544	6,495	6,847	8,802
<b>Total</b>	<b>56,670</b>	55,103	51,595	47,754	56,333
<u>Voids</u>					
Terminations – <u>Year to date</u>	<b>843</b>	860	847	936	1,113
Lettings – <u>Year to date</u>	<b>868</b>	907	838	n/k	n/k
Lettable voids <u>at month end</u>	<b>108</b>	118	140	199	104
Non lettable <u>at month end</u>	<b>5</b>	8	2	20	1
Earmarked for demolition	<b>0</b>	0	5	0	0
<b>Gross voids <u>at month end</u></b>	<b>113</b>	126	147	219	105

- 5.15. Capital income : The table below summarises the main areas of variance to budget for contributing to the additional £955k projected, most of which (£523k) is from additional CO work.

	Budget £k	Projection £k	Variance £k
Management Fee	1,500	1,500	0
Mech and Elec	2,645	3,288	643
Voids/acquisitions Planned	3,240	3,690	450
	5,452	5,314	-138
	12,837	13,792	955

#### General Fund : Home Options

- 5.16. The service is reporting a projected Deficit of £155k. The reasons for the anticipated overspend are due to a number of issues.
- 5.17. The main cost pressure is due to the spike in demand for Emergency Accommodation seen during Q3. This has been experienced elsewhere in South Yorkshire, however this is significantly impacted by the Home Office accelerated programme of clearing their backlog of Asylum Seekers claims and those being given right to reside in the UK. This is alongside winter pressures and challenges the current housing marketplaces on access to and affordability of limited accommodation options for households seeking a planned move.
- 5.18. The risk is that the high level of demand and winter pressures will not reduce significantly in Q4 and will immediately apply budget pressures in 2024.
- 5.19. A Growth bid has been submitted for the 2024/25 Management Fee to mitigate the Budget pressures on staffing capacity and additional costs associated with the increased number of TA of around 165 units as part of a strategy to reduce hotel placements.
- 5.20. Staffing turnover continues to place pressure on the service and a risk to performance, recruitment is ongoing but challenging due to short term nature of funding. However, it is anticipated with the use of agency staff the service will be fully staffed by mid-January 2024.

#### Staffing levels

- 5.21. As referred to above, vacancies exist in all Directorate as a result of employee turnover, difficulties in recruiting or ongoing restructures and realignments. The table below summarises the number of vacant posts in each area with quarterly comparatives from 2022/23. The budget assumed a Vacancy Factor of 4% which equates to approximately 34 Whole Time Equivalent (WTEs).

	<b>Q3</b>	Q2	Q1	Q4	Q3	Q2	Q1
	<b>23/24</b>	23/24	23/24	22/23	22/23	22/23	22/23
<u>Directorate</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>	<u>WTE</u>
Housing and Customer	<b>7.6</b>	9.0	19.0	9.6	15.1	6.5	11.7
Corporate	<b>4.5</b>	5.5	5.7	2.0	3.5	3.0	6.0
Asset Management/H&S	<b>7.6</b>	9.0	11.0	12.6	13.1	17.8	22.4
Property	<b>42.5</b>	42.0	45.5	42.5	44.0	44.4	55.2
Home Options (GF)	<b>10.0</b>	11.0	4.0	*1.0	*1.0	*2.5	*23.0
<b>Totals</b>	<b>72.2</b>	76.5	85.2	67.7	76.7	74.2	118.3

\* includes temporary posts agreed as part of the 22/23 recovery plan and were not included in the budgeted establishment

## **6. Recommendation**

6.1. For Board to note the Revenue Monitoring report as at 31 December 2023 and the projected outturn for the financial year 2023/24.

## **7. Procurement**

7.1. Procurement implications are referenced as appropriate in the body of the report.

## **8. Value For Money**

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

## **9. Financial Implications**

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

## **10. Legal implications**

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

## **11. Risks**

11.1. Financial and Operational risks are detailed in the report.

## **12. IT Implications**

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

## **13. Consultation**

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

**14. Equality and Diversity**

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

**15. Communication**

15.1. There are no communication requirements arising from this report.

**16. Environmental**

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

**Report author**

Nigel Feirn

Budget Monitoring Working Papers 2023/24 Budget

Appendices – Revenue summaries for SLHD, HRA and General Fund

## St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2023

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2023 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	32,097	24,070	22,943	-1,127	<b>30,949</b>	<b>-1,148</b>	<b>-4%</b>
Premises Expenses	2,239	1,680	915	-765	<b>2,298</b>	<b>60</b>	<b>3%</b>
Transport	2,576	1,930	1,827	-103	<b>2,430</b>	<b>-146</b>	<b>-6%</b>
Supplies & Services	4,385	3,290	3,714	424	<b>5,854</b>	<b>1,470</b>	<b>34%</b>
Materials-Buildings Services	7,667	5,750	5,782	32	<b>7,992</b>	<b>325</b>	<b>4%</b>
Service Level Agreements	4,234	3,180	2,811	-369	<b>4,444</b>	<b>211</b>	<b>5%</b>
<b>Total Management Expenditure</b>	<b>53,197</b>	<b>39,900</b>	<b>37,991</b>	<b>-1,909</b>	<b>53,968</b>	<b>770</b>	<b>1%</b>
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	1,576	1,180	2,023	843	<b>2,784</b>	<b>1,207</b>	<b>77%</b>
<b>Total Maintenance Expenditure</b>	<b>1,576</b>	<b>1,180</b>	<b>2,023</b>	<b>843</b>	<b>2,784</b>	<b>1,207</b>	<b>77%</b>
<b>Gross Expenditure</b>	<b>54,774</b>	<b>41,080</b>	<b>40,014</b>	<b>-1,066</b>	<b>56,752</b>	<b>1,978</b>	<b>4%</b>
<b>Income</b>							
Management Fee - HRA	-36,687	-27,520	-27,515	5	<b>-36,687</b>	<b>0</b>	<b>0%</b>
Management Fee - General Fund	-2,503	-1,880	-1,877	3	<b>-2,503</b>	<b>0</b>	<b>0%</b>
Recharges to Capital Schemes (In House)	-12,837	-9,630	-11,395	-1,765	<b>-13,791</b>	<b>-955</b>	<b>7%</b>
Other Income	-2,747	-2,060	-1,046	1,014	<b>-3,148</b>	<b>-400</b>	<b>15%</b>
Direct Charge to HRA	0	0	0	0	<b>0</b>	<b>0</b>	<b>-</b>
<b>Total Income</b>	<b>-54,774</b>	<b>-41,090</b>	<b>-41,834</b>	<b>-744</b>	<b>-56,129</b>	<b>-1,355</b>	<b>2%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>-10</b>	<b>-1,820</b>	<b>-1,810</b>	<b>623</b>	<b>623</b>	<b>-</b>



## St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2023 - Home Options (General Fund)

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2023 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	1,957	1,470	1,300	-170	1,828	-129	-7%
Premises Expenses	872	650	79	-571	1,063	191	22%
Transport	0	0	0	0	0	0	-
Supplies & Services	1,207	900	1,480	580	2,389	1,182	98%
Materials-Buildings Services	0	0	0	0	0	0	-
Service Level Agreements	43	30	0	-30	44	1	2%
<b>Total Management Expenditure</b>	<b>4,078</b>	<b>3,050</b>	<b>2,860</b>	<b>-190</b>	<b>5,323</b>	<b>1,245</b>	<b>31%</b>
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	0	0	0	0	0	0	-
<b>Total Maintenance Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Gross Expenditure</b>	<b>4,078</b>	<b>3,050</b>	<b>2,860</b>	<b>-190</b>	<b>5,323</b>	<b>1,245</b>	<b>31%</b>
<b>Income</b>							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-2,503	-1,880	-1,877	3	-2,503	0	0%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Other Income	-1,575	-1,180	-709	471	-2,665	-1,089	69%
Direct Charge to HRA	0	0	0	0	0	0	-
<b>Total Income</b>	<b>-4,078</b>	<b>-3,060</b>	<b>-2,586</b>	<b>474</b>	<b>-5,168</b>	<b>-1,089</b>	<b>27%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>-10</b>	<b>274</b>	<b>284</b>	<b>155</b>	<b>155</b>	<b>-</b>

## St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 December 2023 - HRA ONLY

	Income/Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2023 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	30,140	22,600	21,642	-958	29,121	-1,019	-3%
Premises Expenses	1,367	1,030	836	-194	1,235	-131	-10%
Transport	2,576	1,930	1,827	-103	2,430	-146	-6%
Supplies & Services	3,178	2,390	2,233	-157	3,466	287	9%
Materials-Buildings Services	7,667	5,750	5,782	32	7,992	325	4%
Service Level Agreements	4,191	3,150	2,811	-339	4,400	210	5%
<b>Total Management Expenditure</b>	49,119	36,850	35,131	-1,719	48,645	-474	-1%
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	1,576	1,180	2,023	843	2,784	1,207	77%
<b>Total Maintenance Expenditure</b>	1,576	1,180	2,023	843	2,784	1,207	77%
<b>Gross Expenditure</b>	50,696	38,030	37,154	-876	51,429	733	1%
<b>Income</b>							
Management Fee - HRA	-36,687	-27,520	-27,515	5	-36,687	0	0%
Management Fee - General Fund	0	0	0	0	0	0	-
Recharges to Capital Schemes (In House)	-12,837	-9,630	-11,395	-1,765	-13,791	-955	7%
Other Income	-1,172	-880	-337	543	-483	689	-59%
Direct Charge to HRA	0	0	0	0	0	0	-
<b>Total Income</b>	-50,696	-38,030	-39,248	-1,218	-50,961	-265	1%
<b>Surplus(-) / Deficit</b>	0	0	-2,094	-2,094	468	468	-

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 01 February 2024

**Item** : 14

**Subject** : Q3 Capital Monitoring Report 2023/24

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

**Prepared by** : David Henderson  
Management Accountant

**Purpose** : To inform Board of the projected capital expenditure for 2023/24, the funding available and the actual and committed expenditure to date as at 30<sup>th</sup> November, 2023.

### **Recommendation :**

For Board to acknowledge the Capital Monitoring Report and the projected outturn for the financial year 2023/24.

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. 14  
Date: 01 February 2024**

**1. Report Title**

1.1 Q3 Capital Monitoring Report 2023/24 as at 30th November 2023.

**2. Executive Summary**

2.1 The reported projections at Q3 show the planned, in-year spend on the Housing Capital Programme would be £42.97m, a variance against the £44.12m revised budget of (£1.15m).

**3. Purpose**

3.1 To inform Board of the projected capital expenditure for 2023/24, the funding available and the actual and committed income and expenditure to date as at 30<sup>th</sup> November 2023.

These forecasts have been used for the City of Doncaster Council's Quarter 3, Finance and Performance report.

**4. Recommendation**

4.1 Board is asked to acknowledge the Capital Monitoring Report and the forecast outturn for the financial year 2023/24.

**5. Background**

5.1 The Housing Capital Programme for 2023/24, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £42.97m is an under-spend of £1.15m from the budgeted spend of £44.12m.

5.2 Further analysis of the Housing Capital Programme can be found at **Appendices B&C:-**

1. **Appendix B**. Public Sector Housing Capital Programme.

2. **Appendix C**. Private Sector Housing Capital Programme.

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

5.4 The Council approved a four-year Housing Capital Programme on 27th February 2023, totalling £228m across the four years.

The main priorities of the programme in 2023/24 are:

- Council House Build Programme.
- Council House Acquisitions.
- Section 106 Opportunities
- Council House Improvement and Maintenance Programme.
- Fire Safety Improvements.
- Electrical Works.
- Energy Efficiency Works.
- Residential Site Improvements.
- Net Zero Carbon

## 6. Expenditure Variances

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

### SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD is forecast to outturn at £39.01m against resources of £40.16m, an under-spend of £1.15m.

6.3 (£1.07m, 8% under budget), External Works

(£1.00m) External Planned Contractor.

A revision to the delivery plan associated with this work has resulted in a reduction of the forecast spend. The deliverable spend is affected by the contractor's capacity to carry out the planned works. The previous delayed starts are affecting the delivery profile of subsequent schemes. Other contributing factors include delays obtaining retrofit assessments needed to complete scheme designs and scaffolding sub-contractors.

(£0.07m) External Planned Maintenance.

Some resources from within the In-House team have been reassigned to work on the scheduled elemental works, reflected under the internal programme of works.

6.4 (£0.17m, 23% under budget), Caravan Site Improvements

The budget was based on a fire barrier solution being applied across all three residential sites. A revised solution of fire detection and warning was approved on 13<sup>th</sup> November 2023 which is both preferred by residents and is less expensive than the original option. The estimated costs for the alternate option are £150k and the forecast has been reduced to reflect this. The contractor's appointment is currently being finalised and it is

envisaged that the works will start in January and will be completed before the end of the financial year.

6.5 (£0.20m, 94% under budget), Appropriated Properties

The single-story extension and refurbishment / adaptation of the former caretaker's bungalow at Valley drive Branton is still awaiting a decision from planning. Following the approval, a contractor will need to be appointed so it's unlikely there will be any significant costs this year. The forecast has been revised to reflect this.

**7. CDC Managed Schemes**

7.1 The element of the capital programme managed by CDC is forecast to outturn at £3.96m against resources of £3.96m, a break-even position.

7.2 There have been no reportable changes to the forecasts for these schemes.

**8. Future Plans / Work in Progress**

8.1 Expenditure and the associated in-house income will be closely monitored throughout the year to ensure that the budgeted levels are achieved.

8.2 Acquisitions.

The programme includes funding for acquisitions to deliver 232 properties across the four-year period (2023/24 - 2026/27), funded from rent increases and retained right to buy receipts. In addition, successful bids for LAHF grant funding were secured to deliver 19 properties in 2023/24.

The current position is detailed below.

<b>2023/24 Cumulative position</b>	<b>W/e 8th Dec</b>
Number of properties completed to date	28
Purchase price of properties completed	£4,357,734
Number of properties in legal process (offer submitted and accepted)	28
Purchase price of properties in legal process	£3,825,420
Number of property offers submitted but awaiting feedback/decision	3
Number of properties awaiting valuation	1
Number of properties with viewings booked	2

**9. Procurement**

9.1 All the work delivered through the CDC capital programme were procured in line with the requirements of CDC's financial procedure rules and contract standing orders.

9.2 Delivery of the projected programme for 2023/24 will be subject to the availability of St leger homes employees, building materials and contractors as the whole sector is experiencing issues post Covid.

## **10. VFM Considerations**

10.1 Efficiency and Value for Money principles have been adopted throughout the capital monitoring process.

## **11. Financial Implications**

11.1 All the financial implications are considered within the body of the report.

## **12. Legal Implications**

12.1 There are no legal implications arising from this report.

## **13. Risks**

13.1 Risk implications are implicit in the report. CDC's Capital Programme budget for Housing was £70.36m to deliver several priorities, primarily building new affordable homes and improving and maintaining existing housing stock.

13.2 Other noteworthy risks which will potentially have a financial impact are;

- Inflation;
- Changes to regulations and standards and
- Ongoing investigations of the render on high rise blocks.

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

14.1 Not applicable.

## **15. IT Implications**

15.1 Not applicable.

## **16. Consultation**

16.1 All Budget holders and EMT.

## **17. Diversity**

17.1 There are no diversity issues arising from this report.

## **18. Communication Requirements**

18.1 There are no communication requirements arising from this report.

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

19.1 Not Applicable

**20. Environmental Impact**

20.1 There are no environmental impact resulting from the proposals in this report.

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

21.1 David Henderson  
Management Accountant 01302 737987

**22. Background Papers**

22.1 Capital Programme (2023/24-2027/27) budget report 27 February 2023.



## Summary of Housing Capital Programme 2023/24 as at 30 November 2023

	Original Estimate - Approved Programme £000	Revised Budget (Qtr2) £000	Forecast Outturn £000	Variance Outturn to Revised Budget £000
<b>SLHD Managed Schemes</b>				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	3,290	3,990	3,990	0
Mechanical and Electrical Improvements	3,502	4,692	4,912	220
Fire Safety Works	2,171	2,588	2,588	0
Internal Works	3,114	1,814	1,884	70
External Works	15,865	13,053	11,983	(1,070)
Environmental Works	1,370	1,370	1,370	0
IT Improvements	60	161	161	0
Acquisitions	8,348	8,926	8,926	0
Acquisition Refurbishments	-	1,108	1,108	0
Caravan Site Improvements	3,713	740	570	(170)
Assistance Loans	20	11	11	0
Appropriated Properties	-	212	12	(200)
Sub-Total	<b>42,953</b>	<b>40,165</b>	<b>39,015</b>	<b>(1,150)</b>
<b>DMBC Managed Schemes</b>				
Adaptations for the Disabled	2,200	2,670	2,670	0
Council House New Build	25,208	1,168	1,172	4
Affordable Housing	-	88	88	0
Empty Homes Scheme	-	30	30	0
Sub-Total	<b>27,408</b>	<b>3,956</b>	<b>3,960</b>	<b>4</b>
<b>Overall Housing Programme Total</b>	<b>70,361</b>	<b>44,121</b>	<b>42,975</b>	<b>(1,146)</b>
<b>Funding</b>				
Major Repairs Reserve / Depreciation	32,757	27,140	26,140	(1,000)
Revenue Contribution - HRA	7,280	5,942	5,942	0
Usable Capital Receipts	6,061	1,456	1,938	482
Section 106	-	1,806	1,806	0
Prudential Borrowing	23,208	5,160	4,582	(578)
Grants	1,055	2,617	2,567	(50)
<b>Under(-) / Over Commitments</b>	<b>70,361</b>	<b>44,121</b>	<b>42,975</b>	<b>(1,146)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

### Summary of Housing Capital Programme 2023/24 as at 30 November 2023

	Original Estimate - Approved Programme	Revised Budget (Qtr2)	Forecast Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
<b>SLHD Managed Schemes</b>				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	3,290	3,990	3,990	0
Mechanical and Electrical Improvements	3,502	4,692	4,912	220
Fire Safety Works	2,171	2,588	2,588	0
Internal Works	3,114	1,814	1,884	70
External Works	15,865	13,053	11,983	(1,070)
Environmental Works	1,370	1,370	1,370	0
IT Improvements	60	161	161	0
Acquisitions	8,348	8,926	8,926	0
Acquisition Refurbishment	0	1,108	1,108	0
Appropriated Properties	0	212	12	(200)
<b>Sub-Total</b>	<b>39,220</b>	<b>39,414</b>	<b>38,434</b>	<b>(980)</b>
<b>DMBC Managed Schemes</b>				
Adaptations for the Disabled	2,200	2,670	2,670	0
Council House New Build	25,208	1,168	1,172	4
<b>Sub-Total</b>	<b>27,408</b>	<b>3,838</b>	<b>3,842</b>	<b>4</b>
<b>Overall Housing Programme Total</b>	<b>66,628</b>	<b>43,252</b>	<b>42,276</b>	<b>(976)</b>
<b>Funding</b>				
Major Repairs Reserve / Depreciation	32,757	27,140	26,140	(1,000)
Revenue Contribution - HRA	7,280	5,942	5,942	0
Usable Capital Receipts	2,328	675	1,327	652
Section 106	0	1,718	1,718	0
Prudential Borrowing	23,208	5,160	4,582	(578)
Grants	1,055	2,617	2,567	(50)
<b>Under(-) / Over Commitments</b>	<b>66,628</b>	<b>43,252</b>	<b>42,276</b>	<b>(976)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

## Summary of Housing Capital Programme 2023/24 as at 30 November 2023

	Original Estimate - Approved Programme £000	Revised Budget (Qtr2) £000	Forecast Outturn £000	Variance - Outturn to Revised Budget £000
<b>SLHD Managed Schemes</b>				
Caravan Site Improvements	3,713	740	570	(170)
Assistance Loans	20	11	11	0
Empty Homes Scheme	0	30	30	0
<b>Sub-Total</b>	<b>3,733</b>	<b>781</b>	<b>611</b>	<b>(170)</b>
<b>DMBC Managed Schemes</b>				
Affordable Housing	0	88	88	0
<b>Sub-Total</b>	<b>0</b>	<b>88</b>	<b>88</b>	<b>0</b>
<b>Overall Housing Programme Total</b>	<b>3,733</b>	<b>869</b>	<b>699</b>	<b>(170)</b>
<b>Funding</b>				
Usable Capital Receipts	3,733	781	611	(170)
Section 106	0	88	88	0
<b>Under(-) / Over Commitments</b>	<b>3,733</b>	<b>869</b>	<b>699</b>	<b>(170)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Quarter 3 / 31 December 2023 KPI dashboard
<b>Action Required:</b>	For information
<b>Item:</b>	15
<b>Prepared by:</b>	Nigel Feirn Head of Finance and Business Assurance
<b>Date:</b>	01 February 2024

### 1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at the end of Quarter 3 (Q3) / 31 December 2023 (period 9), and brief commentary for those KPIs where the target was not met.
- 1.2. Appendices are attached as follows:
  - A : KPI dashboard
  - B : Tenant Satisfaction Measures (TSM) and latest benchmarking
  - C : Latest Housemark monthly pulse surveys

### 2. Executive summary

- 2.1. In March 2023, eighteen KPIs were agreed with Doncaster Council (CDC) for 2023/24, and included some of the new Tenant Satisfaction Measures (TSMs) as KPIs.
- 2.2. In collecting the information during the year, performance data for the four additional Health and Safety measures (which are also TSMs) is now captured and has been added to the KPI schedule from Q2 onwards, to give a schedule of 22 KPIs for 2023/24.
- 2.3. Of the now 22 KPIs, four are measured annually - tenant surveys (two), energy efficiency and Decent Homes Standard numbers, the same as in 2022/23. The tenant survey information is also now available and two TSMs have been included in this report for the two annual satisfaction KPIs.
- 2.4. The table below summarises the KPIs at the end of Q3, with comparatives. Of the KPIs measured at Q3, twelve were met or were within agreed tolerances of target.

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

\* data unavailable

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

### 3. TSM benchmarking

- 3.1. In the period April to September 2023, SLHD undertook the perception surveys along with the other performance measures for the TSMs required for 2023/24, and reported these as part of Q2 reporting. TSM information was submitted to benchmarking groups including Housemark, who in December published a comprehensive report on ALMOs and Local Authorities (LA).
- 3.2. **Appendix B** lists our TSM performance and summarises our benchmarked positions with ALMOs and LAs from the Housemark report on latest data received. In summary, SLHD has performed very favourably against our peers and also with LAs, with the majority of our indicators above median as shown in the table below. Data is still being collected by Housemark and as a result, the quartile markers may change. There will be further reports published and the table below will updated accordingly

Quartile	Peers		All	
Fully compliant	4	13%	4	13%
Q1	17	57%	11	37%
Q2	2	7%	7	23%
Q3	2	7%	3	10%
Q4	3	10%	3	10%
No data	2	7%	2	7%
	30	100%	30	100%

### 4. KPI commentary

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

<b>Target</b>	<b>0.50%</b>	
<b>Q3 23/24 YTD performance</b>	<b>0.68%</b>	<b>WORSE THAN TARGET – RED</b>

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

The total number of voids of 113 consists of 108 lettable (96 general voids + 12 acquisitions) and 5 non lettable voids. Lettable void numbers at the end of December of 108 have increased from September's 79. The number of lettable voids held in the year to date has generally fluctuated between 110 and 130. It improved significantly in the latter part of Q2 to be below 100 but has increased again in Q3, as summarised below with comparatives.

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

Void Rent Loss (VRL) in-month performance shows an improvement at 0.67% when comparing to the previous month of 0.71%.

Cumulative performance remains the same as the previous month at 0.68%.

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

**Target** **20.0 days**  
**Q3 23/24 YTD performance** **24.6 days** **WORSE THAN TARGET – RED**

	<b>Q3 23/24</b>	Q2 23/24	Q1 23/24	Q4 22/23	Q3 22/23	Q2 22/23	Q1 22/23
Re-let days	<b>24.6</b>	25.8	25.6	26.7	26.9	29.1	33.6

December in-month performance shows a continued improvement at 20.7 days when comparing to the previous month of 20.9 days.

Cumulative performance also shows an improvement 24.6 days, when comparing to November YTD of 25.0 days and Quarter 2's 25.8 days

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

**Target (December)** **40**  
**Q3 23/24 performance** **91** **WORSE THAN TARGET – RED**

91 placements following the 136 placed in the previous month appears low but remains 49% higher than December last year.

This resulted 2,735 total paid nights, a 10% increase on November and a consequence of the spike in placements experienced in October.

Whilst the number of households placed has increased, the team are continuing to minimise the number of nights they are staying and moved on 87 households on from hotels during the month and ensured no children spent Christmas day in a hotel.

4.4. KPI5 : % of Settled Accommodation at Prevention Stage

**Target** **60%**  
**Q3 23/24 YTD performance** **27%** **WORSE THAN TARGET – RED**

21 prevention cases were closed within the month of which 5 were able to secure existing or alternative accommodation. The sheer demand on the front end of the service and vacancies have impacted on capacity to undertake effective casework.

We have new recruits including short term Agency staff that should provide much needed capacity to reduce the backlog of cases and direct resource onto more effective casework.

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

**Profiled Target YTD** **37.5**  
**Q3 23/24 YTD performance** **47.8** **WORSE THAN TARGET – RED**

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

For the target to have been met, less than 750 complaints would have been received. For the nine months to date, 950 complaints have been received and this equates to 47.8 complaints per 1,000 properties (44.7+3.1). The split is as follows:

Number of Stage 1 complaints received for the YTD is 888 = 44.7

Number of Stage 2 complaints received for the YTD is 62 = 3.1

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

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

<b>Target</b>	<b>8.5 days</b>	
<b>Q3 YTD performance *</b>	<b>11.4 days</b>	<b>WORSE THAN TARGET – RED</b>

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

December saw similar absence levels to the previous two months (0.93 days per FTE, 0.92 in November and 0.98 in October). This is against a target each month of approximately 0.71 days. This brings the YTD figure to 8.37 days per FTE against a target of 6.22 days per FTE. This equates to an outturn of 11.4 days per FTE using the CDC calculation method, which is worse than the annual target of 8.5 days.

In December, stress, depression and anxiety remained the highest reason for absence, and YTD accounts for 50.8%. This is followed by MSK contributing to 16.4% and infection and virus which now account for 13% of the absence YTD. Whilst stress related absence remains high there has been a significant decrease in December in the total number of days bringing the total in the month to 144.5 days (vs 187.0 days in November). Work related causes of stress remain low accounting for less than 10 days.

On average, long term cases account for 0.41 days per FTE per month and short term absence 0.52 days.

The volume of stage meetings and early interventions continues to remain high since the introduction of the new policy which is a positive step in ensuring that colleagues are supported to return to work / remain in work. This month we have seen additional interventions such as additional physio assessments funded by St Leger to expediate an employees return to work. Cases continue to be managed on a case by case basis.

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

<b>Target</b>	<b>70%</b>	
<b>Q3 23/24 YTD performance</b>	<b>41%</b>	<b>WORSE THAN TARGET – RED</b>

December spend figures of £1.94m were the lowest for six months due to the last week being the Christmas break. Average spend per month in the nine months to date is £2.17m, with £0.88m on average within Doncaster.

The local percentage in the month was up again in the month to 48% (£1.01m) and therefore increased the YTD slightly to nearly 41%, but local spend is still well below where it needs to be for the KPI to be meeting target.

£1.38m of the December spend was in Yorkshire & Humber and represents 71% of the total, just above average spend in the wider region in the year to date.

At the Q3 stage of 23/24, Doncaster spend, both capital & revenue in nature, totals £7.9m out of total spend to all suppliers of £19.4m. KPI = 40.7%, and still below target.

Wates were again the highest paid supplier in the month (£300k), impacting adversely on both Doncaster and Y&H figures as they are classed as Southeast.

The number of suppliers receiving payments in each is month continues to be around the 140 level, but a very small number - six for December - were above £100k, and totalled £1.0m, 49% of the total spend. Four of the six were in Doncaster and totalled £0.5m.

Report author  
Nigel Feirn

Appendix A KPI Dashboard Q3 December 2023  
Appendix B Tenant Satisfaction Measures and latest Housemark TSM benchmarking  
Appendix C Latest Housemark monthly pulse surveys



## Appendix A - St. Leger Homes Key Performance Indicator Summary Q3 2023/24

KPI	TSM	Indicator	22/23 Outturn	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	23/24 Target	DoT
1		Percentage of current rent arrears against annual debit %	2.74%	2.80%	2.92%	3.09%		3.10% Q3 2.75% y/e	↓
2		Void rent loss (lettable voids) %	0.67%	0.73%	0.70%	0.68%		0.50%	↑
3		Average Days to Re-let Standard Properties ytd days	26.7	25.4	25.8	24.6		20.0	↑
4		Number of Households placed in B&B accommodation <b>at month end</b>	16	50	42	91		40 Q3 30 y/e	↓
5		% of settled accommodation at Prevention stage (New)	n/a	33%	28%	27%		60%	↓
6	CH01	Number of stage 1 and 2 complaints per 1,000 properties (New)	n/a	15.4	32.6	47.8		37.5 Q3 50.0 y/e	↓
7	CH02	% of Complaints responded to within timescale (New)	n/a	92.5%	83.8%	86.6%		92.3%	↓
8		Number of tenancies sustained post support	96.8%	98.0%	98.4%	99.0%		97.3%	↑
9		Number of repairs first visit complete	94.8%	94.8%	95.6%	95.4%		94.0%	↓
10a	BS01	Gas: % of properties with a valid gas servicing certificate	100.00%	99.97%	99.96%	100.0%		100.0%	↑
10b	BS02	Fire: % homes all risk assessments have been carried out (New)	n/a	not reported	100.0%	100.0%		100.0%	↔
10c	BS03	Asbestos: % homes surveys or re-inspections completed (New)	n/a	not reported	100.0%	100.0%		100.0%	↔
10d	BS04	Legionella: % homes where all assessments completed (New)	n/a	not reported	100.0%	100.0%		100.0%	↔
10e	BS05	Lifts: % homes all communal lifts safety checks completed (New)	n/a	not reported	100.0%	100.0%		100.0%	↔
11		Days lost through sickness per FTE <b>CDC calculation</b>	11.7	11.7	11.9	11.4		8.5 y/e	↑
12		Percentage of Local Expenditure % Revenue and Capital	67.6%	49.0%	38.9%	40.7%		70.0%	↑
13	NM01	Number of ASB Cases per 1,000 properties (New)	n/a	22.0	36.1	47.9		45 Q3 60 y/e	↑
14		Number of residents in training, education or employment	58	9	53	82		73 Q3 97 y/e	↑
15	TP01	Tenant satisfaction levels overall %	81.3%	Annual KPI	76%	76%		85.0%	↔
16	RP01	Percentage of homes maintaining decent standard %	99.69%	Annual KPI	Annual KPI	Annual KPI		100.00%	n/a
17	TP02	Tenant satisfaction with satisfied with the overall repairs service %	75.7%	Annual KPI	80%	80%		83.0%	↔
18		Energy efficiency. Target: achieve EPC Level C by 2030	69.22%	Annual KPI	Annual KPI	Annual KPI		73.50%	n/a

1. Direction of travel (DoT) is against performance in the previous quarter. ↑ = Improving, ↔ = No Change, ↓ = Declining

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

3. Colour Key

Meeting / better than target	Within tolerances of target	Not meeting / worse than target
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## Housemark TSM benchmarking report November 2023 (SLHD data as at end of September 2023)

TSM ref	Tenant Satisfaction Measure / Performance indicator	SLHD	SLHD Quartile PEERS	SLHD Quartile ALL
TP01	% respondents who report that they are satisfied with the overall service from their landlord	76.0%	Q1	Q2
TP02	% respondents who had a repair in last 12 months are satisfied with the overall repairs service	80.0%	Q1	Q1
TP03	% respondents who had a repair in the last 12 months are satisfied with time taken to complete most recent	73.0%	Q1	Q2
TP04	% respondents who are satisfied that their home is well maintained	76.0%	Q1	Q2
TP05	% respondents who are satisfied that their home is safe	85.0%	Q1	Q2
TP06	% respondents who are satisfied that their landlord listens to tenants views and acts upon them	72.0%	Q1	Q1
TP07	% respondents who are satisfied that their landlord keeps them informed about things that matter to them	79.0%	Q1	Q1
TP08	% respondents who agree their landlord treats them fairly and with respect	90.0%	Q1	Q1
TP09	% respondents who report making a complaint in last 12 months are satisfied with the approach to complaints handling	30.0%	Q2	Q3
TP10	% respondents who are satisfied that their landlord keeps communal areas clean and well maintained	67.0%	Q1	Q2
TP11	% respondents who are satisfied that their landlord makes a positive contribution to the neighbourhood	77.0%	Q1	Q1
TP12	% respondents who are satisfied with their landlord's approach to handling anti-social behaviour	69.0%	Q1	Q1
BS01	% homes for which all required gas safety checks have been carried out	99.96%	Q3	Q2
BS02	% homes for which all required fire risk assessments have been carried out	100.0%	Fully compliant	Fully compliant
BS03	% homes for which all required asbestos management surveys or re-inspections have been carried out	100.0%	Fully compliant	Fully compliant
BS04	% homes for which all required legionella risk assessments have been carried out	100.0%	Fully compliant	Fully compliant
BS05	% homes for which all required communal passenger lift safety checks have been carried out	100.0%	Fully compliant	Fully compliant
RP01	% homes that do not meet the Decent Homes Standard	0.31%	Q1	Q2
RP02	Non-emergency repairs completed within target timescale	63.00%	Q4	Q4
RP02	Emergency repairs completed within target timescale	85.40%	Q4	Q4
	Maximum target for nonemergency repairs (days)	20.0	Q1	Q1
	Maximum target for emergency repairs (hours)	2.0	Q1	Q1
	Works-in-progress as a % annualised responsive repairs	-	no data	no data
NM01	Number of ASB cases, opened per 1,000 homes	36.10	Q3	Q4
NM01	Number of ASB cases that involve hate incidents opened per 1,000 homes	-	no data	no data
CH01	Number of stage one complaints received per 1,000 homes	32.10	Q4	Q3
CH01	Number of stage two complaints received per 1,000 homes	0.50	Q1	Q1
CH02	Stage 1 complaints responded to within the Handling Code timescales	83.80%	Q2	Q3
CH02	Stage 2 complaints responded to within the Handling Code timescale	100.00%	Q1	Q1
	Stage 1 complaints responded to within timescales without extension	100.00%	Q1	Q1

**NOVEMBER 23 Housemark pulse survey benchmarking**

Measure	Q1	Median	Q3	SLHD	quartile
Nov-23 Average re-let time in days (standard re-lets in month)	26.27	39.11	62.10	<b>20.9</b>	<b>Q1</b>
Nov-23 Percentage of homes with a valid gas safety certificate	100.00%	99.97%	99.83%	<b>100.00%</b>	<b>Q1</b>
Nov-23 'True' current tenant arrears at the end of the month (%)	2.32%	3.19%	4.25%	<b>2.93%</b>	<b>Q2</b>
Nov-23 Percentage of dwellings vacant but available to let at the end of the month	0.25%	0.53%	0.92%	<b>0.52%</b>	<b>Q2</b>
Nov-23 Percentage of voluntary staff turnover in month	0.39%	0.87%	1.29%	<b>0.63%</b>	<b>Q2</b>
Nov-23 Responsive repairs completed in month per 1,000 properties	359.40	317.33	252.50	<b>301.66</b>	<b>Q3</b>
Nov-23 New ASB cases reported in month per 1,000 properties	1.54	2.81	4.56	<b>4.50</b>	<b>Q3</b>
Nov-23 Formal Stage 1 and Stage 2 complaints received in month per 1,000 properties	2.25	4.55	7.39	<b>5.70</b>	<b>Q3</b>
Nov-23 Percentage of responsive repairs completed within target timescale	93.60%	87.37%	77.30%	<b>75.65%</b>	<b>Q4</b>
Nov-23 Percentage of working days lost to sickness absence in month	3.00%	3.91%	5.23%	<b>5.26%</b>	<b>Q4</b>
Nov-23 Percentage of domestic properties with EICR certificates up to five years old	99.81%	98.68%	94.20%	<b>no data</b>	
Nov-23 Satisfaction with repairs in month (transactional)	92.90%	87.60%	82.70%	<b>no data</b>	
Nov-23 Percentage of Stage 1 and Stage 2 complaints resolved within timescale in month	100.00%	91.50%	75.00%	<b>no data</b>	
Nov-23 Percentage of customer contact received via digital channels in month	44.70%	33.20%	21.20%	<b>no data</b>	
Nov-23 Percentage of tenants satisfied with overall service landlord provides (perception)	80.80%	73.00%	63.60%	<b>no data</b>	

**SEPTEMBER 23 Housemark pulse survey benchmarking**

Measure	Q1	Median	Q3	SLHD	quartile
Sep-23 'True' current tenant arrears at the end of the month (%)	3.96%	4.27%	6.27%	<b>2.91%</b>	<b>Q1</b>
Sep-23 Average re-let time in days (standard re-lets in month)	34.51	58.56	73.35	<b>25.83</b>	<b>Q1</b>
Sep-23 Percentage of homes with a valid gas safety certificate	100.00%	99.92%	99.78%	<b>99.96%</b>	<b>Q2</b>
Sep-23 Responsive repairs completed in month per 1,000 properties	216.90	260.29	291.69	<b>251.48</b>	<b>Q2</b>
Sep-23 Percentage of dwellings vacant but available to let at the end of the month	0.32%	0.69%	1.29%	<b>0.47%</b>	<b>Q2</b>
Sep-23 New ASB cases reported in month per 1,000 properties	2.11	3.75	6.95	<b>6.2</b>	<b>Q3</b>
Sep-23 Formal Stage 1 and Stage 2 complaints received in month per 1,000 properties	2.39	3.30	6.44	<b>5.20</b>	<b>Q3</b>
Sep-23 Percentage of responsive repairs completed within target timescale	97.23%	90.41%	81.52%	<b>70.33%</b>	<b>Q4</b>
Sep-23 Percentage of working days lost to sickness absence in month	3.34%	4.33%	5.45%	<b>5.54%</b>	<b>Q4</b>
Sep-23 Percentage of voluntary staff turnover in month	0.30%	0.69%	1.01%	<b>1.14%</b>	<b>Q4</b>
Sep-23 Percentage of domestic properties with EICR certificates up to five years old	99.48%	97.93%	94.19%	<b>no data</b>	
Sep-23 Satisfaction with repairs in month (transactional)	93.00%	85.71%	76.90%	<b>no data</b>	
Sep-23 Percentage of Stage 1 and Stage 2 complaints resolved within timescale in month	98.48%	88.89%	78.05%	<b>no data</b>	
Sep-23 Percentage of customer contact received via digital channels in month	27.04%	19.16%	14.09%	<b>no data</b>	
Sep-23 Percentage of tenants satisfied with overall service landlord provides (perception)	86.94%	65.00%	63.75%	<b>no data</b>	

## Governance Summary Communications

<b>Report from:</b>	Performance and Improvement Committee	
<b>Date of meeting:</b>	16 November 2023	
<b>Report author:</b>	Stuart Booth	
<b>Summary of key items discussed at the meeting, (if possible, keep these to the top three):</b>	<b>Decisions made and actions agreed (if possible, keep these to the top three):</b>	
<p><u>1. TRIP Review – MetroClean – Progress Update</u> Members were provided with an update around the progress made on implementing the recommendations and actions outstanding from the recent MetroClean Review.</p> <p><u>2. Performance Information</u> Members noted the contents of the report, and expressed concern over KPI 14 - Number of Households Placed in B&amp;B at month end, and the immense strain that the Home Options team were under due to supply and supply pressures.</p> <p><u>3. Repairs Excellence Update – Programme Closure</u> Members noted the merger of the responsive and scheduled repairs service to a One Repairs Service.</p>	<p>Members were pleased with the actions being addressed promptly. However in response to MetroClean’s feedback that they could not meet the service specifications within the current resources, they requested that JD undertake some market testing regarding costs as part of the Review.</p> <p>To better understand the difficulties placed on officers/families due to lack of appropriate accommodations, JD was asked to send members a copy of a recent Homelessness Presentation.</p> <p>Members challenged by asking questions around access issues and emergency call out teams out of hours working. They were satisfied with the responses and agreed with the consistent approach of revising actions in place and reviewing progress.</p>	
<b>Additional notes for communication to governance:</b>		
None.		

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

**16 November 2023**

**Present**

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

**In Attendance**

Mark McEgan (MMc) Director of Housing and Customer Services, Jane Davies (JD), Head of Housing Services, Jackie Linacre (JL) Head of Customer Services, Chris Margrave (CM) Director of Property Services, Max Johnson (minutes)

	<b>ACTION</b>
<b>1. Apologies and Quorum</b>	
1.1 Apologies were received from Phil Cole (PC)	
1.2 Introductions were made for the benefit of Barry Keable, new Tenant Board Member, at his first committee meeting.	
<b>2. Declarations of Interest by Committee Members</b>	
2.1 No declarations of interest were received.	
<b>3. TRIP Review – MetroClean – Progress Update</b>	
3.1 JD reminded committee members of the review undertaken by TRIP for the cleaning services provided by Metro-Clean, resulting in a list of recommendations to P&I Committee on 23 May 2023.  The purpose of the briefing note was to update members on progress made on implementing the recommendations and actions outstanding, which was progressing well.	
3.2 JD highlighted that Metro-Clean are stating that they cannot meet the service specifications within the SLA using current resources. They have had to set up a third mobile cleaning team, but this will incur additional costs to SLH – more than existing budgets.  SB raised as a committee we must ensure we obtain value for money SLAs for our tenants and was keen to hold Metro-Clean to account. He said its important to understand the cost to market from the private sector and what is a reasonable cost to reach the required standard.  MW asked the reasoning behind the increase in costs. It was noted this was a direct result of increase in costs of materials, labour and fuel.	

JD to undertake some market testing regarding costs as part of the review of metro clean services.

JD

### 3.2 Installation of Notice Boards

BK referred to point 1.3 of the report that stated calling cards were being printed for mobile cleaners to post through tenants/residents letterboxes, following a visit rather than installing noticeboards. JD to clarify if calling cards are being used yet.

JD

JD to check how SLH are providing Health & Safety information in the absence of noticeboards in communal areas.

JD

3.3 SB asked for an update briefing note to be brought back to the next meeting in February 2024 and added to the P&I committee forward plan.

JD/MJ

## 4. **Minutes of the meeting held on 14<sup>th</sup> September 2023 and matters arising**

4.1 The minutes of the meeting held on 14<sup>th</sup> September 2023 were agreed as an accurate reflection of discussions held.

4.2 With the following amendments:

Page 2 – point 5.1 – amend 40% to 30%

Page 3 – point 5.1 - remove 20.2%

Page 4 – point 8.1 - amend 90% to 150%

Page 4 – point 9.1 - amend typo from 'brough' to 'brought'

## 5. **Performance Information – September 2023**

5.1 MMc provided an update across all KPI's for September and highlighted the following:

- Number of Days to Relet Void Properties – 25.83 days – demonstrates an improving picture.
- Number of Households Placed in B&B at month end – the service is under immense strain due to supply and demand pressures. The figure is likely to worsen, but a plan is in place and change in ways of working.
- % of Settled Accommodation at Prevention Stage – the current target of 60% is going to change to 30%. At 28% SLH has similar performance to other organisations when compared regionally/nationally.
- Number of Stage 1 & 2 Complaints – is a worsening position at 32.6%, with an improvement plan in place and for discussion further on the agenda.

- Gas servicing % of properties with a valid certificate – 99.96% (usually at 100%) is likely due to no access/time of reporting issues.
- Days Lost to Sickness Per Full Time Equivalent – YTD figure at 5.54% against a target of 4 days.
- ASB Cases – appears to be a worsening position but since the introduction of the ASB team, there has been an improving overall picture.

5.2 JD to send BK a copy of the Homelessness presentation, to help understand KPI14: Number of Households placed in B&B accommodation. **JD**

5.3 SB recognised there was a number of red KPIs but he didn't necessarily see this as negative. He commented although the void turn around KPI was red, the figure demonstrated good performance. In addition, good work continued around homelessness which was a huge growing problem nationally for government. Complaints have been discussed at length, which is a work in progress towards embedding a better culture.

5.4 SB asked if members should be concerned about '% of Local Revenue & Capital Expenditure' ?

CM explained that the organisation had been proactive and had in the past arranged trade days however, some of the issues were down to availability and the size of organisations within the Doncaster area. There was also a reluctance amongst some contractors to be the main contractor who preferred to sub contract work out. Other contributing factors were down to the type of contract (EWI – External Wall Insulation and SHDF - Social Housing Decarbonisation Fund) and size of contract.

SB commented he was assured the organisation was doing all that it could, to meet this indicator.

## **6. Performance Spotlight – Service Level Agreements**

6.1 MMc presented the list of 24 Service Level Agreements being managed across the organisation.

SB stated it would be helpful to have a discussion at the next meeting in February 2024, with a view to moving the SLA review to period 2024/25. He said we can address the high value ones first and agree which ones can be given to TRIP for review.

6.2 MMc to obtain SLA values from Corporate Services. **MMc**

MJ to add Performance Spotlight – SLAs to the February 2024 meeting. **MJ**

## **7. Customer Focus Update – Q2 2023/24**

- 7.1 JL presented this item commenting that there has been a 0.48% decrease in the total number of complaints received in Q2 2023/24 when compared to Q2 2022/23.

The KPI was being closely monitored, with improvements in performance noted.

JL highlighted the increase in number of Ombudsman complaints received, partly due to the fact that tenants can go direct to the Ombudsman without first progressing through SLH complaints procedure.

JL stated that procedures had been reviewed to strengthen the process at stage 1 and stage 2. Mitigating measures had been put in place with Heads of Services now undertaking Stage 2 reviews rather than TRIP (Tenant and Residents Improvement Panel).

No questions were received from members.

## **8. Complaint Improvement Plan**

- 8.1 JL commented overall good progress has been made with the improvement plan which in turn has helped improve performance. Significant improvement had been seen when compared to last year.

JL advised that embedding a positive complaints culture is really important in making improvements. EMT have approved an internal Complaints Charter which will be launched internally via staff focus and across team briefs via Service Managers. Additionally, the organisation was working with the Tenant Scrutiny Panel to provide additional external challenge.

Questions were welcomed from committee.

- 8.2 SB commented on the comprehensive improvement plan, he said we have completed approximately two thirds of the plan and still have a long way to go. He asked, what are we going to do in addition to what we are already doing or planning to do to get to where we expect to be?

JL explained that you can see from the action plan that the organisation has put a lot of things in place which is starting to make a difference to performance. However, we need to re-group and review what else can we do to improve things further. She said I don't think we can change things overnight, we need to continually review progress and actions over the longer term.

SB agreed with the consistent approach of revisiting actions in place and reviewing progress.



## **9. Service Standards – Q2 2023/24**

9.1 JL advised overall performance was moving in the right direction.

- Responding to written enquiries, complaints and compliments within 10 days – Q2 was within tolerance, seeing a slight dip in performance compared to Q1, due to staff vacancies and delays in processing.
- Answering calls – Q2 has seen a dip in performance and increases in average wait since July 2023 which coincides with staff covering at reception and IT outages across Doncaster Council and vacancies. She added we are reviewing how we can change face to face services.
- ASB – improvements in performance were noted since the implementation of the ASB team, with improving overall performance.

## **10. Repairs Excellence - Programme Closure**

10.1 CM gave an overview of the purpose of the Repairs Excellence Programme and the actions taken resulting in its success. He explained, the purpose of this report is to close down the programme itself.

Members noted the merger of the responsive and scheduled repairs service to a One Repairs Service, implementation of a text messaging service to address no access issues and decision to pause some scheduled repairs in order to prioritise all repairs and condense diaries.

10.2 BK asked, how do you deal with access?

CM explained that he was looking at a model that worked within agile working principles, where the day started at 8am until mid evening - 6pm. What's important is how we take our emergency call out service forward, on analysis 90% of calls received into our Customer Access Team are made before 8am.

10.3 SB asked, when do our emergency call out teams start?

CM explained they start at 4pm and work through the night, operatives receive a standby payment, there is a benefit to the first 10 jobs and then the incentive drops off. I don't think it encourages teams to do a right first time repair. The service is under significant demand and there are plenty of indicators telling us we need to do something differently.

## **11. Tenant Satisfaction Measures**

- 11.1 MMc presented this item reminding members of the introduction of the Tenant Satisfaction measures in April 2023 by the Regulator of Social Housing. This item was to specifically focusing on the 12 customer satisfaction perception measures.

MMc informed members of the approach taken by the organisation, which was for an external company to carry out tenant surveys by phone rather than face to face. Surveys commenced in May 2023 and concluded in September 2023. MMc commented that it appeared those organisations opting to carry out surveys face to face were seeing higher satisfaction rates.

Members noted how SLH compared to other ALMOs across 13 organisations.

- 11.2 SB commented this is an opportunity to triangulate this data with the STAR survey results. He also commented that other organisations seem to be getting a better response from face to face surveys, suggesting this maybe a way forward for SLH?

JL advised that if SLH changes its methodology now, then the regulator may come back to us and ask the reasons why.

## **12. Tenant Voice Outcomes – Q2**

- 12.1 JL highlighted that this was a regular update report to committee updating on actions in Q2. She advised consideration was being given to reviewing the format, due to its length.

JL advised that there had been some really good work being undertaken during Q2 which included a review of the Tenant & Residents Improvement Panel (TRIP) terms of reference, taking into account the role of the One Voice Forum (OVF) and reporting arrangements which resulted in a change of name from TRIP to the Tenant Scrutiny Panel (TSP).

- 12.2 MMc highlighted the success of the Tenant Celebration Event which took place on 28 September 2023, that celebrated all the great work carried out by our tenants and TARAs.

## **13. Communication Strategy Update**

- 13.1 JL presented the report to inform committee of progress to date on implementing Year 2 actions included in the Communications Strategy 2022 – 2026, and to advise on actions to be taken in Year 3.

JL commented there has been good progress made against the actions in the plan with completion of some large projects; implementation of the new SLH website and intranet.

JL informed members other areas being looked at are channel shift in the form of artificial intelligence (AI) and Whats App for business.

No questions were received.

**14. Any Other Business**

14.1 SB acknowledged that this was SL’s last P&I committee meeting. He thanked him for his valued contributions and input to committee, and wished him all the very best for the future.

15. Date and time of next meeting  
22<sup>nd</sup> February 2024 at 3:00pm

Date	Action	Update	Completed Y/N
<b>14.09.23 – TRIP Review - MetroClean</b>	The Chair suggested that SLHD ask MetroClean for positive assurance that they have been to a block/property or get them to provide weekly assurance to what properties they have completed in any given week. The organisation could then hold them to task for follow through if they haven’t done it. It was acknowledged that things change, and there could be a drop in performance due to availability of staff, so if the organisation were given a weekly assurance and plans to scoop up any properties that were missed this could be useful. <b>JD agreed to consider this.</b>	<b>Performance information being received from MetroClean</b>	<b>Y</b>
<b>14.09.23 – TRIP Review MetroClean</b>	The Chair requested that TRIP be updated with any relevant information between this meeting and the next scheduled meeting on 16 November 2023. <b>JD</b>		<b>Y</b>
<b>14.09.23 – Q1 Performance Information</b>	MMc advised members that once a year on the dashboard, there was an indicator/net promotor score through the tenant survey. There were a high number of indicators and standards in place, and advised that this particular indicator did not shape delivery of services.	<b>Board agreed at its meeting on 4.10.23 to remove the indicator.</b>	<b>Y</b>

	<p>Following a brief discussion members agreed that if the indicator didn't influence service plans then it was redundant; members indicated their support to remove the indicator and save costs. <b>MMc agreed to take this decision to the next Board Meeting.</b></p>		
<p><b>14.09.23 – Performance Spotlight Area</b></p>	<p>The Committee noted that this agenda item was open to members to request a more in-depth report on a particular Key Performance Indicator (KPI). Following a brief discussion members referred to the TRIP review of MetroClean and asked if the organisation had sufficient understanding of Service Level Agreements (SLA's) provided by CDC, and if it was working well and provided Value for Money (VFM). <b>MMc agreed to obtain a list of all CDC SLA's and update members.</b></p>	<p><b>SLA Agenda item on the 16.11.23 meeting</b></p>	<p><b>Y</b></p>