

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

**To be held at 2:00pm on Wednesday 26 May 2021
Via MS Teams**

AGENDA

1:15pm Pre Board - Corporate Plan Review

- | | | | |
|---|--|---------------------------|-----------------|
| 1 | Apologies and Quorum | | Verbal |
| 2 | Declarations of Interest by Board Members | | Verbal |
| 3 | Minutes of the meeting held on 31 March 2021 and matters arising | | Enclosed |
| 4 | Chief Executive and Chair update | D Richmond
D Wilkinson | |

Policy and Strategy Items

- | | | | |
|---|---|---------|-----------------|
| 5 | Annual Development Plan - Year End Review | J Crook | Enclosed |
| 6 | People Strategy Update | J Crook | Enclosed |
| 7 | Draft Modern Slavery Statement 2020/2 | J Crook | Enclosed |

Financial and Performance

- | | | | |
|----|---|---------------------------------------|-----------------|
| 8 | Health, Safety and Compliance | C Margrave | Enclosed |
| 9 | 2020/21 Year End Performance | J Crook
C Margrave
S Waddington | Enclosed |
| 10 | Key Performance Information (April 2021) | J Crook
C Margrave
S Waddington | Enclosed |
| 11 | Revenue Monitoring | J Crook | Enclosed |
| 12 | Capital Monitoring – 27 th April EMT – | J Crook | Enclosed |

For Information

- | | | | |
|----|--|---------|-----------------|
| 13 | Board Expenses & Attendance Register | J Crook | Enclosed |
| 14 | Board Forward Plan | J Crook | Enclosed |
| 15 | Committee Minutes for Noting <ul style="list-style-type: none">• Employment & People | | Enclosed |
| 16 | <i>Date of next meeting</i>
28 July 2021 at 2:00pm | | |

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

31 March 2021

Present:

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

Also In Attendance

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

Members of the public

Mo Tennison.

1 Apologies and Quorum

1.1 Apologies were received from Joe Blackham, Sam Bartle and Betty Clayton.

1.2 The meeting was quorate.

2 Declarations of Interest by Board Members

2.1 Stuart Booth declared an interest in item 4. advising he worked as a senior employee for South Yorkshire Fire & Rescue.

3 Minutes of the meeting held on 27 January 2021 and matters arising

3.1 The Chair requested that matters arising from the previous meeting are captured at the end of the minutes.

3.2 **From agenda item 4.7 – SLHD Recognition – Awards – Doncaster Chamber**
Members attendance at the virtual event - action complete.

3.3 **From agenda item 4.9 – Media Roundup and Balby Bridge Free Press article**
It was noted that a regular media round up to Board had been put in place as well as circulation to Board of the recent Balby Bridge article – actions complete.

3.4 **From Agenda Item 5.1 – Annual Development Plan (ADP) – Current Year**

MJ

It was noted that inclusion of the suggested strategic objective 'neighbourhoods' would be picked up in the review of the Corporate Plan rather than the ADP. A focus on 'neighbourhoods' was also scheduled to be discussed at the Board Strategic Away Day in September 2021.

3.5 From Agenda Item 6.3 – ADP & KPIs - Year ahead

Members noted that a review of the Health, Safety and Compliance report has been undertaken - a dashboard and infographics has been included, action complete.

3.6 From Agenda Item 7.3 – Strategic Risk Register – Residual Risk High Scoring for Risk 6 & 7

Members noted that a review had taken place by the Director of Property Services, risks were proven and mitigated following the recent British Safety Council (BSC) and SYFR audits.

3.7 From Agenda Item 8.0 – Fire Management Policy and Fire Management Plan

Members noted the milestone plan with timeframes would be produced and brought to Board once the programme had been established.

3.8 From Agenda Item 9.3 – SYFR Audit

Members noted the headline update contained within the CEO and Chair update report. It was noted that SYFR advise of their findings by a series of letters with actions.

4. Chair's and Chief Executive's Update

4.1 The Chief Executive presented the 'SLHD Covid Roadmap to Recovery' with members advising it would be shared with staff the following day.

4.2 He then went onto discuss a number of highlights from the report:

4.3 TRIP Review Covid-19 (point 5.2)

He recognised the well researched review undertaken by TRIP, primary observations related to communication; the database of tenant contact details is not always up to date and TRIP recommended that in communicating with customers we should not rely on digital and social media for important issues such as major service disruption. This was accepted and tenants were all written to in the second lockdown.

4.4 Fire Safety (point 6.1)

He highlighted of the actions identified by SYFR; a number of actions were duplicated across all 9 of the high rise blocks, some actions had already previously been identified by SYFR and some are duplicates of ongoing matters raised as part of our existing fire risk

CM

assessments. SYFR and did not identify anything which had not been previously identified by Savills.

4.5 Governance (point 7)

The Chief Executive referred members to the proposals and recommendations contained within the report at point 7 – 7.6.

Slightly different to the proposals at point 7.5 he confirmed since writing the report Susan Jones had agreed to move across from Audit & Risk Committee to join Employment & People Committee. This would then leave Audit & Risk Committee with the following membership:

- Trevor Mason (Chair) – Independent
- Richard Allan Jones – DMBC nominated
- Anthony French - Tenant

4.6 Initially the Chair of Audit & Risk committee felt the membership was too low. Following careful consideration, knowing a review would take place in 12 months time, agreement was reached to proceed with the above membership until a time of the review.

Advantages of approaching substitute committee members if required were discussed to prevent committee meetings from not being quorate.

4.7 Performance Development Reviews (PDRs)

The Chair raised the importance of PDRs taking place across the organisation as did other members. He requested that this is reported to Board who anticipated to see completions monitored against a target of 100%.

The Director of Corporate Services explained we have a 121 process and this is currently being reviewed - once established and implemented, monitoring against the target could commence.

Another member highlighted the need for quality PDRs to take place and suggested Human Resources doing a 10% dip sample. Additionally, Employment & People Committee receive the reviewed Performance Management Framework document for approval.

In the first instance, it was agreed that a report would be presented to the next Employment & People Committee meeting.

JC

4.8 PPE

Referring to the 'SLHD Covid Roadmap to Recovery' presentation, one member asked – would current PPE arrangements still apply in the foreseeable future?

It was noted that the organisation follows current advice in line with Public Health England, should any guidance change in the future an assessment would be made at that time.

4.9 Pulse Survey

Another member queried if Board should be concerned around the 44% return rate? Commenting she wanted to ensure the organisation was working on the right outcomes.

The Director of Housing and Customer Services advised we need to review the statistical relevance of the figure. Traditionally, there is a higher return rate from office based staff than trades. However, more recently since a targeted communication to engage trades staff was carried out a slight increase in returns had been noted.

4.10 **Board agreed to the recommendations contained within the report.**

5. **Equality, Diversity and Inclusion Annual Report 2019/20**

5.1 The Director of Housing and Customer Services reminded members that the report and action plan was discussed and reviewed at the Board strategic away day in February 2021.

Formal approval was being sought at this Board meeting.

5.2 The Chair commented on the high quality of the report and use of infographics and asked that his comments are feedback to the team.

5.3 **Board approved the 2019/20 Equality, Diversity and Inclusion Annual Report.**

6. **Impact of Building Safety Bill and Other Legislation**

6.1 The Chief Executive presented the briefing note that informed Board of changes in legislation in the sector in the coming years as well as its impact on the organisation;

- The Building Safety Bill
- The Social Housing White paper
- The Fire Safety Bill

It was noted that the government and regulator are encouraging changes to service practices prior to their implementation.

6.2 Referring to 2.3 and 2.4 of the report the Chief Executive highlighted the roles and responsibilities impacting SLHD and DC and paid reference to the newly established Building Safety and Compliance Committee.

SW

6.3 The Director of Property Services advised the Bills are at different stages of the legislative process with anticipated implementation dates ranging from 2021 – 2024 – which is a challenge in itself.

He raised there is some confusion over individual roles and responsibilities and how they interact – which was a huge criticism contained within the Hackett review.

He said all indications suggest the Bills are 2 – 3 years away however, government and the regulator are encouraging changes to service practices now in order to put the foundations in for the future.

6.4 One member queried if the Bills applied to the private sector? It was noted they did.

6.5 Another member asked where the organisation sought guidance from? The Chief Executive advised that the organisation was communicating directly with the regulator as well as a number of bodies such as the National Federation of ALMOs (NFA) and Ministry of Housing, Communities & Local Government (MHCLG).

6.6 **Board noted the Building Safety Bill and Other Legislation briefing note.**

7. **Re-alignment of the Asset Management Service Area**

7.1 The Director of Property Services advised of the need to realign the service area taking into account future changes in legislation so it was fit for purpose.

7.2 He said the Building Safety Bill has established a need for substantial culture change, new practices and to learn and develop ways of working with our tenants and stakeholders to gain their trust and confidence in the safety of our buildings.

Referring to 3.1 of the report he spoke of the two distinct areas 1. Assets and 2. Building Safety and gave further details of the proposed changes contained within the report.

He went onto explain the Bill also affects the way we capture and hold data as well as engagement with our tenants.

7.3 The Chair asked if the subject matter experts within the new structure would be recruited from the current workforce? He commented on past difficulties in recruiting to health and safety related vacancies.

The Director of Property Services said it will be challenging however, we intend to enhance appeal to candidates by separating out multi-functional roles to simple function roles.

A discussion took place amongst board members around the advantages of recruiting internally to vacancies, for staff who had

access to the correct training and who demonstrated the right competencies and attitude.

It was noted that the 6 subject matter experts were additional FTE posts and the reasons why the realignment was cost neutral was due to efficiencies being achieved within the wider realignment proposals and temporary additional funding from the management fee in the first year.

7.4 The Chair asked in relation to 'subject matter experts' – could Pennington Choices be used as a back up if necessary? It was noted that this would be a last resort as skills were in demand and at a premium, all other organisations were looking to do something similar to the realignment contained within the report.

7.5 A member requested circulation to Board of a revised organisation chart following implementation of the proposals.

CM

7.6 One member suggested that we liaise with DC Internal Audit to determine if they could review our areas of compliance. The Chief Executive advised that further details of how we will get external independent assurance was contained within the report on the confidential Board meeting agenda.

7.7 **Board noted the Realignment of the Asset Management Service Area.**

8. **21/22 Annual Development Plan (ADP) and Key Performance Indicators (KPIs)**

8.1 The Director of Corporate Services reminded members that Board had approved the initial draft of the 2021/22 ADP and KPIs at the Board meeting in January 2021.

She said since then ADP actions have been amended slightly to reflect further discussions and consultation. KPIs have also been amended slightly to reflect discussions with the Mayor and DC with targets agreed. KPI targets amended are captured at 4.2 within the report.

8.2 The Chair asked if DC were generally supportive of the KPI targets?

The Chief Executive advised that Cabinet had been supportive and helpful, there were frustrations with a number of targets largely due to the pandemic.

He said the Mayor had wanted to stay with the 20 day void re-let time figure rather than the proposed 25 day and recognised this was an extremely stretching target.

8.3 The Chair thanked the staff for their involvement in getting these approved.

8.4 **Board approved the 2021/22 ADP and KPIs.**

9. 21/22 Strategic Risk Register (SRR)

9.1 The Director of Corporate Services advised since the last meeting in January 2021 a full review of the SRR has been undertaken. She said the purpose of the Quarter 4 review is to consider all the strategic risks facing the company during the next financial year 2021/22.

9.2 A member raised concerns regarding the residual risk rating scores being high.

Referring to the Strategic Risk Register he said '12' (residual risk) is a high number, some have not moved much over a period of time. We have agreed actions to bring the residual risk rating to an acceptable number – so are we saying the mitigating actions are having a nil affect?

9.3 The Director of Corporate Services said the scores can be subjective and could be debated at length. EMT did a review of the strategic risks to ensure we were prioritising our highest risks. She noted the concerns raised. A discussion took place regarding the methodology of the scoring. EMT agreed to review the scoring of the risks before the next update to Board.

EMT

9.4 Another member complimented on the new format of the SRR.

9.5 **Board noted the updated Strategic Risk Register but wanted to express their concerns with the methodology in scoring.**

10. 21/22 Budget Approval

10.1 The Director of Corporate Services presented the report seeking Board approval for the three year budgets 2021/22, 2022/23 and 2023/24.

She said there is very little change from this year's budget to next years, which have taken into account inflationary increases across both pay and non pay budgets.

Drawing members to the table at point 3.2 of the report she explained we have been required to find real savings of £250k for 2021/22, the table details where the savings have been found after adjustments for inflation and approved growth.

Members also noted future savings of £333k a year for the following three financial years. However, she said we have already identified a significant proportion of the savings (£300k out of £333k) required to balance the 2022/23 budget and explained where the savings would be made.

- 10.2 A member highlighted that the general fund was notably under extreme pressure as a result of the pandemic. Referring to point 2.5.2 he asked what is it that you are asking DC for and are there any other pressures?

The Director of Corporate Services explained the general fund was mostly costs in relation to homelessness and the home options service. Due to the government 'everyone in' approach during the pandemic it had seen significant increases. Members noted SLH was in discussions with DC for a further £564k of funding due to the additional impact of Covid -19 into 2021/22, assurance was given to Board that the Council have received significant additional funding for services affected by covid and they are passing that funding onto us where appropriate. In addition, the Council have provided us with a letter of comfort that ensures that they will underwrite any losses we incur as a result of covid19.

- 10.3 **Board approved the three year budgets – 2021/22, 2022/23 & 2023/24.**

11. 20/21 KPI Performance

- 11.1 The Director of Corporate Services presented the briefing note that provided Board members with the dashboard as at end February 2021.

She said we are in a very similar position to that we have been in for the rest of the financial year, with a number of KPIs impacted by the pandemic.

- 11.2 One member queried why the 'number of days to re-let void' figure stood at 47.74days? The Director of Housing and Customer Services reminded members of the 'voids review' findings and explained the KPI was being closely monitored and he anticipated seeing much lower figures towards the end of April/beginning of May 2021.

- 11.3 **Board noted the KPI dashboard as at end February 2021 and brief commentary.**

12. Customer Service Excellence Accreditation

- 12.1 The Director of Housing and Customer Services confirmed that SLH had secured reaccreditation for Customer Service Excellence for the eleventh consecutive year.

He said the assessment was carried out virtually in February 2021.

- 12.2 Referring to point 3.1 of the report he gave the highlights from the assessor which were very positive, commenting the organisation had increased the number of compliance plus ratings by one this year due to continued digital engagement with customers during the pandemic.

- 12.3 A member raised concern regarding whether the accreditation was challenging the organisation enough.

It was noted that whilst the organisation was improving year on year and attaining better scores in a number of areas, it was also reviewing other accreditations to potentially bring in a different challenge to the organisation.

- 12.4 Members praised the staff involved and asked that thanks be passed onto the Customer and Communications Service Manager and the team.

SW

- 12.5 **Board noted the Customer Service Excellence Accreditation briefing note.**

13. Committee Minutes for Noting

13.1 Employment & People Committee

Members noted the governance summary and minutes.

13.2 Performance & Improvement Committee

Members noted the governance summary and minutes.

13.3 Audit & Risk Committee

Members noted the governance summary and minutes.

14. Any Other Business

- 14.1 The Chair recognised that this meeting was Cllr Paul Wray's last meeting. He thanked him for his contributions to the Board and wished him well in his forthcoming retirement.

- 14.2 MT requested a copy of the 'SLHD Covid Roadmap to Recovery'.

MJ

Date and Time of Next Meeting: Weds 26 May 2021, 2pm

The meeting ended at 15:56hrs.

Matters Arising from the previous minutes

Month	Ref	Action	Progress	Completed Y/N	Owner
January'21	3.7	<p>From Agenda Item 8.0 – Fire Management Policy and Fire Management Plan</p> <p>Members noted the milestone plan with timeframes would be produced and brought to Board once the programme had been established.</p>	In progress	N	CM
March'21	4.7	<p>Personal Development Reviews</p> <p>It was agreed that a report would be presented to the next Employment & People Committee meeting.</p>	Briefing note submitted to E&P Committee 4 May 2021.	Y	JC
March'21	5.2	<p>Equality, Diversity and Inclusion Annual Report 2019/20</p> <p>The Chair commented on the high quality of the report and use of infographics and asked that his comments are feedback to the team.</p>		Y	SW
March'21	7.5	<p>Re-alignment of the Asset Management Service Area</p> <p>A member requested circulation to Board of a revised organisation chart following implementation of the proposals.</p>	Proposals currently being implemented.	N	CM
March'21	9.3	<p>21/22 Strategic Risk Register (SRR)</p> <p>A discussion took place regarding the methodology of the scoring. EMT agreed to review the scoring of the risks before the next update to Board.</p>	In progress - HoS Directorate review meetings scheduled for June in advance of Leadership discussion 1 July. Reported to Board in July.	N	EMT
March'21	12.4	<p>Customer Service Excellence Accreditation</p> <p>Members praised the staff involved and asked that thanks be passed onto the Customer and Communications Service Manager and the team.</p>		Y	SW
March'21	14.2	MT requested a copy of the 'SLHD Covid Roadmap to Recovery'.		Y	DR

DRAFT

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Annual Development Plan 2020/21
Action Required:	For information
Item:	05
Prepared by:	Mark Haughey Acting Head of ICT & Transformation
Date:	26 May 2021

1 Purpose




- 1.1 To provide an end-of-year summary of the key activities relating to the strategic priorities within the 2020/21 Annual Development Plan (ADP) as at the end of March 2021.

2 Background

- 2.1 It has been agreed that Board should receive progress updates against key actions relating to the four corporate plan objectives within the 2020/21 ADP. This briefing note summarises the end-of-year achievements and progress.
- 2.2 The 2020/21 ADP directly aligns to the St. Leger Homes 5-Year Corporate Plan 2019-24 and delivers against the strategic objectives of:
1. All our homes are modern, decent, safe and energy efficient
 2. Our tenants live successful and fulfilling lives
 3. We will be a nationally recognised provider of housing services
 4. Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together

3 Progress Summary

- 3.1 The responsibility to report on each of the actions has been allocated to a member of the leadership team, and an update against each action is provided at Appendix A.
- 3.2 A status indicator provides an 'at a glance' view of whether a milestone is on schedule, close to schedule or not on schedule. It should be noted that some milestones span multiple years and some will be carried forward as appropriate.
- 3.3 Summary of progress:

R/A/G Rating		End of year
	On schedule	17 Plans
	Close to schedule	9 Plans
	Not on schedule	13 Plans

- 3.4 Despite 2020/21 being a difficult year with unprecedented events, good progress was made with the key ADP actions with the milestones being closely monitored throughout the year, with emphasis being given to the priorities identified by Leadership and Service Management Team (which are The One Project (TOP); Customer Access Team (CAT); Safety & Compliance; Management Development; Tenancy Sustainability & Homelessness). Further detail is provided in the update against each milestone in Appendix A.
- 3.5 This year has seen higher than normal number of actions deemed not on schedule (Red), however all actions have mitigation and are being carried forward where appropriate.
- 3.6 Selected ADP actions outcomes and achievements to note include:-
- All our homes are modern, decent, safe and energy efficient
 - The Building Safety group was established resulting in providing the much-needed capacity to take forward the Building Safety agenda.
 - Purchase of the nationally recognised NatFed Schedule of Rates (SoR) to ensure consistent and comparable job charges.
 - An Environmental Strategy has been drafted and the final 'path to net zero carbon' report has been received.
 - Our tenants live successful and fulfilling lives
 - We continue to perform excellently and sustain tenancies for the most vulnerable and at risk.
 - The Complaints Appeals Panel are continuing to work effectively. The High-Rise Forum is also working effectively and will expand and keep abreast of the implications of 'building a safer future', which is the regulations and requirements arising from the Grenfell tragedy review to improve health, safety and compliance and reduce the risk of fire in high risk buildings..
 - We will be a nationally recognised provider of housing services
 - All of our newly created JDs are now inclusive of values and behaviours enabling us to identify, through recruitment, talent that meets our values.
 - The One Project (TOP) Phase 1 successfully implemented Nov 20 (for our Housing Management functions).
 - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together
 - Rough Sleeper Action plan developed through new Homelessness Board and CEO leading on 'Prevention' work stream and Charing Homelessness Prevention Partnership Group.
- 3.7 The ADP for 2021/22 has been approved at Board and reflects the actions carried forward as a result of not being complete as originally envisaged.

4 Appendix

- 4.1 Appendix A – 2020/21 Annual Development Plan.

Appendix A – 2020/21 Annual Development Plan.

All our homes are modern, decent, safe and energy efficient

Plans	ADP Actions	Date		Status	Q4 Update (with Outcomes)
Ensure our homes are safe and free from hazards.	1.1: Complete realignment of health, safety and compliance staffing resources to better enable SLHD to meet its obligations in this area.	Sep-20	HoAM	Red	The team structure is being re-looked at, particularly in relation to building safety and compliance. It is hoped that a new structure will be in place and be recruited to by the end of Summer 2021. Without a suitable structure and resources in place, it will be difficult for SLHD to meet all of its statutory responsibilities in this area and drive forward further improvements.
	1.2: Continue to monitor changes arising from the Building a Safer Future review and implement accordingly.	Mar-21	HoAM / HoHM	Green	The Building Safety Group continues to meet, with a focus on planning ahead to meet proposed new legislative changes as well as providing scrutiny and challenge on current approaches and performance. Work is underway to start recruitment to a Senior Building Safety Manager role by the end of Summer 2021. This will provide the much-needed capacity to take forward the Building Safety agenda. The high-rise tenant's forum is also well established and meets regularly. The group have just completed a refresh of the fire safety booklet for tenants.
Continue to invest in homes and neighbourhoods.	1.3: Deliver £21.24m investment, benefitting 5,000 properties, as set out in the 2020/21 capital programme.	Mar-21	HoAM	Amber	A large proportion (£17.4m) of the planned schemes were delivered, but there were some slippages in pockets of the capital programme, and the slippage is considered business as usual (BAU).
Deliver an efficient and effective repairs and maintenance service.	1.4: Implement revised National Schedule of Rates and The One Project (TOP).	Jun-21	HoR&M / HoCS	Amber	Work to change SORs in Keyfax is completed and has been tested. The new Nat Fed SORs will go live when Phase 2 of Open Housing is implemented in July 2021. Work on the implementation of the repairs and maintenance elements of Phase 2 of TOP is on-going and will be completed for the go live date.
Make best use of Doncaster Council's housing stock.	1.5: Complete and implement new HRA asset management strategy.	Sep-20	HoAM	Red	As forecast last quarter, the asset management strategy was not completed by the end of the financial year. Whilst a draft has been prepared, this requires consultation with key stakeholders and further refinements, in particular to ensure it aligns with the environmental strategy. It is anticipated that this strategy should be completed by the end of the first quarter of 2021/22 and reported to Board in July 2021 as business as usual (BAU).
Maximise opportunities to grow the Council's housing stock.	1.6: Support the Council in the development and delivery of its new house-building programme.	Mar-21	HoAM	Green	Ongoing consultation and discussion with Doncaster Council around future specifications and planned sites as and when required.
Review age designation and local lettings policies.	1.7: Implement outcomes from reviewed Local Lettings Policies.	Sep-20	HoAtH	Amber	Delayed, to be progressed in Q1 2021/22 post elections.
Provide communal halls and spaces which the community value.	1.8: Commence phase 2 review of communal halls.	Jul-20	HoAM	Red	Communal halls remain closed due to Covid. Consequently, the review will remain business as usual (BAU) but not commence until the new financial year to enable user groups to have a 'fair' opportunity to evidence demand and usage.
Deliver our environmental strategy.	1.9: Finalise and launch new environmental strategy.	Mar-21	HoAM	Red	A strategy has been drafted and the final 'path to net zero carbon' report has been received. A consultation event with key stakeholders is now being planned prior to final refinement of the strategy and consideration by Board. It is anticipated that the strategy will be finalised by the end of the first quarter in 2021/22 and reported to Board in July 2021 as business as usual (BAU).
	1.10: Implement outcomes of Garage 32 Pilot.	Dec-20	HoHM	Green	The chosen option is to develop a community model using existing assets for storage and existing resources for delivery. A lead has been established along with storage facilities and resources. A plan is in motion to rollout from April 2021. We are aiming for this scheme to be a real benefit to our tenants and the environment and enhance our services to tenants.
Offer a sustainable gardening service.	1.11: Complete a review of the gardening service.	Sep-20	HoHM	Green	The review is complete, and the service continues to perform well. We now have a complete staffing structure and an improvement plan to ensure all actions are completed and performance and productivity monitored and maximised. The monitoring and management will be further enhanced in 21/22 with the introduction of mobile working and SOR in the TOP project. A lot of work has gone into improving this service during this year amidst COVID challenges and improvements have been realised.
	1.12: Implement actions from the gardening service review.	Dec-20	HoHM	Green	See 1.11

Our tenants live successful and fulfilling lives

Plans	ADP Actions	Date		Status	Q4 Update (with Outcomes)
Help tenants to sustain their tenancies.	2.1: Review tenancy sustainment model and implement any resulting actions.	Mar-21	HoHM	Amber	Initial scoping work has been completed and whilst this action has not been fully completed, the team continue to perform excellently and sustain tenancies for the most vulnerable and at risk. The rest of this work will be combined with the review of housing management in the next financial year as per action below.
	2.2: Full review of housing management functions and structures (after TOP).	Mar-21	HoHM	Amber	As per quarter 3 update, a project plan has been drafted following the scoping report and links to the realignment of Access to Homes. Full review will be carried into next financial year.
Increase the range of support for tenants.	2.3: Analyse reasons for tenancy failure and review capacity to support other vulnerable groups (post TOP)	Mar-21	HoHM	Green	The analysis of tenancy failures has been completed and fed into the action in 2.1.
Ensure the allocations policy reflects the changing needs of tenants and residents.	2.4: Review Gypsy & Traveller and Residential Allocations Policy.	Mar-21	HoAtH	Red	Carried forward to 2021/22 due to reprioritisation of workload due to Covid pressures on the service the capacity has not been available to complete this work.
Increase engagement with the diverse communities of Doncaster.	2.5: Review the Fairness and Equality Strategy.	Mar-21	HoCS	Green	Completed. Strategic discussions have taken place at a Board Strategic Planning day on equality and diversity. The survey completed in March 2021 will be used to inform the production of a new revised equality, diversity and inclusion strategy which will be reported to Board September 2021.
Increase tenant and community member involvement in our business	2.6: Develop and embed the Complaints Appeals Panel and the High Rise Forum.	Dec-20	HoHM/HOCS	Green	The Complaints Appeals Panel are continuing to work effectively. Going forward, we need to consider whether there is the potential to work with the Appeals Panel to consider the wider implications of the Tenants Voice and actions arising from the White Paper. The High-Rise Forum is working effectively and has just completed a review of the Fire Safety Booklet for tenants. Going forward the group needs to expand and keep abreast of the implications of building a safer future.
Improve communication with tenants and residents	2.7: Review External Communications.	Dec-20	HoCS	Red	Review completed in January 2021, slightly out of target. The feedback from the review will inform the revised communications strategy which will be reported to Board in September 2021.
Review the World of Work programme	2.8: Develop a World of Work Framework as set out in the People Strategy 2020-24.	Nov-20	HoHR&OD	Amber	The review has been moved back again to be completed by June 2021 and is now business as usual (BAU). This recognises the change in team which has now been fully staffed from April, the amendment of the associated KPI and the limitations that have been faced due to the pandemic. The revised framework will simply underpin our existing people strategy and highlight all of the already ongoing work as well as setting a direction to allow us to identify future opportunities.

We will be a nationally recognised provider of housing services

Plans	ADP Actions	Date		Status	Q4 Update (with Outcomes)
Embed a positive health, safety and wellbeing culture.	3.1: Review Health, Safety and Compliance Strategy.	Dec-20	HoAM	Red	Ongoing challenges around recruitment within the health, safety and compliance team have meant that it has not been possible to complete this piece of work due to lack of capacity within the team. The strategy is now being worked on as business as usual (BAU) and is scheduled for consideration in June 2021 by the building safety committee.
Work in ways that reflect our values.	3.2: We will embed values and behaviours in our training courses/ employment policies.	Mar-21	HoHR&OD	Green	All of our newly created JDs are now inclusive of values and behaviours enabling us to identify through recruitment talent that meets our values. Policy reviews are considered through this same lens as planned initiatives such as our 1:1 framework refresh ensuring that we recognise and set expectations in line with our values and behaviour as well as the outcomes, the how is equally as important as the what.
Deliver value for money services.	3.3: Identify efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT).	Jun-21	HoF&BA	Green	Phase 1 Go live Nov 20.(UH) Phase 2 Go live scheduled July 21 (TOTAL). Inefficiencies being built out where possible from OH. A before and after review will be undertaken post phase two when OH is embedded to record changes from process mapping, new SORs and new OH system
Use technology to modernise and transform service delivery.	3.4: Implement The One Project, replacing key IT systems and driving Customer Focussed culture change.	Jun-21	HoICT&BT	Green	Phase 1 successfully implemented Nov 20 (replacing Universal Housing). Phase 2 Go live scheduled July 21 (replacing Keystone (Assets) and Total repairs). Lessons learnt from PI being used to inform governance and approach to PII.
Continue to develop our workforce.	3.5: There are 4 actions in the People Strategy 2020-24 that will contribute to this plan.	Mar-21	HoHR&OD	Green	1 action is delivered – deliver line management skills programme. 1 action is ongoing – grow workforce skillset to meet changing business needs. 2 actions are deliverable next year and will therefore roll over to 21/22 – future leaders' development and Gold Wellbeing at work.
Continuously improve our business processes.	3.6: Implement, embed & monitor improvements & efficiencies through transformation of services to deliver The One Project (TOP) and the Customer Access Team (CAT).	Jun-21	HoICT&BT	Amber	While some efficiencies may be delivered, the full improvements and efficiencies can't be achieved until Phase II is implemented and a fully integrated solution is in place.
Improve the extent to which our workforce reflects the Doncaster population.	3.7: Review the Fairness and Equality Strategy.	Mar-21	HoCS	Green	Strategic discussions have taken place at a Board Strategic Planning day. The survey completed in March will be used to inform the production of a new equality and diversity strategy which will be reported to Board September 2021.
Operate commercially.	3.8: Review opportunities to expand commercially.	Mar-21	HoF&BA	Amber	This is an ongoing action to look at all areas where we could become more commercial. Board considered this and the main focus for 20/21 was to become more commercial with our existing services by being more efficient and productive, particularly with Covid19 and new ways of working, and also the move to the new OH system and use of new Schedule of Rates. The expanding our services element of this action will form part of the 21/22 ADP
Ensure our business accommodation is fit for purpose.	3.9: Review existing receptions points.	Nov-20	HoCS	Red	It has been agreed that this action will be superseded and implemented in 21/22 and is now included in the 21/22 ADP as part of a wider action to investigate alternative methods for customers to interact with us and to access our services at our office/partner locations.
Improve communications internally and with external stakeholders.	3.10: Carry out a review of external communications.	Dec-20	HoCS	Green	Review completed in January 2021, slightly out of target. The feedback from the review will inform the revised communications strategy which will be reported to Board in September 2021.

Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together

Plans	ADP Actions	Date	HoS	Status	Q4 Update (with Outcomes)
Working: Maximising use of local suppliers.	4.1: Commence the review of the Procurement Strategy.	Dec-20	HoAM	Red	Work on the strategy has been delayed due to a focus on other key safety related priorities. The completion of the strategy is now expected to be by a revised date of July 2021 as business as usual (BAU).
	4.2: Deliver Homelessness and Rough Sleeper Action Plan.	Mar-21	HoAtH	Green	Rough Sleeper Action plan being developed through new Homelessness Board led by the council and attended by Director of Housing and Customer Service. CEO leading on 'Prevention' work stream and Chairing Homelessness Prevention Partnership Group.
Living: Reduce and prevent homelessness.	4.3: Review temporary accommodation model with Council & partners.	Mar-21	HoAtH	Amber	This work is ongoing. SLHD via the Homelessness Board continue to work with Strategic Commissioning, who lead on the review of accommodation for Homeless Households and this will influence the need and type of provision that SLHD will need to provide.
	4.4: Review impact of Homeless Reduction Act.	Sep-21	HoAtH	Red	No longer relevant superseded by the Homelessness review conducted by the Council that informed the Homelessness and Rough Sleeping Strategy and Action Plan 2019-2024
Living: Provide support to maximise tenancy sustainability.	4.5: Deliver in partnership our role and requirements in the localities and local solutions project.	Awaiting Council timeframes	HoHM	Green	Work to rollout the model across the borough is progressing and will be completed early in 2021/22. St Leger continue to be a key player in the model. The impact on services has been realised as part of the evaluation of the pilot and although there are lessons to be learned there are benefits in partnership working, information sharing and outcomes for tenants.
Living: Safer neighbourhoods through reduced anti-social behaviour and crime.	4.6: Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	Oct-20	HoHM	Red	Moved to 21/22 as resources have not been available to deliver this action. However, ASB continues to be monitored in other ways through performance and satisfaction and this shows we are performing very well.
Living: Collaborate with partners to bring empty properties back into use.	4.7: Deliver initiatives outlined in the Empty Property Policy Framework.	Mar-21	HoAM	Red	The agreement with Sheffield Homes and Loans service (who will administer the product) is almost finalised following extensive discussions between both parties' legal teams. There are discussions ongoing with the council (led by Karen Lythe and Dave Richmond) about where empty homes responsibilities should sit going forward. It is hoped that the product can be launched by the end of the first quarter of 2021/22.
	4.8: Develop and begin implementing action plan to reduce the use of temporary accommodation.	Sep-21	HoAtH	Red	As per Q3. This work will be carried forward to 21/22. The initial focus will be on a Roadmap out of Covid which will, along with 4.3, inform future plans for the reduction of TA.
Caring: Support the development of the health and social care partnership.	4.9: Attendance on the Accountable Care Partnership Board.	Ongoing	CE	Green	Meeting name changed, but attended and contributed to group throughout year.

ST LEGER HOMES OF DONCASTER

Board Meeting Briefing Note

Title:	People Strategy 2024 – 24 Annual Update – Year 1 progress
Action Required:	Note progress to date
Item:	
Prepared by:	Sarah Moore, Head of HR and OD
Date:	April 2021

1. Background

- 1.1. This Briefing note provides a progress update to Board 1 year into the 4 year People Strategy which launched in April 2020. Progress was reviewed after the first 6 months and a briefing provided to EMT.
- 1.2. 2020/21 has been an exceptional year for all and as such this paper will not dwell on the specific impacts of this on performance other than to note that in the face of such extraordinary circumstances performance on People related metrics remains good and in the case of employee attendance at work has for the first time been noted under target.
- 1.3. The last 12 months has seen significant change within the people team tasked with delivering against this strategy, beginning the year with a change in Head of Service, followed by a team realignment from the autumn and a handful of unavoidable long terms absences.
- 1.4. In spite of these challenges, significant progress has been made against the year one action plan with 5 of the original 11 actions complete, 4 underway with revised end dates into year 2 in recognition of the changing environment and 2 deferred to take place during year 2.

2. Key Success Measures

- 2.1. The 2020-24 People strategy set out the key measures to be achieved by March 2024. These measures will be tracked throughout the life of the strategy. The table below shows the position after Year 1.
- 2.2. Out of 8 measures:
 - 5 are currently achieving target and must be maintained,
 - 2 sit under
 - 3 are yet to be reported on either as work is yet to start or reporting mechanisms are currently under development. It should be noted that there is priority around the final measure regarding training compliance and a significant amount of

work is being undertaken in the team to achieve this working alongside the Health Safety and Compliance team and relevant business areas.

Key success measure	Year 1 – position	Comments
Sickness - KPI 11	6.6 days per FTE	Against a target of 7.9 days (1.3 days under target)
Tenants supported into training - KPI 14a	30	Against target of 56 - impacted heavily by education closures and lockdowns
Tenants supported into work KPI 14b	28	Against target of 25 exceeded by 3
2.3% New apprentice Starts, Public Sector Apprenticeship Target	1.76%	This is a 4 years target which ended in March 2021. The outturn figure falls short impacted predominantly by 2 lower intake years. Government has now announced this will continue as an annual target for public sector employers. For St leger to meet this we will require 19 new apprentice starts in the year, 12 are already out for recruitment, the remaining 7 will come from existing employee upskill
Employee Survey - Over 80% of employees are satisfied with St Leger Homes as an Employer	81.21%	As recorded in the October 2020 employee pulse survey, the next time this question will be asked is in 21/22 Q2
Employee Survey - Positive Net Promotor Score	NPS = 20	As recorded in the October 2020 employee pulse survey, the next time this question will be asked is in 21/22 Q2
BeWell@Work Award Gold	Silver – 2020	Silver was achieved in early 2020. Work is ongoing now with the wellbeing at work group to achieve the gold standard by March 2022
Investors in People Framework met	NA	SLHD are not currently accredited, this will be considered and reviewed in year 3 of the plan
Employee Survey - over 80% of employees agree that their manager is a great role model for our values/behaviours	NA	This question will be asked in the May 21 pulse survey
100% Statutory/ Mandatory Training Delivered		Work is underway to update the foundations of the training records system and implement a reporting system enabling progress to be tracked. The contract for our Learning management system has been confirmed for a further 2 year as at March 2021 (with options to extend up to 4 years) which enables this work to happen.

3. People Strategy Action Plan 2020/21 (Year 1)

3.1.A detailed action plan sets out the activities to be delivered in the first year of the strategy along with updates at the end of the first year (appendix 1).

3.2. **Completed Actions** - The following 5 actions have been delivered as planned in line with the year 1 action plan.

- Roll out Phase 2 of the 'YourHR' system – Annual Leave management
- Deliver employee engagement events including an annual Staff Conference (and biennial Staff Surveys) – digital conferences delivered to date and a change from biennial to quarterly pulse surveys.
- Embed a health, safety and wellbeing culture – implementation of the year 1 action plan
- Continue to monitor difficult to recruit vacancies – ongoing work now to transfer to BAU
- Implement positive action measures:
BAME, Disability, Younger Employees and Women into construction type roles

3.3. **Actions underway and ongoing** - 4 of the initial planned activities have been assigned revised end dates:

- **Design and deliver a management skills programme for existing and new managers** – slight delay in delivery commencement was seen due to the onset of the pandemic with the provider taking understandable time to mobilise their on line offering. This is now well underway and only slight slippage has been seen from March 2021 to July 2021 for completion of the first 5 cohorts
- **Review our Personal Annual Review/1-2-1 processes and ensure these drive performance and embed our values/behaviours** – detailed work has taken place to understand the current state, involve the workforce in the detail behind the current process, understanding the barriers and aspirations for a future process. The direction has been agreed and during the early part of year 2 the supporting framework is under development for roll out.
- **Put in place a WoW Framework (incl. apprenticeships, pre-apprenticeships, student placements and work experience) that meets the needs of the business and our tenants and supports succession planning.** – Our career start activity continues at pace as can be seen by the KPIs from the last 12 months. An increase in target for these KPIs have been agreed for the coming year as has a broader definition to acknowledge the broad range of career start initiatives available including, apprenticeships, student placements, kickstart placements and World of Work Cohorts. The development of the framework will acknowledge these initiatives whilst allowing ongoing flexibility to engage with emerging initiatives.
- **Embed Agile Working across the business (modern working practices and good technology to support this)** – the concept of agile working has grown significantly since the strategy was first written. The project has grown to now include significantly different ways of working, underpinned by a set of principles, supported by relevant policies, guidance and learning, a review of facilities and office capacity and supporting technology and communication platforms. Acknowledging the scale of this change this action will now span across into year 2 seeing the launch of the principles in May 2021 followed by significant activity into the Summer around policy consultation and facilities plans.

3.4 **Actions Deferred into year 2** – 2 actions have been deferred entirely recognising that priorities in year 1 have changed and the remaining 2 actions require further detail and clarity which will be developed over the coming 12 months.

- Develop plans to embed a 'Customer Service Experience' culture across the business
- Grow new skills sets to meet changing statutory/ business needs – This will no longer appear as a separate action and will instead be seen threaded throughout a range of more specific actions within the year 2 plan including implementation of agile working, implementation of a development framework and imbedding of a customer experience culture.

4. Looking Forward - People strategy Action Plan 2021/22 (Year 2)

- 4.1. This action plan aligns with and builds upon the relevant actions set out in the ADP and the HR&OD SDP, taking account of the commitments made within the People Strategy and the changing environment in which we are operating. Full details of the action plan can be found in appendix 2.
- 4.2. Year 2 builds upon the successes of year 1, reviewing progress and underpinning key organisational priorities such as implementation of TOP and CAT as well as a more coordinated focus upon workforce development.
- 4.3. At this stage it is considered that the coming years plan is realistic taking account of the changing environment in which we operate. It contains a total of 13 actions, 5 new actions and the remainder carry over, continue or develop from year 1.

5. Year 3 and beyond

- 5.1. Key activities for future years of the strategy to note and to which years 1 and 2 will provide the foundations for include:
 - Review of pay and benefits structure including a review of grading and job evaluation
 - Investors in People (IiP) accreditation – it should be noted that whilst this is set out in the original people strategy, prior to beginning any accreditation process, consideration will be given to the most appropriate accreditation and as to if IiP is the right measure of success given the changing environment.

Appendix 1

People Strategy Action Plan 2020/21 (Year 1)

Plans	Activities	Completion Date	Progress / Revised Completion date	Comments
Roll out Phase 2 of the 'YourHR' system	<ul style="list-style-type: none"> Development plan agreed with the Council Delivery of development plan 	June 2020 March 2021	Complete Year 1 Further plans in Year 2	Annual Leave recording rolled out from March 2021. System development will continue throughout years 2-4
Deliver employee engagement events including an annual Staff Conference (and biennial Staff Surveys)	<ul style="list-style-type: none"> Delivery of annual Staff Conference Conduct Staff Survey Evaluate Staff Conference and Staff Survey results Produce action plan to address any areas of concern from the Staff Conference and Staff Surveys 	June 2020 June 2020 July 2020 September 2020	Complete Year 1 Year 2 will maintain this position	Staff Conference delivered digitally in October 2020 with a further digital conference planned May 2021 Staff surveys have now moved to quarterly pulse surveys with 3 undertaken to date and the next planned in May 2021. Staff survey intranet page is developed with 'you said we did', quarterly actions identified and implemented
Embed a health, safety and wellbeing culture	<ul style="list-style-type: none"> Develop plan to achieve Gold level in the BeWell@Work Award by March 2022. Delivered activities planned for 2020/21. 	July 2020 March 2021	Complete Year 1 Further plans for year 2	Year 1 activity complete, on track and action plans in place to continue throughout year 2
Continue to monitor difficult to recruit vacancies	<ul style="list-style-type: none"> Implement market supplements/apply flexibility to recruitment policies where applicable. 	March 2021	Complete and ongoing into year 2	Work is ongoing as required including market supplements across hard to fill roles in procurement and TOP.

				Work ongoing to broaden success of advertising of vacancies to ensure maximum exposure and chance of success.
Implement positive action measures: BAME, Disability, Younger Employees and Women into construction type roles	<ul style="list-style-type: none"> Review successful initiatives implemented elsewhere and adapt these to St Leger Homes where appropriate Continue to implement positive actions to attract applicants for our jobs who are under-represented in our current workforce (as set out in the Equalities Strategy action plan) 	September 2020 March 2021	Year 1 activity complete Continue through year 2	Workforce Diversity activity plan is now in place aligned to the overarching ED&I strategy. The year has seen specific targeted recruitment events such as digital mentoring circles through the job centre to widen the recruitment pool and diverse applicant range.
Design and deliver a Management Skills programme for existing and new managers	<ul style="list-style-type: none"> Agreed programme for service managers and leadership approved by EMT Complete delivery of 5 cohorts of First Line Managers Management Development Programme (MDP) 	March 2021 March 2021	5th cohort to complete July 2021	4 cohorts are fully complete, the 5th is underway and will now complete during July 2021. The remaining 2 cohorts are scheduled and will complete by May 2022. Delivery was slightly delayed due to the onset of the pandemic but in the main this time has been made back.
Review our Personal Annual Review/1-2-1 processes and ensure these drive performance and embed our values/behaviours	<ul style="list-style-type: none"> Review of Personal Review Policy and Processes Roll out reviewed processes 	December 2020 March 2021	Rolled over to Year 2	Plans and direction agreed for a review of the framework including completion of colleague focus groups. Capacity within the team to deliver has impacted this being delivered in year 1, this is now resolved and a plan is in place to deliver in the early part of year 2

Put in place a WoW Framework (incl. apprenticeships, pre-apprenticeships, student placements and work experience) that meets the needs of the business and our tenants and supports succession planning.	<ul style="list-style-type: none"> • WoW Framework approved by EMT • Implementation of WoW Framework 	September 2020 October 2020 onwards	Deferred to June 2021	Whilst significant work is ongoing delivering a range of career start opportunities, the future framework delivery is deferred to June 2021. The framework will capture all of the existing great work and create the flexibility to continue to identify appropriate opportunities
Embed Agile Working across the business (modern working practices and good technology to support this)	<ul style="list-style-type: none"> • Work with managers to identify areas for inclusion in Agile Working guidance • Produce Agile Working guidance to help prepare staff for new ways of working 	June 2020 September 2020	Revised date of launch May 2021 with work ongoing thought-out year 2	Agile has grown and developed further since this strategy was first written. As at the end of year 1 Agile Principles are under development due for launch in May 2021. The Summer will see consultation on associated policy changes and development of facilities plans followed by detailed work to embed change.
Develop plans to embed a 'Customer Service Experience' culture across the business	<ul style="list-style-type: none"> • Specification of training to be delivered across the business • Prioritisation of delivery • Roll out training to priority groups 	June 2020 September 2020 October 2020 to March 2022	Deferred to Year 2	This activity is to support the customer service function which has been focused elsewhere with the roll out of TOP and challenges due to the pandemic
Grow new skills sets to meet changing statutory/ business needs	<ul style="list-style-type: none"> • Identification of new skills sets required by senior managers • Skills matrices updated to enable managers to plan future training needs 	December 2020 February 2021	Deferred to year 2 – but no longer a separate action as threads through a range of initiatives	Work yet to begin and will be linked to elements such as new performance management and agile working therefore may push back to later in 2021 for delivery

Appendix 2

People Strategy Action Plan 2021/22 (Year 2)

Plans	Activities	Completion Date
<p>Carried forward from 20/21 and updated - Having Implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.</p>	<ul style="list-style-type: none"> • Complete delivery of the first 7 cohorts of the first line manager (FLM) program • Review success of the FLM program and confirm future delivery plan in line with planned framework approach • Develop St Leger’s overarching people development framework, providing a clear line of sight of professional learning and making links where appropriate with recognised professional bodies (CIH) • Develop and commence delivery of a Future Leaders program to provide aspiring leaders/managers with knowledge, skills and experience 	<p>May 2022</p> <p>March 2022</p> <p>December 2021</p> <p>March 2022</p>
<p>Carried forward from 20/21 and updated - Implement a revised 1:1 framework in line with the EMT agreed priorities (Feb 21) supported by relevant guidance, learning, communication and review.</p>	<ul style="list-style-type: none"> • Development of framework and guidance documentation • Roll out reviewed processes including learning and support • Explore digital solution 	<p>July 2021</p> <p>September 2021</p> <p>Ongoing and may continue to year 3</p>
<p>Carried forward from 20/21 and updated - Refresh Career Start Framework ensuring that it continues to meet the needs of the business and our tenants, with an eye to supporting succession planning, building in flexibility to embrace relevant emerging initiatives</p>	<ul style="list-style-type: none"> • Career Start Framework drafted and approved by EMT • Implementation of revisions within the Framework 	<p>June 2021</p> <p>September 2021</p>
<p>Carried forward from 20/21 and updated - Develop the organisations agile working vision, principles and implementation plans, underpinned by revised policies and</p>	<ul style="list-style-type: none"> • Launch Agile Working principles • Consult on and implement revised associated policies 	<p>May 2021</p> <p>September 2021</p>

guidance and learning. Implement agile working including associated facilities plans.	<ul style="list-style-type: none"> Progress facilities implementation plans Implement learning support for an agile workforce 	<p>March 2022</p> <p>March 2022</p>
Continued activity from Year 1 - Embed a health, safety and wellbeing culture	<ul style="list-style-type: none"> Lead activity to achieve Bewell@work Gold Delivered activities planned for 2021/22. 	<p>March 2022</p>
Continued activity from Year 1 - Develop and implement workforce diversity action plan aligning with the overarching ED&I strategy, with the aim of increasing the diversity of the organisation to be more reflective of the community in which we work and the borough as a whole and increasing the workforce confidence in ED&I within the workplace	<ul style="list-style-type: none"> Implement and continue to develop activity within workforce diversity action plan Working alongside EDI, lead colleague participation in EDI activity Lead activity to increase colleague submission of EDI data to ensure robust reporting including increased communication and data checks 	<p>March 2022</p> <p>September 2021</p> <p>September 2021</p>
Continued activity from Year 1 - Continue to monitor difficult to recruit vacancies	<ul style="list-style-type: none"> Benchmarking of known hotspots with comparator organisations Implement necessary changes to alleviate hotspots. 	<p>June 2021</p> <p>September 2021</p>
Deferred from Year 1 - Develop plans to embed a 'Customer Service Experience' culture across the business	<ul style="list-style-type: none"> Specification of training to be delivered across the business Roll out training to priority groups 	<p>March 2022</p>
Continue to develop the HR system adopting new modules to the benefit of the business	<ul style="list-style-type: none"> Working alongside DMBC and Rotherham to identify future opportunities for system roll out Develop the SLHD implementation and communication plan alongside appropriate workforce support and guidance 	<p>March 2022</p>
Focus on compliance led training ensuring that all compliance training is implemented, with agreed refresher periods, specifications and ongoing monitoring of learning providers.	<ul style="list-style-type: none"> Working alongside relevant business area ensure that employees requiring compliance led learning are identified and upskilled Ensure that refresher periods are agreed for all compliance led learning Ensure robust training needs analysis are in place for all roles capturing compliance learning in the first instance 	<p>August 2021</p> <p>August 2021</p> <p>December 2021</p>
Develop the Learning Management System (LMS) to	<ul style="list-style-type: none"> Develop initial compliance reporting for the key 	<p>August 2021</p>

Implement L&OD reporting to aid robust management and personal ownership of learning	<p>identified compliance areas</p> <ul style="list-style-type: none"> • Data transfer into the LMS • Dashboard functionality roll out to managers 	<p>September 2021 March 2022</p>
Facilitate end user learning, leading the Systems Trainer to implement high quality and sustainable learning solutions making best use of FLO	<ul style="list-style-type: none"> • Develop and populate learning plan • Oversee development and delivery of learning to end users providing specialist L&OD knowledge to facilitate transfer • Ensure learning and evaluation capture onto LMS 	<p>June 2021 July 2021</p> <p>September 2021</p>
Put in place a staff recognition scheme, linked to values and behaviours	<ul style="list-style-type: none"> • Develop options and agree ongoing recognition mechanism 	<p>March 2022</p>

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 26 May 2021

Item : 07

Subject : Draft Modern Slavery statement
2020/21

Presented by : Julie Crook
Director of Corporate Services

Prepared by : Nigel Feirn
Head of Finance and Business
Assurance

Purpose : To present Board with a Modern Slavery
statement for 2020/21.

Recommendation:

For Board to approve a Modern Slavery statement for
2020/21 for publication.

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: 26 May 2021**

1.1. Report Title

1.2. Draft Modern Slavery statement 2020/21

2. Purpose

2.1. To present Board with a Modern Slavery statement for 2020/21, as required by the 2015 Modern Slavery Act.

2.2. This is SLHD's fifth Modern Slavery statement and is attached at **Appendix A**.

3. Executive Summary

3.1. Under Section 54 of the 2015 Modern Slavery Act ('the Act'), 'commercial' organisations must produce and publish a Modern Slavery statement on an annual basis. The Act recommends publication within six months of the financial year end.

3.2. The Act specifically states that the statement must include 'the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business'.

3.3. When the Act refers to 'ensure', this does not mean that the organisation must guarantee that the entire supply chain is slavery free. Instead, it means an organisation must set out the steps it has taken in relation to any part of the supply chain (that is, it should capture all the actions it has taken).

3.4. Organisations are expected to build on their statements year on year and statements to evolve and improve over time.

3.5. There has been one key development to note since our last statement. In September 2020, the Government published its response to the consultation on transparency in supply chains, promising new measures to toughen up the requirements under the Act. The consultation was carried out in response to an independent review of the Act (as referenced in the report to Board in May 2020) which found that while many organisations produce comprehensive modern slavery statements, others do not take their responsibilities seriously.

3.6. The new requirements are summarised in the report below, but will not come into force until the necessary legislation has been introduced, which the government states will take place "when parliamentary time allows" (likely 2022).

- 3.7. However, SLHD has always adopted Act requirements and best practice at the earliest opportunity and the format and content of our earlier statements are still considered fit for purpose, and comply with this consultation. The only additional action required from this is to publish it on the recently established central register, which will be done once approved by Board.
- 3.8. There are only minor changes to the content in this 2020/21 statement, which has been updated as appropriate for work undertaken in the year just ended.
- 3.9. In summary, SLHD undertake a number of activities to mitigate the risk of modern slavery, as summarised in the statement at **Appendix A**.

4. Background information

- 4.1. The Act became law in 2015 and was considered an innovative, landmark piece of legislation to address modern slavery and human trafficking.
- 4.2. In response to the consultation and the review, in what it describes as an “ambitious package of measures to strengthen and future-proof” Act requirements, the government says it will introduce legislation covering the areas set out below.
- 4.3. The six reporting areas currently suggested in guidance will be mandatory. The areas to be covered, as before, are the organisation’s :
 - structure, its business and its supply chains;
 - policies in relation to slavery and human trafficking;
 - due diligence processes in relation to slavery and human trafficking in its business and supply chains;
 - parts of the business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk;
 - effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; and
 - training about slavery and human trafficking available to its staff.
- 4.4. If no steps have been taken within an area, they will need to state this clearly and will be encouraged to explain the reasons why.
- 4.5. A new government run reporting service has recently gone live, as organisations will be required to publish their statement on this, and will be encouraged to do so even before the legislative change makes this mandatory.
- 4.6. The intent is to facilitate access to information to allow consumers to make ethical decisions and enable comparability between companies.
- 4.7. There will be a single reporting deadline of 30 September for all in-scope organisations once the new legislation is passed. All organisations will report on the period April to March, so will have six months to prepare their statement. The current requirement is to publish a modern slavery statement no later than

six months after the company's financial year-end, so this will impact the timing for many companies. (No impact for SLHD)

- 4.8. Public-sector companies in England and Wales (Scotland and Northern Ireland are considered separately) will now be required to produce modern slavery statements. At the moment they are not compelled to do so, though some do so voluntarily.
- 4.9. As referred to above, the new requirements will not come into force until the necessary legislation has been introduced, which will take place "when parliamentary time allows".
- 4.10. Other key points to note in the Act and the subsequent review :
 - Companies must state why any of the six headings are not considered applicable;
 - reference to the modern slavery statement must now be made in a company's annual report in their financial statements;
 - tougher monitoring and compliance enforcement will result;
 - a named, designated Board Member is responsible and personally accountable;
 - failure to fulfil reporting requirements should be an offence under the Company Directors Disqualification Act 1986;
 - Companies are required to consider the entirety of their supply chain, explaining why if this is not done and the steps to be taken the future; and
 - list of companies to be established that are within the scope of the Act;

5. SLHD statement 2020/21

- 5.1. SLHD has complied with the requirements since the Act came into force.
- 5.2. SLHD still meets the Act's criteria for a 'commercial' organisation and the statement at **Appendix A** covers the six main areas referred to above.
- 5.3. Leadership have reviewed this draft statement for 2020/21 and updated it as considered appropriate
- 5.4. The statement must be approved by the board or equivalent management body, signed by a director or equivalent and have a link to it on our website.
- 5.5. Although penalties are (currently) limited, they will be increasing and SLHD is a prominent employer in the Doncaster area, so there is increasing financial and reputational risk here which is easily mitigated with a robust statement and appropriate policies and procedures.

6. Recommendation

- 6.1. Board resolves to approve the updated Modern Slavery statement at **Appendix A**.

7. Procurement

7.1. The Act requires appropriate procurement procedures to be in place to prevent modern slavery occurring within SLHD and its suppliers. These procedures are in place and are explicitly referred to in the statement.

8. Value For Money

8.1. Although not directly applicable here, Value For Money is achieved through appropriate procurement (see above), performance and contract management activities.

9. Financial Implications

9.1. There are two financial implication strands - procurement and potential penalties for non-compliance. SLHD controls direct expenditure of around £40m per annum, and has payroll costs of nearly £25m, and robust financial regulations and contract standing orders are in place. Penalties for non-compliance carry with them financial and reputational risk.

10. Legal Implications

10.1. Legal implications are referred to above through non-compliance with the disclosure duty of the Act.

11. Risks

11.1. There are a number of risks arising from failing to prevent modern slavery. These include:

- reputational - including the push from regulators for greater corporate transparency on human rights;
- legal - including the risk of litigation, complaints to the OECD and breaching ethical procurement terms;
- financial - reflecting investor and customer sensitivities and increasing demands for CSR performance data as part of tendering processes;
- operational - arising from labour disputes and disruption to supply chains.

12. IT implications

12.1. IT implications are referenced as appropriate.

13. Consultation

13.1. No specific implications arising and references are implicit within the report where appropriate. Customer involvement is built in to the procurement process.

14. Diversity

14.1. Diversity issues are referenced as appropriate in the statement.

15. Communication requirements

15.1. The main communication requirement arising from this report is the publication of the statement on the SLHD, and for the first time in its annual report within the financial statements.

16. Equality Impact Assessments (New/Revised Policies)

16.1. Not applicable.

17. Environmental impact

17.1. Environmental impact is referenced as appropriate.

18. Report Author, position and contact details

Nigel Feirn
Head of Finance and Business Assurance

Appendix

A : Modern Slavery statement

St Leger Homes of Doncaster Limited : Modern Slavery statement 2020/21

Introduction

This statement sets out St Leger Homes of Doncaster Limited's (St Leger) activities to ensure there is no slavery or human trafficking in our operations. This statement relates to the financial year 1 April 2020 to 31 March 2021.

Company statement

Modern slavery has no place in St Leger's business or supply chains and we take a zero tolerance approach to it. Our commitment to all aspects of equality and diversity is inherent in our mission, vision, values and strategic objectives.

We are committed to acting ethically and with integrity in all our business dealings and relationships and to implementing and enforcing effective systems and controls to ensure modern slavery is not taking place anywhere within our operations.

We are also committed to ensuring there is transparency in St Leger and in our approach to tackling modern slavery throughout our supply chains, and we demand the same high standards from all of our contractors, suppliers and business partners.

Company structure, activities and supply chains

St Leger is an Arm's Length Management Organisation (ALMO) managing Doncaster Council's (DC) homes and other assets. We provide affordable, rented accommodation efficiently and provide our customers with the highest standards of service.

St Leger employs over 800 people in a wide range of service areas including housing management and support, property repairs, improvements and technical services, HR, Finance, and IT.

Expenditure totals nearly £60m to deliver St Leger's day to day housing management and property repairs services, and, on behalf of DC in delivering their capital programme, home and estate improvements.

Risk areas

St Leger operates a wide number of activities in delivering housing management and property maintenance services. These services require a large number of employees and contractors, and some of the products and services we procure may be considered as a higher risk in terms of modern slavery. Therefore, there are a number of risk areas to consider. The main areas identified as where the greatest risks exist are in procurement and our vulnerable tenants.

St Leger operate a risk management framework to mitigate all strategic and operational risks and the policies and procedures, the due diligence and the training, all referred to below, mitigates these risks.

Company policies and procedures

We have an extensive framework of policies and procedures that are reviewed and updated periodically and monitored to ensure best practice is adopted.

Notable strategies, policies and procedures, among others, that consider our approach to preventing slavery and human trafficking in our operations include:

- Protected Disclosure (Whistleblowing);
- Employee Code of Conduct;
- Customer care;
- Vulnerable persons;
- Housing Management Strategy and Policy;
- Procurement Strategy;
- Financial Regulations and Contract Standing Orders;
- Recruitment and Selection;
- Anti-Fraud, Corruption and Bribery;
- People Strategy and Health and Wellbeing Policy;
- Dignity at work;
- Equality Strategy; and
- Homelessness code of guidance for local authorities

Further information can be found on www.stlegerhomes.co.uk

More specifically, the Housing Management policy includes specific guidance for staff on how to recognise safeguarding issues, such as modern slavery, as a type or pattern of behaviour which constitutes abuse of any person at risk, and also how to respond to and escalate any concerns.

Due diligence

St Leger undertakes extensive due diligence on tenants, employees, and suppliers as part of everyday operations.

Tenants

Robust tenancy verification checks are in place for sign ups, plus further verification visits on some estates. Our Tenancy Agreement includes reference to the Modern Slavery Act.

We undertake a number of operational activities where possible signs could be viewed. These include:

- programmed tenancy audits of our properties;
- financial inclusion / welfare reform support delivered by a dedicated tenancy support team;
- neighbourhood management, local offices and patch workers resulting in our officers knowing a large number of tenants;
- strong working relationships with the Tenant and Resident Associations (TARAs);
- a St Leger fraud hotline;
- Community Caretaker Services reporting any illegal or unusual practices;
- tenancy sign up procedures covers the clauses in the updated Tenancy Agreement
- periodic estate inspections where we might notice anything indicating modern slavery, and residents can attend and often report issues;
- tenancy verification visits on some estates;
- Direct links between our in-house services team and estates teams to report any concerns.

Supply chain

Annually, St Leger uses over 500 suppliers, and around half of these on a regular basis. A number of these will not be subject to the provisions of the Act but we believe the Act's ethos and requirements are valid irrespective of the size of our suppliers.

All suppliers, as part of our tender procedures, must complete a self-assessment Standard Questionnaire (SQ), which includes questions around Equality and Diversity. Suppliers must provide evidence to support their responses.

St Leger is in contact with all suppliers, stating our commitment to modern slavery, assessing their own arrangements and amending contracts as and when they become due for renewal.

Our Financial Regulations and Contract Standing Orders and Procurement Strategy ensure we operate in a legal, ethical and inclusive manner whilst achieving best value for money. Our dedicated Procurement team utilise Official Journal of the European Union (OJEU) compliant frameworks operated by procurement consortia and St Leger has representatives on the boards or working groups of a number of consortia, which enables robust benchmarking and sharing of best practice.

To ensure compliance with our values and ethics, we have in place rigorous selection processes which includes checks on financial standing, convictions, and health and safety, to help ensure our suppliers and their supply chains are slavery free.

All contracts have a specific E&D Terms and Conditions and modern slavery sections contained within them.

St Leger recognises our social responsibility and where possible target contracts that will utilise local labour. Contracts also include 'back to back' clauses whereby contractors use the same terms and conditions if any work is subcontracted down the supply chain.

We check explicit slavery issues when we review other areas such as price increases, performance and E&D commitments, as part of our established contract management arrangements.

If any of this work identifies risks of modern slavery, this could result in termination of the supplier's contract. Concerns will be reported to the Modern Slavery Helpline as appropriate.

Employees

Our Recruitment and Selection Policy contains relevant requirements in terms of checking of eligibility (Right to Work checks that meet Home Office guidance) to work in the UK and carrying out of necessary checks such as Disclosure and Barring Service (DBS) on relevant employees

References are requested on all employees, and this includes asking referees for any concerns about the applicant working with vulnerable people or children.

St Leger has a contract in place with a temporary staff provider to ensure core services are maintained if employee posts become vacant. The provider has been procured in accordance with all supplier contract award requirements.

Key performance indicators (KPIs)

St Leger operates an extensive Performance Management framework, with a balance scorecard of KPIs and additional Management Indicators (MIs) that form part of our overall governance arrangements.

Our KPIs and MIs are reviewed annually and comprise measures relating to tenants and residents of the borough, including homelessness, our employees and the assets under our management. Underneath all of these are operational processes to ensure borough residents receive the highest levels of service and support in safe, secure accommodation from trained staff and contractors.

Training

St Leger has structured induction and training programmes which are updated periodically.

Modern slavery was increasingly referenced in all appropriate training during the year and tailored, specific training was given in 2019/20. Training delivered that referenced modern slavery included:

- all new employees undergo a corporate induction, receiving an Employee Code of Conduct which they must sign to confirm receipt, and have a safeguarding session;
- guidance is also published in our employee newsletter and posted on our intranet;
- safeguarding training is delivered to all new starters and refreshed every three years and this now includes specific elements on modern slavery. This will be developed further;
- a new corporate induction and local induction process was introduced in 2019/20, which includes a buddying system where appropriate;
- recruitment and selection training is provided to managers and includes right to work checks and the importance of pre-employment checks.
- Equality and diversity e-learning, including modern slavery was launched in 2019/20. All employees are required to complete this training.
- fraud, money laundering and Data Protection.

The St Leger intranet is regularly updated with developments in Modern Slavery and has links to the main government website (www.gov.uk) for employees to be able to access training resources, videos, leaflets and other related information.

For apprentices, the employee code of conduct is emphasised and the roles of trade unions and first contact officers should they ever see or feel anything that makes them uncomfortable or that something is not right.

Completion of all mandatory training is monitored through the online learning management system.

In addition to the above, a briefing providing background information and advice for staff on what to do if they suspect that slavery, human trafficking, etc. takes place, and also providing guidance on the selection of suppliers, is and will continue to be published in our employee newsletters and posted on our intranet.

Signing

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and is St Leger's slavery and human trafficking statement for the financial year ending 31 March 2021.

Signed by:

Dave Richmond
Chief Executive
St Leger Homes of Doncaster Limited
May 2021

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board Meeting

REPORT

Date : 26 May 2021

Item : 08

Subject : Health, Safety and Compliance Report

Presented by : Chris Margrave
Director of Property Services

Prepared by : Laura Dougan
Health, Safety & Compliance
Service Manager

Purpose : Provide an update on health, safety
and compliance performance

Recommendation :

Members of Board are asked to note the contents of this report alongside current performance in relation to health, safety and compliance as detailed at Appendix 1.

**To the Board of
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 08
Date: 26 May 2021**

1. Report Title

1.1 Health, Safety and Compliance Report – April 2021.

2. Executive Summary

2.1 The following report gives an overview of the current position relating to key areas of health & safety compliance. Key issues to note are:

- 100% lift statutory inspections and routine maintenance completed.
- 100% water hygiene management risk assessments completed
- 100% of properties are compliant with gas regulations
- 100% of buildings that require a fire risk assessment have an in date assessment.
- 624/1108 (56.31%) recommendations from fire risk assessments for level 1 buildings completed; a 4.59% increase on the previous month. Of the actions outstanding, 385 are within timescale. 99 recommendations have exceeded the original target deadline; this is an increase of 16.
- 445/804 (55.34%) recommendations from fire risk assessments for level 2 buildings completed; a 14.8% increase on the previous month. Of the actions outstanding, 267 are within the timescale. 92 recommendations have exceeded their original target date; this is an increase of 11.
- 1187/6682 (17.76%) recommendations from fire risk assessments for level 3 buildings completed; a 2.23% increase on the previous month. Of the actions outstanding, 5380 are within timescale. 115 recommendations had exceeded their original target date; this is an increase of 74.
- 99.89% of the domestic housing stock has had an electrical periodic test within the last 10 years. (22 properties have not)
- 70.40% of the domestic housing stock has had an electrical periodic test within the last 5 years.
- 100% compliance on the re-inspection programme as required by Control of Asbestos Regulations 2012.

2.2 The format of this report including performance measurement indicators will be reviewed over the next few months taking into account the findings from the Compliance Health Checks and Data Validation exercise. The aim will be to present a new report format to relevant stakeholders by the third quarter of 2021/22 at the latest.

3. Purpose

3.1 The purpose of this report is to provide an update on health, safety and compliance performance as at the end of April 2021.

4. Recommendation

- 4.1 Members of Board are asked to note the contents of this report alongside current performance in relation to health, safety and compliance as detailed at Appendix 1.

5. Background

- 5.1 This health, safety and compliance report is updated monthly and provides information and assurances that St Leger Homes has compliant processes and controls in place to effectively manage key health, safety and compliance risks to the company.

This includes the six key compliance areas of fire safety management, gas, electrical, asbestos, lifts and water hygiene; along with other compliance areas that St Leger Homes needs to monitor performance on.

- 5.2 Wider health and safety issues are also covered within this report. This includes the health, safety and wellbeing of our employees, customers and contracting partners.

Performance is monitored within each section.

The report is shared with St Leger Homes Board (every other meeting), St Leger Homes Executive Management Team (monthly) and Joint Safety Committee (quarterly). From June 2021 this report will also be shared with the newly formed Building Safety Committee.

6. Coronavirus (COVID-19)

National restrictions remained in place during April 2021 with a government roadmap in place. A roadmap has been put in place for the organisation following the national roadmap. As some national restrictions start to ease these are reflected in the roadmap; for examples employees who had been shielding have returned to the workplace following their individual risk assessments.

Following government guidance services, both urgent and non-urgent repairs, continued to be delivered, in a COVID secure way, as normal with a COVID secure risk assessment in place.

The impact of employees testing positive or self-isolating if a close contact continues to be monitored. To date (7 May) 85 employees have tested positive for COVID-19 and have followed government guidance on isolating.

7. Fire Safety Management

7.1 Key Legislation and Guidance

- Regulatory Reform (Fire Safety) Order 2005
- Fire Safety Act 2021
- Local Government Association Guidance – Fire Safety in Purpose Built Blocks of Flats (updated May 2012)
- The Housing Act 2004
- The Housing Health and Safety Rating System (HHSRS)

On 30 April 2021, the Fire Safety Act gained royal ascent and became legislation. This Act brings the external of buildings and flat doors between common areas and private dwellings into the scope of the Fire Safety Order.

7.2 Fire Risk Assessment (FRA) Status

A smoothed programme has been developed for FRAs to run over 3 years. This will retain all anniversary dates of assessments but smooths the programme out which is easier for delivery of actions.

Smoothed FRA Programme Update	
Total number of properties on programme	927
Total number CAT B properties (not requiring an FRA)	428
Total number communal properties (requiring an FRA)	499
Total number of communal properties, with an in-date FRA	499

Total number of communal properties that require an anniversary survey (2021/22)	156
Total number of communal properties that have had an anniversary survey carried out (2021/22)	26
Total number of communal properties that have an anniversary survey planned in (2021/22)	130

Smoothed Programme Update – April 2021

Risk Level of Building	Number required in April	Number completed in April
Level 1	0	0
Level 2	3	3
Level 3	12	12

Smoothed Programme Update - May

Risk Level of Building	Number required in May	Number completed in May
Level 1	3	0
Level 2	3	0
Level 3	12	11

The remaining FRAs required in May, will be planned in with from Savills, with access to be arranged.

FRA Recommendations

Recommendations from all the FRAs that Savills have completed are shown below.

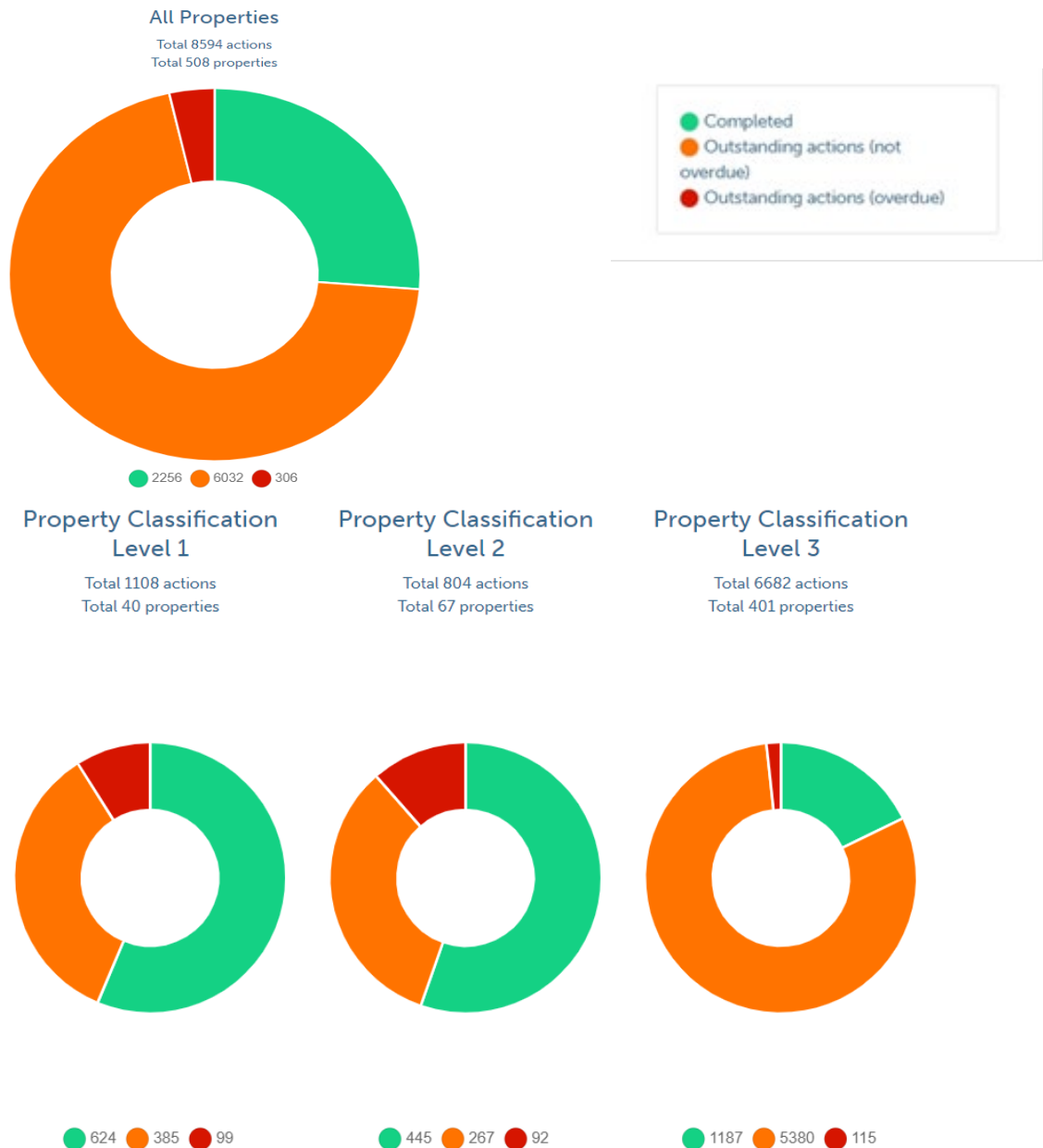
Any further recommendations as a result of fire risk assessments will be managed in the same way through Riskhub (Savills database).

Work is ongoing to create programmes of work to address the recommendations that will need to be delivered. This will require in house and contract resources. These are being managed with the aim of avoiding recommendations becoming overdue unnecessarily.

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

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

7.3 Due dates on recommendations are based on the level of risk.



211 recommendations were completed from beginning of April to date of this report. Ongoing focus has been placed on closing these actions and it involves communication and action from teams all across the organisation.

7.4 Overdue Recommendations

As of the date of the report there were 306 recommendations overdue; this an increase of 133 on the previous month.

Recommendations are reviewed to assess if extensions are appropriate, these can be requested. Where extensions cannot be requested the recommendations are actively being managed to close off.

Appendix 2 gives details of the overdue recommendations. There has been an increase in overdue recommendations for all levels of buildings.

A programme of works is now being developed and is being prepared to issue to Fortem who will be delivering our fire safety works. This initially is focussing on overdue recommendations for all buildings and specifically for the Jubilee Court, Milton Court and Heartswood includes all recommendations. 158 actions are ready to be submitted to Fortem. The other recommendations are either works items to be delivered internally by in-house teams or management recommendations.

7.5 South Yorkshire Fire and Rescue Audits

As part of a government programme South Yorkshire Fire and Rescue are auditing all tall buildings that will fall in scope of the upcoming Building Safety Bill; buildings over 18 metres. All 9 high rises have now been audited. This included site visits and provision of requested building safety information. Formal letters have been received summarising identified actions (88) from the audits and this has been previously shared with SLHD Board. Actions have been captured centrally for monitoring on progress and completion. At the time of this report 33/88 actions have been completed with the remaining being actively worked on.

8. Asbestos Management

8.1 Key Legislation and Guidance

- Health and Safety at Work etc. Act 1974
- The Control of Asbestos Regulations 2012

Surveys and Re-inspections

The legislation for asbestos management places a responsibility primarily with the common areas of properties (regulation 4 of the Control of Asbestos Regulations 2012) and where this impacts on our own workforce and contractors. This extends into domestic properties where they become workplaces i.e. where we are carrying out work in domestic properties.

St Leger Homes have a duty of care under the Health & Safety at Work etc. Act and Housing legislation to protect both workers and residents.

There are two main types of asbestos surveys –

- Management surveys
- Refurbishment and demolition surveys

Surveys may identify actions required including re-inspections of asbestos containing material that may need to be managed in place.

8.2 A programme of new communal management surveys was carried in 2021/21 giving us complete and up to date information. This information is now driving our reinspection programme and will help with developing any planned programmes of work.

Data from W/C 03/05/2021	
Total number communal properties	486
Number of communal with Compliant CAR2012 Reg4 Management survey	486
Number of communal that have had a re-inspection carried out within anniversary date of Management survey	154
Number of communal that have NOT had a re-inspection carried out within anniversary date of Management survey	0
Number of communal that have re-inspection survey planned in to meet the anniversary date of Management survey	332
Number of remedial works actioned and closed following recommendations from re-inspection survey	9
Number of remedial works pending following recommendations from re-inspection survey	2

8.3 Domestic Properties

We hold some form of asbestos information for 19,563 properties out of 20,080. This type and quality of the information varies dependent on a number of factors such as when the information was collected the surveying contractor. As part of ongoing compliance health checks a forensic review of data will need to be carried out to provide assurances on the data held.

8.4 Further work is ongoing around asbestos with Pennington Choices including the compliance health checks being carried out on the 6 main compliance areas. A specific workshop is being held in May around asbestos with relevant stakeholders in the organisation; this will inform how we manage and work with asbestos and develop our Asbestos Management Policy and Plan.

9. Water Hygiene (Legionella)

9.1 Key Legislation and Guidance

- Control of Substances Hazardous to Health regulations
- Approved Code of Practice and Guidance L8 (ACoP)

9.2 Management of Water Hygiene

	Number of required	Number completed	Number outstanding
Water Hygiene Risk Assessments	73	73	0

St Leger Homes have a comprehensive management and monitoring regime of all areas as required by the ACOP, including periodic sampling and testing by an accredited laboratory.

Water hygiene risk assessments are available for buildings that require them. In total there were 781 actions. Some examples of actions include:

- Removal of dead legs in systems
- Confirmation of correct rated equipment used in systems
- Amendments to procedures and management controls.

All actions have been completed with evidence held by the M&E team.

Domestic housing stock risk assessments are completed when void. These are completed by the voids inspector; all remedial works are completed before re-letting. This is in line with the Approved Code of Practice (ACoP) for landlords and they are part of a rolling programme.

10. Electrical Safety

10.1 Key Legislation and Guidance

- Electricity at Work Regulations 1989
- Electrical Safety BS7671:2018 18th Edition
- Guidance on the Electricity at Work regulations 1989

10.2 Periodic Testing

Total No. of Domestic Properties requiring a periodic test	No. & % of properties with a test < 10 years	No. & % of properties with a test < 5 years
20,078	20,056 (99.89%)	14,134 (70.40%)

The way in which electrical compliance information is presented has been changed for this report to show both the 10 (statutory) and 5 year (best practice) position.

Historically St Leger Homes has tested all properties on a 10 year cycle in line with

statutory requirements. At the time of this report, 99.89% of properties have been tested within the last 10 years. 0.11% (22 properties) last had a test 10+ years ago. These properties are being urgently targeted for an electrical inspection by our external contractor over the next month, although the success of this will be dependent on access. In most cases, the previous lack of testing is as a result of no access issues, although there are a small number of properties where the condition of the property (hoarding) is impacting on the ability to complete the testing. Housing management colleagues are assisting with these cases.

In order to demonstrate best practice, SLHD is now moving towards a 5 yearly testing cycle and the aim is to have all properties compliant to this by 31 March 2023. At the time of the report, 70.44% of properties have been inspected/tested within the last 5 years.

The domestic electrical testing programme was suspended from March 2020 due to the Covid-19 pandemic. The impact this will have on the overall aim of all properties being on a 5 yearly cycle by March 2023 is currently being explored. However, more positively, in April 2021 domestic periodic testing was restarted.

11. Gas Safety

11.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- Gas Safety (Installations and Use) Regulations 1998
- The Gas Industry Unsafe Situations Procedure 8th Edition

11.2	Number landlord gas safety record (LGSR) required	18,924
	Number of properties compliant with gas regulations	18,924 (100%)

Whilst SLHD can demonstrate full compliance, there are 2 properties currently in the final (with legal) stages of the no-access procedure.

The 2021 programme began in February 2021 resetting the programme of the MOT style anniversary allowed by the regulations this will re-profile and flatten out the programme for 2021 and coming years.

11.3 Solid Fuel Heating

Number of properties with solid fuel heating	96
Annual servicing complete	53

Solid fuel heating is removed from properties when they are void. Servicing is undertaken annually and began in April 2021. 70 properties were visited during April, 53 have been completed and 17 properties are being managed for no access. An additional 6-monthly maintenance visit takes place that is over and above statutory requirements.

12. Passenger Lifts

12.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- The Lifting Operations and Lifting Operations Regulations (LOLER) 1998
- The Provision and Use of Work Equipment Regulations 1998

No. of Passenger Lifts	Statutory examinations	Routine maintenance in date	Routine maintenance out of date
27	27	27	0

A routine monthly maintenance programme is in place carried out by specialist lift contractors. Statutory mandatory examinations are carried out by an independent insurance inspection engineer (Zurich). These are carried out on a 6-monthly basis.

13. RIDDORs, Incidents and Accidents Update

13.1 Key Legislation and Guidance

- Health and Safety at Work etc Act 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013 (RIDDOR)

	2019/20	2020/21	2021/22
Reportable Injuries	4	5	0
Dangerous Occurrences	1	1	0
All Injuries	39	17	2
Near Misses	12	9	0

The previous year's performance are used as an indicator for the upcoming year. At the end of March there was a 25% increase in RIDDOR reportable injuries from the previous year.

There was a 56% reduction year on year of all injuries. It is difficult to be exact on the reasons for the overall reduction but this will continue to be monitored during 2021/22.

14. Audit and Governance

- 14.1 A new health, safety and compliance strategy is currently being developed. This document will set out the strategic vision, direction and specific actions needed going forward to ensure the continued growth, development and statutory compliance in this area.
- 14.2 A report was provided to EMT in April with an overview of the report from the British Safety Council. This also identified the actions required which have been put into an action plan.
- 14.3 An externally led, independent health check of all six areas of compliance has been commissioned and the findings of this piece of work are expected during May. The

health checks will help SLHD to identify any areas of deficiency and create a roadmap for continuous service improvement and development, as well as helping SLHD ensure it meets all of its statutory obligations.

15. Proactive Activities

15.1 Health, Safety and Wellbeing Inspections

A fundamental review of our approach to audits and inspections will be carried out and included in the Health, Safety and Compliance Strategy that will be drafted. The way we are working has changed and a new approach needs to reflect this. Regular discussions are still taking place with individuals as part of one-to-one processes and in team meetings / team briefs around health and safety. The process needs to address potential requirements from the new draft Building Safety Bill.

16. Link to Risk Register/Any New Risks

16.1 Items within this report directly link to items in the Strategic Risk Register specifically:

- managing all issues surrounding high rise accommodation and any emerging new requirements
- managing corporate health, safety and compliance risks.

A new strategic risk has been developed around failure to manage all issues surrounding the impact of the Coronavirus (Covid19) pandemic across the borough. This was added in July 2020 and will remain on the strategic risk register indefinitely.

17. Procurement

17.1 Outsourced contracts such as lift maintenance follow SLHD procurement processes.

18. VFM Considerations

18.1 Not applicable.

19. Financial Implications

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

19.2 There are a number of budgets within SLHD and in the capital programme to address the issues arising out of these checks. The most notable ones are;

	£000s
Heating conversions/upgrades	2,142
Electrical planned works	750
Mechanical planned works	61
Fire safety works	2,120
Asbestos Surveys and removal	700
Total	5,773

These are the budgets for 2021/22 and are the first year of an approved four year capital programme, they are reviewed and updated regularly to ensure that they are sufficient to address all the issues arising.

20. Legal Implications

20.1 SLHD has a duty to comply with all legal statutory requirements and legislation as outlined in this report.

21. Risks

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

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

22. Health, Safety & Compliance Implications

22.1 Within the report.

23. IT Implications

23.1 Approval to procure a dedicated compliance software solution (C365) has been recently agreed. This will better enable SLHD to manage its legal obligations in respect of compliance by automating servicing, inspection and risk assessment cycles, and providing a central repository for any resultant actions. It will enable 'live' performance management of compliance and eliminate the need for manual record keeping through spreadsheets, which is currently commonplace for many areas of compliance.

24. Consultation

24.1 Not applicable.

25. Diversity

25.1 Not applicable.

26. Communication Requirements

26.1 Not applicable.

27. Equality Analysis (new/revised Policies)

27.1 Not applicable.

28. Environmental Impact

28.1 Not applicable.

29. Report Author, Position, Contact Details

29.1 Laura Dougan
Health, Safety & Compliance Service Manager
01302 862956

30. Background Papers

30.1 Appendix 1- Compliance Dashboard

30.2 Appendix 2 – Details of Overdue FRA Recommendations

Appendix 1 – Compliance Dashboard

Area of Compliance	Target	Complete / Outstanding	Progress %	Notes
Fire				
In date FRAs for communal areas	499	499	100.00%	A risk based smoothed FRA programme is in place. The 21/22 smoothed programme started in April 2021, All FRA that were required were carried out.
Level 1 Buildings FRA outstanding recommendations	1108	99	8.93%	Level 1 buildings include high rises, specialised housing and group homes. In total there are 1108 recommendations. 624 are completed actions and 385 were within the timescale. There are 99 recommendations that are outstanding / overdue; this is a increase of 17 on previous month.
Level 2 Buildings FRA outstanding recommendations	804	92	11.44%	Level 2 buildings include communal halls, caravan site and low rise blocks (dependent on storeys and flat numbers). In total there are 804 recommendations. 445 are completed actions and 267 were within the timescale. There are 92 that are outstanding / overdue; an increase of 43 on previous month.
Level 3 Buildings FRA outstanding recommendations	6680	115	1.72%	Level 3 buildings are low rise blocks (dependent on storeys and flat numbers). In total there are 6680 recommendations. 1187 are completed actions and 5380 were within the timescale. There are 115 recommendations are outstanding / overdue; an increase of 74 on previous month
Asbestos				
Reinspection Programme required by CAR 2012	486	486	100.00%	The reinspection programme continued in April. All reinspections are in date.
Gas				
Properties compliant with gas regulations	18,924	18,924	100.00%	The 2021 servicing programme started in February taking advantage of change in legislation.
Electrical				
Electrical Periodic Testing - 10 Year Compliance (Statutory)	20,078	20,056	99.89%	Statutory requirements require that all properties are tested on a 10 year cycle. 22 properties last had a 10+ years ago. These properties are being urgently targeted for an electrical inspection by our external contractor over the next month, this will depend on access.
Electrical Periodic Testing - 5 Year Compliance (Best Practice)	20,078	14,134	70.40%	In order to demonstrate best practice, SLHD is now moving towards a 5 yearly testing cycle and the aim is to have all properties compliant to this by 31 March 2023. At the time of the report, 70.44% of properties have been inspected / tested within the last 5 years.
Water Management				
Water Management Risk Assessments	73	73	100%	73 properties require a water management risk assessment (these include communal halls / community / centres/ office facilities / high rise tank systems / communal blocks at mobile homes) and these are all complete and in date.
Passenger Lifts				
Monthly routine planned preventative maintenance	27	27	100%	There are 27 passenger lifts and these are subject to a monthly routine planned preventative maintenance programme. During April the programme was completed as planned
Health and Safety				
Reduction in RIDDOR reportable injuries on previous year	5	0	0%	At the end of the reporting period for 2020/21 there were five RIDDOR reportable injuries. This will be used as a measure to report against in 2021/22. There were no RIDDOR reportable injuries in April 2021

Appendix 2 – Details of Overdue FRA Recommendations

Dates for completion of the overdue FRA recommendations are being discussed and agreed with Director of Property Services.

Level 1 Buildings –

As of the date of this report there were 99 recommendations that are overdue; this is an increase of 17. 9 of these are recommendations that went overdue in early May.

Jubilee Court 10 recommendations-

- 7 relate to planned fire safety improvements and works have been issued to Fortem to be prioritised in the planned 2021/22 fire safety programme.
- 1 relates to a desk top review of the flat entrance doors information following MHCLG guidance. Depending on the outcome this could require all the flat entrance doors to be replaced.
- 2 relate to the social care alarm system in the building and ensuring it works in conjunction with the common and flat alarm systems

Milton Court 16 recommendations –

- 13 relate to planned fire safety works that have been issued to Fortem. These include common area doors repairs and replacements, checking of firestopping in a number of areas and remediation as required. These works will be prioritised as part of the 2021/22 planned fire safety programme.
- 1 relates to confirmation required that the emergency lighting system is fully functional
- 1 relates to confirmation that the common area fire alarm system supports the ‘Stay Put’ strategy. This requires inspection of all individual flats.
- 1 relates to implementing a rolling inspection programme for flat entrance doors which will require inspection of individual flats.

Heartswood 13 recommendations–

- 8 relate to planned fire safety works that have been issued to Fortem. These include common area doors repairs and replacements, checking of firestopping in a number of areas and remediation as required. These works will be prioritised as part of the 2021/22 planned fire safety programme
- 2 relate to the implementation of a rolling programme of checks to flat entrance doors
- 1 relates to confirmation of the Grade A/Part 1 common area fire alarm system being designed and installed to support the Stay Put strategy.
- 2 relate to installation of social alarm system which is being progressed with our contractor.

High rises 52 recommendations –

- 28 relate to planned fire safety works that have been issued to Fortem. These include common area doors repairs and replacements, ensuring fire resistance on ceilings, checks on cabling in common areas, improved access to roof access space. These works will be prioritised as part of the 2021/22 planned fire safety programme.
- 5 relate to the implementation of a rolling programme of checks to flat entrance doors.
- 9 relate to evidence of flat entrance doors conforming to MCHLG guidance. This will consider replacement of doors not being replaced by Fortem.

- 5 relate to confirmation that all required fire stopping work has been completed by an external contractor.
- 4 relate to remedial works to refuse chutes in building
- 1 relates to information being available in regards to external wall construction in terms of surface fire spread requirements.

Communal Houses and Halls 8 recommendations –

- 3 relate to actions in Sandycroft which are being carried out by Doncaster Council. These are around a compartmentation check, emergency lighting remedial work and confirmation on fire alarm coverage
- 4 relate to planned fire safety works that have been issued to Fortem. These include common area doors repairs, compartmentation remediation. These works will be prioritised as part of the 2021/22 planned fire safety programme
- 1 relates to removal of fire extinguishers from communal hall

Level 2 Buildings

As of the date of this report there were 92 recommendations that were overdue; this is an increase of 43.

G&T Caravan Sites 17 recommendations –

- 4 relate to management actions around confirming fire safety checks documented, relevant evacuation signage in place and other management controls in place.
- 1 relates to confirming provision and condition of at least Grade D LD3 smoke alarm systems.
- 6 relates to the separation distances between caravans and fencing / hedges. Work is ongoing, in discussion with fire risk assessors, to design a solution. Ongoing management discussions with residents about what is being stored on sites.
- 6 relate to planned fire safety works that have been issued to Fortem. These include common area doors repairs and replacements and improved external emergency lighting. These works will be prioritised as part of the 2021/22 planned fire safety programme

Low Rise Block 64 recommendations –

- 23 relate to planned fire safety works that have been issued to Fortem. These include common area doors and flat entrance repairs and replacements, improvements to means of escape and compartmentation checks. These works will be prioritised as part of the 2021/22 planned fire safety programme
- 14 relate to a desk top review of the flat entrance doors information following MHCLG guidance. Depending on the outcome this could require flat entrance doors to be replaced.
- 3 relate to repairs to flat entrance doors to be carried out by in house teams
- 14 relate to implementing a rolling inspection programme for flat entrance doors which will require inspection of individual flats.
- 9 relate to checking detection in flats
- 1 relate to no access to check electrical intake / meter cupboards, or fire stopping within risers / cupboards.

Communal Halls 8 recommendations (presently only being used for welfare facilities)-

- 7 relate to planned fire safety works that have been issued to Fortem. These include common area doors repairs and replacements and compartmentation within electrical cupboards. These works will be prioritised as part of the 2021/22 planned fire safety programme
- 1 relates to fire blanket being put in place

Office buildings 3 recommendations -

- 2 relate to planned fire safety work that have been issued to Fortem. These are common area door repairs.
- 1 relate to repairs to final exit door that will be carried out by in house team

Level 3 Buildings

As of the date of the report there were 115 recommendations overdue; this is an increase of 74. 30 of these are recommendations that went overdue in early May

Low rise blocks of flats 108 recommendations -

- 4 relate to common area doors / bin storage rooms needing to be locked.
- 56 relate to planned fire safety works that have been issued to Fortem. These include removal of external timber structures, repairs / replacement flat entrance doors. These works will be prioritised as part of the 2021/22 planned fire safety programme
- 5 relate to removal of combustible materials
- 18 relate to repairs to flat entrance doors to be carried out by in house team
- 1 relates to fire alarm system equipment being defective.
- 17 relate to confirming that the external wall cladding meets building regulations requirements.

Common areas serving shops 11 recommendations

- 1 relates to planned fire safety works that have been issued to Fortem. This is creating a bin storage area. These works will be prioritised as part of the 2021/22 planned fire safety programme
- 1 relates to locking of common area doors
- 5 relate to removal of combustible materials
- 4 relate to putting programme of cleaning in place

Residential caravan sites 3 recommendations –

- 2 relate to the separation distances between caravans. Work is ongoing, in discussion with fire risk assessors, to design a solution. Ongoing management discussions with residents about what is being stored on sites.
- 1 relates to planned fire safety works that have been issued to Fortem. This is a common area doors repair. These works will be prioritised as part of the 2021/22 planned fire safety programme

ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Quarter 4 (Q4) year ended 31 March 2021 KPI dashboard (Period 12)
Action Required:	For information
Item:	09
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	26 May 2021

1. Purpose

- 1.1. To provide Board members with the KPI dashboard for Quarter 4 (31 March 2021 - Period 12 20/21) and brief commentary.
- 1.2. The KPI dashboard as at 31 March 2021 is attached at **Appendix A**.

2. Executive summary

- 2.1. Performance in the year was heavily affected by Covid19. Business critical services only were delivered in April and May 2020. Normal services resumed on a phased basis from early June 2020, but there were some further restrictions in Q2 and Q3.
- 2.2. The table below summarises the dashboard as at the end of March 2021. Comparatives have been included from 2019/20 as the KPIs are the same as last financial year. There are seven KPIs not meeting target and commentary appears below.

	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Green (on target)	8	5	6	6	10	6	7	7
Amber (within tolerance)	2	3	1	1	4	5	4	1
Red (not meeting target)	7	7	8	8	4	3	3	5
Annual KPIs	0	4	4	4	0	4	4	4
Total	17 ¹	19	19	19	18	18	18 ²	17

NB :

¹ For 2020/21, there are four annual KPIs. Two of these are related to STAR survey results for overall satisfaction and property condition satisfaction. It should be noted here that STAR was originally planned for January 2021 but a decision was made to defer it until July 2021 as part of a wider programme of surveys. The dashboard at **Appendix A** therefore shows results from the 2019/20 survey but have been excluded from the numbers above.

² During Q2 2019/20, KPI 14 was split in two - KPI14a KPI4b - to separately report performance on training and employment support, so there were initially 17 KPIs for 2019/20.

3. KPI commentary

3.1. KPI 1 : Current rent arrears

Year end Target 2.80%

Q4 Year end Performance 2.75%

BETTER THAN TARGET – GREEN

An exceptional performance in Q4 of a very challenging year resulted in the outturn position of 2.75%, better than the target of 2.80%.

	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Arrears %	2.75%	3.39%	3.05%	3.12%	2.79%	3.29%	2.95%	2.77%

In summary, the year saw approximately 25% more tenants on UC this year than last, all staff working mainly from home due to a global pandemic, no enforcements, an eviction ban, a lot of our tenants on furlough or not working, the Mayoral option of a three month rent holiday in Q1 and the introduction of new housing management IT system in November.

Current rent arrears increased in mid-April 2020 and have been consistently between the 3.10% to 3.30% level up to the end of Q3. Arrears levels for the same period in 2019/20 were consistently around the 2.80% levels, and indicates the impact of Covid19 on this KPI.

Arrears usually increase in December and did again this was again case here, and to be at 3.39% this year compared to 3.29% in December 2019, then given the restrictions in 20/21, this placed us in a strong position going into the final quarter of the year and the excellent performance brought us below target.

Usually we see the HB caseload go down similar to the UC case increase. Although, the HB caseload has decreased by 567, the UC case load has increased by 1,223. This shows we have approx. 656 cases which were not on HB and were not accounted for. These may have qualified due to job loss, furlough or the £20 uplift in UC. There is still approx. 3,500 cases to migrate from HB on to UC yet.

There has been an accelerated uptake of Universal Credit due to the pandemic and so it's likely we will reach full capacity of the managed migration of cases from HB to UC earlier than anticipated. We currently have around 6,150 (week 52). UC cases compared with 4,927 (week 53) at the same period last year (appx 3,610 in arrears (59%))

In terms of the current legal situation, the national restrictions on evictions and legal action have been extended for a further three months to 31 May, except for the most serious ASB cases.

Despite the restrictions imposed since March 2020, we have continued our 'business as usual' approach to take every opportunity to recover the arrears position this year with robust arrears pursuance work, balanced with excellent advice to support tenants to be able to pay their rent.

We continue to take advantage of the increased Local Assistance Scheme (LAS) and Discretionary Housing Payment (DHP) available for any COVID-related arrears cases, as well as advising affected tenants of the Governments new Job Support Scheme as well as the Test and Trace Support Payments. Collaborative work continues between the Income Management and Tenancy Sustainability Teams along with local Partners such as DWP and DMBC to focus on effective outcomes

It is worth noting that at the end of December (Quarter 3), when benchmarked with our peer group, the arrears figure of 3.39% placed us in Quartile 3, but we eagerly await the Q4 benchmarking results as the strong outturn should place us much higher.

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

Target 0.50%
Q4 Year end Performance 1.00% **WORSE THAN TARGET – RED**

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

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

The rent loss target of 0.50% equates to approximately 100 empty properties at any point in time. Typically, void levels are around 100-110 properties at any point in time, but the actual number of voids has been nearer 200 for most of the year, which gives an indication of the impact of Covid19 on this KPI. For 20/21, this peaked at 223 at end of May, reduced to 178 at end of July, crept back up to 216 (199 lettable) at end of December but has since fallen to year end to 157.

Q4, and March in particular, saw an improvement. The number of voids held at the end of March of 157, is 51 lower when compared to the previous month (February) of 208. This figure includes 24 properties made up of 9 non lettable voids and 15 buy backs. The scheduled repair team are completing work in all buy backs.

Cumulative VRL performance remains almost the same as the previous month at 1.00%. However, it is pleasing to see an improvement in the month end performance at 0.94% when comparing to the previous month end performance (February) of 1.05%.

The number of terminations during March of 104 shows an increase (+5) when comparing to the previous month of 99. The number of re-lets during March of 161 shows a significant increase (+61) when comparing to the previous month of 100. This is the main contributing factor to the reduction in the number of voids and the improvement in void rent loss performance.

Teams involved are working together to ensure that the monthly number of re-lets will become higher than the number of terminations, to improve performance. Resources in the Empty Homes Team are supporting colleagues in HomeChoice by arranging and completing void viewings, this enables resources in HomeChoice to work on viewing and sign-ups on properties which are fully repaired.

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

Target 20.00 days
Q4 Year end Performance 46.11 days **WORSE THAN TARGET – RED**

As with KPI2 above, the suspension of lettings and repair work on empty properties in Q1 had a significant adverse impact on the KPI. Performance for Q4 shows a slight improvement to 46.11. The monthly performance in Q3 was better than the position at end of Q2 and this has continued in Q4 with January, February and March all better than the Q3 position, bringing the cumulatively position for the years slowly down.

	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21	Q4 19/20	Q3 19/20	Q2 19/20	Q1 19/20
Re-let days	46.11	48.27	49.32	55.05	22.68	22.30	23.83	26.18

Month end performance for March stands at 34.90 days, and is the best month since April 20, and is a significant improvement when comparing to the previous month (February) of 44.30 days.

In early April 2021, the number of lettable voids held is 134 of which, 87 require standard repair work. Of the 87 standard voids, 48 are above the 20 day target (55%), and unfortunately this shows an increase when comparing to the previous month, with 31% of standard voids held above the target of 20 days.

As a result of the temporary suspension with the process in voids relating to the replacement of all consumer units, voids requiring little work can now be fully repaired and available to re-let much sooner which will be a significant factor to improving performance. Stringent monitoring remains in place across all teams involved in the key to key process to ensure work is completed in voids and all teams are working collectively to ensure that voids are re-let at the earliest opportunity.

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

Target YTD 63
Q4 Year end Performance 831 **WORSE THAN TARGET – RED**

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

	Households placed in B&B accommodation	Total no. of nights in B&B new placements	Total no. of nights in B&B paid for	No. of children placed in B&B accommodation
Q1 18/19	60	n/k	n/k	21
Q2 18/19	81	1,166	1,166	50
Q3 18/19	58	569	569	43
Q4 18/19	75	502	502	45
2018/19 totals	274	n/k	n/k	159
Q1 19/20	28	67	67	15
Q2 19/20	18	41	42	10
Q3 19/20	4	11	11	5
Q4 19/20	34	103	103	5
19/20 totals	84	222	223	35
Q1 20/21	243	2,674	4,679	0
Q2 20/21	134	1,441	6,019	5
Q3 20/21	209	1,009	5,086	15
Q4 20/21	245	2,688	10,696	32
20/21 YTD totals	831	7,812	26,480	52

The service continued to be extremely busy with the number of placements remaining high during March in line with Q4 as a whole.

Placements as a percentage of households presenting as homeless tonight remains consistent at between 15-17% since Q1, when it was 25%. This is testament to the commitment of the Home Options team given that the number of new Homeless Applications taken has increased by 198% in Q4 compared with Q1.

27 households with children have been accommodated in hotels this year compared with 24 last year. The majority of which have been in this last quarter.

The number placed in Hotels at the end of the quarter was 101, higher than our NSAP (Next Steps Accommodation Programme) Action Plan target of 50, and reflects the impact of further Covid19 restrictions being applied nationally.

We contributed to the Council's successful bid to the MHCLG NSAP which includes a planned reduction of households in hotels, allowing for Winter Pressures, by March 2021.

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

Target YTD 160

Q4 Year end Performance 398

WORSE THAN TARGET – RED

The target for the year is just 160 (pre pandemic) so given the impact of Covid19 and the government's requirement to adopt the 'Everyone In' response to rough sleeping, this KPI has been under pressure all year.

The number of cases reaching full duty decisions was 125 in the quarter, the highest quarter of the year, to bring the year end total to 398. The year end position for 2019/20 was 228.

This reflects the high volume of cases opened since April and the reduced opportunities to prevent and secure alternative accommodation, resulting in a Full Duty decision having to be made at the end of the 56 days of relief.

Quarter	No. of acceptances	<u>Cumulative</u> no. of acceptances	Cumulative target
Q1 19/20	40	40	33
Q2 19/20	66	106	66
Q3 19/20	36	142	99
Q4 19/20	86	228	130
Q1 20/21	77	77	40
Q2 20/21	91	168	80
Q3 20/21	105	273	120
Q4 20/21	125	398	160

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

Target YTD 800
Q4 Year end Performance 604 **WORSE THAN TARGET – RED**

We recorded 56 homeless preventions during March compared with 59 in February and 33 in January. The total of 604 prevention cases this year is as expected significantly lower than the 965 at the same point last year. This reflects the impact of the pandemic and the suspension of evictions resulting in the reason for homelessness; for the majority of cases, being with little or no prior notice and limited opportunity to prevent homelessness. For example, being asked to leave by friends or family or relationship breakdown, fleeing violence.

Quarter	No. of preventions	<u>Cumulative</u> no. of preventions	Cumulative target
Q1 19/20	207	207	153
Q2 19/20	244	451	305
Q3 19/20	274	725	458
Q4 19/20	240	965	610
Q1 20/21	159	159	199
Q2 20/21	156	315	399
Q3 20/21	141	456	599
Q4 20/21	148	604	800

3.7. KPI 12 : Local expenditure

Target 70.00%
Q4 Year end Performance 52.07% **WORSE THAN TARGET – RED**

Local (Doncaster) spend for the financial year was £5.83m out of the overall contracted spend of £11.19m, equating to 52.07%. This is against the target of 70%, which in monetary terms this under performance is £2.01m.

Local spend last year (2019/20) was almost identical at £5.85m, but total spend was lower at £9.91m, so the 19/20 KPI was better at 59%, but still below target.

The volume of invoices paid on a monthly basis has returned to usual levels following a large fall in Q1 due to reduction in services until the phased return from June onwards.

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

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

3.8. KPI 14a : Tenants and Residents undertaking training or education

Target 70.00%
Q4 Year end Performance 52.07% **WORSE THAN TARGET – RED**

At year end we have seen a total 30 residents into training or education against a target of 56. As reported in Q3, despite significant progress, the January restrictions and in particular the closure of colleges has significantly impacted performance in the final quarter, resulting in the below target performance at year end.

The KPI target for “assisting WOW Participants into training” assumes there will be at least 4 WOW support & Learn courses throughout the year as well as several one to one training sessions usually held in libraries. Whilst we were able to run two WOW cleaning courses, only one WOW multi skills course has been possible, all delayed due to Doncaster College suspending teaching in March 2020 and not resuming until August 2020, and subsequently suspending it again in January 2021.

In each course, the numbers of participants was lower than normal, possibly due to participants’ fears around Covid and the need to prioritise other areas of their life such as looking after children; the job centre also reduced the expectations on benefit claimants given the high volume of new claimants they had to process.

With the libraries closed and restrictions on face-to-face contact throughout the year, the number of one to one training sessions reduced and this too had an effect on the KPI target. Certain training was possible by way of on-line and telephone calls. Again, there was a reduced demand for this service.

4. Annual KPIs

- 4.1. For 2020/21, there are four annual KPIs. Two of these are related to STAR survey results for overall satisfaction and property condition satisfaction. Please note that **Appendix A** shows the 2019/20 STAR survey results as a result of the decision to defer the 20/21 survey to July 2021.

5. **Recommendations**

- 5.1. That Board note the Q4 31 March 2021 (period 12) KPI dashboard and related commentary

6. **Appendices**

- 6.1. Appendix A – Q4 31 March 2021 (period 12) KPI dashboard

7. **Report Author, Position**

Nigel Feirn

Head of Finance and Business Assurance 01302 737485

St Leger Homes of Doncaster – Performance Dashboard 31 March 2021 (Quarter 4 2020/21)

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



ST LEGER HOMES OF DONCASTER LTD

Board Briefing Note

Title:	Month end 30 April 2021 KPI dashboard (Period 1)
Action Required:	For information
Item:	10
Prepared by:	Nigel Feirn Head of Finance and Business Assurance
Date:	13 May 2021

1. Purpose

1.1. To provide Board members with the KPI dashboard as at 30 April 2021 (Period 1 20/21) and brief commentary. The KPI dashboard is attached at **Appendix A**.

2. Executive summary

2.1. For 2021/22 :

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

2.2. The table below summarises the dashboard as at 30 April 2021. Comparatives have been included from 2020/21 as the KPIs are the same this year, apart from the gas KPI. There are four KPIs not meeting target and commentary appears below.

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

NB :

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

3. KPI commentary

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

Target **0.50%**
April 21 YTD Performance **0.86%** **WORSE THAN TARGET – RED**

	April 21	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Rent loss %	0.86%	1.00%	1.02%	0.97%	0.97%

Q4 2020/21, and March 2021 in particular, saw an improvement in performance and a positive end to the Covid19 affected 2020/21 financial year, and this improvement continued in April 2021.

The number of voids held at the end of April at 162, is (+5) when compared to the previous month (March) of 157. This figure includes 24 properties made up of 9 non lettable voids and 15 acquisitions. The scheduled repair team are completing work in all buy backs. It is pleasing to see an improvement in the month end performance at 0.86% when comparing to the previous month end performance (March) of 0.94% and cumulative performance is also showing an improvement at 0.86% when comparing to the previous month of 1.00%.

Fortunately, the number of terminations is showing a reduction with only 88 received during April, however, this is (+4) when comparing to the number of re-lets at 84.

Reasons for the reduction in the number of re-lets is a reduction in family houses to advertise, and of the lettable voids held there continues to be a high proportion of age designated flats and bungalows which require more pre-work on shortlists to identify offers and potential viewings and higher refusal rates.

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

Target **20.00 days**
April 21 YTD Performance **34.61 days** **WORSE THAN TARGET – RED**

	April 21	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Re-let days	34.61	46.11	48.27	49.32	55.05

The positive end to 2020/21 also continued into April 2021 with relets.

Month end performance stands at 34.61 days, this shows a slight improvement when comparing to the previous month (March) of 34.90 days.

Cumulative performance is also 34.61 days and an improvement, when comparing to the previous YTD figure for 2020/21 of 46.15 days. At the time of writing the number of lettable voids held is 135 of which, 62 require standard repair work. Of the 62 standard voids, 25 are above the 20 day target (40%), this shows a reduction

when comparing to the previous month, with 55% of standard voids held above the target of 20 days.

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

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

Target	100.00%	
April 21 YTD Performance	99.99%	WORSE THAN TARGET – RED

This is a changed KPI for 2021/22 and reports the percentage of dwellings with a valid gas safety certificate rather than percentage of properties attended.

As at end of April 2021, there were two properties that didn't have a valid certificate but the required legal process to gain access had commenced and the servicing has now been completed.

It should be noted here that SLHD KPIs use the Housemark definitions wherever possible and for this KPI, the definition is :

“The percentage of properties with a valid landlord gas safety record is a snapshot count of properties for which the landlord holds a current, valid gas record to confirm that the annual safety check has been completed, as at the end of the period. Properties undergoing legal action for access do not count as having a valid gas safety record.”

However, it should be noted here that we remain fully compliant with gas regulations. The two properties referred to above were in the legal process, and, differing slightly to Housemark, the regulations would include properties in legal process in a KPI.

For our KPI reporting, this wouldn't fully and transparently reflect the risk, ie. there could be a very high number of properties in legals and still be reporting 100%, so we use the Housemark definition.

3.4. KPI 12 : Local expenditure

Target	70.00%	
April 21 YTD Performance	54.17%	WORSE THAN TARGET – RED

Local (revenue) spend during April 2021 was £547k (54%) of the overall £1.005m contracted (revenue) spend for the month. This is against the target of 70%. In monetary terms this under performance is £157k.

Although below target, it should be noted that a number of 'national' organisations have employed local labour to deliver services, such as hotel chains that have accommodated homeless residents and expenditure has been significant in the past year, so spend is indirectly local.

Similarly, a large proportion of capital expenditure is with our recently appointed partnering contractor whose head office is based in Nottingham. However, it recently

set up an office in Doncaster and in all likelihood will be employing local labour to deliver their services.

On this basis, if capital expenditure was included in the KPI, then the position would be in the region of 75% spent locally.

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

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

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

4. Recommendations

- 4.1. That Board note the 30 April 2021 (period 1) KPI dashboard and related commentary

5. Appendices

- 5.1. Appendix A – 30 April 2021 (period 1) KPI dashboard

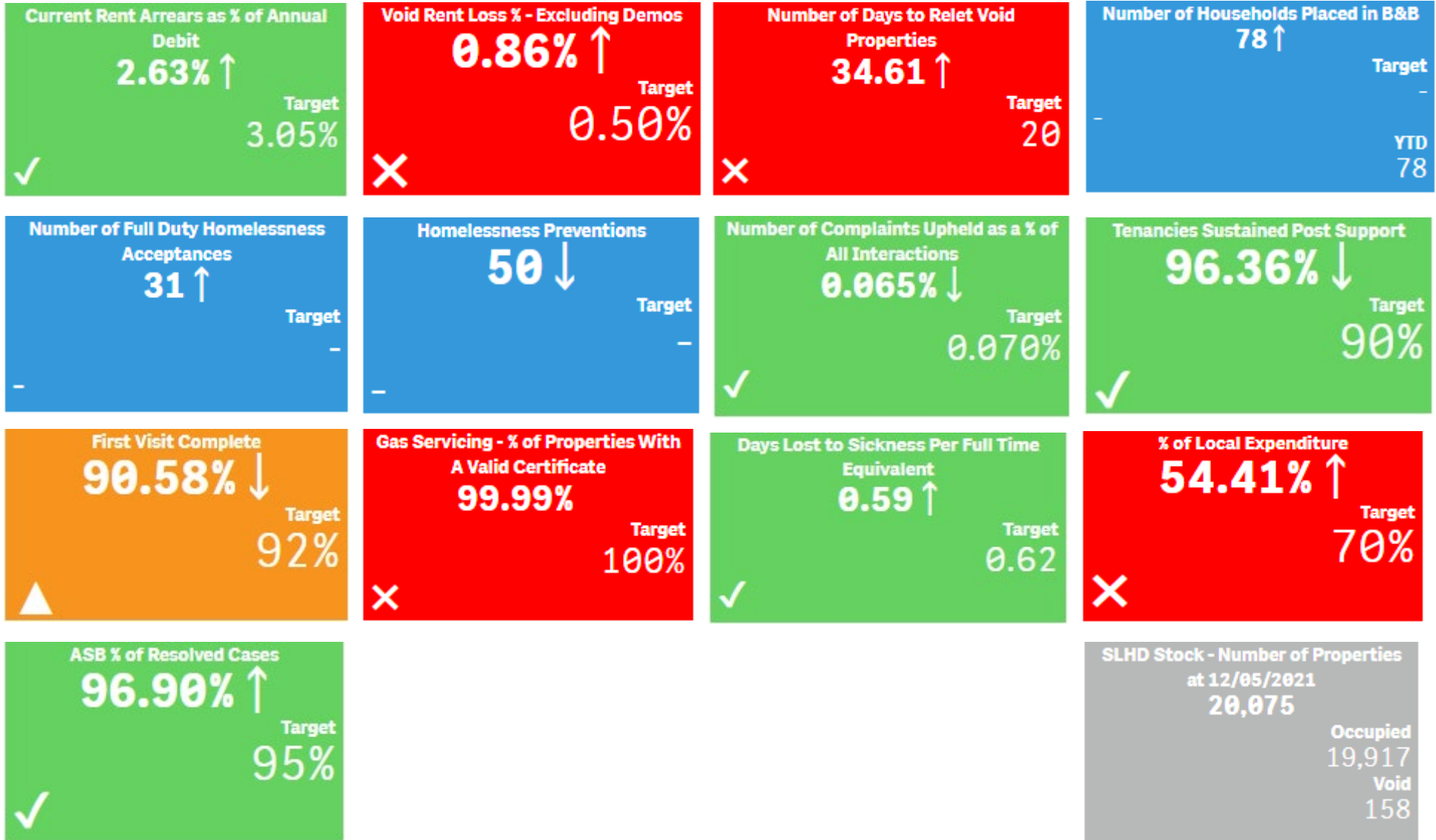
6. Report Author, Position

Nigel Feirn
Head of Finance and Business Assurance
01302 737485

St Leger Homes of Doncaster Performance Dashboard April 2021

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

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



ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England

Company Number 05564649

Board Meeting

REPORT

Date : 26 May 2021

Item : 11

Subject : Revenue Outturn Report 2020/21

Presented by : Julie Crook
Director of Corporate Services

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

Purpose : To inform Board of the actual income
and expenditure for the year ended 31
March 2021.

Recommendation :

For Board to acknowledge the Revenue Outturn Report
and the actual outturn for the financial year 2020/21.

1. Report title

1.1. Revenue Outturn report 2020/21.

2. Purpose

2.1. To inform Board of the actual income and expenditure for the year ended 31 March 2021.

3. Executive Summary

3.1. The financial outturn of a challenging year, heavily influenced by Covid19, shows a number of variances to budget and an overall **Surplus of £684k** (see note 3.6 below). The overall surplus for the year comprises a surplus on Housing Revenue Account (HRA) operations of £491k and a surplus of £193k on Housing Options activities which are funded from the General Fund. Surpluses will be repaid to Doncaster Council as part of the year end intercompany work.

3.2. The tables at 3.3, 3.6 and 3.8 below show variances compared to the balanced '£zero' budget, together with comparatives of the projected outturn positions at Q1, Q2 and Q3. The tables reflect the close budgetary control that has been imperative throughout the year on budgets totalling £46.0m, as Covid19 restrictions placed budgets under severe pressure from day one. Doncaster was in lockdown for most of Q1, in Tier 2 for most of Q2 and then the Covid19 Tier 3 (very high) category for most the third quarter. Apart from April and May 2020, core services have continued to be delivered.

3.3. Outturn by Directorate :

Directorate	Q4 20/21 Actual £k	Q3 20/21 Projected £k	Q2 20/21 Projected £k	Q1 20/21 Projected £k
Housing and Customer	-569	-436	-327	-143
Corporate	-133	-63	150	-101
Asset Management	-606	-605	-456	-251
Property Services	817	754	619	653
HRA operations Deficit/(-Surplus)	-491	-350	-14	158
General Fund - Housing Options *	-193	347	513	679
OVERALL DEFICIT	-684	-3	499	837

* the main movement in Q4 on Housing Options is an additional General Fund management fee of £480k agreed at Cabinet in December 2020 to fund the forecast overspend.

- 3.4. Operationally, since Christmas we saw an increase in the number of employees testing positive for Covid19 or having to self-isolate, but this didn't affect service delivery significantly. Levels have stabilised and remain low.
- 3.5. In terms of HRA and General Fund operations, the tables below separately show the main income and expenditure variances, with commentary underneath for HRA and General Fund Housing Options activities.

HRA operations

- 3.6. The most significant HRA changes in the final quarter were on salaries, due to higher call out (repairs) and overtime (mainly voids) costs, and £125k of ICT expenditure for the extension of the Abris license as part of the movement to the new Capita housing management software.

<u>Variances</u>	Q4 20/21 Actual £k	Q3 20/21 Projected £k	Q2 20/21 Projected £k	Q1 20/21 Projected £k
Salaries	-1,069	-1,258	-1,153	-872
Temporary staff	401	412	256	177
Fuel	-152	-138	-126	-104
PPE	77	55	115	195
Service Level Agreements	-142	16	0	0
External Contractors – Revenue	15	140	91	101
Materials – Building Services	-1,122	-1,228	-1,087	-1,017
Capital Income reduction	2,348	2,390	2,182	2,072
Management Fee	-293	-280	-280	-280
2019/20 release of Provision not required	-254	-254	0	0
Net Others	-300	-205	-12	-114
Total HRA outturn variances	-491	-350	-14	158

- 3.7. Additional **HRA** comments to note from the table above:

- Salary costs** : This £1,069k variance is due to vacant posts (currently 63.9 - see below) and the restrictions on recruitment in Q1;
- Temporary staff** : overspend due to cover for certain vacant posts;
- Fuel**: The reduced repairs service resulted in a reduction in fuel usage in Q1. Also the price per litre had reduced due to lower demand. Savings have been projected all taking into account normal usage and factoring in the price per litre that has remained virtually unchanged;
- Vehicles**: All vehicles earmarked for replacement were budgeted at a cost for the full year. A number of planned replacements will now take place in 2021/22. Hire costs have increased throughout the year due to additional vehicles required to comply with social distancing rules. The impact of these is a net saving of £45k;
- PPE**: The requirement for additional Covid19 related PPE to ensure employee/customer safety has meant an additional £85k for the full year, which is lower than anticipated in the early part of the year;
- Service Level Agreements** : Lower than anticipated legal costs and deferral of arboriculture work into 2021/22;

7. **External Contractors revenue** - £140k over budget largely due to an additional £198k estimated in 2020/21 for the Fire Risk Assessments carried out by Savills on the low rise properties. This is lower than anticipated at the start of the year as it was identified that 422 properties required a Category B survey that are £100 each and not £400 for a low rise survey;
8. **Capital income £2.35m / Building materials £1.12m** –
Due to the restrictions earlier in the year and most recently, this had an impact in the capacity to deliver the in house capital schemes. Reductions are as follows:
 - a) Gas capital works outturned at £1.185m less than budget and the materials saved from the reduced level of works was £376k;
 - b) Planned capital works was £1.21m under budget with materials saving £488k;
 - c) Capital income from void works was £42k less than budget with the voids teams have been picking up additional electrical works during the year and these will still continuing in major void properties in 2021/22.
 - d) Revenue materials £291k saving on non-urgent repairs and void works.
9. **Management Fee:** An additional £280k management fee was approved by DMBC for SLHD to carry out Fire Risk Assessments (FRAs) to the low rise properties in accordance with H&S regulations as noted at point 7 above.

General Fund Housing Options operations

- 3.8. For Housing Options operations, the most significant changes in the final quarter was an additional £480k General Fund management fee agreed at Cabinet in December 2020 to fund the forecast overspend.

	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
	Actual	Projected	Projected	Projected
	£k	£k	£k	£k
Employees	-16	-18	12	41
Utilities	48	47	22	0
B&B Accommodation/Security/Meals	1,630	1,570	1,018	1,326
Temporary Accommodation – HRA	301	259	245	197
Management Fee income	-480	0	0	0
Other Income	-1,800	-1,581	-784	-885
Net Others	124	60	0	0
Total Housing Options variances	-193	347	513	679

- 3.9. Points to note from the General Fund Housing Options table above, which shows consistent projected variances throughout the year :
 1. **Employees** – the net £16k saving is due to a combination of £126k on unbudgeted temporary grant funded posts, £144k saving on the budgeted structure within the service area and use of Agency staff to cover short term business needs.
 2. **Supplies & Services and Premises Expenses**
 - a. £1,630k overspend is Covid19 related following government instructions to temporarily house the homeless in hotels, with related costs. This is an increase from Q2 and Q3 due to increased demand aligned to ongoing

- Tier 3 restrictions. This is partially offset by additional income from the Council's bid for Next Steps Accommodation Programme (NSAP) funding;
- b. £386k relating to additional Temporary Accommodation properties, which has been in excess of 100 all year compared to the 60 budgeted; and
 - c. In addition to the Covid19 issues, additional pressures were being felt from end of December to late February with continued colder weather triggering winter responses;
3. **Other Income** - £1,800k more than budget and comprises several items
- a. £1,048k higher Housing Benefit recovery for temporary accommodation for the above homeless costs;
 - b. unbudgeted grant income of £128k to fund temporary posts to March 2021;
 - c. external funding of £18k from MHCLG towards Covid19 related costs in Q1; and
 - d. NSAP funding of £468k.
 - e. Cold Weather Fund grant contribution of £80k towards Severe Weather Emergency Protocol (SWEP) costs.
 - f. £28k Protect Plus grant funding towards additional security costs at hotels.

4. Operations - year to date key points

Housing and Customer Services:

- 4.1. The directorate is reporting a surplus of £569k. The main operational issues have been around employees working from home and delivering core services, and what this means in terms of visiting tenants and the additional Covid19 safety requirements.
- 4.2. The main contributors to the variance are:
- employee expenses (£197k), due to vacant posts and reduced staff mileage claims;
 - lower than anticipated SLA costs (£134k), primarily due to some arboriculture work being rescheduled into 2021/22;
 - supplies and services (£76k), largely due to savings related to Tenancy Sustainability contracts with the Citizen's Advice Bureau and Experian; and
 - other income (£40k) from private landlord operations.

Corporate Services:

- 4.3. The directorate is reporting a surplus of £133k.
- 4.4. All Corporate Services staff worked effectively from home throughout the year. Some services were suspended in April and May 20 - recruitment and training – but resumed from June on a phased basis.
- 4.5. The main variances are not material but appear on employee costs (£120k) and ICT, where an overspend of £155k is largely due to costs incurred in equipping staff to work from home and to improve remote connectivity, and additional software licencing.

Asset Management Services:

- 4.6. The directorate is reporting a surplus of £606k.
- 4.7. The Asset Management Team had a number of vacant posts (see 5.5) throughout the year and recruiting to Health and Safety and Commercial posts continues to be difficult. Recruitment is in progress to fill these vacancies.
- 4.8. External Contractors includes additional spend on Fire Risk Assessments of £197k in 2020/21 as also noted in 3.8 above.
- 4.9. The Asset Management Team continued throughout the year to ensure Shaw Lane, St Leger Court and St Leger House adhered to government's Covid19 safe rules, for employees that require use of these offices. The team also collated and delivered equipment requirements to support longer term home working.

Property Services:

- 4.10. The directorate is reporting a deficit of £817k.
- 4.11. The Covid19 pandemic had a significant impact initially on Q1 operations in the Repairs and Maintenance teams and the Directorate is reporting a deficit of £817k.
- 4.12. Until June 20 there were limited emergency repairs, and gas servicing and void services operating. This resulted to 140 trade staff either assisting DMBC or having to stay at home.
- 4.13. The current restrictions allows tradespeople to be able to operate in a safe manner so services have continued since June. Due to the enforced shielding of vulnerable people this has had an impact on our own resources with a small number of trade staff being unable to work. There were some issues arising from accessing properties to carry out works due a number of our tenants shielding. All have impacted on capital income.
- 4.14. Ways of working have changed with social distancing rules and other guidelines compared to when the budget was finalised. The use of correct PPE cost an additional £85k for the full year. This significantly reduced from the initial £195k projected at Q1 as levels of PPE required differ for each service area.
- 4.15. There are still a number of vacant posts within Property Services that have not yet been appointed to (see below). Vacancies have continued to reduce since Q1 although Electricians have been difficult to recruit. Agency and overtime has been used to cover vacancies and to ensure continuation of services and to carry out capital works that generate external income.
- 4.16. Void property numbers have been problematic since the pandemic started when the numbers increased due to restrictions on lettings. Numbers reduced steadily in Q4 and every effort continues to reduce them further. All options are being considered.

- 4.17. Capital income on all in-house schemes has been affected by the pandemic restrictions. Income is £2.35m below budget, partially offset by savings on materials of £1.13m, including £291k on revenue repairs.
- 4.18. Reduction in repair services have resulted in reduced vehicle usage and fuel prices, therefore savings on fuel and skips usage. Normal services resumed from Q2 and usage was in line with the previous year from then, although fuel prices are still significantly lower.
- 4.19. The table below shows the data for repairs and void numbers and comparatives from the previous two years.

<u>Full year repairs comparison</u>	Mar-21	Mar-20	Mar-19
	no.	no.	no.
Emergency Orders	9,371	9,247	9,008
Urgent Orders	35,817	37,650	36,230
Routine Orders	16,016	19,359	18,113
Scheduled orders	8,641	11,651	10,424
Total	69,845	77,907	73,775
<u>Voids</u>			
Terminations – <u>full year</u>	1,236	1,490	1,496
Lettable voids <u>at month end</u>	133	128	130
Non lettable <u>at month end</u>	24	0	0
Earmarked for demolition	0	0	0
Gross voids <u>at month end</u>	157	128	130

- 4.20. Points to note from the above table include :
- 4.20.1. Only emergency repairs, gas servicing and limited void repairs took place up to 8th June;
- 4.20.2. Lettable void numbers reduced steadily in Q4 from being in excess of 200 most of the year;
- 4.20.3. Non lettable voids includes 15 buy back properties and 9 properties under review for sale (2), demolition (5) or flood prevention works (2);
- 4.20.4. Terminations are lower than previous years again due to government restrictions in place where no transfers or mutual exchanges could take place in the first two months of the year. The figures from Q2 onwards are broadly in line with previous years since the restrictions eased.
- 4.21. For voids, the following table shows the mix of completed capital and revenue orders, together with comparatives:

	2020/21		2019/20		2018/19		2017/18		2016/17	
	no.	%	no.	%	no.	%	no.	%	no.	%
Void repairs										
Capital	278	24%	326	22%	387	25%	381	24%	332	23%
Revenue	878	76%	1,183	78%	1,145	75%	1,239	76%	1,128	77%
Total orders	1,176	100%	1,509	100%	1,532	100%	1,620	100%	1,460	100%

General Fund Housing Options:

- 4.22. The main challenges in the year have been dealing with the government requirements around homelessness that has meant block booking a number of hotel rooms throughout year. An action plan is in place for the MHCLG Next Steps Accommodation Programme to manage hotel placements going forward as restrictions are gradually eased.
- 4.23. The position has been very busy, increasing in Q3 and continuing throughout Q4 due to additional national restrictions and persistent cold weather. Numbers in hotels have averaged 100 during the second half of the year from being between 60-70 in the first half.
- 4.24. The main challenges have been dealing with the behaviours in the hotels, evictions and also providing move on options as the lockdown has also affected private rented sector availability.
5. **SLHD Risks/Key issues/Actions** - Key operational issues and mitigating actions:
 - 5.1. Key issues or risks as summarised by Heads of Service are set out below (Appendices A-E).
 - 5.2. Covid19 : The main risk all year was the response to Covid19 budget impact. The situation changed regularly and lots of planning was required and assumptions applied to the financial and operational reporting in the year.
 - 5.3. Employees: The largest expenditure variance is salary costs, largely due to the vacant posts. There were 63.9 FTE posts vacant at the end of the year, having averaged around 65 all year, and which equates to a 7% vacancy factor. This is higher than the budget which assumes a 3.5% vacancy factor (VF), equating to approximately 29.5 FTEs (£988k). 2018/19 and 2019/20 averaged between 50 and 60 vacant posts, equivalent to a 6.5% VF.
 - 5.4. A number of the vacant posts have been unfilled vacant for long periods and we are currently reviewing all vacant posts to consider if they are still required and whether the services could be delivered differently.

5.5. The 63.9 vacant FTE posts at year end are shown below by Directorate. Eight agency staff are currently filling some of these posts in Property Services and Asset Management :

Budgeted Establishment	Vacant posts	20/21 Total vacant	20/21 Total vacant	20/21 Total vacant	20/21 Total vacant	19/20 Total vacant
2020/21 FTE		Q4 FTE	Q3 FTE	Q2 FTE	Q1 FTE	Q4 FTE
237.95	Housing and Customer Services	14.0	14.0	14.5	15.8	9.9
75.70	Corporate Services	4.0	4.0	5.4	5.9	5.4
76.15	Asset Management	11.0	10.0	9.0	15.0	10.0
394.27	Property Services	28.4	23.9	32.0	38.0	29.0
29.50	Housing Options	6.5	5.5	5.5	5.5	4.5
813.57	Total	63.9	57.4	66.4	80.2	58.8
	Not appointing to *	-21.9	-21.9	-11.9	-9.3	-16.4
813.57	Net Total vacant posts	42.0	37.5	54.5	70.9	42.4

* Some of the above 63.9 posts will not be appointed to (detailed below) and this been considered in the 2021/22 budget.

Directorate	Post	FTE
Property Services	Handyperson	2.0
Property Services	Joiner	1.5
Property Services	Gas Fitter	2.0
Property Services	Plumber	1.9
Property Services	Asset Support Assistant	1.0
Property Services	Technical Officers (Clerk of works)	2.0
Property Services	Modern Apprentice (Stores)	1.0
Property Services	Asset Surveyor	1.0
Property Services	Fire Safety Officer	1.0
Property Services	H&S Team Leader	1.0
Property Services	H&S Advisor	1.0
Housing Services	Designer	0.6
Housing Services	Equality & Diversity Manager	0.4
Housing Services	Garden Service Team Leader	1.0
Housing Services	Gardener	1.0
Corporate Services	HR & OD Admin Assistant	0.5
Corporate Services	ICT Service Manager	1.0
Corporate Services	Executive Support Officer	1.0
Corporate Services	Modern Apprentice	1.0
		21.9

- 5.6. Temporary staff : Costs for the year were £506k, having increased significantly from Q2. Spend equates to approximately 17 WTEs. Comparison with previous years is set out below.

	20/21	19/20	18/19	17/18
	£k	£k	£k	£k
Actual costs	506	233	259	408
Budget	78	73	73	73
Variance	428	160	186	335

6. Recommendation

- 6.1. For Board to acknowledge the Revenue Outturn Report for the financial year 2020/21.

7. Procurement

- 7.1. Procurement implications are referenced as appropriate in the body of the report. The main issues in the year arose from the Covid19 pandemic and lockdown, ranging from external contractor availability, delivery of business critical building materials for emergency repairs and, in particular, being able to source the necessary protective clothing (PPE) to provide the assurance to both our employees and tenants when visiting properties. This has been and continues to be managed effectively to ensure business critical and re-commencement of core services is maintained.

8. Value For Money

- 8.1. Implications are referenced in this report as appropriate. Close budgetary control is imperative. Finance staff work 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 – Head of Finance and Business Assurance
Budget Monitoring Working Papers
2020/21 Budget

Head of Service commentaries:

Appendix A – HRA Housing and Customer Services commentary

Appendix B – HRA Corporate Services commentary

Appendix C – HRA Asset Management Services commentary

Appendix D – HRA Property Services commentary

Appendix E – General Fund Housing Options Service commentary

Appendix 1 – SLHD Financial Performance summary

Appendix 2 – General Fund Housing Options Financial Performance summary

Heads of Service Commentary

Appendix A

1. Housing and Customer Services

- 1.1. Housing and Customer Services Directorate is reporting a **surplus of £569k**.
- 1.2. The main elements to this variance are :
 - Employee costs (£197k), savings from the current 14.0 vacant posts and reduced mileage claims;
 - Service Level Agreements (£134k) relating to legal and arboriculture work; and
 - Supplies and Services (£76k), largely due to savings related to Tenancy Sustainability contracts with the Citizen's Advice Bureau and Experian
 - other income (£40k) from private landlord operations

Housing Management

- 1.3. The vacancies underspend is mainly down to normal vacancies which either have or are being recruited to. We have not recruited to the garden service team leader and this has resulted in a saving. Reduced mileage expenses also to contribute to the underspend for the year.
- 1.4. The underspend on supplies and services is largely due to savings on skip usage, stationery, equipment, clothing & uniforms, TARA support, furniture, Communal Hall utilities and Tenant Awards.
- 1.5. We are still carrying an under-spend over from last year around CAB and Experian. This will be utilised next financial year to fund the UC Project Manager post for a further year as the HRA funding for this is coming to an end in March 2021. This post will be reviewed in line with a full review of housing management structures during 21/22.

Customer Services

- 1.6. There are no major issues impacting on budgets. Employee budget and underspend may continue to increase as we have an additional four recent vacancies to appoint to.

Choice Based Lettings

- 1.7. There were no budget pressures or issues for Choice based lettings.

2. Corporate Services

2.1. Corporate Services Directorate is reporting a **surplus of £133k**.

2.2. The main elements to this surplus are variances on

- Employee costs (£120k) savings from vacant posts.
- ICT costs £155k over budget due to additional software licenses plus equipment to facilitate home working

Human Resources & Organisational Development (HR&OD)

2.3. There were no budget pressures within HR&OD.

2.4. Legal spend was carefully monitored due to greater spend than anticipated (albeit within budget) and known commitments in this area.

2.5. The biggest contributor to this was the underspend in training due to the impact of the pandemic resulting in a range of training sessions being cancelled or delayed. We are mindful of the impact these delays will have on this coming year.

Financial Services

2.6. There were no budget pressures in the year.

ICT & Business Excellence

2.7. Generally in line with staffing budgets.

2.8. Budget pressures in the year were either Covid or TOP related. Covid required additional ICT equipment to be purchased to enable home working and implementation of TOP necessitated additional software costs on some incumbent system, which will now remain in operation longer than anticipated due to Covid generated delays

2.9. There were no risks with the general supplies and services spend or other main areas.

3. Asset Management Services

3.1. The Asset Management Directorate is reporting a **surplus of £606k**.

3.2. The main elements to this surplus are variances on

- Employee costs (£285k) savings from vacant posts.
- Management Fee income (£280k) where additional fee income was received for Fire Risk Assessments

3.3. Variations in spend between Q3 and Q4 outturn within the asset management service budget was minimal, with no significant occurrences or issues impacting on the last

months of the financial year. As previously reported, the key issue throughout the last financial year (resulting in a significant underspend in this area) has been around recruitment and retention of staff, with a high proportion of vacancies held within the team throughout the year, despite numerous recruitment attempts. Whilst early in the year there were concerns around the impact of Covid on budgets within the assets team (particularly around cleaning, equipment and PPE for office buildings), with most offices remaining closed to the majority of staff, the impact on budgets was not as significant as first predicted.

- 3.4. **Other risks** – a health, safety and compliance audit programme has been developed which includes the undertaking of externally led independent assessments/inspections/audits. Prices have been obtained and a programme of works developed. The programme of works includes independent surveys and reports on the EWI high rise at Intake, which will need to be commissioned.

Appendix D

4. Property Services

- 4.1. The Property Services Directorate is reporting a **deficit of £817k**.

- 4.2. The main elements to this variance to budget are :

- Employee costs (£191k) savings from vacant posts;
- Transport costs (£168k) savings, mainly from fuel; and
- Capital Income/Materials (net) - £1,221k lower than budget, largely due to being unable to deliver capital works in during the Q1 lockdown

- 4.3. **Employee Expenses** – Q4 saw an increase in demand for call out and overtime (voids) and outturn cost variances to budget are £164k and £268k respectively. Included in the call out costs for the year is £125k relating to roll over jobs.

- 4.4. **Transport** - £135k saving on Fuel. Cost per litre is still 10p cheaper than last year and hasn't increased since Q2.

- 4.5. **Supplies & Services** PPE was the main budget pressure, ending the year £60k over budget.

- 4.6. **Capital Income** - £2.35m under budget overall, mainly comprising £1.2m on planned works and £1.1m on gas conversions and heating installations.

4.7. Risks

- Government guidance within the workplace continues to change and we are still basing our service delivery on current social distancing arrangements. We acknowledge, that while we are under these current restrictions, works will take longer on planned and voids due to these controls and productivity in some cases will be compromised.
- Material supply issues have improved as we work closely with our procurement team to source supplies from a host of suppliers. However, we still have issues with kitchen supply and the supply of fire doors

- With the Brexit issues resolved, we have been working with our contractors to ensure we have a supply of Lift spare parts as most of these are Spanish/Italian in origin.

Appendix E

5. General Fund Housing Options

- 5.1. The Housing Options Directorate is reporting a **surplus of £193k**.
- 5.2. At the end of Q3, the Housing Options Service was projecting a deficit of £347k but additional General Fund management fee income of £480k was approved by Cabinet in December and is the main reason for the movement.
- 5.3. The service has been under extreme pressure all year with Covid related homelessness and added pressures in Q4 with an extended period of cold weather.
- 5.4. Additional funding towards these has been received in the year from NSAP and Tier3 infrastructure funding of £468k (£278k & £190k respectively) and also Cold Weather Fund (CWF funding)
- 5.5. The net £16k employee costs underspend is due to £128k unbudgeted temporary grant funded posts, and a £145k saving on the budgeted structure within the service area due to vacancies. Agency staff were recruited to meet short term business needs and totalled £27k over the £5k budget for the year.
- 5.6. B&B accommodation and associated security budgets overspent by £1,630k due to placement of rough sleepers in emergency accommodation. As referred to above, placements are at a high level due to the impact of a second spike in Homelessness demand aligned to Tier 3 categorisation in Q3.
- 5.7. Recovery rates for Housing Benefit improved in the year to around 75% for hotel accommodation. Full recovery would not be possible as block booking of rooms was required and there were some void periods when HB is not claimable, and there were also occasions when we accommodate people out of hours who then do not present to Housing Options to fill in any paperwork.
- 5.8. Risks remain around the impact of the pandemic and particularly the limited move on accommodation options. The subsequent impact this has on turnover in supported accommodation and the need for Hotel accommodation to meet our legal obligations to offer emergency accommodation.

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2021

	Original Budget £'000	Actuals as at 31 March 2021 £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	27,696	26,888	-808	-3%
Premises Expenses	1,947	2,145	198	10%
Transport	2,405	2,209	-196	-8%
Supplies & Services	3,183	4,988	1,805	57%
Materials-Buildings Services	5,894	4,772	-1,122	-19%
Service Level Agreements	3,377	3,226	-151	-4%
Total Management Expenditure	44,502	44,227	-275	-1%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	1,146	1,161	15	1%
External Maintenance Contractors (Capital)	674	674	0	0%
Total Maintenance Expenditure	1,820	1,835	15	1%
Gross Expenditure	46,322	46,062	-260	-1%
Income				
Management Fee - HRA	-31,931	-32,224	-293	1%
Management Fee - General Fund	-1,355	-1,835	-480	35%
Recharges to Capital Schemes (In House)	-10,455	-8,107	2,348	-22%
Recharges to Capital Schemes (Contractors)	-674	-674	0	0%
Other Income	-1,864	-3,859	-1,995	107%
Direct Charge to HRA	-43	-47	-4	9%
Total Income	-46,322	-46,746	-424	1%
Surplus(-) / Deficit	0	-684	-684	-

St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2021 - General Fund Housing Options

	Original Budget £'000	Actuals as at 31 March 2021 £'000	Variance £'000	Variance %
Management Expenditure				
Employee Expenses	988	972	-16	-2%
Premises Expenses	475	796	321	68%
Transport	0	0	0	-
Supplies & Services	184	1,975	1,791	973%
Materials-Buildings Services	0	0	0	-
Service Level Agreements	48	39	-9	-19%
Total Management Expenditure	1,695	3,782	2,087	123%
Maintenance Expenditure				
External Maintenance Contractors (Revenue)	0	0	0	-
External Maintenance Contractors (Capital)	0	0	0	-
Total Maintenance Expenditure	0	0	0	-
Gross Expenditure	1,695	3,782	2,087	123%
Income				
Management Fee - HRA	0	0	0	-
Management Fee - General Fund	-1,355	-1,835	-480	35%
Recharges to Capital Schemes (In House)	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	-
Other Income	-340	-2,140	-1,800	529%
Direct Charge to HRA	0	0	0	-
Total Income	-1,695	-3,975	-2,280	135%
Surplus(-) / Deficit	0	-193	-193	-

ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England
Company Number 05564649

Board

REPORT

Date : 26 May 2021

Item : 12

Subject : Capital Monitoring Outturn Report
2020/2021

Presented by : Julie Crook
Director of Corporate Services

Prepared by : David Henderson
Management Accountant

Purpose : To inform Board of the capital
expenditure for the financial year
2020/2021.

Recommendation:

For Board to acknowledge the Capital Monitoring Report
and the outturn for the financial year 2020/2021.

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. 12
Date: 26 May 2021**

1. Report Title

1.1 Capital Monitoring Report 2020/2021 as at 31 March, 2021.

2. Executive Summary

2.1 The reported figures at period 12 show the Housing Capital Programme out turned at £19.06m, an under-spend to against the revised budget of £1.46m. (The revised budget is the forecasted outturn as at Q3.

2.2 The actual spend was significantly less than the original budget. Covid 19 restrictions and contractor resourcing issues affected the delivery across the whole programme. Therefore, some of the elements along with the associated expenditure and budgets have been slipped into 2021/2022.

2.3 The report includes both the forecast and delivered outcomes for 2020/2021 and the approved four year budgets.

3. Purpose

3.1 To inform Board of the actual capital expenditure for 2020/2021.

4. Recommendation

4.1 Board is asked to acknowledge the Capital Monitoring Report and the year-end outturn for the financial year 2020/2021. The budget and delivery information is provided for background information.

5. Background - Housing Capital Programme 2020/2021

5.1 The Housing Capital Programme for 2020/2021 is summarised at Appendix A.

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.

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

5.3 The Council approved a four year Housing Capital Programme on 5th March 2020, totalling £133.9m across the four years.
The main priorities of the programme in 2020/2021 were:

- Council House build programme.
- Council House improvement and maintenance programme.
- Fire safety improvements.
- Electrical works.
- Energy efficiency works.

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) / Over spends and percentages are summarised below.

SLHD Managed Schemes

6.2 The element of the capital programme managed by SLHD out turned at £17.39m against resources of £17.99m, a variance of (£0.60m).

6.3 £0.69m, 48%, over budget, Mechanical & Electrical Works

£0.22m, Heating Conversions/ Upgrades.

The number of boiler and full system replacements in the quarter was higher than anticipated.

£0.47m, Electrical Planned Works.

Historically, access to undertake works on the high rise flats has been an issue and the forecast was based on the contractor predicting such problems. However, in conjunction with Estate Management colleagues, the contractor managed to increase access which resulted in delivering electrical works in the form of replacement consumer units to over 500 properties.

6.4 (£0.75m, 52%, under budget), Internal Works

(£0.57m, Fire Works Low rise / Communal)

The planned works as a result of the fire risk assessments, including major works at Jubilee Court were significantly affected by the contractor giving backward.

(£0.11m, In house Internal re inclusions)

The forecast spend included flood related works which have since been funded as part of an insurance claim.

(£0.07m, Scheduled Elemental and Electrical Upgrades)

The small underspend was due to a reduction of staffing resources; a combination of staff shielding, sickness or taking leave.

6.5 (£0.50m, 9%, under budget), External Works

(£0.47m, External Planned Contractor / Thermal Works)

The forecast was based on the contractor completing between 15- 20 properties a week. The cold spell during January/February impacted on the delivery of the render programme resulting in a loss of two weeks productivity.

(£0.03m, Shops / Flats and Communal Halls / Conversions)

These schemes out turned less than forecast due to delays in securing a contractor to carry out the planned works and issues around sourcing roofing materials.

6.6 (£0.42m, 24%, under budget), Environmental Works

(£0.11m, Environmental Works)

The planned works were hampered due to the contractor having resourcing issues as a result of Covid.

(£0.15m, Asbestos Removals)

The forecasting of spend on this area can be volatile as it comprises of both planned and reactive work. The planned assessments associated with void surveys out turned at less than anticipated.

(£0.16m, Estates, Roads and Paths)

The planned spend at the Coronach Way site was forecast to be split across two financial years. However, contractor delays resulted in spend being slipped to 2021/2022.

6.7 (£0.20m, 41%, under budget), IT Improvements

The original forecast spend assumed a “big bang” implementation of the new TOP Integrated Housing Management System. The implementation and associated expenditure will now be incurred over a two year period.

6.8 £0.56m, 19%, over budget, Acquisitions

The forecast was based on utilising the time limited housing capital receipts to avoid financial penalties. During the last quarter of the year, additional properties were acquired to ensure the funding was fully utilised. In addition, the refurbishment of the acquired properties contributed to the year end variance.

6.9 (£0.01m, 41%, under budget), Assistance Loans

A planned empty property landlord grant application did not complete as anticipated which resulted in the year end variance.

6.10 There are no other reportable variances.

7. DMBC Managed Schemes

7.1 The element of the capital programme managed by DMBC out turned at £1.67m against resources of £2.53m, a variance of £0.86m.

7.2 (£0.68m, 82%, under budget), Council House New Build.

(£0.45m) Adwick Lane / Athelstane Crescent and Appleby Road sites. The anticipated enabling works for the current phase 1 new build schemes have not commenced whilst scheme costs and specifications are reviewed. A report is currently being compiled to be presented to DMBC directors to establish a way forward with the developments.

(£0.23m) The delivery of the remaining four units from Keepmoat at The Springs, Askern were delayed due to contractor issues. The units are now anticipated to be delivered in April.

7.3 (£0.14m, -81%, under budget), Affordable Housing.

The proposed contribution to aid viability of the development of the former depot and offices at Cooke / Truman Street, Bentley was delayed pending planning permission approval.

7.4 (£0.10m, -42%, under budget), Demolitions.

The demolition of the property as part of the Goodison Boulevard development has been delayed pending resolution of legal issues. The costs of the former Ashworth Barracks site were significantly less than forecast and the demolitions of both the Former SEC Adwick and Archives sites have been accelerated.

7.5 There are no other reportable variances.

8. Delivery Information

8.1 A summary of the actual outcomes delivered by the Capital programme during 2020/2021 compared to those estimated are detailed at Appendix E. These numbers were also severely impacted by the covid pandemic. The estimated outcomes for 2021/2022 are also included at Appendix E for information.

9. Future Plans / Work In Progress.

9.1 The Council approved a four year Housing Capital Programme on 1st March, 2021, totalling £174.1m across the four years. Full details are provided at Appendix D.

The main priorities of the programme in 2021/2022 are:

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

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

10. Procurement

10.1 All the work delivered through the DMBC capital programme was procured in line with the requirements of DMBC's financial procedure rules and contract standing orders.

11. VFM Considerations

11.1 Efficiency and Value for Money principles have been adopted throughout the capital monitoring process.

12. Financial Implications

12.1 All the financial implications are considered within the body of the report.

13. Legal Implications

13.1 There are no legal implications arising from this report.

14. Risks

14.1 Other noteworthy risks which will potentially have a financial impact on the following years budgets include;

- Achieving net zero carbon.
- Contract risk with Fortem.
- Fire doors.
- Ongoing compliance risks.
- Ongoing investigations of the render on high rise blocks.

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 Impact Assessment (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.

22. Background Papers

22.1 Capital Programme (2020/21-2023/24) budget report 5th March 2020.
Capital Programme (2021/22-2024/25) budget report 1st March 2021.

Summary of Housing Capital Programme 2020/21 as at 31/03/2021

	Original Estimate - Approved Programme £000	Revised Budget Approved at Qtr3 £000	Actual Outturn £000	Variance . Outturn to Revised Budget £000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,550	2,450	2,485	35
Mechanical and Electrical Improvements	4,645	1,445	2,138	693
Internal Works	2,125	1,435	688	(747)
External Works	10,070	5,863	5,360	(503)
Environmental Works	1,850	1,775	1,358	(417)
IT Improvements	518	500	297	(203)
Acquisitions	836	2,958	3,519	561
Caravan Site Improvements	231	30	25	(5)
Assistance Loans	220	31	18	(13)
Sub-Total	24,545	17,987	17,389	(597)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	1,300	1,355	55
Council House New Build	8,982	836	153	(682)
Affordable Housing	1,510	171	32	(139)
Demolitions	108	228	133	(95)
Sub-Total	12,800	2,535	1,674	(861)
Overall Housing Programme Total	37,345	20,521	19,063	(1,458)
Funding				
Major Repairs Reserve / Depreciation	12,734	7,702	6,998	(704)
Revenue Contribution - HRA	10,442	10,442	10,442	0
Usable Capital Receipts	7,213	1,777	1,520	(257)
Section 106	30	171	32	(139)
Prudential Borrowing	6,925	359	-	(359)
Other		70	70	(0)
Under(-) / Over Commitments	37,345	20,521	19,063	(1,458)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2020/21 as at 31/03/2021

	Original Estimate - Approved Programme	Revised Budget Approved at Qtr3	Actual Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
SLHD Managed Schemes				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	2,550	2,450	2,485	35
Mechanical and Electrical Improvements	4,645	1,445	2,138	693
Internal Works	2,125	1,435	688	(747)
External Works	10,070	5,863	5,360	(503)
Environmental Works	1,850	1,775	1,358	(417)
IT Improvements	518	500	297	(203)
Acquisitions	836	2,958	3,519	561
Sub-Total	24,094	17,926	17,346	(580)
DMBC Managed Schemes				
Adaptations for the Disabled	2,200	1,300	1,355	55
Council House New Build	8,982	836	153	(682)
Sub-Total	11,182	2,136	1,509	(627)
Overall Housing Programme Total	35,276	20,061	18,854	(1,207)
Funding				
Major Repairs Reserve / Depreciation	12,734	7,702	6,998	(704)
Revenue Contribution - HRA	10,442	10,442	10,442	0
Usable Capital Receipts	5,175	1,489	1,344	(144)
Prudential Borrowing	6,925	359	0	(359)
Other	0	70	70	(0)
Under(-) / Over Commitments	35,276	20,061	18,854	(1,207)
Percentage Funded	100%	100%	100%	

Summary of Housing Capital Programme 2020/21 as at 31/03/2021

	Original Estimate - Approved Programme £000	Revised Budget Approved at Qtr3 £000	Actual Outturn £000	Variance - Outturn to Revised Budget £000
SLHD Managed Schemes				
Caravan Site Improvements	231	30	25	(5)
Assistance Loans	220	31	18	(13)
Sub-Total	451	61	43	(17)
DMBC Managed Schemes				
Affordable Housing	1,510	171	32	(139)
Demolitions	108	228	133	(95)
Sub-Total	1,618	399	165	(234)
Overall Housing Programme Total	2,069	460	208	(251)
Funding				
Usable Capital Receipts	2,038	288	176	(112)
Section 106	30	171	32	(139)
Under(-) / Over Commitments	2,069	460	208	(251)
Percentage Funded	100%	100%	100%	

Public Sector Housing Capital Programme	Annual Budget 2021/22	Annual Budget 2022/23	Annual Budget 2023/24	Annual Budget 2024/25
	£000s	£000s	£000s	£000s
Management Fee	1,500	1,500	1,500	1,500
Voids Capital Works	3,150	2,850	2,850	2,850
Mechanical & Electrical				
Heating Conversions/Upgrades	2,142	2,163	2,185	2,207
Electrical Planned Works	750	851	652	653
Mechanical Planned Works	61	123	124	125
Mechanical & Electrical Total	2,953	3,137	2,961	2,985
Internal Works	1,199	1,211	1,224	1,237
External Works				
External Planned Maintenance	6,157	6,212	4,995	5,044
Thermal Efficiency - ECO works	2,893	6,519	3,911	3,950
Structural	306	309	312	315
Fire safety works	2,120	818	826	834
Shops/flats	204	206	208	210
Communal Halls	527	103	104	105
External Works Total	12,207	14,167	10,356	10,458
Environmental Works				
Environmental / Fencing Programme	460	465	470	475
Asbestos Surveys & Removal	700	700	700	700
Garage Site Improvements	400	400	400	400
Estate Roads & Paths	300	300	300	300
Environmental Works Total	1,860	1,865	1,870	1,875
IT Systems/Investment	196			
Sub Total	23,065	24,730	20,761	20,905
Adaptations for the Disabled	2,200	2,200	2,200	2,200
Acquisitions/Buy Backs	391	182	100	100
Care Leavers Accomodation	669			
Council House Building Programme (Committed)	7,072			
Council House Building Programme (Uncommitted)	-	30,215	20,000	20,000
Sub Total	10,332	32,597	22,300	22,300
Total	33,397	57,327	43,061	43,205
Resources				
Major Repairs Reserve	17,743	25,996	17,284	17,232
Revenue Contribution to Capital	9,349	6,859	7,477	7,673
Prudential Borrowing	4,816	24,172	16,000	16,000
Usable Capital Receipts	969	300	300	300
Receipts with restrictions			2,000	2,000
141 receipts	520			
Total	33,397	57,327	43,061	43,205
Housing General Fund Capital Programme				
Empty Homes / Flood Loans and Grants	220	220	220	440
Residential Site Investment	640	400	1,400	400
Demolitions	530			
Housing Investment	-	2,061		
Total	1,390	2,681	1,620	840
Resources				
Usable Capital Receipts	1,390	2,681	1,620	840
Total	1,390	2,681	1,620	840
Grand Total	34,786	60,008	44,681	44,045

Capital Outcomes				
Programme	Description	2020/2021 Estimated Outcomes	2020/2021 Actual Outcomes	2021/2022 Estimated Outcomes
		No Homes Benefitting	No Homes Benefitting	No Homes Benefitting
Mechanical & Electrical	Heating conversions and upgrades, (In house/ Contractor)	1,093	540	1,100
	Electrical planned works, Periodic electrical testing and LED lighting upgrades, (In house)	N/A	N/A	N/A
	Electrical planned works, High Rise and Sheltered Flats, (Contractor)	703	557	345
	Lift replacement Lonsdale, (Contractor)	35	70	0
	Mechanical planned works to district heating systems, Town Centre & Wheatley, (Contractor)	N/A	N/A	All Balby Bridge
Internal Works	Kitchen replacements, (In house)	50	11	48
	Bathroom replacements, (In house)	50	6	20
	Electrical works including installation of Extractor fans, Smoke alarms and Heat detectors, (In house)	2,000	1,150	1,500
	Fire safety remedial works following fire risk assessments including fire door replacements, (Contractor)	500	0	1,223
	Reactive repairs to existing stock, (In house)	N/A	N/A	N/A
External Works	Planned Maintenance. Roofs and associated external works, Mexborough, Cantley, (In house)	665	343	406
	External ECO works including wall Insulation, Balby, Armthorpe, Woodlands, (Contractor)	476	140	557
	Structural remedial works, (Contractor)	30	30	30
	Shops and flats. Roof replacements & shop frontage replacements, Balby, cantley, Scawthorpe, (Contractor)	16	1	6
	Communal halls. Various internal improvements and repairs, (Contractor)	9	3	N/A
	Conversion of Communal halls into dwellings, (Contractor)	8	2	5
Environmental Works	Estate car parking schemes to help ease traffic congestion, (Contractor)	N/A	86	68
	Improvements to 20 garage sites, (Contractor)	N/A	101 demolitions at 9 sites	90 demolitions
	Estate roads and paths. Improvements to former garage sites to alternate usage, plus reactive works on Cat 1 hazards, (Contractor)	N/A	207	100

All works carried out Borough wide unless stated.

ST LEGER HOMES OF DONCASTER

Board Briefing Note

Title:	Board Members Expenses and Attendance Register
Action Required:	Board are asked to note the information as an accurate record
Item:	13
Prepared by:	Julie Crook, Director of Corporate Services
Date:	26 April 2021

1. Summary

- 1.1 The Governance Assurance Framework directs that details of attendance and expenses claimed are brought to the Board on a regular basis. Any concerns regarding the level of attendance by members of the Board and Committees and expenses claimed are discussed with the Chair, outside of Board Meetings.

2. Background

- 2.1 The Governance Assurance Framework was reviewed by Board in July 2019. The Framework directs that Board and Committee Members are required to register their attendance at both formal and informal meetings and training sessions. It further directs that a report should be compiled and presented six monthly, which includes information on the expenses claimed in attending such meetings and events.

3. VFM Considerations

- 3.1 From October 2011 both Tenant and Independent Board Members have an Agreement for Services. Board Members nominated from the Council receive no remuneration directly from the company as membership of SLHD Board is regarded as part of their Council duties.
- 3.2 In addition to Board and Committee meetings, attendance at training when appropriate ensures that Board Members have the level of skills and experience required to consider the information presented and make decisions. A copy of the attendance registers can be found at Appendix A.
- 3.3. Since the last update to Board, virtual training sessions have taken place during December 2020 Health & Safety and Role of a Board Member. Additionally, board strategic planning (half) days have taken place in November 2020 and February 2021.

Further, board strategic planning (half) days are scheduled for:

Item	Date
Governance	7 July 2021
Neighbourhood Pride, STAR survey	15 September 2021
To be agreed	4 November 2021

Following Board appraisals carried out in January 2021 training requirements are currently being identified. A training plan will be produced and agreed with members to be delivered over the forth coming year.

4. Financial Implications

4.1 For the financial year 2020/21 a budget of £28,780 was included within the overall budget. Details can be found in the table below:

Nominal	Budget 20/21	Actuals 20/21
	£	£
Rents	300	-
Contract Hire	120	-
Car Allowances	800	83
Clothes/Uniform/Laundry	100	-
Printing	-	46
Advertising Costs	2,850	10,322
General Hospitality	-	34
Service Payments	20,000	22,250
Subsistence/Conference Exp	4,410	380
Volunteer Expenses (bus only)	200	25
Total	28,780	33,140

Advertising costs were incurred as a result of the Tenant Board Member vacancy and a letter being sent to all St Leger Homes of Doncaster tenants. The total costs are slightly above budget mainly as a result of this and an increase in service payments from 1 October 2020.

5. Legal Implications

5.1 The Articles of Association requires that Board Members sign the statement of Board Members Obligations. Section 16 states the obligations of Board Members to be:

- an obligation to read Board papers and to attend meetings, training sessions and other relevant events; it also states:-

5.2 • Disqualification and Removal of Board Members (section 25) – A person shall be ineligible for appointment to the Board and if already appointed shall immediately cease to be a Board Member if the relevant individual:

- Shall for more than three consecutive meetings have been absent without permission of the Board from meetings of the Board held during that period and the Board resolves that their office be vacated; or
- In any period of 12 months, they shall have been absent (without the permission of the Board Members) from at least 50% of the meetings of Board Members held during that period and the Board Members resolve that their office be vacated.

5.3 The Board are asked to consider that if any Board Member falls under Section 16 any recommendations for actions by the Board are then further considered by the Chair, who

will take whatever actions he considers appropriate and report these to a later meeting.

6. Risk

- 6.1 Failure to adhere to the Company's regulations could expose St Leger Homes to a lack of strategic leadership and for the decision making progress to be compromised by a lower standard of scrutiny and challenge.

7. Background Papers

- 7.1 Appendix A – Board and Committee Member Attendance Record

Main Board Attendance Record

	Board Meeting	Board Meeting	Board Meeting	Board Meeting	Board Meeting	Board Meeting
BOARD MEMBER	27-May-20	29-Jul-20	07-Oct-20	25-Nov-20	27-Jan-21	31-Mar-21
Dave Wilkinson, Chair	1	1	1	1	1	1
Anthony French	1	1	1	1	1	1
Dave Richmond			1	1	1	1
Joe Blackham	1	A	A	1	1	A
Paul Wray				1	1	1
Richard Allan Jones	1	1	1	1	1	1
Sam Bartle			1	1	1	A
Steve Lyons	A	1	1	1	1	1
Stuart Booth	1	A	1	1	1	1
Susan Jones	1	1	1	1	1	1
Trevor Mason	1	1	A	1	1	1

Total meetings attended	Total meetings held	%
6	6	100
6	6	100
4	4	100
3	6	50
3	3	100
6	6	100
3	4	75
5	6	83
5	6	83
5	5	100
5	6	83

KEY

- Apologies Received
- Attendance
- No Recorded
- Not applicable
- Attendance not required

A
1
NRA

Audit & Risk Committee Attendance Record

Board Member	24-Jun-20	04-Nov-20	03-Mar-21
Trevor Mason, Chair	1	1	1
Richard Allan Jones	1	1	1
Steve Lyons	1	1	1
Susan Jones	1	1	1

Total meetings attended	Total meetings held	%
3	3	100
3	3	100
3	3	100
3	3	100

KEY

Apologies Received
Attendance
No Recorded
Not applicable
Attendance not required

A
1
NRA

Performance & Improvement Committee Attendance Record

BOARD MEMBER	20-May-20	02-Sep-20	18-Nov-20	24-Feb-21
Dave Wilkinson, Chair				1
Anthony French	1	1	1	1
Paul Wray				A
Sam Bartle			1	1
Stuart Booth	1	1	1	1

Total meetings attended	Total meetings held	%
1	1	100
4	4	100
0	1	0
2	2	100
4	4	100

KEY

- Apologies Received
- Attendance
- Attendance/Apologies
- Not applicable
- Attendance not required

A
1
NRA

Employment & People Committee Attendance Record

BOARD MEMBER	02-Sep-20	19-Nov-20	10-Feb-21	04-May-21
Dave Wilkinson, Chair	1	A	1	1
Anthony French				1
Dave Richmond		1	1	1
Joe Blackham	A	1	1	
Susan Jones				1
Trevor Mason	1	1	1	

Total meetings attended	Total meetings held	%
3	4	75
1	1	100
3	3	100
2	3	67
1	1	100
3	3	100

KEY

- Apologies Received
- Attendance
- No Recorded
- Not applicable
- Attendance not required

A
1
NRA

Board Training Records

	Board Strategic Planning	Data Protection	Equality & Diversity	Board Strategic Planning	Health & Safety	Role of Board Member	Board Strategic Planning	Board Strategic Planning
BOARD MEMBER	6.7.20	10.08.20	30.9.20	30.11.20	02.12.20	02.12.20	30.11.20	26.02.21
David Wilkinson, Chair	✓	✓	✓	✓	✓	✓	✓	✓
Anthony French	✓	✓	x	✓	✓	✓	✓	✓
Dave Richmond				✓	✓	✓	✓	✓
Joe Blackham	x	✓	x	✓	✓	✓	✓	x
Paul Wray								✓
Richard Allan Jones	✓	✓	x	✓	✓	✓	✓	✓
Sam Bartle				✓	✓	✓	✓	x
Steve Lyons	✓	✓	✓	✓	✓	✓	✓	✓
Stuart Booth	✓	x	✓	✓	✓	✓	✓	✓
Susan Jones	✓	✓	✓	✓	✓	✓	✓	✓
Trevor Mason	✓	✓	✓	✓	✓	✓	✓	✓

Total meetings attended	Total meetings held	%
8	8	100
7	8	88
5	5	100
5	8	63
1	1	100
7	8	88
4	5	80
8	8	100
7	8	88
8	8	100
8	8	100

✓	Complete
Req	Required
x	Not attending
	Not required
	Not applicable

Board Forward Plan

	May-21	Jul-21	Jul-21	Sep-21	Nov-21	Jan-22	Mar-22	
Pre-Board discussion item (BOARD ONLY)	Corporate Plan	N/A	N/A	VfM Statement - HouseMark data	Homelessness?			
Minutes of the previous meeting	✓		✓	✓	✓	✓	✓	
Chairs / CEO Update	✓		✓	✓	✓	✓	✓	
KPI Performance	✓		✓	✓	✓	✓	✓	
Committee minutes	✓		✓	✓	✓	✓	✓	
QUARTERLY ITEMS								
Capital/Revenue Monitoring			✓		✓	✓		
Health & Safety Performance Update	✓			✓		✓		
Strategic Risk Register			✓			✓	✓	
6 MONTHLY ITEMS								
Annual Development Plan - Current Year				✓		✓		
Board Expenses & Attendance Register	✓				✓			
Board Forward Plan	✓				✓			
ANNUAL ITEMS								
Financial Statements - <i>one item early July Board meeting</i>		✓						
People Strategy Update	✓							
Budget Approval							✓	
ICT Strategy Update			✓					
Year-end Performance	✓							
Health & Safety Annual Report			✓					
Annual Development Plan and draft KPI's – Year ahead						✓ (draft)	✓ (final sign off)	
Annual Development Plan - Year End Review	✓							
Customer Access Strategy Action Plan			✓					
Annual Fairness and Equality report					✓			
Modern Slavery Statement	✓							

Value for Money Statement					✓		
Committee Annual Reports				✓			
Board TOR Review				✓			
Social Statement					✓		
AD-HOC ITEMS							
Health, Safety & Compliance Strategy			✓				
Customer Involvement Strategy				✓			
Governance Standard and NHF code of Governance update			✓				
Islamophobia and Antisemitism Commitments			✓				
Corporate Plan review			✓				
Asset Management Plan			✓				
Environmental Strategy			✓				
Zero Carbon	✓						
Communications Strategy				✓			
Equality and Diversity Strategy				✓			
Compliance Activity update	✓		✓				

**St. Leger Homes of Doncaster Limited
EMPLOYMENT & PEOPLE COMMITTEE**

Tuesday 4th May 2021 at 9am

Present

Dave Wilkinson (Chair), Susan Jones, Anthony French

In Attendance

Dave Richmond (Chief Executive), Sarah Moore (Head of HR and Organisational Development), Christine Tolson (Head of Asset Management), Leandra Graham-Hibling (EA to Chief Executive)

ACTION

1. Apologies and Quorum

1.1 There were no apologies recorded. The meeting was quorate.

2. Declarations of Interest by Board Members

2.1 There were no declarations made.

3. Minutes of the previous meeting held on 10 February 2021 and matters arising

3.1 The minutes of the previous meeting were agreed as a true record with no matters arising.

4. Exit Payments Pensions Discretion

4.1 The Head of HR and OD presented the annual report detailing Exit payments and decisions made through the pension discretion policy.

4.2 The Chairman asked if the number of flexible retirement requests have increased on previous years?

The Head of HR and OD advised that there has been a significant increase, most of which has been seen in our trades team. It was noted that there is a significant age profile in that area of the business and it is thought that the pandemic has made colleagues think more seriously about retiring and making these requests as a result.

The Chairman asked how flexible we have been in allowing people to retire? The Head of HR and OD explained that we try to be as flexible as possible and different options are considered to allow this including job share options.

The Head of HR and OD further advised that we have received recent feedback from the market stating that part time posts are becoming attractive and is an opportunity to attract females into the construction

industry which is positive news.

- 4.3 The Chairman asked about future redundancies and where cost come from?

The Chief Executive advised that costs come from within our own cost envelope and for flexible retirement requests, posts are not made redundant.

- 4.4 **Committee noted the contents of the report.**

5. Staff Pulse Survey Feedback

- 5.1 The Head of HR and OD presented collective detail and outcomes from the last three pulse surveys conducted over the last 12 months.

Committee noted that twelve questions are asked within each of the pulse surveys and we have had a mixed response rate to each of the surveys. Committee were advised that the biggest response rates are from areas of the business where the workforce is working from home and potentially have easier access complete it, and throughout the past 12 months, there has been challenges to reach our more mobile colleagues particularly within trades' teams.

Whilst there have been challenges, The Head of HR and OD advised that concerted effort has been made with the aim to increase the response rate including allowing specific time for colleagues to complete the survey, with the 4th survey being included in the May Staff Conference programme, in the hope there will be significant increase in responses

- 5.2 A Member stated this was a comprehensive report providing the detail and reassurance that outcomes from the survey were being considered, however raised concern with the 40% response rate stating this is not representative of the workforce.

The Member asked about availability of the survey on mobile devices? The Head of HR and OD advised that they survey was available to all devices and after making enquiries it has become clear the lack of response is not solely about accessing the survey but more about certain groups of colleagues not reading emails.

The Head and HR and OD advised, in previous organisations she has worked, she is used to 80% response rates, and it is her view that we at SLHD can achieve this too. She further advised that we need to ensure the right conversations with the right questions are being held to support this, and whilst historically this may not have happened, she is starting to see change and that honest conversations within groups of staff are being had.

Committee agreed that we need to find a way to communicate with the group of people who are not engaging with the survey to get their feedback.

A member asked if there was any support that the Executive Management Team can provide in order we can increase the response rate? The Head of HR and OD responded that we need to ensure open conversations continue to be held so that our peoples' voice is heard and they understand that their opinions and voice does matter.

- 5.3 The Chairman asked about the 6% who have advised that they have been struggling and what we are we doing to help them?

The Head of HR and OD advised that we do not know these particular individuals, however we know which Directorates these people are based within which can be identified through the 'free text' areas of the surveys. From this, we have been able to identify what they need to be able to provide the relevant support. As a result, an ongoing programme of support in various forms was developed and is being delivered. Alongside this, Managers were asked to consider additional flexibilities and are also being supported to be able to do things differently to support their teams.

Additionally, the Head of HR and OD advised that it is thought the feedback was based on being in a national lockdown, and there are plans to ask the same question again in May, expecting to see a difference in response.

5.4 Performance Management

Committee touched on agenda item 6 as part of the conversations stating that there are significant gaps that need addressing on how we manage performance if conversations with our people are not being held.

A member asked if there was any retribution for not holding 1:1's or if there was a central system where conversations were being reported?

The Head of HR and OD advised there was nothing currently in place.

Committee agreed there is a balance required between policing the system and trusting our Managers and that focus needs to be on Managers realising the benefits in holding regular one to ones.

The Chief Executive advised that it is felt that we are dealing with a legacy where these conversations were not happening and managers need to understand these conversations are needed and how important they are.

5.5 **Committee noted the report.**

6. **Review of Performance Management Process (1:1 Personal Review Policy)**

- 6.1 The Head of HR and OD presented detail of an existing policy which has been in place since 2016 following board sign off. In keeping with best practise this process replaces annual 'appraisals' (PDRs) with ongoing one to one conversations.

The Head of HR and OD advised that whilst there is a policy and

procedure in place that is fit for purpose and follows national good practice, it is clear it is not being followed even though it is underpinned by good foundations on which we now need to build upon.

To enable this the Head of HR and OD advised that conversations have been held within different groups of staff and as a result there are plans to refresh the framework which will set out a number of requirements including setting a minimum number of 1:1 conversations and a structured conversation so that performance is high on the list for discussion.

It was noted that there are plans to re-launch this by Q2 of 2021/2 and as part of the preparation, consideration will be given to how the process can be as streamlined as possible, including ensuring all the paperwork is user friendly, and that there is detail behind the framework that enables conversations to be tailored for each area of the business.

The Head of HR and OD also advised of an additional piece of work which will be launched at some point in the future to consider how the process can be even further streamlined by using digital platforms to report the conversations.

6.2 It was noted that the paper also sets out the requirement for a development framework for our people, managed in a more co-ordinated way. The Head of HR and OD explained there is potential for the framework to be linked to the Chartered Institute of Housing's Professional Standards.

6.3 A Member thanked the Head of HR and OD for the very comprehensive report, however raised concern with the detail in the report around the high number of people who were not having 1:1's and questioned why this was the case and what will happen differently within this new framework to ensure they take place at regular occurrences moving forward?

The Head of HR and OD advised there are groups of staff where 1:1's have not been taking place, however there are other groups of staff where 1:1's are taking place on a regular basis, however whilst conversations are happening, they may not be around performance. She went onto explain that a culture shift is needed, something that is already being seen with a new CEO and new Director of Property Services in post, together with renewed support at both Executive Management Team, Leadership and Senior Management Team level.

It was noted that something already identified is further training and support for Team Leaders in order that they can have those challenging and tricky conversations.

A Member asked about digitising performance reviews, stating that this will make it easier for people to undertake and record conversations, however there is a need to ensure the quality of the conversation rather than importance of completing the digital form just for the sake of it.

6.4 A Member asked if there will be an audit process to ensure conversations are being had? The Head of HR and OD advised that she was looking to

introduce an audit check for completed 1:1's which will be an opportunity to see both quality and frequency, as well as seeing changes as part of the pulse surveys.

- 6.5 The Chair took the opportunity to explain that after lengthy consideration they had set a performance target around 1:1's. He advised that Board had set the Chief Executive and Directors a 100% completion target.

The Head of HR and OD noted this, stating that we need to be clear about what is being measured and monitored as the proposal is not to hold annual appraisals but to hold regular 1:1 conversations with all staff with a minimum of them taking place on a quarterly basis.

There was agreement that further discussions are required to understand Board expectations around this performance measure. It was also agreed that systems need to be embedded properly and audit arrangements in place before we can confidently report performance.

- 6.6 **Committee noted the contents of the report and asked for regular updates on progress at these Committee meetings which should contact any detail of blockages that Committee members can provide support with.**

SM

7. Agile working proposals

- 7.1 The Head of HR and OD provided an update on the Agile Working project. She advised that the Agile Working principles have been developed as a result of holding staff working groups. Whilst they have just been developed, there is nothing new within the detail and are underpinned by the organisations Values and Behaviours.

It was noted that these principles will aid the development of some guidance and policies to enable the organisation to move forward in a new agile working world.

The Head of HR and OD advised of plans to launch the principles at the staff conference in May and to develop the guidance and review the policies over the next 6-8 weeks.

- 7.2 **Committee noted the information provided.**

8. Staff Conference arrangements

- 8.1 The Head of HR and OD provided detail of the 2021 staff conference session which were due to be held digitally on Monday 17th and Thursday 20th May, with 2 sessions held on both days. It was noted that the sessions were being held digitally due to current Government guidance and feedback from staff.

It was noted that managers were currently booking their teams onto the sessions which will typically last 90mins each and had been timed specifically to ensure our trades staff were able to attend. Reminders are

regularly being sent to Managers to ensure everyone who is in work on those days, attends one of the sessions.

The Head of HR and OD provided detail of the programme that was still being developed advising of the topics being covered.

- Celebration of our achievements.
- Roadmap to recovery
- Where are we now and what's coming next
- Managing through Change
- Looking forward focussing on 3 areas of priority – White Paper / TOP / Agile working.
- Pulse Survey Launch
- Q&A

8.2 The Chairman asked for attendance numbers for last years' conference. The Head of HR and OD advised that attendance was approximately 700 out of a workforce of 800 staff.

8.3 **Committee noted the update provided, acknowledging that invites to attend had been extended to Board Members and some had already booked on.**

9. **Health & Safety - ISO45001 – Joint Audit Outcomes**

9.1 The Head of Asset Management and Compliance attended to lead on outcomes of the 2021 Joint British Safety Council Audit and ISO45001 Re-accreditation. It was noted that the recent Audit resulted in St Leger Homes being awarded the maximum five star safety audit rating for the last nine years.

The Head of Asset Management and Compliance explained that the purpose of the audit was to review the organisations overarching H&S Management System to ensure everything was in place to manage our business.

It was noted that whilst this Audit was conducted remotely, meetings were still held with colleagues across the organisation alongside the Auditor reviewing a suite of documents to support the way in which we work.

The report shows that we were successful in passing both audits, which is positive and demonstrates that we are continuing to move in the right direction in managing our H&S obligations.

The Head of Asset Management and Compliance advised that the Assessor identified areas where we can strengthen our approach as part of ongoing development and these actions are set out in the appendix for Committee to review.

It was noted that the action plan shows some small 'quick win' actions together with others that acknowledge further work is required including strengthening processes and updating our risk assessments The Head of

Asset Management and Compliance advised these were nothing new and not anything the team were not already aware of and it was helpful for an external person to come in and identify what had already internally identified.

Committee were advised that there will be a further Audit in January 2022 which will be an opportunity for us to demonstrate all 2021 Audit actions have been completed as well as highlighting other areas of further improvement we wish to make.

The Head of Asset Management and Compliance advised that whilst the outcome was positive, there are key risks, with the biggest being around staff recruitment into Health and Safety related vacancies we currently have. She advised that there is a need to have the resources in place to deliver the actions, however there were some initiatives ongoing try and recruit to these posts.

- 9.2 A Member asked, out of the 14 actions, if there were any of particular concern? The Head of Asset Management and Compliance advised that there were concerns around the review of all the risk assessments, due to the volume of them and the lack of resources within the team to support colleagues across the business to write them.

The Member asked what the contingency plan was if we could not recruit? The Head of Asset Management and Compliance advised there were a number of options being considering including opportunities to grow our own by looking at colleagues across the business who had previously expressed an interest in H&S. It was noted that these considerations were in their very early stages and the team was trying to do what they can with the limited resources available at the current time.

Other options included making use of interim arrangements, apprenticeship opportunities and considering skills that are already within the team to focus on the priorities.

The Head of Asset Management and Compliance further advised that as the team realigns within the wider Building Safety & Compliance Team, different marketing campaigns to attract a different pool of people will be considered.

It was also noted that we may see some movement within the industry as furlough comes to an end and there may be opportunities as we come out of lockdown.

- 9.3 The Chairman asked if we have approached local Universities about Health and Safety related qualifications or degree apprenticeships? The Head of Asset Management and Compliance agreed to explore this option.

- 9.4 The Chairman queried Health and Safety reporting arrangements to Board and Committee's

The Chief Executive confirmed that wellbeing and staff related reporting is presented to Employment and People Committee with the monthly

statistical report relating to Health and Safety, Accidents and Incidents being reported into the Building Safety and Compliance Committee.

10. Any Other Business

10.1 There was no other business raised.

11. Date and Time of Next Meeting

11.1 *Tuesday 14th September 2021, 9am*

DRAFT

Governance Summary Communications Template

Report from:	<i>Employment and People Committee</i>	
Date of meeting:	4 May 2021	
Report author:	<i>Dave Wilkinson</i>	
Summary of key items discussed at the meeting, (if possible, keep these to the top three):	Decisions made and actions agreed (if possible, keep these to the top three):	
<p>1. Exit Payments Pensions Discretion Committee reviewed the annual report detailing exit payments and decisions made through the pension discretion policy.</p> <p>2. Staff Survey Members were appraised of full findings and outcomes from the 3 pulse surveys undertaken within the last 12 months.</p> <p>3. Review of Performance Management Process (1:1 Personal Review Policy) Members received detail of plans to rejuvenate the current process to ensure that regular conversations were held with every member of the team, that they were quality conversations and included individual and team performance.</p> <p>4. Health & Safety - ISO45001 – Joint Audit Outcomes Committee were provided detail of the positive outcomes of the 2021 audit and the actions that needed to be delivered as a result.</p>	<p>Committee approved the report.</p> <p>Members expressed concern with the current response rate and requested reassurance that there were plans in place to address this and different communication methods were being considered to ensure everyone had an opportunity to provide their views.</p> <p>Members approved of the approach proposed, however raised concern about whether these conversations would still be held by Managers with their team members on a regular basis. Whilst there was reassurance that audit checks will be put in place, Committee asked for regular updates on progress and stated that they would like to see 100% performance target for this area of work, with further discussions to be held about how this would be measured.</p> <p>Members noted the detail of the report and the resource issues currently experienced in recruiting to some Health and Safety posts within the team, of which different options were currently being explored.</p>	

Additional notes for communication to governance:	
None to raise.	