

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

**To be held at 2pm on Thursday 3 February 2022  
Boardroom at SLC or via MS Teams (Hybrid Meeting)**

**AGENDA**

*1pm – 1.45pm Pre-Board Presentation – Repairs Excellence*

- |          |  |                             |                         |
|----------|--|-----------------------------|-------------------------|
| <b>1</b> | Apologies and Quorum   |                             | <b>Verbal</b>           |
| <b>2</b> | Declarations of Interest by Board Members                          |                             | <b>Verbal</b>           |
| <b>3</b> | Minutes of the meeting held on 2 December 2021 and matters arising |                             | <b>Enclosed</b>         |
| <b>4</b> | Chair and Chief Executive's update                                 | D Wilkinson &<br>D Richmond | <b>To be circulated</b> |

***Policy and Strategy Items***

- |          |  |            |                 |
|----------|--|------------|-----------------|
| <b>5</b> | Communications Strategy                                  | M McEgan   | <b>Enclosed</b> |
| <b>6</b> | Strategic Risk Register                                  | J Crook    | <b>Enclosed</b> |
| <b>7</b> | Our Organisational Culture and Corporate Plan            | D Richmond | <b>Enclosed</b> |
| <b>8</b> | St Leger Homes of Doncaster (SLHD) Sub Committees Report | D Richmond | <b>Enclosed</b> |
| <b>9</b> | Board Diversity  | D Richmond | <b>Enclosed</b> |

***Financial and Performance***

- |           |  |            |                 |
|-----------|--|------------|-----------------|
| <b>10</b> | Annual Development Plan – Current Year | J Crook    | <b>Enclosed</b> |
| <b>11</b> | KPI Performance                        | J Crook    | <b>Enclosed</b> |
| <b>12</b> | Revenue Monitoring                     | J Crook    | <b>Enclosed</b> |
| <b>13</b> | Capital Monitoring                     | J Crook    | <b>Enclosed</b> |
| <b>14</b> | Safety & Compliance Activity Report    | C Margrave | <b>Enclosed</b> |
| <b>15</b> | Homeless Update                        | M McEgan   | <b>Enclosed</b> |

***For Information***

- |           |   |  |  |
|-----------|---|--|--|
| <b>16</b> | Any Other Business                          |  |  |
| <b>17</b> | <i>Date of next meeting</i><br>7 April 2022 |  |  |

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

**St. Leger Homes of Doncaster Limited**

**BOARD MEETING**

**Hybrid meeting**

**2 December 2021**

**Present:**

Dave Wilkinson (Chair), Trevor Mason, Susan Jones, Steve Lyons, Richard Allan Jones, Stuart Booth, Dave Richmond, Joe Blackham and Sam Bartle.

**Also In Attendance**

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

	<b>Action</b>
<b>1 Apologies and Quorum</b>	
1.1 Apologies were received from Anthony French and Phil Cole.	
<b>2 Declarations of Interest by Board Members</b>	
2.1 There were no declarations of interest.	
<b>3 Minutes of the meeting held on 7 October 2021 and matter arising</b>	
The minutes were agreed as a true reflection with matters arising detailed within the table at the end of the minutes.	
<b>4 Value for Money Statement</b>	
4.1 The Director Corporate Services presented the VFM statement for the financial year ending 31 <sup>st</sup> March 2021 for Board approval.	
It was noted that we provide this statement to the Council as part of Quarter 3 performance reporting to demonstrate that we are a value for money organisation.	
The Director Corporate Services drew Board's attention to the two graphs presented on page 8 of the statement which compares us with other ALMOs and Councils as well as all other housing providers. She asked Board to note that in some cases other housing providers have been able to save costs such as office cleaning and legal services which we have had to continue to pay due to them being part of our Management Fee.	

The Director Corporate Services advised of next steps which includes a more detailed discussion and presentation with Housemark in January to further understand our costs and their comparisons, especially those detailed on page 12 and onwards in the statement that show some areas that have moved in a downward direction.

A member asked if an action plan will be regularly presented to Board to show progress in how the organisation is addressing areas in the bottom quartiles? The Director Corporate Services advised there were no plans for regular reporting at the present time.

The Director Corporate Services went on to explain that in terms of repairs services and employee costs, as an organisation we deliver £9m of capital works and therefore need a relevant sized workforce to deliver this which as a result supports the local economy by being able to employ local people, which would not be the case if we commissioned external contractors.

Board were advised of a concern that Housemark data is not published early enough after a year end in order that actions can be taken to reduce any impact on the following year.

- 4.2 **Board agreed the statement but asked that the Executive Summary is reviewed to ensure it further highlights our strong positive achievements when reporting to the Council.** JCr

## 5 Revenue Monitoring

- 5.1 The Director of Corporate Services presented the report to inform Board of the projected revenue income and expenditure for 2021/22 and the actual and committed income and expenditure to date as at 30 September 2021. Board were asked to note that at the halfway stage of the 2021/22 financial year, an overall deficit for the year of £253k is projected which included a surplus of £94k on HRA activities as well as a £347k deficit on Housing Options activities, funded through the General Fund.

- 5.2 A member asked about the implications on staffing budgets for the additional staffing resource within the Building Safety Team?

The Director Corporate Services advised that all posts were accounted for within the new structure. It was noted that additional funding have been provided from within the management free for the most senior posts.

- 5.3 **Board noted the Revenue Monitoring report as at 30 September 2021**

## **6. Capital Monitoring**

- 6.1 The Director of Corporate Services presented the report to inform Board of the projected capital expenditure for 2021/22, the funding available and the actual and committed expenditure to date as at 30<sup>th</sup> September 2021. The reported projections at Q2 show the planned, in-year spend on the Housing Capital Programme would be £26.43m, an under-spend of £1.77m from the revised budget.
- 6.2 The Director of Corporate Services drew Boards attention to budget lines for Gypsy & Traveller Site and Park Homes Investment, advising of a Council decision for works to be completed within 2 years. It was noted that once a Contractor had been appointed we would be able to move quickly and we are currently on track to deliver within the 2 year timescale set.
- 6.3 **Board noted the Capital Monitoring report as at 30 September 2021**

## **7. KPI Performance**

- 7.1 The Director of Corporate Services presented the KPI dashboard as at 31 October 2021.
- 7.2 A member asked if there was analysis to determine whether stress related sickness was work related or personal?

The Director of Corporate Services confirmed that both work and personal related sickness was monitored. The split of stress was highlighted in the report and it was noted that a very low proportion was work related.

A member asked if the organisation provided physiotherapy support and treatment? The Director of Corporate Services advised of the Medicash service available to all employees that included physiotherapy treatments and if this becomes exhausted then we look at other options available, with the Council's in-house physiotherapy team being the first point of call.

- 7.3 The Director of Property Services advised that whilst now all 18,975 properties requiring Gas Servicing have been completed, this does not mean we are compliant. A full audit of all certifications will be undertaken to ensure compliance certification. Once completed, the data will be transferred to C365 and will inform the gas servicing programme for next year. He advised that in April, when the programme recommences, we will be able to see all the numbers in the dashboard, however we will only see the KPI move to green as we move towards the end of the programme.



- 7.4 A member asked about KPI 7 and the year on year comparisons, with the number of complaints compared to number of interactions stating this seems to imply and increase related to the repairs service?

The Director of Corporate Services responded that we have seen an increase in complaints around our repairs service which is based around waiting times and delays due to issues around lack of materials. Lack of materials is the main reason for delays, however an increase in customer contact due to this has led to an increase in time taken to answer the phone.

Board agreed it was important to consider the number of complaints received against those that were upheld.

It was noted that detailed performance information is reported to Performance and Improvement Committee on a quarterly basis.

- 7.5 A member asked about KPI 11 and if it was felt whether there is adequate support in place to support staff who are sick?

The Director of Corporation Services referred to the Medicash Service in place for all employees to access which provides benefits such as dental and optical as well as physiotherapy and mental health support. She advised that as people progress through the sickness triggers, one of questions we ask is whether they are accessing help and assistance or if there was anything, as a responsible employee, we can do to support them. In terms of stress related sickness, stress risk assessments take place in-house. She re-iterated that where Medicash resources are exhausted, then we would continue to support them with further alternative assistance.

The Board Member accepted this information however stressed that the explanation does not demonstrate whether the Medicash support in place is an effective scheme?

The Director of Corporate Services advised that as an employer we receive statistical information back from Medicash about usage which demonstrates that the services provided are well used by staff. She stressed that if a service is found not to be appropriate or not available, we find alternative support. She confirmed that the services available are of real benefit to the whole workforce.

The Director also confirmed that if Occupational Health advice is sought, we approach the Council for this service, however if physiotherapy services are needed, the employee would first seek advice and support from Medicash in the first instance.

A Member asked where evidence shows that by using Medicash, we are getting people back to work quicker?

The Chief Executive advised that when benchmarking against other Local Authorities, we benchmark very well, however against other Housing Associations, not so well.

He further advised that on reviewing Housemark Benchmarking for last year, we had our best performing year. He advised our sickness procedures are set out very clearly and throughout the process there are triggers, manager intervention and support in place, however we have an ageing workforce, and a large amount of people in manual and front line positions who are at a more increased risk.

The Director of Property Services advised that going forward for cases within Trades, wherever possible we will look at alternative work where there is absence but someone can still undertake some form of administrative tasks and do have associated skills. He gave an example of someone waiting for an operation but can still use skills to support us in other areas of the business.

A member commented that he expects we will see an increase in the number of people awaiting appointments and operations. He asked at what point do we offer private medical care for treatments to see if we can alleviate sickness?. The Director of Property Services advised this has not been considered, but there is support through Medicash where an individual can access referrals for specialist appointments and scans, however in some cases we have found private appointments can take just as long as those sought through the NHS at the time being.

**7.5 Board noted the KPI dashboard as at 31 October 2021.**

**8. Outcomes from Neighbourhoods away day**

8.1 The Chief Executive presented outcomes from the Board Strategic Planning Day to address environmental concerns and opportunities for improvement identified by SLHD customers.

8.2 There was agreement that there are many examples across the Borough including the community led services run from Woodlands Library of which a similar models could be replicated in other communities.

A Member asked, based on the recommendations within the report, whether we could develop a Community Interest Company (CIC)? He advised such an arrangement would provide opportunity to access different funding which could be supported by SLHD and suggested a conversation with Doncaster Chamber and other partners to see if we can develop something that can access funding.

8.3 The member also stated that on joining SLHD as a Board Member, he visited all TARAs where a lot of both DMBC and SLHD related

concerns were raised again and again. He gave this as an example of where a CIC to support communities would be worthwhile.

The Chief Executive explained his vision that we can source and provide support to activities that communities groups are wanting to deliver within their communities with little or limited resources.

**8.3 Board endorsed the proposed approach set out in the report.**

**9. Annual Fairness and Equality report**

9.1 The Director of Housing and Customer Services presented the report to inform Board of the equality and diversity information we hold on our customers and employees for 20/21 and to update on work we have undertaken during the year to advance fairness, equality and diversity.

9.2 The Chair queried the statistic, 19,876 tenants on page 5 of the strategy, asking if this was correct? The Director of Housing and Customer Services confirmed he would need to confirm this, but expected it would be tenancies rather than tenants. He agreed to make the relevant change if needed.

**MMc**

9.3 A member asked about introducing people into the organisation and if there was a concerted effort made in how to support certain groups of people including refugees settling into Doncaster?

Board agreed that in some cases, refugees and asylum seekers cannot work until they are given leave to remain, however agreed in terms of having a diverse population, the Borough is under-represented and something that needs further consideration.

There was also agreement of a need to ensure that people from different backgrounds have access to social housing and that we do everything possible to ensure they are not victim to racism. It was acknowledged that we have experienced racism and ASB in our communities when people from different backgrounds try to access housing.

9.4 Board considered the dashboard at Appendix B of the report agreeing that in terms of 17 employees identifying themselves as BANE in Q2 and therefore showing as green is very misleading given the percentage.

The Director of Housing and Customer Services agreed to consider this as well as presenting benchmarking information to show how we compare with other housing providers at regional and national level.

**MMc**

- 9.5 A member asked if we, as an organisation, were prepared if we should have to argue an institutional racism accusation from an employee?

The Director of Property Services responded that there are policies and procedures in place to support and protect the business from such an accusation, however it was felt that there is an openness within the business that allows anybody wishing to make a complaint, to do so. He provided an example where an individual came forward about being uncomfortable with some terminology which was resolved. He advised in cases such as these, we take a strong approach with a view to resolving the situation as quickly and as sensitively as possible. He advised, of the example given, it was really pleasing to see that after investigating, there was no intention meant and the issue was resolved.

The Chairman asked if we can use the pulse survey to ask a question of the workforce and ask whether someone has ever experienced racism in the workplace in the last number of years? The Chief Executive agreed to consider this stating that we do change some of the questions on a quarterly basis.

**DR**

- 9.6 The Chief Executive commented that he was very conscious over the representative nature of this Board and the challenges it presents given we have very limited control of our appointments due to how we are governed.

He advised that he had recently been challenged over the lack of diversity and whilst there is not much scope for change, one of the suggestions within the NHF code of Governance was to reduce the term of office which would enable more frequent turnover of Board members thus giving more opportunity to have a more diverse Board, however this could bring its own problems by potentially always having an inexperienced Board.

Due to this, The Chief Executive asked Board to consider exploring having an additional Board Member who could bring a lived in experience and expertise in respect of diversity issues.

Members were positive to this suggestion and asked the Chief Executive to explore the possibility and options with the Director of Corporate Services and bring a proposal back to the February meeting.

**DR**

- 9.7 A Member asked in relation to staff training to deal with mental health and signposting, if we have anything procedurally to support tenancies whilst a tenant is managing mental health issues?

The Director of Housing and Customer Services advised that if we have been notified of a tenant suffering from mental health and their tenancy is at risk, an officer would work with other agencies including Adult Social Care and the NHS and the individual to support them.

He further advised that if a situation gets to the stage where re-possession is being considered, then decisions are made on balance and we try all avenues of support before approaching court. It was noted that the eviction panel is also made of up cross agency colleagues and there are approximately 20/30 interventions before reaching the re-possession or eviction stage.

9.8 **Board noted that the dashboard at Appendix B will be reported to Employment and People Committee on a quarterly basis.** LGH

## 10. Social Statement

10.1 The Director of Housing and Customer Services presented Board with the 2020/21 Social Statement. The statement focuses on our social impact and the activities that add value to our core business and mission to provide homes in neighbourhoods that people are proud to live in.

10.2 The Chair commented that this is a well presented statement.

A member asked of plans for positive promotion of the content? The Director of Housing and Customer advised of communication plans through all media platforms available.

10.3 **Board noted the 2021/21 Social Statement.**

## 11. Chair and Chief Executive's update

11.1 The Chief Executive presented his regular update report.

### 11.1 Local Integrated Care Team

The Chairman asked where the Core Team will be based?

The Chief Executive advised it is expected the team will be based in Sheffield with a place based partnership based in Doncaster. He advised that a Doncaster base is really critical and he has asked for reassurance that we won't lose potential for joined up local working, however the group are still working on practicalities including structures.

### 11.2 Private Sector Alliance

The Chief Executive expanded that SLHD is seeming to be the first choice for people who are looking to rent a property because rents are very low and therefore people are approaching us rather than the private rented sector.

He further advised that currently, in terms of lettings, 93% of houses are being let to those in Gold and Platinum bands, demonstrating that someone needs to be in very high need to be allocated a property, even though, those in Silver and Bronze band potentially are also in high need of housing.

A member asked how we can work with private landlords better to get the properties they manage back into use for our tenants? He further agreed to share information he received on attending a housing conference in the region very recently.

The Chief Executive advised that the Council's Private Sector Team was very small with no resource available other than enforcing private rented poor landlord standards. He advised that the reason for establishing the Private Rented Sector Group was to try and increase communications and joint working with private landlords.

Board discussed how we can look at empty properties across the Borough and options to buy them and bring them back to use.

The Director of Property Services confirmed that we do try and acquire properties in communities where we already manage a high number of houses, but in the current climate we are outbid in most cases.

**11.3 Board noted the content of the report.**

**12 Board Expenses and Attendance Register**

12.1 Board reviewed and noted details of attendance and expenses of Board Members over the past 12 months.

**13. Board Forward Plan**

13.1 Board noted the forward plan.

**14. Committee minutes for noting**

14.1 Members noted the committee minutes.

14.2 The Chair of Performance and Improvement advised that at the last meeting of the Committee, the new Director of Housing and Customer Services had been welcomed to the meeting and there has been agreement that he, as Chair, meets both front line service Directors very soon to consider the forward plan to ensure it remains fit for purpose.

14.3 The Chairman advised that as Chair of Building Safety Committee it is very helpful to have a Building Safety Expert in post to bring a fresh

perspective, however confirmed that the work of the Director of Property Services and Head of Building Safety is appreciated and of excellent standard.

**15. AOB**

15.1 There was no other business raised.

The meeting ended at 15:40hrs

**Matters Arising from the previous minutes**

Month	Ref	Action	Progress	Completed Y/N	Owner
Oct'21	4.3	<p><b>Rise In Homelessness Presentations &amp; Best Use of Stock</b></p> <p>Agreement reached with Board Deputy Chair for the report to go to the next Performance &amp; Improvement Committee on 17 November 2021.</p> <p><u>2 December 2021 Update:</u> In progress and will be presented to February Committee meeting.</p>	In progress	N	DR/JD
Oct'21	7.4	<p><b>Corporate Plan Refresh</b></p> <p>Defer to first board strategic planning meeting in 2022.</p> <p><u>2 December 2021 Update:</u> Discussions will be held as part of the Feb 22 Pre-Board Discussion on Culture. Hoping that discussions will help influence refresh the Corporate Plan.</p>	In Progress	N	DR
Oct'21	8.8	<p><b>Health, Safety &amp; Compliance Report</b></p> <p><u>Asbestos</u> In the table at point 8.2 of the report – further detail required around 355 re-inspections and only 12 remedial actions. Requested by the SIA.</p> <p><u>2 December 2021 update:</u> The Director of Property Services 9 remedial actions, not 12. All remedial actions are now complete.</p>	In Progress	Y	CM

Dec 21	4.4	<p><b>Value for Money Statement</b></p> <p>Board agreed the statement but asked that the Executive Summary is reviewed to ensure it further highlights our strong positive achievements when reporting to the council.</p>	In Progress	N	JCr
Dec 21	9.2	<p><b>Annual Fairness and Equality Report</b></p> <p>The Chair queried the statistic, 19,876 tenants on page 5 of the strategy, asking if this was correct. The Director of Housing and Customer Services confirmed he would need to confirm this, but expected it would be tenancies rather than tenants. He agreed to make the relevant change if needed.</p>	In Progress	N	MMc
Dec 21	9.4	<p><b>Annual Fairness and Equality Report</b></p> <p>Board considered the dashboard at Appendix B of the report agreeing that in terms of 17 employees identifying themselves as BANE in Q2 and therefore showing as green is very misleading given the percentage.</p> <p>The Director of Housing and Customer Services agreed to consider this as well as presenting benchmarking information to show how compare with other housing providers at regional and national level.</p>	In Progress	N	MMc
Dec 21	9.5	<p><b>Annual Fairness and Equality Report</b></p> <p>The Chairman asked if we can use the pulse survey to ask a question of the workforce and ask whether someone has ever experienced racism in the workplace in the last number of years? The Chief Executive agreed to consider this stating that we do change some of the questions on a quarterly basis.</p>	In Progress	N	DR
Dec 21	9.6	<p><b>Annual Fairness and Equality Report</b></p> <p>The Chief Executive asked Board to consider exploring having an additional Board Member who could bring a lived in</p>	In Progress	N	DR



		<p>experience and expertise in respect of diversity issues.</p> <p>Members were positive to this suggestion and asked the Chief Executive to explore the possibility and options with the Director of Corporate Services and bring a proposal back to the February meeting.</p>			
Dec 21	<b>9.8</b>	<p><b>Annual Fairness and Equality Report</b></p> <p>Board noted that the dashboard at Appendix B will be reported to Employment and People Committee. On a quarterly basis.</p>	Complete	Y	<b>LGH</b>

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD Meeting REPORT**

**Date** : 3 February 2022

**Item** : 05

**Subject** : Communication Strategy 2022 - 2026

**Presented by** : Mark McEgan, Director of Housing  
and Customer Services

**Prepared by** : Jackie Linacre, Head of Customer  
Services

**Purpose** : To approve the Communication  
Strategy 2022 - 2026

**Recommendation:** That Board approve the  
Communication Strategy 2022 – 2026.

Company Number 05564649  
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**To the Chair and Members of the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 05  
Date: 3 February 2022**

**1. Report Title**

1.1 Communication Strategy 2022 - 2026

**2. Executive Summary**

2.1 The Communication Strategy sets out our plans to build a strong company reputation and to ensure all our stakeholders: tenants, employees, partners and other customers, are engaged, involved and informed about what we do and how we do it and that there are clear two way lines of communication to influence the services we deliver and how we deliver them.

2.2 The Strategy recognises that channels of communication continue to develop and change; it therefore includes actions to communicate in different and more digital ways, and at a local level, and to involve and inform stakeholders about issues that matter to them.

2.3 The Strategy is built around 4 key objectives, as set out below, and includes a number of actions to deliver these by 2026:

- Stakeholders have a voice and feel valued and listened to;
- We connect and engage effectively and efficiently with our stakeholders in a way which promotes two way communication;
- Our stakeholders are given opportunities to influence the services we provide and how we provide them;
- Being open and transparent when promoting our work to ensure stakeholders have a clear understanding of how we are performing.

**3. Purpose**

3.1 To approve the Communications Strategy 2022 – 2026

**4. Recommendation**

4.1 That Board approve the Communication Strategy 2022 – 2026.

**5. Background**

5.1 St Leger Homes is committed to ensuring the provision of quality information to our stakeholders so they are informed and involved in the services we provide and to ensure we communicate about things that matter to them. Effective communication is the foundation of our business and drives satisfaction; it is vital for ensuring transparency and trust.

- 5.2 The existing Communications Strategy is due for renewal. The revised Strategy is attached at Appendix A for Board's consideration and approval. Board will note that is a different format from Strategies previously reported to Committee, following a review and approval by EMT.
- 5.3 The Communications Strategy has been informed by discussions at EMT who considered a preliminary direction of travel document and by feedback from stakeholders. It takes into account our statutory obligations under the Tenant Involvement and Empowerment Standard and the Social Housing White Paper. The Strategy is strongly linked to the Customer Access Strategy and the Tenant Engagement Strategy and is supported by our People Strategy.
- 5.4 It is proposed that an update against actions is reported to Board in February 2023, with a 6 monthly update reported to EMT in August 2022. At the same time as providing Board with the update report on Year 1 actions, Board will also receive the delivery plan related to the actions for the following year.
- 5.5 The Strategy contributes to the achievement of the overall objectives in our Corporate Plan that:
- All our homes are modern, decent, safe and energy efficient;
  - Our tenants lead successful and fulfilling lives;
  - We will be a nationally recognised provider of housing services;
  - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together.
- 5.6 There is a specific objective in the Corporate Plan to improve communication with tenants and residents.
- 5.7 The factors driving the Strategy are:
- Customer expectations;
  - Customer involvement;
  - Agile working;
  - Social Housing White Paper (the Voice of the Customer);
  - Efficiencies/productivity;
  - Positive image of the organisation
- 5.8 Current Position
- 5.9 A review of our current position has helped inform the direction of travel for the Strategy. This has shown that:
- We have a variety of platforms to communicate both internally and externally – Phone, Web, Email, Letter, Social Media for external customers and Email, Teams, Jabber and Yammer for employees;
  - We have identified in the Customer Access Strategy actions to improve digital communication through the development of the My Access portal, which went live last year. These actions include the potential use of digital face to face technology, ChatBot/AI technology, a planned review

of our Web and Intranet and a text message reminder service linked to Repairs Excellence;

- A Customer Voice Strategy will be reported to Board for approval in April 2022, setting out a number of objectives and actions to improve tenant engagement. The Communication Strategy will support the delivery of this Strategy;
- We need to improve opportunities for communication with some diverse groups – LGBT+, disabled and BAME groups;
- We communicate well with our stakeholders, but need to ensure that it is about things that matter to them;
- We need to build on how we communicate with the wider community and at a more local level;
- Our website is not as up to date as it should be and needs modernising to encourage more usage;
- Feedback on our services can come from a limited number of tenants which is not always representative of our whole customer base;
- Some of our employees feel that we do not communicate with them as effectively as we could due to their site based roles;
- Current internal communication methods do not always support collaborative working or effective communications for some roles;
- There is an over-reliance on the use of email;
- The Intranet is not kept up to date by all areas of the business;
- Traditional methods of communication used for internal messaging could be more engaging;
- Some good internal communications – Staff Conference, EMT key messages;
- We have a number of different internal communication platforms which can create confusion about what to use when and where to look for information;
- Microsoft Teams is not being fully used and has the potential to do more to support the communication needs of an agile workforce;
- There are opportunities to work more collaboratively across areas of the business that deal with customer engagement/involvement and communications, to support better engagement with customers.

## **6. Outcomes**

6.1 The key outcomes to be achieved from the delivery of the actions in the Strategy are:

- Efficient and effective communications, using a range of channels, including digital, that meet the needs of our stakeholders;
- Communication with stakeholders on things that matter to them;
- Stakeholders who feel valued and listened to;
- Stakeholders who feel consulted, involved, informed and engaged, with opportunities to influence the services we deliver and how we deliver them;
- Recognition across all stakeholders that SLHD is an exemplar organisation for communication and engagement;

## **7. Consultation**

- 7.1 Consultation has been undertaken with internal and external stakeholders. From the 320 responses received regarding external communication 96% of customers were satisfied that we keep them up to date on the service we provide. The survey also showed that customers communicate with us, and want us to communicate with them, using a variety of ways, including traditional methods of communicating and digital methods.
- 7.2 Feedback from complaints shows us that we need to do more to improve how we communicate on day to day operational issues which impact on individual customers and demand data shows that we need to continue with the work that has commenced as part of the Customer Access Strategy to encourage more customers to register to use the My Access Portal and to self-serve.
- 7.3 Feedback from internal consultation has shown that employees want us to use more innovative ways of communicating, provide more opportunities for two way communication and improve existing ways of communicating to make these more targeted for specific teams to support a more agile way of working.

## **8. Procurement Implications**

- 8.1 Implications will be covered in any proposed future business case.

## **9. VFM Considerations**

- 8.1 Implications will be covered in any proposed future business case. Effective communication, internally and externally, should however help deliver efficiencies.

## **10. Financial Implications**

- 10.1 Where there are financial implications associated with the delivery of the actions in the Strategy these will be detailed in any proposed business case. It is likely that those actions that are reliant on changes to IT systems will incur costs but the details of this will not be known until work commences. Additional costs may also be incurred when reviewing the level of resources required to implement some of the actions in the Strategy.

## **11. Legal Implications**

- 11.1 We have a duty under the Tenant Involvement and Empowerment Standard to ensure our tenants are given a wide range of opportunities to influence and be involved in how our services are delivered.

## **12. Risks**

- 12.1 Some projects may require investment in IT and definite costs will not be known until after initial investigations. This may mean that notwithstanding their inclusion as an action in the strategy, some projects may not be implemented as first envisaged.

12.2 We may not have sufficient staff resources to deliver some of the projects or the expertise in-house. If we need to bring in external resources funding will need to be identified.

**13. Health, Safety & Compliance Implications**

13.1 There are no health and safety implications associated with this report.

**14. IT Implications**

14.1 There are IT implications associated with some of the proposed actions. These will be considered in more detail as and when each separate project commences and regular reports will be made to the Digital Transformation Board to update on progress.

**15. Consultation**

15.1 Consultation has taken place internally with employees and externally with customers.

**16. Diversity**

16.1 The Strategy will support improved communication with our diverse customers.

**17. Communication Requirements**

17.1 Communication with employees and customers will take place as the various actions progress.

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

18.1 Not required.

**19. Environmental Impact**

19.1 Not applicable for this report.

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

20.1 Jackie Linacre  
Head of Customer Services  
01302 862262

**21. Background Papers**

21.1 Appendix A – Communications Strategy 2022 – 2026  
Appendix B – Year 1 Action Plan



**St. Leger Homes**  
OF DONCASTER

January 2022

# COMMUNICATIONS STRATEGY 2022 - 2026

ST LEGER HOMES OF DONCASTER

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*PROVIDING HOMES IN NEIGHBOURHOODS THAT PEOPLE ARE PROUD TO LIVE IN*



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# FOREWORD

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**Housing is a people business, and the best landlords are those that understand the needs and expectations of all their stakeholder: tenants, employees and customers and make sure they meet those expectations. Doing just that requires excellent communication processes and skills, but just as importantly, a willingness to listen, explain and engage.**

At St Leger Homes we rent over 20,000 homes, support over 23,000 tenants, and carry out over 230,000 interactions each year. We need to be great communicators.



*Dave Richmond - Chief Executive*

We want to make it easy for our stakeholders to communicate with us, and us with them, in a way that meets their needs, and which is quick and effective.

But effective communication means more than people telling us things or us telling them, in some instances, it can mean cooperating to design services together to truly make sure we deliver the things tenants want, in the way they want them. We want more of our stakeholders to be involved in what we do, more of the time, so that they and we are not missing any opportunities to improve the services we deliver.

The channels we use to communicate are changing rapidly. We need to take advantage of new ways of communication to ensure all our stakeholders are fully informed and engaged about the things that matter to them and they can access information or let us know things at times and in ways that work best for them.

This doesn't mean abandoning the things we already do; we know that some of our tenants prefer traditional methods of communication and we will continue to provide these.

Everything starts from somewhere and this Strategy is no different; it builds on the good work we are already doing to engage with and involve our stakeholders, but seeks to make us better communicators so that we are well placed to truly become a great landlord, delivering effective services and helping to contribute to making Doncaster a great place to live.

I hope you find the strategy a good read, but more importantly, I hope you will agree that it sets the foundations for St Leger Homes to be a great communicator.

A handwritten signature in black ink that reads "Dave". The signature is stylized with a large, sweeping initial 'D'.



# INTRODUCTION TO THE STRATEGY

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**This Strategy sets out the direction St Leger Homes will take during 2022 - 2026 to transform how we will communicate and engage with all our stakeholders in a way that meets their needs. It has been informed by feedback from our stakeholders and is driven by the need to ensure that our stakeholders are involved in, informed about and can influence the services we provide and how we provide them.**

We use the term stakeholders throughout this document to include, tenants, employees, partners and other customers. Depending on the context this could mean one or all of these groups.

The Strategy includes actions to ensure we are being inclusive in our approach, as well as actions to take advantage of digital technology to provide efficient channels of communication that encourage engagement and two way feedback, and which support agile working.

There is a strong focus in the Social Housing White Paper on the voice of the tenant and ensuring that this is heard. This Strategy will support and underpin our Customer Voice Strategy to ensure effective communication which drives effective engagement. There is a focus therefore in the Strategy to use effective communication to ensure effective engagement.

Good communication is also a critical part of employee engagement. It promotes better performance, employee retention and wellbeing. It enables employees to stay connected to their workplace, to understand the organisation's purpose and strategy, to identify with its values and to develop a better understanding of how they can contribute to the services we provide. This Strategy therefore also includes actions for ensuring our employees are engaged and informed to deliver the best possible service and to put the customers at the heart of everything we do.

# STRATEGY OVERVIEW

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## WHO IS THE STRATEGY FOR?

This Strategy is for all our stakeholders - tenants, employees, partners and other customers.

## OUR AMBITION IS TO BE

*An organisation, recognised for actively engaging and connecting with our stakeholders so that they can be informed about, involved in and can influence the services we provide and how we provide them*

## OUR KEY OBJECTIVES

- 1** Stakeholders have a voice and feel valued and listened to
- 2** We connect and engage effectively and efficiently with our stakeholders in a way which promotes two way communication
- 3** Our stakeholders are given opportunities to influence the services we provide and how we provide them
- 4** Being open and transparent when promoting our work to ensure stakeholders have a clear understanding of how we are performing.

## LINKS TO OTHER STRATEGIES

This Strategy is cross-cutting. Effective communication drives effective engagement with our stakeholders and effective customer access, it is closely aligned therefore to both our Customer Voice Strategy and our Customer Access Strategy. Because the Strategy is closely aligned to how we communicate with our employees it is supported by our People Strategy.



# ACTIONS WE WILL TAKE TO ACHIEVE OUR OBJECTIVES

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This Strategy is applicable to all stakeholders with whom we communicate. The overriding aim is, through effective communication, to ensure that stakeholders feel well informed and included and connect with the organisation to support a sense of belonging and identity and to promote openness and trust.

Through this Strategy, we aim to drive improved engagement and involvement using the actions in the Strategy as a driver to better connect our business to our stakeholders.

We will do this by ensuring we provide the right opportunities through the right channels for us to communicate with our stakeholders and for them to communicate with us about the services we deliver and how we deliver them, as what they have to say matters. We also want our stakeholders to have a say in shaping the direction of the organisation.

We have therefore set ourselves a number of actions to deliver our 4 Key Objectives, to be delivered over the lifespan of this Strategy. These are shown below, together with the desired outcome of each action.





# 1 STAKEHOLDERS HAVE A VOICE AND FEEL VALUED AND LISTENED TO

## We will achieve this by:

Carrying out an annual sample survey on communications with our stakeholders.

Develop and implement for community communication champions to keep us better connected to our tenants and neighbourhoods.

Transform our internal communication channels and how we communicate internally with our employees.

Investigating and implementing ... new and creative communication techniques.

Informing stakeholders how our services have changed as a result of their involvement and feedback.

Work with community groups to understand how we can better communicate with them

## As a result we will:

Get up to date feedback from stakeholders on how effective we are at communicating on things that matter to them.

Increase the number of tenants involved in the services we deliver and how we deliver them.

Fit for purpose internal communication channels that supports effective two way communication to all employees regardless of their role.

An increase in traffic and connection across social media and other platforms.

Increase the numbers of stakeholders involved in the services we deliver and how we deliver them through positive feedback.

Harness local knowledge to support improvements in neighbourhoods.



# 2

## WE CONNECT AND ENGAGE EFFECTIVELY AND EFFICIENTLY WITH STAKEHOLDERS IN A WAY WHICH PROMOTES TWO WAY COMMUNICATION

We will achieve this by:	As a result we will:
Reviewing and implementing a new website.	Transform the existing St Leger Homes website to drive improved communication and accessibility for stakeholders.
Implementing mystery shopping for our website self-service channels.	Ensure that our self-service channels are delivering an excellent customer experience.
Promoting a digital culture across the organisation by producing internal campaigns to promote digital projects.	Increased use of digital systems by colleagues to drive efficiencies.
Enhance the use of social media to provide additional opportunities to communicate at a more local level.	Improve the opportunities to involve neighbourhoods in how we deliver services.
Using alternative technologies to bring to life the work we do for our stakeholders.	Extend the reach of our communications and bring our services to life.
Reviewing our internal Team Brief process.	Deliver consistent and clear corporate messaging with opportunities for employees to question and feedback.
Investigating how we can make better use of personal email to target communication to our stakeholders.	Extend our reach, reduce costs and improve the timeliness of communication to our stakeholders.



# 3

## OUR STAKEHOLDERS ARE GIVEN OPPORTUNITIES TO INFLUENCE THE SERVICES WE PROVIDE AND HOW WE PROVIDE THEM

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<b>We will achieve this by:</b>	<b>As a result we will:</b>
Providing additional opportunities for stakeholders to feedback on the services we provide using VoiceScape.	Increase the level of feedback we receive on the services we provide.
Making our senior leaders more accessible to our stakeholders.	Ensure engagement and excellence is driven from the top to build trust with stakeholders.
Reviewing the diversity of our Get Involved Group.	Ensure that we have sufficient numbers of diverse tenants who can feedback on the services we provide.
Making better connections with hard to reach groups.	Maximise the visibility of the services we provide and opportunities to influence those services to all out stakeholders.
Enriching and improving the stakeholder data that we hold.	Improve opportunities to engage with our stakeholders about things that matter to them and in a way that meets their needs.





# 4

## BEING OPEN AND TRANSPARENT WHEN PROMOTING OUR WORK TO ENSURE STAKEHOLDERS HAVE A CLEAR UNDERSTANDING OF HOW WE ARE PERFORMING

We will achieve this by:	As a result we will:
<p>Reviewing communication protocols and ensure awareness across the organisation.</p>	<p>Ensure the use of our branding and the promotion of our services across a number of communication channels is consistent and clear.</p>
<p>Working more collaboratively across Teams to better engage with our stakeholders about the services we deliver.</p>	<p>Have more stakeholders involved in what services we deliver and how we deliver them.</p>
<p>Reviewing the annual awards and accreditation plan to support our aim of being a nationally recognised provider of housing services.</p>	<p>Raise the profile and reputation of the organisation locally, regionally and nationally.</p>
<p>Improving our bank of stock photos.</p>	<p>Ensure our publications are relatable to our audience and reflect the services we provide and who we provide them for.</p>



# OUR SUCCESS

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## Overall outcomes we want to achieve

- Efficient and effective communication using a range of channels, including digital, that meet the needs of our stakeholders and employees;
- Communication with stakeholders on things that matter to them;
- Stakeholders who feel valued and listened to;
- Stakeholders who feel consulted, involved, informed and engaged, with opportunities to influence the services we deliver and how we deliver them;
- Recognition across stakeholders that SLHD is an exemplar organisation for communication and engagement;

## HOW WE WILL MEASURE OUR SUCCESS?

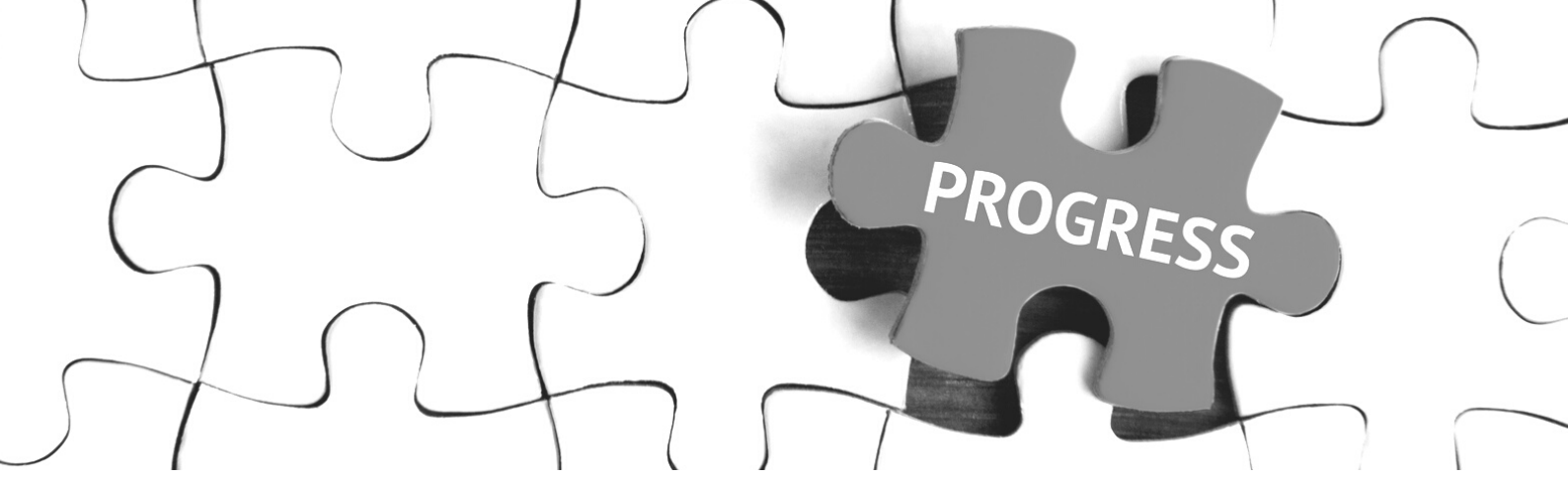
### We will measure the success of our Strategy through the use of:

- Employee Pulse Surveys and satisfaction of employees
- Our Annual STAR survey and satisfaction of tenants
- An annual survey on communications with stakeholders
- Customer journey mapping
- Focus group
- Number of hits on our website
- Number of tenants registered on the My Access Portal
- How often our social media campaigns are liked or shared
- % of complaints compared to the transactions we provide
- Number of compliments

## HOW WE WILL KNOW WHEN WE HAVE ACHIEVED OUR AMBITIONS?

### When our stakeholders tell us that:

- They can communicate with us using a range of channels that meet their needs;
- We communicate with them on things that matter;
- They feel valued listened to and have a voice;
- That they are consulted, informed, involved and able to influence the services we provide and how we deliver them.



# MONITORING OUR PROGRESS

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An action plan, showing actions due for completion within the current year will be reported to Executive Management Team and Board and will detail specific delivery timescales. Heads of Service will take ownership for updating actions where they are taking a lead role.

<b>Year 1 Communication Strategy Actions – For Delivery 2022 - 2023</b>		
<b>Plan</b>	<b>Headline Activities</b>	<b>Anticipated Completion Date</b>
Improving our bank of stock photos	<ul style="list-style-type: none"> <li>• Review existing stock photos;</li> <li>• Produce publicity scenario plan;</li> <li>• Communicate internally</li> <li>• Engage with employees and Service Managers</li> </ul>	October 2022
Review the annual awards and accreditation plan.	<ul style="list-style-type: none"> <li>• Establish base line position;</li> <li>• Research and benchmark with other organisations;</li> <li>• Briefing note to EMT</li> </ul>	August 2022 and yearly thereafter
Review the diversity of our Get Involved Group	<ul style="list-style-type: none"> <li>• Collect profile data for existing members;</li> <li>• Identify gaps;</li> <li>• Publicity marketing campaign</li> <li>• Make connections with local groups</li> </ul>	July 2022
Make our senior leaders more accessible to our stakeholders.	<ul style="list-style-type: none"> <li>• Benchmark with other organisations;</li> <li>• Consult with tenants and leadership;</li> <li>• Report to EMT</li> <li>• Implement actions and publicise</li> </ul>	October 2022
Provide additional opportunities for Stakeholders to feedback on the services we provide using Voicescape	<ul style="list-style-type: none"> <li>• Identify opportunities for feedback;</li> <li>• Develop forward plan of feedback/consultation;</li> <li>• Article in HouseProud/social media;</li> <li>• Go live</li> <li>• Review data</li> </ul>	December 2022
Working more collaboratively across teams to better engage with our stakeholders about the services we deliver	<ul style="list-style-type: none"> <li>• Review format of forward communications plan;</li> <li>• “Focus on” session at SMT meeting;</li> <li>• Develop communication procedures and processes to drive improved collaboration;</li> </ul>	June 2022 and on-going
Carry out an annual sample survey on communications with our stakeholders	<ul style="list-style-type: none"> <li>• Devise survey and circulate;</li> <li>• Analyse and implement any improvements;</li> <li>• You said, We did article</li> </ul>	March 2023 and on-going
Make better connections with hard to reach groups	<ul style="list-style-type: none"> <li>• Identify hard to reach groups using data analysis and collaborative working with partners;</li> <li>• Implement Customer focus groups or surveys;</li> <li>• Identify any actions to improve communication;</li> <li>• Implement actions and review;</li> <li>• You said, We did</li> </ul>	September 2022
Work with community groups to understand how we can better communicate with them.	<ul style="list-style-type: none"> <li>• Identify community groups in the localities;</li> <li>• Series of focus groups to gather feedback;</li> <li>• Identify opportunities for improved communication;</li> <li>• Implement actions;</li> <li>• Review impact</li> </ul>	August 2022

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 3 February 2022

**Item** : 06

**Subject** : Strategic Risk review Quarter 3  
2021/22

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

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

**Purpose** : To present Board with the updated  
Strategic Risk Register as at Quarter  
3 2021/22.

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

**To the Chair and Members of the ST LEGER HOMES OF DONCASTER BOARD**      **Agenda Item 06**  
**Date: 3 February 2022**

**1. Report Title**

- 1.1. 2021/22 Strategic Risk Quarter 3 review

**2. Executive Summary**

- 2.1. Board and Audit and Risk Committee receive periodic updates on the company's Risk Registers, the most recent review being presented to Audit and Risk Committee in November 2021. The purpose of this report is to consider the Strategic risk position at the end of Quarter 3 2021/22.
- 2.2. A review of the Strategic Risk Register (SRR) was undertaken by Heads of Service and EMT in December 2021 and January 2022.
- 2.3. Covid19 is still a feature on the Strategic Risk Register (SRR) after being added in May 2020 as a separate risk, and is now part of a wider risk to reflect maintaining business continuity as a result of external factors such as Covid19, adverse weather, fuel and material shortages, etc.
- 2.4. **No risks have been added or removed**, but there have been updates to causes, effects, controls, assurances, and actions. The risk ratings are again scored based on the existing and planned controls in place, **and are unchanged from the Q2 review**.
- 2.5. The SRR dashboard and risk details, attached at **Appendix A**. The summary table below show ratings for each risk on the register as follows:
- **INHERENT** Risk – the risk score on the assumption of no controls in place.
  - **CURRENT RESIDUAL** Risk - the risk score taking into account the current controls in place to mitigate the risks.
  - **FORECAST RESIDUAL** Risk (post actions) - the risk score after taking into account the planned controls are in place and actions are completed.
- 2.6. Each risk is assessed based on a 5 x 5 numerical traffic light scoring matrix, which comprises of **likelihood** and **impact**. The risk scoring matrices are attached at **Appendix B**.
- 2.7. The SRR again has ten risks. The table below summarises their Inherent, Current and the new Forecast Residual ratings, with Q2 September comparatives.

	Risk – Failure to :	Q3 December 2021/22			Q2 September 2021/22		
		Inherent rating	Current Residual Rating	Forecast Residual Rating	Inherent Rating	Current Residual rating	Forecast Residual Rating
1	manage Homelessness issues within the borough	16	12	12	16	12	12
2	develop, maintain and optimize use of ICT systems	20	12	8	20	12	8
3	manage political and local expectations of SLHD	20	12	12	20	12	12
4	deliver the digital transformation programme	16	12	4	16	12	4
5	recruit, develop and retain a skilled, efficient and effective workforce	9	9	6	6	9	6
6	manage all issues surrounding property compliance risks, including high risk residential accommodation and any emerging requirements	25	15	10	25	15	10
7	manage corporate health, safety and compliance risks	25	15	10	25	15	10
8	deliver on performance and VFM as measured by Doncaster Council (DC)	20	15	10	20	15	10
9	effectively govern and manage in an increasingly regulated and uncertain economic climate	20	10	5	20	10	5
10	maintain core service delivery and business continuity as a result of external factors (eg. Covid19, fuel and material shortages, weather)	25	9	6	25	9	6

Risk rating score key : R A G	20-25	7 - 19	1-6
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2.8. Operational Risk Registers: Service areas have previously conducted a thorough review of their Operational Risk Registers and a further review is due. This is yet to take place due to other operational priorities.

### 3. Purpose

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

### 4. Recommendation

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

### 5. Background

5.1. Since the last update to Audit and Risk Committee November 2021, SLHD's main focus areas have been embedding OpenHousing after Phase 2 go-live in October 2021, and also service planning for 2022/23 including budgets, KPIs, Health, Safety and Compliance and the Social Housing White Paper.

5.2. There have been a number of events within SLHD and also the sector/nationally, that could impact on the SRR. The items to note are:

- Phase 2 of the OpenHousing implementation went live on 18 October as planned and has generally gone very well. The period since has focussed on any teething troubles or outstanding development;
- Winter planning - SLHD continue to have extensive involvement with DC led coordination groups around winter planning which includes Covid19 and its current focus on the roll out of the vaccination programme and managing the homelessness demands;
- Covid19 has seen the emergence of a new variant and another large wave of infections, causing many organisations, including DMBC, to declare a business continuity major incident;
- Service delivery - Availability of contractors and some building materials has been affected by Covid19, particularly in December and January as infection rates and absence levels have increased, but this is being managed; and
- Office accommodation - SLHD offices remain open on a limited basis and almost all office-based staff continue to work from home. The decision to move to the Civic office was made in December and a project plan is in place for this to complete by April 2022.

## **6. Procurement**

- 6.1. The SLHD procurement function transferred to DMBC on 1 December 2021 and services are now provided under a Service Level Agreement.
- 6.2. Robust procedures are unchanged and are inherent within a number of strategic and operational risks, and are a fundamental part of SLHD's assurance framework.

## **7. VFM Considerations**

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

## **8. Financial Implications**

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



## **9. Legal Implications**

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

## **10. Risks**

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

## **11. IT Implications**

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

## **12. Consultation**

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

## **13. Diversity**

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

## **14. Communication Requirements**

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

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

- 15.1. Not applicable to this report.

## **16. Environmental Impact**

- 16.1. Not applicable to this report.

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

Nigel Feirn  
Head of Finance and Business Assurance

### **Background Papers**

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

**Strategic Risk Register - Dashboard as at Q3 2021/22**

**APPENDIX A**

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

RISK OWNER	Head of Access to Homes		
FAILURE TO	1. manage the Homelessness issues within the Doncaster borough		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Impact of Universal Credit (UC) Initial transition is now business as usual, post pandemic adjustments (£20) together with inflationary pressures</li> <li>* Reduction in turnover of Social housing Stock and impact on demand reducing early intervention opportunities.</li> <li>* Additional Grants for homeless initiatives are time limited.</li> <li>* Unaffordable Private Rented Sector, access to Social Housing</li> <li>* Review and recommissioning of Supported Housing Model</li> <li>* Extreme Weather Events</li> <li>* Increases in number of rough sleepers</li> <li>* Reduction in commissioned services</li> <li>* Workforce - structure, vacancies, pay, retention, behaviours</li> <li>* Pandemic affects availability of Accommodation Options</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Increase in demand on service beyond accepted levels</li> <li>* Judicial Review of Homelessness cases</li> <li>* Unable to effectively prevent Homelessness</li> <li>* Reduction in Housing Pathways</li> <li>* Increased demand for Temp Accom / B&amp;B during transition to new supported housing model.</li> <li>* Supply not meeting demand from those in greatest need</li> <li>* Reputational damage</li> <li>* Economic impact on Town Centre and reputational damage</li> <li>* Insufficient supply of housing options to meet needs.</li> <li>* Unable to deliver statutory service leading to a reduction in prevention and an increase in homelessness</li> <li>* Government legislation amended to accommodate a wider group of people.</li> <li>* Turnover of accommodation is reduced restricting move on options.</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>16</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* UC now business as usual and arrears under control.</li> <li>* Increased Management Fee to increase capacity.</li> <li>* Tenancy Sustainability team established</li> <li>* Allocation Policy reviewed</li> <li>* Identify and apply for additional resources through new funding streams.</li> <li>* Monitoring and Flexible use of DMBC stock for temp accommodation</li> <li>* Annual review of Severe Weather Emergency Plan (SWEPP)</li> <li>* Revised staffing structure in development</li> <li>* Complex Lives Alliance</li> <li>* Multi agency engagement in developing a new housing support model.</li> <li>* New structure providing opportunity for progression and succession planning.</li> <li>* Multi agency monitoring in place through Complex Lives Alliance and through Gold, Silver and Bronze meetings</li> <li>* MHCLG Funding</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* Performance Management demonstrates an increase in preventions.</li> <li>* New software providing improved quality assurance on Data</li> <li>* Improved case management by Team Leaders</li> <li>* Homelessness Board established overseeing Strategic Action Plans</li> <li>* Reports to Homes 4 All Programme Board</li> <li>* Partnerships in place</li> <li>* Monitoring of Allocations Policy and lettings by priority bands</li> <li>* New Homelessness &amp; Rough Sleeping Strategy</li> <li>* Successful bids for additional resources-staff turnover has stabilised,</li> <li>* Recovery Plans in Place</li> <li>* Additional Agency staff in place to cover vacancies in the system.</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>12</b>		
What further action is planned to treat the risk?			
		Action owner ?	Timescale
Action 1	Review of Allocations Policy	Home Choice Service Manager	Mar-22
Action 2	Review Home Options Structure to align with whole systems approach	Home Options Service Manager	Mar-22
Action 3	Review comms planner ensuring effective internal & external comms	Head of Customer Services	On-going
Action 4	Work in partnership to mainstream Rapid Rehousing Pathway Project	Head of Access to Homes / Housing Management	On-going
Action 5	Deliver Homelessness and Rough Sleeping Strategy Action Plan	Head of Access to Homes	Ongoing
Action 6	Maximise use of all Housing Options including the Private Rented Sector	Head of Access to Homes / Housing Management	Ongoing
Action 7	MHCLG RSI round 4 funding Secured and R5 to be developed	Head of Access to Homes	Ongoing
Action 8	Develop next steps accommodation plan to reduce the number in Hotel Accommodation.	Head of Access to Homes	On-going
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>12</b>		

RISK OWNER	Director of Corporate Services		
FAILURE TO	2. to develop, maintain and optimise use of ICT systems		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> <li>* Under investment in ICT systems</li> <li>* Inadequate IT strategy</li> <li>* Disparate systems</li> <li>* Lack of clear outcomes in service transformation / improvement</li> <li>* Insufficient ICT knowledge, skills and capacity</li> <li>* Security breach</li> <li>* Organisational cultural resistance to change</li> <li>* Lack of reliable and responsive access to ICT network and solutions (eMail, Office, Teams, back office solutions etc.)</li> <li>* Inadequate partnering arrangements with DC and key software and hardware suppliers</li> </ul>		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> <li>* Poor service delivery and inefficient / unproductive working practices</li> <li>* Reduction in customer satisfaction and confidence</li> <li>* Loss of customer information / Data Protection Act breach and fine</li> <li>* Lack of customer insight and IT systems to enable storing of information.</li> <li>* Inaccurate and/or delayed financial and performance information</li> <li>* Inefficiencies and duplication in data entry to maintain systems</li> <li>* Lack of access to information/intelligence to inform the business</li> <li>* Security breach</li> <li>* ICT system outages (downtime). Inability to perform activities due to lack of ICT access</li> <li>* Decision-making based on flawed or inaccurate data</li> <li>* Poor VFM - better systems would drive efficiency savings</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>20</b>		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> <li>* ICT Strategy</li> <li>* SLA with DC</li> <li>* Migration to O365 and cloud computing to improve ICT service response times and reliability</li> <li>* Issue of laptops and general kit to allow more flexible and remote working</li> <li>* Robust Business Continuity Plans with manual and paper based approaches when ICT outage occurs</li> </ul>		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> <li>* Investment in ICT infrastructure and security protocols.</li> <li>* TOP - single system to replace several disparate systems implemented October 2021.</li> <li>* Liaison meetings with DC.</li> <li>* Business transformation programme and Forward Work Plan identifying areas for improvement.</li> <li>* Minimal system downtime and strong performance to maintain services into and during lockdown.</li> <li>* Positive employee survey feedback.</li> <li>* Customer Access Strategy which support transformational change for channel shift</li> <li>* Digital Transformation Board in operation</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>12</b>		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Investment and development of a secure and reliable solutions and ICT network, while taking advantage of the O365 products and services.	Head of ICT & BT	on-going
Action 2	Review of Customer Insight data - what, how we collect and how we keep it up to date.	Head of Customer Services	Review concluded but further work to be completed to improve collection rates linked to the development of the My Access Portal and implementation of One Housing August 2022
Action 3	Contribute and react to cyber security exercises	Head of ICT & BT	ongoing
Action 4			
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>8</b>		

RISK OWNER	Chief Executive		
<b>FAILURE TO</b>	<b>3. manage political and local expectations of St Leger Homes</b>		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Unrealistic expectations</li> <li>* Lack of understanding of role and remit</li> <li>* Unexpected Increases in demand for services</li> <li>* Comparisons with better resourced Housing Associations</li> <li>* Failure to react to changing demand</li> <li>* Failure to sell the need for change to key council members</li> <li>* Change in national and local political leadership</li> <li>* Conflicting priorities</li> <li>* Extensive partnership arrangements and unreasonable expectations</li> <li>* change in new Chief Executive approach</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Unrealistic political expectations</li> <li>* Services taken back 'in house'</li> <li>* Increase in Councillor complaints</li> <li>* Reduced customer satisfaction</li> <li>* Failure to support strategic, operational and policy initiatives</li> <li>* Reputational damage</li> <li>* Excessive demands on time impacting on capacity for core service delivery</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>20</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Regular Mayoral and portfolio member briefings</li> <li>* Attendance at relevant member and officer briefings</li> <li>* Councillor complaints and monitoring system in place</li> <li>* STAR customer and transactional satisfaction survey</li> <li>* Member Consultation processes in place</li> <li>* Proactive engagement with our customers;</li> <li>* Promotion of positive news stories.</li> <li>* Ward member monthly updates by comms and area teams.</li> <li>* Estate walk invites</li> <li>* Area housing managers attend monthly ward member meetings</li> <li>* Inclusive and extensive selection process</li> <li>* Quarterly newsletter</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* New 5 year M'ment Agreement in place from April 2019</li> <li>* From 2019/20 new corporate plan aligned with Doncaster Growing Together / Mayoral strategic plan</li> <li>* Customer Involvement strategy actions being completed</li> <li>* Regular Portfolio Member briefings</li> <li>* Review of external communications completed - will be used to inform a revised communications strategy to be produced in 21/22</li> <li>* STAR surveys in July each year and Transactional Surveys to take place April and October each year.</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>12</b>		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Review Customer Involvement strategy, model and structure	Head of Housing Management	Mar-22
Action 2	Increase effective engagement through implementation of outcome of review of model and stucture	Head of Housing Management	ongoing
Action 3	Delivery of customer experience training - rolling programme. Training to be delivered in 21/22	Head of Customer Services/Head of HR and OD	Training to be delivered 22/23. Delayed due to Covid
Action 4	Undertake review of 5 year Corporate Plan	EMT	ongoing
Action 5	Undertake annual refresh of the ADP	Leadership	ongoing
Action 6	Implement bi-annual Councillor forums	EMT	ongoing
Action 7	Undertake 360 degree appraisals of the Chief Executive	Board	ongoing
Action 8			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	4		
Impact score x likelihood score	<b>12</b>		

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

RISK OWNER	Head of HR & OD		
FAILURE TO	5. recruit, develop and retain a skilled, efficient and effective workforce		
<p>What might cause the risk to occur?</p> <p>'CAUSE'</p>	<ul style="list-style-type: none"> <li>* Occupational shortages/skills shortages</li> <li>* Ageing workforce - lack of succession planning</li> <li>* Lack of management buy in to recruitment changes (behaviours v. knowledge)</li> <li>* Lack of manager involvement in employee engagement / change management</li> <li>* Failure to identify the skills needed for the future (e.g. digital)</li> <li>* Failure to manage people in line with policies and procedures</li> <li>* Policies and procedures - not aligned with strategic direction</li> <li>* Inappropriate targets and lack of timely performance information or management</li> <li>* Lack of appropriate equipment and training</li> <li>* Inability to fill vacancies due to economic factors or pay market rates.</li> <li>* Inadequate systems</li> <li>* Lack of career progression/ development opportunities</li> </ul>		
<p>What are the possible consequences if the risk occurs?</p> <p>'EFFECT'</p>	<ul style="list-style-type: none"> <li>* Posts unfilled, impacting on ability to deliver services to our customers</li> <li>* Reduced employee satisfaction and engagement</li> <li>* Increased employee turnover</li> <li>* Increased sickness absence</li> <li>* Reputational and brand damage</li> <li>* Failure to comply with legislation/regulation</li> <li>* Unproductive and demotivated staff</li> <li>* Lower quartiles benchmarking</li> <li>* Customer dissatisfaction and increase in complaints</li> <li>* Health and safety risks</li> <li>* Poor culture</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	9		
<p>What existing processes / controls are in place to manage the risk?</p>	<ul style="list-style-type: none"> <li>* People Strategy in place</li> <li>* Behaviours framework inplace</li> <li>* Financial and Performance Management framework in place</li> <li>* Leadership development programmes completed</li> <li>* Strategies, Policies and Procedures framework in place</li> <li>* National and local benchmarking arrangements in place</li> <li>* Market supplement available</li> </ul>		
<p>What are the current assurance activities around the risk?</p>	<ul style="list-style-type: none"> <li>* Workforce planning process in place</li> <li>* Leadership Development completed across the business</li> <li>* First line manager program delivery ongoing</li> <li>* Wider range of apprenticeships across the business and career start activity</li> <li>* Regular employee surveys undertaken</li> <li>* A range of employee benefits, and employee health, safety and wellbeing communicated regularly</li> <li>* Regular check in (personal review) meetings between employees and their line manager</li> <li>* Top quartile customer satisfaction</li> <li>* Budget monitoring and Performance Management frameworks in place</li> <li>* People strategy in place</li> <li>* Increased resources as required</li> <li>* Be well at work Silver award achieved in 2020. Plan for Gold in 2022 - through wellbeing at work group</li> <li>* Development of the future ways of working including agile, remote and flexible working</li> <li>* Behaviours embedded in job descriptions to enhance recruitment</li> <li>* Complaints training delivered to all Service Managers and Team Leaders.</li> <li>* Refreshed people performance framework, linking goal setting, performance and compliance to regular one to ones</li> <li>* Implemented new industry standard Schedule of Rates (SORs);</li> <li>* Personal Development Plans for all staff in place for 2022;</li> <li>* Repairs Excellence Board in operation.</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	9		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Management Development Programme. First Line Managers programme commencing Jan 20	Head of HR and OD	Cohorts ongoing and planned into 2022
Action 2	Develop succession planning	Head of HR and OD	Mar-22
Action 3	Deliver recommendations from productivity related internal audits (linked to TOP go live for repairs)	Head of Repairs and Maintenance	Mar-22
Action 4	Introduce peer group performance benchmarking specifically for tradesteam DLO	Head of Repairs and Maintenance	Mar-22
Action 5	Deliver year 2 of the People Strategy	Head of HR and OD	Mar-22
Action 6	Define and implement future agile ways of working	Head of HR and OD	Mar-22
Action 7	Delivery of customer experience training - rolling programme. Training to be delivered in 21/22	Head of Customer Services/Head of HR and OD	To be delivered 22/23. Delayed due to Covid
Action 8	Deliver Repairs Excellence Project	Head of Repairs and Maintenance	Ongoing
Action 9			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	3		
Impact score x likelihood score	6		



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



RISK OWNER	Head of Building Safety		
FAILURE TO	7. Manage corporate health, safety and compliance risks		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Lack of an effective health and safety management system</li> <li>* Failure to carry out suitable and sufficient risk assessments and produce safe systems of work</li> <li>* Failure to adequately follow corporate policies, procedures and risk assessments (culture)</li> <li>* Lack of a responsibility and accountability culture within the organisation - both employees and management</li> <li>* Lack of leadership around health, safety &amp; compliance</li> <li>* Ineffective health surveillance and monitoring programmes in place</li> <li>* Lack of resources to manage health, safety and compliance</li> <li>* Failure to adhere to legislation and keep up to date with codes of practice (compliance register)</li> <li>* Lack of competent and suitably qualified staff</li> <li>* Failure to maintain ongoing adequate health, safety and compliance training</li> <li>* Lack of governance, scrutiny and performance monitoring of health, safety &amp; compliance</li> <li>* Failure to keep accurate compliance data, records and certification</li> <li>* Inadequate IT/data systems to capture key data and provide performance and assurance reporting</li> <li>* Lack of internal quality assurance processes and external audit and verification</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Loss of life, serious physical or mental injury</li> <li>* Increased staff sickness</li> <li>* Increased turnover of staff</li> <li>* Reduced staff motivation and engagement</li> <li>* Legal action (criminal and civil)</li> <li>* Reputational damage</li> <li>* Financial penalties (fines)</li> <li>* Investigations and action by regulatory bodies</li> <li>* Termination of management agreement</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	5		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>25</b>		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* H&amp;S Management System framework in place - plans, policies, procedures and risk assessments</li> <li>* Compliance register developed</li> <li>* Suitable control measures in place from risk assessments (including safe systems of work)</li> <li>* Processes to ensure employees are competent (skills, knowledge, training, experience, training tool box talks)</li> <li>* Monitoring processes, with inspections at all levels across the organisation.</li> <li>* Audit programme in place for buildings and services.</li> <li>* Health and wellbeing promotion (incl. employee healthcare scheme)</li> <li>* Scheduled reporting processes in place to key stakeholders incl. fire risk assessment programme</li> <li>* New health, safety and compliance performance management framework to in place</li> <li>* Provision of additional capacity</li> <li>* Head of Building Safety appointed</li> <li>* Health and Safety team</li> <li>* Property compliance team</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* External Verification.</li> <li>* Internal/external audit programmes</li> <li>* Quarterly Audits through SLA by Doncaster Council</li> <li>* Assurance reports by Business Assurance Team specifically around fire safety</li> <li>* Inspection programme in place at all levels in the organisation</li> <li>* Be Well at Work Charter external verification every 2 years</li> <li>* Presence of accident and incident reporting procedure</li> <li>* British Safety Council 5* award</li> <li>* New Board reporting governance</li> <li>* ISO45001 accreditation</li> <li>* Increased team resources</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>15</b>		
What further action is planned to treat the risk?			
Action 1	Further full review of all risk assessments	Heads of Service	Ongoing
Action 2	Implementation of health surveillance programme	Head of service / Head of HR and OD	Ongoing
Action 3	Achieve gold level in the BeWell@Work Award by March 2022 having achieved silver in March 2020	Head of HR and OD	Mar-22
Action 4	Retention of ISO45001 accreditation and delivery of ISO45001 project plan	Head of Building Safety	Ongoing
Action 5	Complete external health check audit on key six areas of compliance	Head of Building Safety	May-22
Action 6	Introduce new health, safety and compliance sub group	Director of Property Services	Completed
Action 7	Commence delivery of new safe, compliant, excellent model for key 6 areas of compliance	Head of Building Safety	Completed
Action 8	Review structures and staffing resources for Building Safety and Compliance	Head of Building Safety	Completed
Action 9	Implement the structure and recruit to the positions	Head of Building Safety	Ongoing
Action 10	Deliver recommendations arising from compliance health checks	Head of Building Safety	Ongoing
Action 11			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	<b>10</b>		

RISK OWNER	Chief Executive		
FAILURE TO	8. deliver on performance and value for money as measured by DMBC		
What might cause the risk to occur?  'CAUSE'	<ul style="list-style-type: none"> <li>* Poor / inadequate operational performance</li> <li>* Poor / inadequate budgetary control</li> <li>* Failure to deliver value for money</li> <li>* Change in new Chief Executive approach</li> </ul>		
What are the possible consequences if the risk occurs?  'EFFECT'	<ul style="list-style-type: none"> <li>* Increase in complaints and members enquiries</li> <li>* Reduced customer satisfaction</li> <li>* Overspend and loss of trust of Board and Council, reduction in services</li> <li>* Upheld complaints and increased fines which impact on budget and service delivery</li> <li>* Poor, lower quartile benchmarking performance</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	4		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	20		
What existing processes / controls are in place to manage the risk?	<ul style="list-style-type: none"> <li>* Monthly performance monitoring by EMT, quarterly by Board, Cabinet and OSMC and action plans developed</li> <li>* Monthly budget monitoring by EMT and quarterly by Board. Actions plans in place</li> <li>* Fortnightly Cabinet member briefings, regular mayoral briefings and regular attendance at Cabinet and OSMC</li> <li>* Monthly CEO/Dir of Environment and Regen meetings, Regular finance and quarterly OLB/Challenge meetings.</li> <li>* National and service specific benchmarking arrangements in place;</li> <li>* Annual VFM self assessment and statement</li> <li>* Business Intelligence (BI) tool (Qlik) implemented producing real time performance information</li> <li>* Inclusive and extensive selection process</li> <li>* Weekly key KPIs published company wide - arrears, voids, tenancy management and repairs</li> </ul>		
What are the current assurance activities around the risk?	<ul style="list-style-type: none"> <li>* Top quartile customer satisfaction (STAR and other surveys)</li> <li>* Timely, accurate, regular budget monitoring, both capital and revenue</li> <li>* Low cost, mid to high performance benchmarking position nationally and peer group</li> <li>* Revised Annual Review process</li> <li>* Housemark benchmarking submissions (quarterly and annual)</li> <li>* Review of Quartiles 3 and 4 indicators and actions</li> <li>* Positive annual VFM statement production 16/17, 17/18, 18/19, 19/20 and 20/21</li> <li>* Letter of comfort from DMBC on KPIs and budgets for Covid affected 19/20</li> <li>* Redesigned 1:1 framework linking goal setting, performance and compliance to individual 1:1s</li> <li>* TOP phase 1 implemented November 2020. Phase 2 implemented October 2021.</li> </ul>		
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	3		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	15		
What further action is planned to treat the risk?		Action owner ?	Timescale
Action 1	Analysis of customer transactional and STAR survey feedback	Head of Customer Service	Completed for 21/22 but on-going each year. Report to EMT in January 2022 fOctober/November 21 feedback
Action 2	TOP - new integrated housing management solution which will improve operational efficiency	Head of ICT and Business Transformation	On-going
Action 3	e5 CP development for SLHD, HRA and Capital Programme budget monitoring	Head of Finance and BA	On-going
Action 4	Re-design and deliver 1:1 and performance management training to all people managers	Head of HR and OD	Ongoing
Action 5			
Action 6			
Action 7			
Action 8			
Action 9			
Action 10			
1=Very unlikely, 2=Unlikely, 3=Possible, 4=Likely 5 = Very likely	2		
1=Slight, 2=Moderate, 3=Significant, 4=Major 5 = Critical	5		
Impact score x likelihood score	10		

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

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

## Risk rating methodology

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

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

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

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

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

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

# ST LEGER HOMES OF DONCASTER

## Board Meeting Briefing Note

<b>Title:</b>	Our Organisational Culture
<b>Action Required:</b>	Note the content and agree to a facilitated session as part of the strategic planning process to consider St Legers current and desired culture and that this should include further consideration of the strategic direction required as part of the corporate plan refresh.
<b>Item:</b>	07
<b>Prepared by:</b>	Sarah Moore, Head of HR and OD
<b>Date:</b>	3 February 2021

### 1. Background and Purpose

- 1.1 This paper aims to act as a conversation starter for a future broader discussion around our organisational culture setting out the context in which culture is being discussed, what we know already, popular tools and cultural assessment methods as well as asking Board to consider future next steps to progress this discussion which may include a more detailed facilitated session during which our vision for future organisational culture is set out. Associated and following on from a considerations of culture, it is proposed to facilitate further discussions relating to the corporate plan refresh.
- 1.2 The models and tools within this paper are provided as examples only to aid Board's consideration of this topic and agreement of next steps.

### 2. Recommendation

- 2.1 That Board agrees to a facilitated session as part of the strategic planning process to consider St Legers current and desired culture and that this should include further consideration of the strategic direction required as part of the corporate plan refresh.

### 3. What is Culture and Why is it important?

- 3.1 There are many different definitions of culture, examples include:
  - 'the way we do things around here' (Balogun and Johnson)
  - 'The pattern of shared basic assumption – invented, discovered or developed by a given group as it learns to cope with its problems or external adaptation and internal integration' (Schein)
  - 'The underlying values, beliefs and principles that serve as the foundation for an organizations management system a well as the set of management practices and behaviors that both exemplify and reinforce those basic principles' (Denison)

- 3.2 In practice, there is often no one definition that sums it up for an organisation and a combination of these is best to explain what is meant by the term organisational culture.
- 3.3 Crucially organisational culture is a way that employees understand their organisation, what it is about – the purpose, how they ‘fit’ and establish themselves as being part of that organisation. In the current environment organisational culture is becoming more important than ever with many employees actively choosing where they will work based upon their perception of the culture, against an increasingly tough labor market, organisations being clear on their culture and what they stand for becomes even more important to attract and retain the right people for them.
- 3.4 There is some belief that organisational culture may impact upon performance, evidence to support this is weak, possibly because culture is such a fluid concept and there is no ‘right’ answer. However what we do know is that other factors that do impact upon performance such as employee engagement, leadership, collaboration all form part of an organisation culture and therefore whilst the evidence is weak, it is easy to see how certain cultural levers could see impact upon performance in a positive direction if we get the right blend.
- 3.5 Ongoing assessment of culture is important as this can change over time, particularly with significant business change for example a change in leadership, a fundamental changes in ways of working or a refresh of the corporate plan – all changes which we have seen recently or are in the process of right now making now an ideal time to be reflecting on our culture.
- 3.6 Culture will exist either intentionally or unintentionally, reviewing the culture and having a vision as to where we want to be comes with its own benefits.
- Operate with intention - It allows us to purposefully plan, operate intentionally and create a vision as well as how we will get there
  - Uncover gaps – Nothing is ever perfect and we know already that we have areas where we could do better, this would be a further way to identify these gaps and what we can do to further improve upon them
  - Identify opportunities – with all of the change that has been experienced it is often easy to just ‘do’ rather than take the time to stop and reflect. Taking the time to assess where we are and where we want to be gives us that chance to identify opportunities that we may be yet to see or certainly explore

#### **4. What do we already know about our Culture at St Leger?**

- 4.1 We have established our values and behaviors (appendix 1). These are used in recruitment, induction, management and training, to varying extents. Whilst there is no refresh planned of the values themselves, in late 2021 it was agreed that we would refresh our behaviors making them clearer, aligned to organisational level and enhance them as appropriate to make use of them in the employee life cycle more robust. This work is planned throughout 2022.
- 4.2 Since May 2020 we have begun to undertake regular employee pulse surveys which have provided a temperature check across the organisation and an opportunity to gain insight into the culture. The most recent survey was conducted in October 2021. Whilst this paper will not go into detail as to the survey itself we can see some themes emerging:
- Response rates are not high, with the highest being 63% in October 2021 potentially suggesting that employee engagement and employee voice is an area for development
  - Employee Satisfaction remains high, increasing consistently across the pulse surveys to 83%, we are clearly doing something right, what exactly is it?
  - 80% of the respondents have indicated that they feel connected to their co-workers or



a part of a team. Whilst in October we saw a drop from just over a year previous this still indicates team work is high, does this signal something towards the kind of culture that we already have?

- 79% of pulse survey respondents feel like their voice is heard and have regular, meaningful conversations with their manager. 89% report that their manager cares about their wellbeing, a slight drop from 92% last time but still high. A further nod towards the kind of culture potentially that we have here at St Leger?

The full summary from the most recent survey can be seen in appendix 2. The next survey is planned for February 2022.

- 4.3 Our 2020-24 People Strategy sets a key measure of the strategy as meeting the Investors in People Framework. Investors in People (IiP) may be one measurement tool that we may wish to consider to measure our culture and determine areas for improvement, the Framework is vast and can be achieved at varying levels from initial accreditation to award status up to Platinum level. Prior to undertaking any such commitment it would be important to consider precisely what culture we are aiming for and with that in mind is IiP the best measure of this. Other measures should also be considered in addition to IiP when selecting a tool for example Best Companies. Similar to IiP, Best Companies provides varying levels of award from 'one to watch' to 3 star, along with published league tables but more importantly in depth analysis of engagement surveys, insight and opportunity to take action. Further work will be done in the coming months to determine which of the accreditations is the most appropriate for St Leger

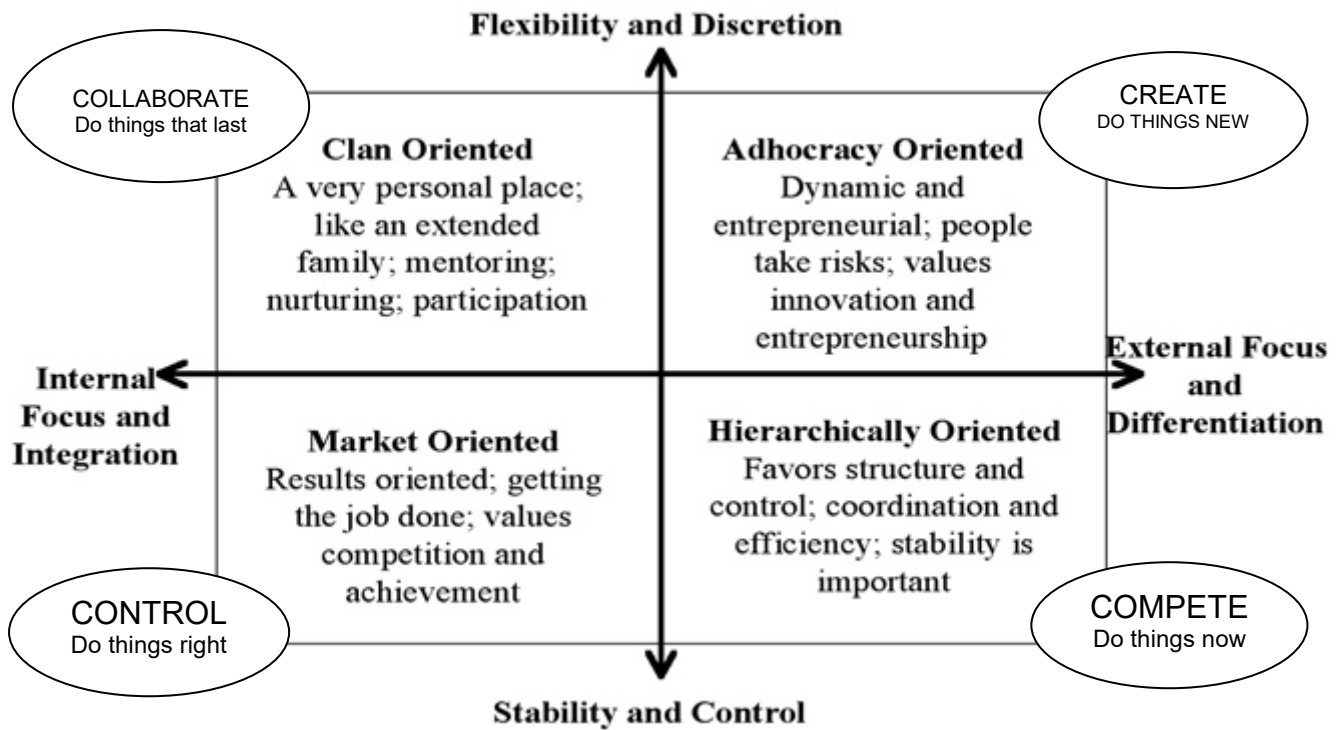
In summary the ambition is there within our People Strategy to measure our achievement, in advance of this consideration of what we want to achieve should be taken.

## **5. How do we review our culture?**

- 5.1 Possibly one of the more common cultural models developed by Robert E. Quinn and Kim S. Cameron at the University of Michigan is shown below. There are variations upon the wording within each of the quadrants but all with ultimately the same meaning. Remembering that there is no 'right' culture the Competing Values Framework then offers a tool against which to measure and ultimately determine current organisation culture against where we want to be in the future and enable consideration of the journey to achieve this.

Where do we think that we are now?





5.2 Just as there are numerous models of culture, there are a range of tools that can be used to measure culture, many with their roots embedded in measuring against a specific model. One such tool attached in appendix 3 is the Competing Values Framework Assessment. This is one way of measuring culture determining how strongly the organisation relates to each of the 4 quadrants in 4.1. A tool such as this could be useful in further considering our culture and where we want to be.

## 6. Corporate Plan

In July 2021 the Board agreed to a midterm review of the corporate plan and proposals for alterations were presented back to the board in October. However no decisions were taken at that point and it was agreed to arrange further considerations at a later date. If The Board agrees to a structured session looking at the organisations culture, it would seem timely to link this with a discussion about the corporate plan.

6.1 Organisational culture is an inevitability whether it is a planned outcome or something which evolves over time with no defined vision, it will be there. We have an opportunity to create a vision for where we want to be, assess if where we are right now aligns with this and if not develop a plan of action to make this forward journey.

6.2 It is recommended that Board consider this further and potentially with the support of an external facilitator to challenge our thinking, and lead us through a cultural assessment complete an assessment of our current culture and work together to outline a future position. The opportunity to involve leadership as a whole in this discussion should also be considered utilising groups such as Senior Management Team (SMT) to have their input and create a more holistic view point.

## 7. Appendices:

Appendix 1 – Values and Behaviours

Appendix 2 – October 2021 Employee Pulse Survey Results

Appendix 3 – Competing Values Framework Cultural Self Assessment EXAMPLE

# Our Values & Behaviours Framework



## What living Fairness looks like ...

- ✓ I treat everyone fairly and with respect
- ✓ I do the right thing for the right reasons
- ✓ I maintain professional boundaries and confidentiality
- ✓ I show interest in and empathy for others
- ✓ I work safely and considerately



## What living Excellence looks like ...

- ✓ I demonstrate a positive attitude
- ✓ I embrace and support change
- ✓ I keep up to date with information relevant to my role
- ✓ I contribute my ideas and solutions
- ✓ I take personal responsibility for delivering against my commitments



## What living Empowerment looks like ...

- ✓ I am optimistic and 'can do'
- ✓ I listen and encourage others to contribute their views
- ✓ I care about my work
- ✓ I actively help and support others
- ✓ I ask for help and support when needed
- ✓ I celebrate success



## What living Local looks like ...

- ✓ I present a professional and positive image of St. Leger Homes
- ✓ I actively collaborate and work well with others
- ✓ I inspire others to be part of the continued success of St. Leger Homes
- ✓ I share knowledge and information appropriately
- ✓ I put customers at the heart of all we do





# Pulse Survey – October 2021

## Headline Results

Prepared by Simona Spasova, HR and OD Student Placement  
Presented by Sarah Moore, Head of HR and OD

# In Summary



**Satisfaction is high but we have work to do on embedding Agile Working and 1:1s / Check ins as well as considering teams being more connected**

- **Survey ran for 3 weeks closing 27<sup>th</sup> October**
- **Best response rate so far** – 502 participants (about 63%) with the least amount of skipped questions. **Property services** have significantly increased response rate (240 individual responses), Corporate has also increased slightly but Housing and Customer services' response rate has slightly decreased. Good mix of colleagues completed
- **Line Manager completion rates** 83/116 managers 71% completed the survey. This is the same difference as last time so need to understand if we have a group that we think are managers that don't identify as such, charge hands for example? 20 people.
- **Agile work** – 70% of office based colleagues report that they are working in line with the Agile principles – this needs to be balanced against 148 respondents reporting working from home all of the time which is NOT agile working.
- **Working in a team** – 80% of the respondents have indicated that they feel connected to their coworkers or a part of the a team, this is lower than the last time we asked as similar question in May 2020 by around 10%.
- Overly high workloads – 31% feel their workloads is at times too high and 5% feel their workload is entirely unmanageable
- Do you see yourself working for SLHD in 2-3 years? 25% say not
- **Satisfaction** – 83% (slightly higher than 12 month earlier which was 81.21%) BUT a drop in those who would recommend SLHD to a friend or family member with an average now of 7/10 (from 8/10 12 months ago)
- **1:1s/check in** – no drastic changes with slight increase in Corporate services. 28% still haven't had a 1:1 in the last 6 months – we need to get on this more and this has resulted in similar numbers not feeling that they have meaningful conversations and get their voice heard.
- **Wellbeing** – 79% feel like their voice is heard and have regular, meaningful conversations with their manager. 89% report that their manager cares about their wellbeing, a slight drop from 92% last time but still high.

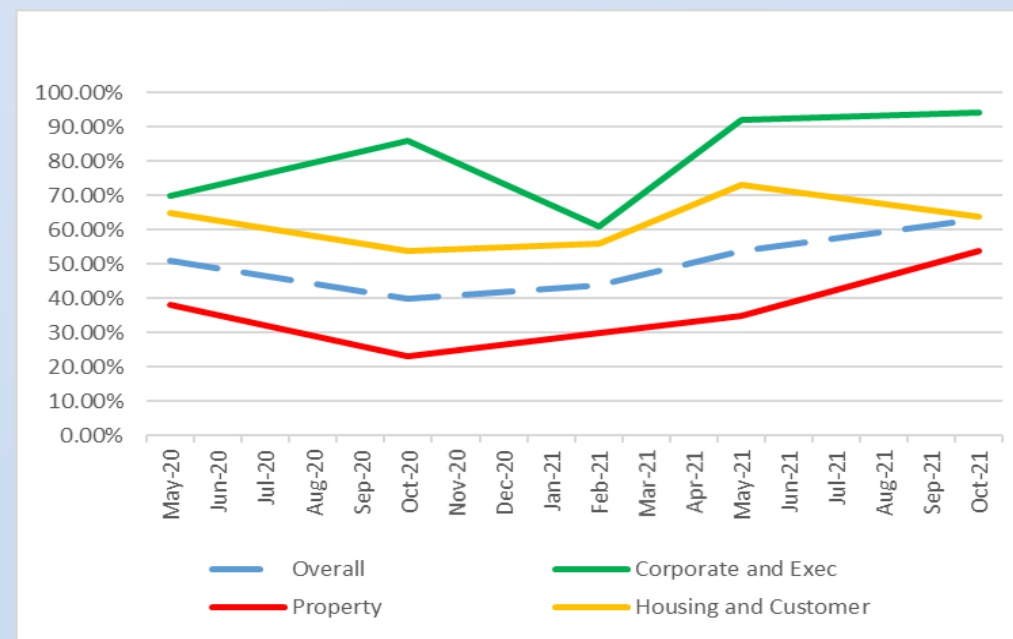
# Background and Response rates



- Fifth pulse survey to date providing 16 months data, shortest survey so far with 13 questions in total (12 questions for mobile workers) – 2 free text response questions
- **Corporate services** - 94% response rate (even higher than May 21 which was 92%)
- **Housing and customer services** – 66% response rate (slight decrease compared to May 2021 – 73%)
- **Property services** – A big well done to Property services for having 54% response rate (A dramatic increase of 19% compared to May 2021)

## Where are our people working?

- The biggest chunk of participants indicated that they are agile workers **169** (24 more staff than May 21)
- **138** have indicated that they are mobile workers (increased since May 2021)
- More than 50% increase in staff working in office/depot all the time. (from 20 to 47)



**83 Line managers completed the survey which is a marginal increase in May 2021 but still only 72% of managers.** - begs the question do all of those that we consider line managers identify themselves as one?

# The Mood of the Workforce



- Compared to October 2020 overall satisfaction has increased by 2%. The NPS is -7 with only 28% promoters (21 in Oct 2020). This is a significant decrease on 2020 and driven by the significant drop in promoters from 49%

Satisfaction rates are still positive with an average of **83%**. Property services are the least satisfied – 70%  
Main reasons for dissatisfaction – low wages, stress, management neglect (mainly Property services)

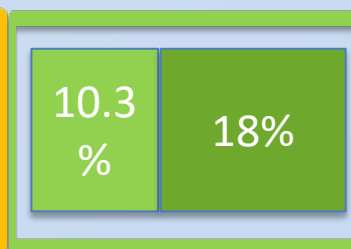
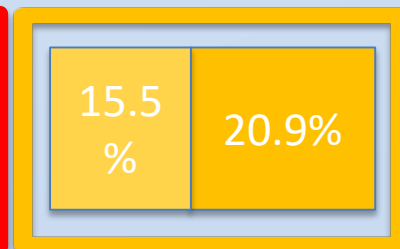
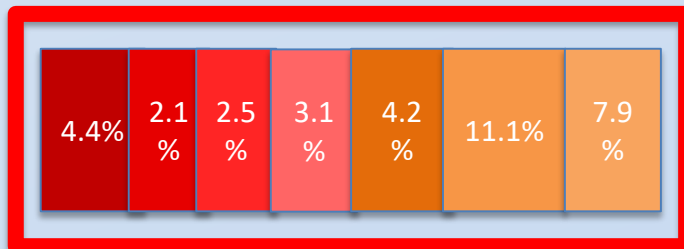


## How likely are our people to recommend SLHD?

“Detractors” 0-6

“Passives” 7-8

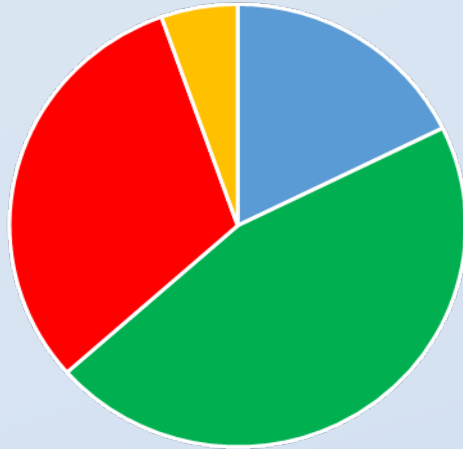
“Promoters” 9-10



Reduced from an average of 8/10 in 2020



# The Mood of the Workforce



■ Manageable ■ OK ■ A bit stressed ■ Struggling

- The majority of the workforce find their workload manageable or reasonable (63.47% in total).
- 38% of Property services and 36% of Housing and Customer Services find their work more stressful at times than they would have expected or entirely unmanageable (26 respondents).
- **WHERE DO THE 26 WORK** – 16 Property, 10 of those mobile and the other 6 mix of agile and fixed base. 10 Housing even split between those claiming agile and working from home. 14 of these don't see themselves working here in the next 2-3 years

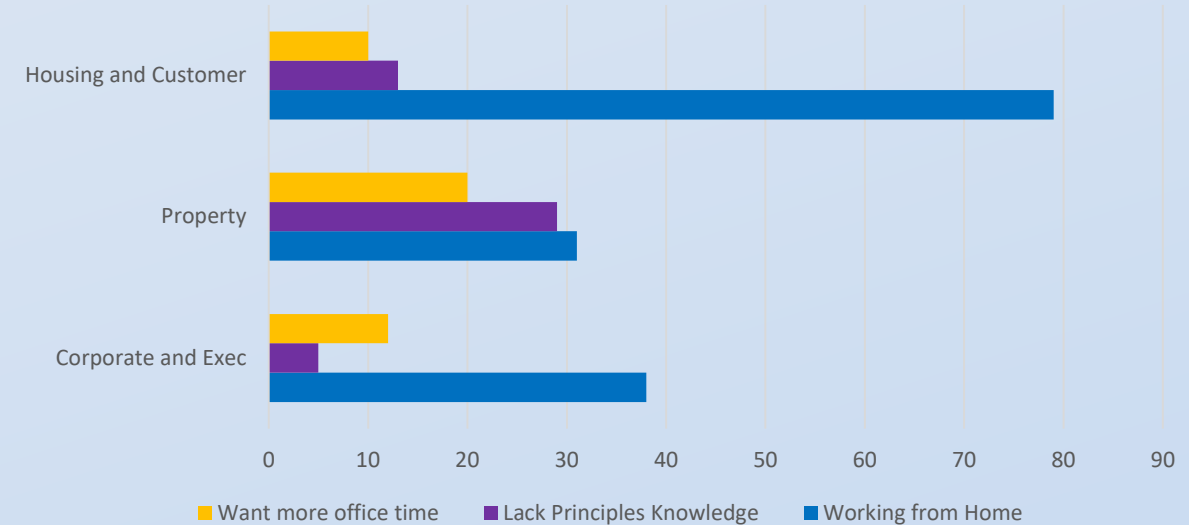
“Our team has reduced dramatically in the last couple of years. ...we are struggling with workloads and no-one has been employed even temporarily to assist” (Property services)

“As a housing officer the work load seems to constantly be increasing and likewise our duties are increasing. ...we deal with many difficult tenants who challenge us everyday. We are only human and I have to admit the workload and role is very mentally challenging”

# Agile Working



- The majority of the remote staff is aware and believe that they are working in line with the principles – balance that with 148 colleagues reporting working from home all of the time. 16% is still not well informed about the principals.
- Received a lot of positive feedback about agile working and wanting to continue working the same way but some employees have commented they would like more opportunities to come to the office (42 colleagues) alongside other team members.



## Some specific comments to consider:

- More flexible hours for trades. Holidays in actual hours so you can take 2 hours off if needs be(property) – still not understood
- Too many people working from home who aren't doing their full duties. yet the only people who seem to be getting watched are trades staff(trackers etc).
- "Now with agile working I would like the opportunity to work through the Christmas shut down as I prefer to take my annual leave in the summer months and also my husband works all of Christmas so it can be a waste"

"Agile working is great for me. I feel I have more family time and it allows me to take my daughter to school"





# 1:1s/Check ins

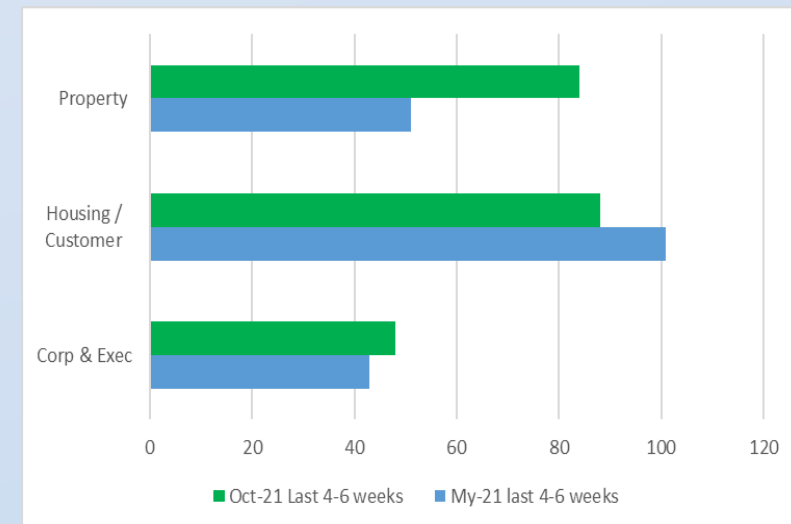
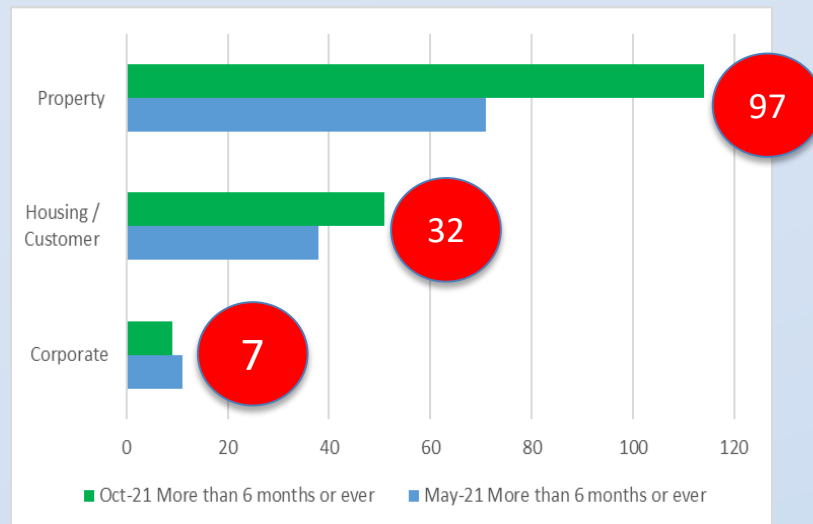
## 1:1s

45.93% have had a 1:1 in the last 4-6 weeks

25.68% have had a 1:1 in last 3/6 months

28.39% have either not had a 1:1 for last 6 months or ever (136 colleagues)

Almost identical % in each category compared to last time



- In Comparison with the May 2021 survey, the % of staff to get regular 1:1s / check ins in Housing/Customer services and Property services has not increased.
- With nearly the same amount of participants from Corporate services we can see there is a slight increase.
- Property services seem to be the directorate experiencing the most neglect to 1:1's

We have received some interesting feedback from staff who said they are experiencing lack of communication, rarely any larger team meetings or meetings being cancelled (Area Housing Manager)

# My team and manager



79% feel like their voice is heard and have regular, meaningful conversations with their manager (slight decrease from previous survey)

**Factor for dissatisfaction can also be how connected you feel to the team**

**20.4% of the people have answered that they don't feel connected to their co-workers and a part of the team** (the majority coming from property services ) whereas in May 2020 only 8.29% felt disconnected



"The welfare arrangements are below expected . We have no fixed welfare facilities in either of the areas we are working in for a full week having to switch and change each day to different centres . Some times we have none available in the area so have to go to other working areas to use welfare facilities, sometimes having to travel 30 mins to find a toilet facility. This makes the team feel more and more isolated and less and less part of the company/team"

"I feel part of my own team but not wider team in terms of management or peers"

"more options on the question about feeling connected to my co workers as I feel connected to some but not others.

# I see myself working for SLHD in 2/3 years time



115 (24.06%) respondents said they don't see themselves working for SLHD for the following reasons:

Comments	Number of times said	
Retirement	21	→ 12 Property services, 9 H&C services, 1 Corporate services
Low wages	27	→ 23 Property services, 2 H&C services, 2 Corporate services
No opportunity for progression	14	→ 4 Property services, 5 H&C services, 5 Corporate services
Fixed-term contract	3	→ All Corporate services
Poor treatment/ lack of communication	14	→ 8 Property services, 6 H&C services
Unmanageable workload	10	→ 6 Property services, 3 H&C services, 1 Corporate services
Personal/don't know	6	→ 3 Property services, 3 H&C services

Purely based on survey respondents this could indicate around 7% turnover each year.

# General Comments

We have received over 200 comments of feedback.

Majority of them are about....

Salary  
increase



Many complaints in all areas of the organisation, people are not aware of lots of benefits that come in the payment plan.

Lack of  
opportunities



All directorates had some feedback (more mentorship.... etc)

Working 2  
job roles for  
1



Complaint in Property services. "To employ the correct amount of staff in a team, rather than adding extra roles and responsibilities onto one employee."

Management  
Involvement



Senior management is out of touch with how staff are feeling; more interaction needed; poor EMT leadership (mostly property services)

# Continued...



Lack of communication



Many employees suggested there is a need for better communication for future plans. Management needs to involve all the staff more. Communication between teams needs to be better.

Lack of morale



Feedback received from all areas of the organisation. Property services (would like to work paired up as it is less isolating)  
-Someone was not let to get their vaccine done during working hours

Mileage Pay



All directorates. Asked us to introduce a mileage policy;

# **The Competing Values Culture Assessment**

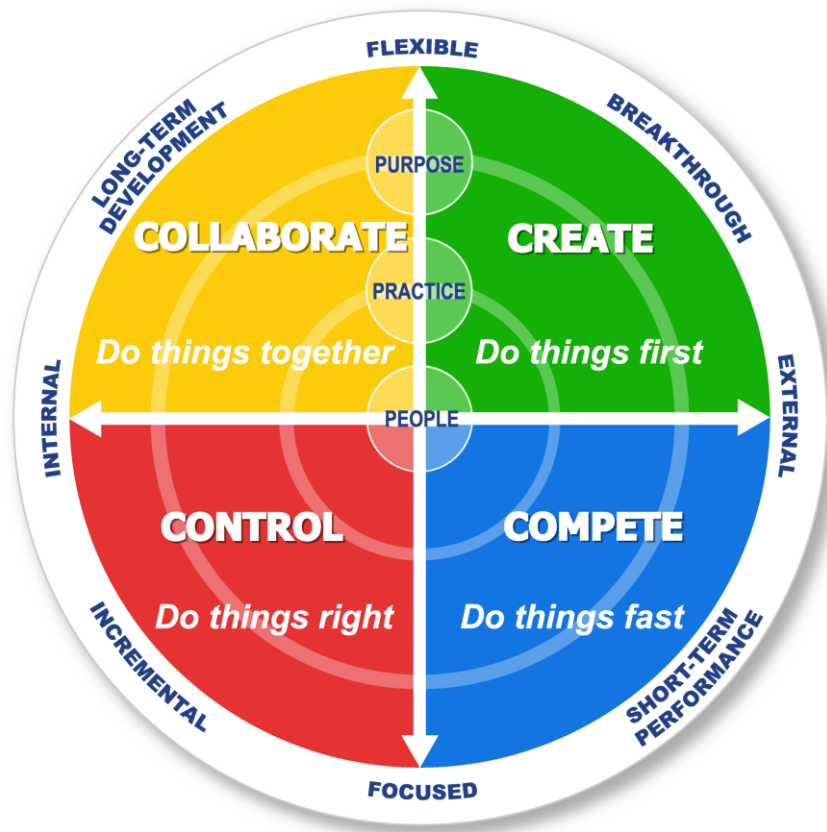
**A Tool from the Competing Values Product Line**

**Kim S. Cameron  
Robert E. Quinn**

## An Introduction to the Competing Values Framework

The Competing Values Framework (CVF) has been recognized as one of the fifty most important models in the history of business. It originally emerged from empirical research on what factors make organizations effective (Quinn and Rohrbaugh, 1983). The framework has since been applied to a variety of topics related to individual and organizational behavior. It has been the focus of empirical studies for more than 20 years, and it has been employed to help thousands of organizations and tens of thousands of managers improve their performance.

### THE COMPETING VALUES FRAMEWORK



## The Four Quadrants

The Competing Values Framework (CVF) consists of two dimensions—one drawn vertically and the other drawn horizontally—resulting in four quadrants. When studying the effectiveness of organizations more than two decades ago, it was discovered that some organizations were effective if they demonstrated *flexibility and adaptability*, but other organizations were effective if they demonstrated *stability and control*. Similarly, some organizations were effective if they maintained *efficient internal processes* whereas others were effective if they maintained *competitive external positioning* relative to customers and clients (Quinn & Rohrbaugh, 1981; Quinn & Cameron, 1983; Cameron, 1986; Cameron, Quinn, DeGraff, & Thakor, 2006). These differences represent the different ends of two dimensions, and these dimensions constitute the rudiments of the Competing Values Framework. Each quadrant in the framework represents a way of being, seeing, managing, and organizing

### *The Collaborate Quadrant*

The Collaborate quadrant represents the kinds of people, purposes, and processes that give rise to cooperation and collaboration. People in the Collaborate quadrant tend to be committed to their community, focusing on shared values and communication. Their culture is oriented towards involvement and building commitment over time. Collaborate companies often seek to be the employer of choice. Driving purposes include cohesion and commitment. Leaders build the organization by encouraging trusting relationships and by nurturing community. Unified behavior produces a strong organizational image in the marketplace. Customers may be considered partners in an extended community. The Collaborate profile taken to an extreme becomes negative and turns into a permissive, lax environment where outcomes and results are under-emphasized.

### *The Create Quadrant*

The Create quadrant represents the kinds of people, purposes, and practices that are associated with creativity, innovation, and vision. Individuals with this perspective tend to be change oriented. The culture that supports their work is characterized by experimentation, flexibility, and looking forward toward the future. The focus is on generating ideas. These people tend to enjoy entrepreneurial activities. Create companies tend to seek to create something new. Driving purposes include innovation or growth. They strive to orient their products, services, and ideas to the future. Managers build the organization by developing a compelling vision and emphasizing new ideas and technologies, flexibility, and adaptability. Create companies capitalize on turbulent environments. The Create quadrant taken to an extreme becomes negative by being constantly chaotic, trying out one more new idea, and under-emphasizing the achievement of predictable outcomes.

### *The Compete Quadrant*

The Compete quadrant represents the kinds of people, purposes, and practices that are associated with aggressive competition and achievement. A focus on achieving results leads people to be defined as either winners or losers. Individuals with this perspective tend to be focused on performance and goals. Compete companies tend to emphasize speed and getting results. Driving purposes include profits, obtaining market share, revenues, and brand equity, or speed of response. Managers build the organization by clarifying objectives and improving the firm's competitive position through hard work and productivity. These companies seek to deliver results to stakeholders as quickly as possible. Beating the competition is central. The Compete profile taken to an extreme



becomes negative by giving rise to self-interests and conflict and by neglecting the more humane people issues.

### *The Control Quadrant*

The Control quadrant represents the kinds of people, purposes, and practices that give rise to predictable, dependable performance. People in the Control profile tend to be systematic, careful, and practical. Their culture focuses on planning, efficient systems and processes, and enforcing compliance. Control companies tend to keep things running smoothly and efficiently. Driving purposes include obtaining high quality or optimization, sometimes expressed as predictability or productivity. Managers build the organization by optimizing processes, cutting costs, and establishing policies and procedures. Clear role definitions are important. These companies tend to elaborate or extend existing products with minor variations. The Control quadrant taken to an extreme becomes negative by leading to languishing bureaucracy and organizational stagnation.

An advantage of the CVF is that it is based on a well-developed theoretical and empirical foundation. A great deal of research has been produced to validate the CVF and its applications. It is consistent, for example, with the psychology of Jung, the sociology of Parsons, the philosophy of Wilber, and the brain physiology of Lawrence. Individuals taking the assessments, therefore, as well as organizations receiving data on their own attributes, can link their results to other well-developed approaches to improvement.

Most importantly, the empirical research conducted by scholars in hundreds of organizations, coupled with the hundreds of interventions in real organizations that have utilized the Competing Values Framework, provide a rich array of guidelines and prescriptions for how to improve individual and organizational performance. These are not merely conveniently created instruments. They are, rather, an integrated array of assessment devices aimed to help enable and enhance consistent and comprehensive improvement.

# THE COMPETING VALUES CULTURE ASSESSMENT

## Why should I use the Competing Values Culture Assessment?

The purpose of this assessment is to diagnose your organization's current and desired culture. Unfortunately, most of us are not even aware of our organization's culture inasmuch as culture represents "just the way things are around here." Culture is the sum of the collective assumptions, expectations, and values that reflect explicit and implicit rules in the organization. Until challenged or violated, most people are not even aware that these assumptions and rules exist (such as speaking English or being polite). As a result, it is very difficult to intelligently discuss culture, not to mention try to change it. We learn about the culture of our organization through socialization processes, interactions under uncertain conditions—when we mostly rely on core habits and the most well-learned responses—and by contagion (or unconscious mimicking). Much of that learning, however, is not systematic or conscious.

Understanding organizational culture is important because it is the single largest factor that inhibits organizational improvement and change. Research is clear that healthy cultures enhance success whereas unhealthy cultures inhibit success (Cameron & Quinn, 1999), but in order to take advantage of the power of organizational culture, it must be adequately measured. Research by Cameron and Mora (2002) found that 96 percent of the time successful mergers and acquisitions could be accurately predicted based solely on cultural match. Organizational change and improvement, in other words, is markedly affected by culture.

A change in organizational culture can occur simply by means of life cycle development—i.e., evolutionary changes—or as a result of a major threat or crisis when dramatic transformations occur. The most productive way to facilitate culture change, however, is through competent leadership and systematic change initiatives. This instrument helps identify the cultural profile of your organization which is a prerequisite for fostering organizational change and improvement. Because the instrument is based on the Competing Values Framework, it can help create a common language among employees within your organization and give them an easy way to discuss how to effectively achieve desired results.

## The Competing Values Culture Assessment

These six questions ask you to identify the way you experience your organization right now, and, separately, the way you think it should be in the future if it is to achieve its highest aspirations. In the survey, “the organization” refers to the organization managed by your boss (or the organization *in which* you manage). .

Please rate each of the statements by dividing 100 points between alternatives A, B, C, and D depending on how similar the description is to your firm. (100 would indicate very similar and 0 would indicate not at all similar). **The total points for each question must equal 100.** The assessment uses this method to better demonstrate how moving toward one profile also requires moving away from its opposite. That is, it demonstrates the inherent tradeoffs of any approach to culture change.

**First** rate how you perceive the organization to be at the present time in the NOW column. **Second**, rate the organization again in the FUTURE column depending on how you think your organization must be if it is to accomplish its highest objectives and achieve spectacular success.

You may divide the 100 points in any way among the four alternatives in each question. Some alternatives may get zero points, for example. Remember that the total must equal 100.

### 1. DOMINANT CHARACTERISTICS

	NOW	FUTURE
A. The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.	A _____	A _____
B. The organization is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.	B _____	B _____
C. The organization is very results oriented. A major concern is with getting the job done. People are very competitive and achievement oriented.	C _____	C _____
D. The organization is a very controlled and structured place. Formal procedures generally govern what people do.	D _____	D _____
	<b>Total</b>	
	<b>100</b>	<b>100</b>

<b>2. ORGANIZATIONAL LEADERSHIP</b>	<b>NOW</b>	<b>FUTURE</b>
A. The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.	A _____	A _____
B. The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or risk taking.	B _____	B _____
C. The leadership in the organization is generally considered to exemplify an aggressive, results-oriented, no-nonsense focus.	C _____	C _____
D. The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.	D _____	D _____
<b>Total</b>	<b>100</b>	<b>100</b>

<b>3. MANAGEMENT OF EMPLOYEES</b>		
A. The management style in the organization is characterized by teamwork, consensus, and participation.	A _____	A _____
B. The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.	B _____	B _____
C. The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement.	C _____	C _____
D. The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.	D _____	D _____
<b>Total</b>	<b>100</b>	<b>100</b>

<b>4. ORGANIZATIONAL GLUE</b>	<b>NOW</b>	<b>FUTURE</b>
A. The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.	A _____	A _____
B. The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.	B _____	B _____
C. The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.	C _____	C _____
D. The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.	D _____	D _____
	<b>Total</b>	
	<b>100</b>	<b>100</b>

<b>5. STRATEGIC EMPHASES</b>		
A. The organization emphasizes human development. High trust, openness, and participation persists.	A _____	A _____
B. The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	B _____	B _____
C. The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.	C _____	C _____
D. The organization emphasizes permanence and stability. Efficiency, control and smooth operations are important.	D _____	D _____
	<b>Total</b>	
	<b>100</b>	<b>100</b>

<b>6. CRITERIA OF SUCCESS</b>	<b>NOW</b>	<b>FUTURE</b>
A. The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.	A _____	A _____
B. The organization defines success on the basis of having the most unique or the newest products. It is a product leader and innovator.	B _____	B _____
C. The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.	C _____	C _____
D. The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low cost production are critical.	D _____	D _____
	<b>Total</b>	
	<b>100</b>	<b>100</b>

### Computing the Results:

Transfer all of your answers from the above questions onto the results key below. Follow the results key until you have the averages for A through D in both the "NOW and "Future" columns of the Assessment.

#### NOW

1A. \_\_\_\_ 1B. \_\_\_\_ 1C. \_\_\_\_ 1D. \_\_\_\_

2A. \_\_\_\_ 2B. \_\_\_\_ 2C. \_\_\_\_ 2D. \_\_\_\_

3A. \_\_\_\_ 3B. \_\_\_\_ 3C. \_\_\_\_ 3D. \_\_\_\_

4A. \_\_\_\_ 4B. \_\_\_\_ 4C. \_\_\_\_ 4D. \_\_\_\_

5A. \_\_\_\_ 5B. \_\_\_\_ 5C. \_\_\_\_ 5D. \_\_\_\_

6A. \_\_\_\_ 6B. \_\_\_\_ 6C. \_\_\_\_ 6D. \_\_\_\_

#### FUTURE

1A. \_\_\_\_ 1B. \_\_\_\_ 1C. \_\_\_\_ 1D. \_\_\_\_

2A. \_\_\_\_ 2B. \_\_\_\_ 2C. \_\_\_\_ 2D. \_\_\_\_

3A. \_\_\_\_ 3B. \_\_\_\_ 3C. \_\_\_\_ 3D. \_\_\_\_

4A. \_\_\_\_ 4B. \_\_\_\_ 4C. \_\_\_\_ 4D. \_\_\_\_

5A. \_\_\_\_ 5B. \_\_\_\_ 5C. \_\_\_\_ 5D. \_\_\_\_

6A. \_\_\_\_ 6B. \_\_\_\_ 6C. \_\_\_\_ 6D. \_\_\_\_

Add 1A through 6A to get your **total (T)** for the A column. Do the same with all the columns:

A. \_\_\_\_ B. \_\_\_\_ C. \_\_\_\_ D. \_\_\_\_

A. \_\_\_\_ B. \_\_\_\_ C. \_\_\_\_ D. \_\_\_\_

Divide Totals by 6 to get your **Averages (A)**:

A. \_\_\_\_ B. \_\_\_\_ C. \_\_\_\_ D. \_\_\_\_

A. \_\_\_\_ B. \_\_\_\_ C. \_\_\_\_ D. \_\_\_\_

**A** - represents the **Collaborate** Quadrant (Upper Left Corner)

**B** - represents the **Compete** Quadrant (Lower Right Corner)

**C** - represents the **Control** Quadrant (Lower Left Corner)

**D** - represents the **Create** Quadrant (Upper Right Corner)

### Creating the Visual Results:

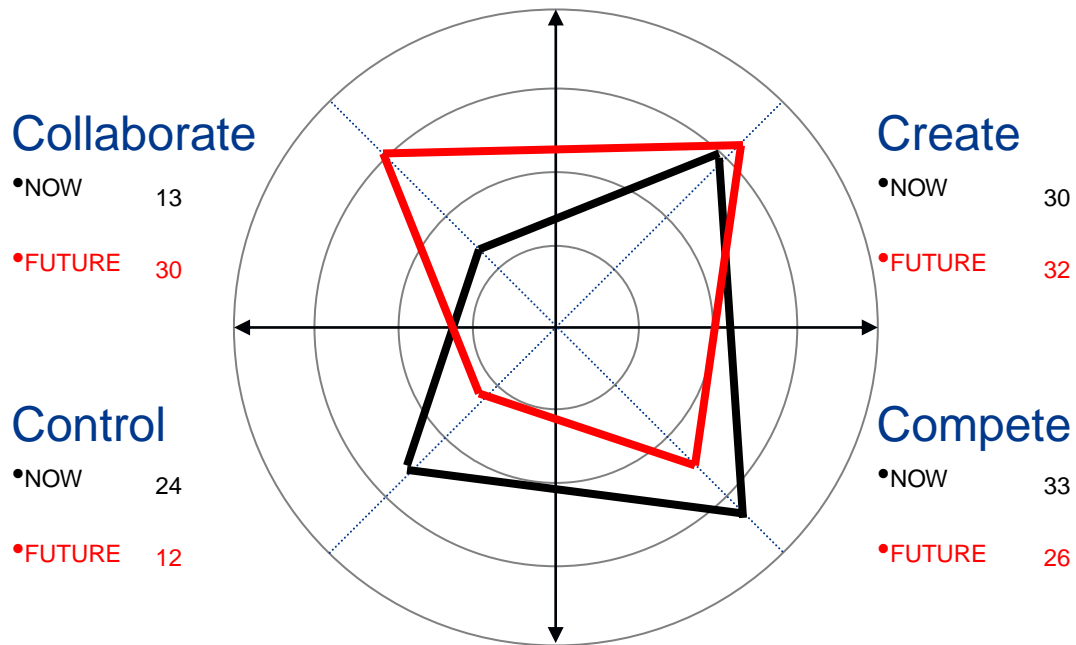
Creating a visual picture allows for you to think through your results with the CVF more effectively. A picture also helps you make more comparisons and capture more trends than analyzing numbers alone.

To create your visual results start by taking your average number in column A of the NOW section and by plotting that point in the Collaborate quadrant. Continue to plot each column in NOW section until all the quadrants are complete. You will then start in the upper left corner and connect the plotted number with a straight solid line to the plotted number in the upper right column. Connect all of the quadrants in a clockwise direction until four solid lines have been created to form a kite like shape.

Follow the same steps with the averages from Future section but instead of using four solid lines use four dotted lines (or solid lines of a different color) to connect the plotted numbers in each quadrant.

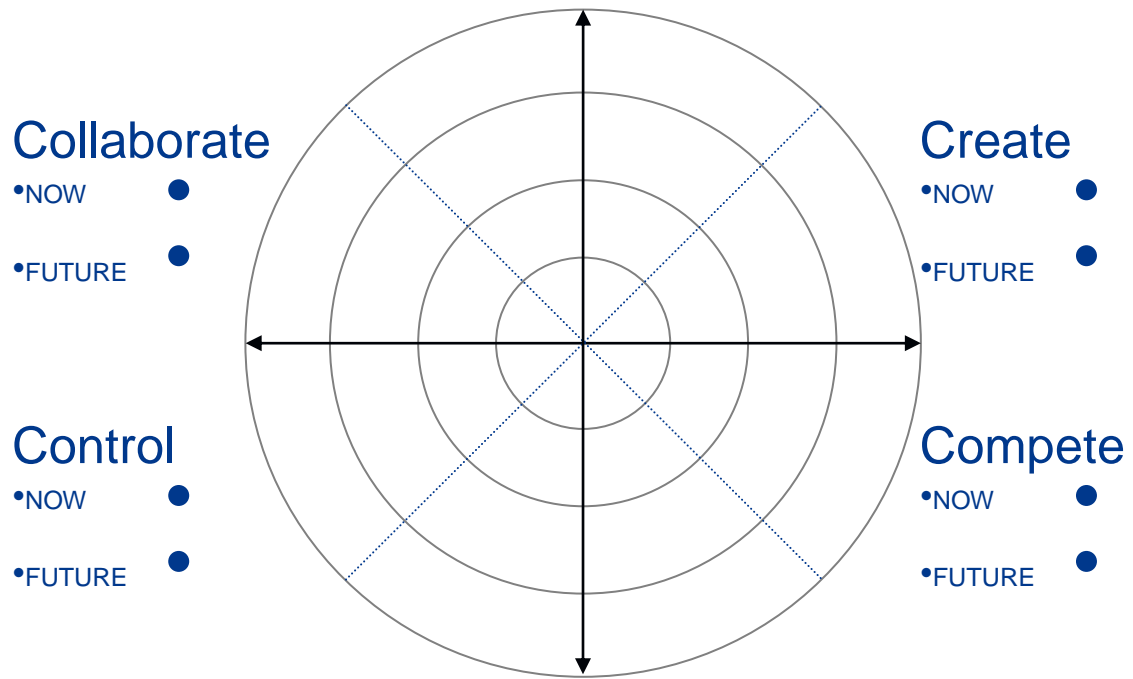
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#### For Example:





**Plot Your Results Below:**



## Discrepancies & Similarities

1. On which items are the discrepancies and similarities greatest between your own ratings of the culture and those of all others?
2. On which items are there discrepancies and similarities among the different business units in the organization? How do these discrepancies and similarities help or prevent in changing its culture?
3. On which items in the culture survey is there discrepancies and similarities with the competency survey?

## Planning for Action

After reviewing your NOW and Preferred culture and competencies and analyzing the results to find similarities, discrepancies, and overall meaning you can follow these steps to create action within your organization.

1. **Identify required culture CHANGE.** Based on the discrepancies in the culture plots, what needs to change in the organization? You'll need to increase your emphasis on what, and decrease your emphasis on what?
2. **Identify MEANING.** In light of your decision to make some changes to achieve the PREFERRED culture, answer these two questions about each quadrant:
  - a. **What DOES IT MEAN to change in this quadrant?**
  - b. **What DOESN'T IT MEAN to change in this quadrant?**
3. **Tell Stories.** Identify one or two memorable stories or incidents that illustrate the underlying culture that characterizes your PREFERRED culture. What anecdote symbolizes what you want to become?
4. **Identify STRATEGIES.** Develop two or three specific, actionable strategies that are imperative for changing the culture. (To assist you in this area, the last section lists numerous suggestions for change.)
  - a. **What should we do MORE of?**
  - b. **What should we STOP doing?**
  - c. **What should we BEGIN anew?**
5. **Identify immediate SMALL WINS.** Develop a list of a few key action steps that you can implement right away. These will likely be incremental improvements that can create immediate momentum for change.
6. **Identify METRICS, MEASURES, and MILESTONES.** Identify the indicators of success, how they will be assessed, and the time frame in which observable progress will occur.
7. **Articulate the LEADERSHIP implications.** Determine the learning and development activities that will be needed to develop the leaders you will need to guide the future culture.

- 8. Determine the COMMUNICATION STRATEGY.** What symbols, logos, and mechanisms will be used to communicate the new culture?

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 3 February 2022

**Item** : 08

**Subject** : St Leger Homes of Doncaster (SLHD) Sub Committees Report

**Presented by** : Dave Richmond

**Prepared by** : Dave Richmond

**Purpose** : This report addresses the issue of the Board subcommittee structure and suggests options for the Board to consider regarding the possibility of retaining four committees for 2022 or whether the committee structure should be reduced to three.

**Recommendation** : That the current status quo of committee meetings is retained for 2022 with the intention to collapse the work of Building Safety and Compliance Committee into the work of the other Committees at the start of 2023.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 08  
Date: 3 February 2022**

**1. Report Title**

1.1 SLHD Sub Committees Report

**2. Executive Summary**

2.1 The report suggests that given the anticipated significant workload of the Building Safety and Compliance Committee (BSCC) throughout 2022, it should be retained as a committee for 2022 before being disbanded early in 2023. Board Members who responded to a request for their views supported this approach.

**3. Purpose**

3.1 This report addresses the issue of the Board committee structure and suggests options for the Board to consider regarding the possibility of retaining four committees for 2022 or whether the structure should be reduced to three committees.

**4. Recommendation**

4.1 That the current status quo of committee meetings is retained for 2022 with the intention to collapse BSCC activity into the work of the other Committees at the start of 2023.

**5. Background**

5.1 In light of the increasing prominence nationally and at St Leger Homes (SLHD) of building safety and compliance issues, on the 31<sup>st</sup> March 2021 the Board agreed to establish a BSCC to ensure additional capacity to oversee a range of development and improvement activities anticipated in this area. The Board agreed to review the need for this new committee after one year.

5.2 On the 24<sup>th</sup> December 2021, the Chief Executive wrote to all Board Members to seek their views on the way forward.

**6. Key Issues**

6.1 *The need for the BSCC:*  
The Government is committed to introducing a range of new regulations in respect of building safety over the next 2-3 years. This will require development activity within all social housing landlords and as a result,

SLHD has established a new Building Safety Team. Throughout the autumn of 2021 recruitment took place to populate the new structure and despite initial concerns about the competitive employment market in this area, SLHD successfully recruited to all key positions. This additional capacity has enabled SLHD to make considerable progress in respect of building safety throughout 2021. This is expected to continue and increase in intensity throughout 2022 as standards are raised and new plans and processes are put in place. The level of new developmental activity should then reduce as we move into 2023 with a greater emphasis then being on ensuring compliance.

Not all the work of the BSCC is as yet known, but the current forward plan indicates significant activity managed through the anticipated four meetings scheduled for 2022 and is as follows:

	27 Jan 22	19 May 22	30 Sept 22	24 Nov 22
<b>STANDING ITEMS</b>				
Minutes of the previous meeting	✓	✓	✓	✓
Joint Safety Committee Minutes	✓	✓	✓	✓
Health, Safety & Compliance update	✓	✓	✓	✓
Shaping Future H, S & C updates	✓	✓	✓	✓
C365 Dashboard	✓	✓	✓	✓
High Rise Forum Minutes	✓	✓	✓	✓
<b>ANNUAL ITEMS</b>				
Legal Register Update			✓	
Legal Register Gap Analysis				✓
Legal Register & Compliance Gap Analysis			✓	
Committee Annual Report		✓		

## 6.2 *The impact on the workload for Board Members.*

The creation of a fourth Board committee required changes to the membership for the existing three committees and an inevitable increase in the workload of several Board Members with more Board Members required to sit on 2 committees.

All Board Members were contacted prior to the establishment of the BSCC and asked about their capacity to attend additional meetings.

The primary impact of establishing the BSCC falls upon the current membership of Dave Wilkinson (Chair), Trevor Mason, Phil Cole and Steve Lyons, but obviously the impact of having to attend two committees effects more than merely BSCC members and should the BSCC be disbanded, there would be the potential for some Board Members to attend a single committee, this would particularly apply to those Members who are not

committee chairs.

### 6.3 *The impact on Other Committees*

Due to the capacity of Board Members the current temporary arrangements for Audit & Risk committee mean that it only has 3 Board Members, with Susan being seconded to Employment & People Committee. The terms of reference for this Committee require 3 Board Members to be present for the Committee to be quorate, therefore there is very little flexibility for the Board Members on this committee.

## 7. **Options**

### 7.1 1. Leave as is for 2022. (Recommended approach);

*The main issues being:*

- There is considerable work to be done.
- There be a maximum of 4 meetings for BSCC
- Having another committee (albeit time limited) demonstrates SLHDs' commitment to these issues through a period of change and development.
- Avoids the need to change Terms of Reference for several committees and potentially the Scheme of Delegation, the Memorandum and Articles and the Management Agreement.
- Could consider increasing the membership of the Audit and Risk Committee if anyone had capacity.

### 2. Combine with Other Committees

*The main issues being:*

- An argument that building safety and compliance issues could / should be dealt with in the same way as other regulatory and performance matters.
- As the building safety and compliance work settles down it will be easier to manage through other committees.
- Changing now may result in very high workloads for this committee particularly as the Performance and Improvement Committee is also considering how it can refocus and improve its efficiency.

### 3. Reduce membership of one (BSCC) or all committees.

The main issues being:

- Reduces the demand on Board Members
- Limited scope to achieve this if the intention would be to retain a balance between independent, tenant and DMBC appointed members on committees.
- Any absence from a smaller committee membership could render a committee inquorate and lead to disruption for Board Members with the need to reschedule meetings.
- No scope to reduce membership of A & R committee

## **8. Feedback from Non-Executive Directors**

- 8.1 Responses were received from two Members of the Board. Both followed a similar theme, in that it was suggested to leave the committee structure as it currently exists for the time being, but consider the work programmes of all committees to ensure the items presented were appropriate and also consider report format to ensure they were informative, presented the critical information for the committee but were also succinct. This latter point is an issue that has been raised previously; it is well made and accords with the intentions of the Executive Management Team.

## **9. Summary**

- 9.1 It is in the remit of The Board to determine the subcommittee structure it requires to operate effectively. There is considerable need for The Board to oversee building safety and compliance activity, delegating this to a dedicated committee still makes sense throughout what is likely to be a busy 2022. However as the workload settles down and becomes business as usual there is a strong argument that such activity could be overseen by the other committees.

Consequently it is recommended to retain the status quo for 2022 prior to building safety and compliance activity falling under the remit of other Committees in 2023.

## **10. Procurement**

- 10.1 There are no direct procurement issues arising from this report.

## **11. VFM Considerations**

- 11.1 Not Applicable.

## **12. Financial Implications**

- 12.1 Not Applicable.

## **13. Legal Implications**

- 13.1 Changes to the committee structure are within the powers of the SLHD Board. All committees need to be capable of effectively discharging the responsibilities delegated to them by the Board.
- 13.2 There is considerable change in the area of Building Safety which requires SLHD to develop, change and ensure compliance in these areas.



## **14. Risks**

- 14.1 The main issue relates to ensuring a governance structure that is sufficiently robust to enable regulatory responsibilities to be appropriately addressed.
- 14.2 There are risks in reducing the membership of the committees as this could result in some meetings not being quorate and a need to reschedule, and there are clear risks arising out of decisions which could hamper the committees' capacity to fully address regulatory duties.

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

- 15.1 This report specifically addresses the organisational responsibilities to ensure safety and compliance changes to meet new regulatory requirements.

## **16. IT Implications**

- 16.1 Not Applicable.

## **17. Consultation**

- 17.1 Board Members were contacted on the 24<sup>th</sup> December to solicit views, responses are summarised above.
- 17.2 The Head of Building Safety has indicated he is comfortable with a proposal which retains the BSCC committee for this year prior to such work being absorbed by other committees.

## **18. Diversity**

- 18.1 No direct diversity implications in this report.

## **19. Communication Requirements**

- 19.1 Any changes will need to be communicated to DMBC

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

- 20.1 Not Applicable.

## **21. Environmental Impact**

- 21.1 Not Applicable.

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

- 22.1 Dave Richmond, Chief Executive  
[Dave.richmond@stlegerhomes.co.uk](mailto:Dave.richmond@stlegerhomes.co.uk)  
01302 862700

**23. Background Papers**

23.1 None

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 3 February 2022

**Item** : 09

**Subject** : Board Composition – EDI report

**Presented by** : Dave Richmond

**Prepared by** : Dave Richmond

**Purpose** : To improve the diversity of SLHD  
Board

### **Recommendation :**

1. That as the term of office of Board Members expires, consideration should be given to undertaking a recruitment process using 'positive action techniques' to promote board diversity as identified in section 10.
2. That the issue be brought to the attention of DMBC for their consideration as part of the nomination process for board members.

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. 09  
Date: 3 February 2022**

**1. Report Title**

1.1 Board Composition – EDI report

**2. Executive Summary**

2.1 The report identifies that the current composition of The Board is not reflective of the tenants it serves or staff it employs. It proposes an approach which seeks to increase the diversity of Board Members to improve inclusivity in decision making and demonstrate leadership to the organisation on equality, diversity and inclusion (EDI) issues.

**3. Purpose**

3.1 To improve the diversity of SLHD Board.

**4. Recommendation.**

4.1 That as the term of office of Board Members expires, consideration should be given to undertaking a recruitment process using 'positive action techniques' to promote Board diversity as identified in section 10.

4.2 That the issue be brought to the attention of DMBC for their consideration as part of the nomination process for board members.

**5. Background**

5.1 The current structure for the SLHD Board is eleven Board Members, including The Chair and The Chief Executive (non-voting Member). All Board Members, bar one are male and all Board Members are white.

**6. Why is Board diversity important?**

6.1 The social housing sector is driven by a commitment to a social purpose that includes a responsibility to champion inclusion and diversity. Boards should more accurately reflect the staff and customer base. But as the leaders for the organisation, Boards perhaps should seek to do more than merely reflect their clientele. Accepting that layers of multiple disadvantage exist which contribute to the under representation in both staff and work groups of people of a non-male, non-white (and certainly within the workforce a non-disabled) background, boards should seek to promote representation and inclusion in their own membership and diversity in their workforce and tenant base.

## 6.2 Looking beyond the moral case there is also a strong business case

- SLHD needs to be governed effectively and ensure the best balance of skills and experience in its Board Members to ensure the company is effectively managed. To do this the organisation should seek to draw its talent from the widest possible pool and in so doing create benefits and advantage for the organisation itself. Diverse Boards and Leadership teams make better decisions; McKinsey found that companies in the top quartile for gender diversity on executive teams were 25% more likely to have above-average profitability, compared to those in the bottom quartile. Similarly Women Count 2020 found that executive committees of FTSE 350 companies with female membership over 33% have a net profit margin over 10 times greater than those companies with no women at this level.
- People trust those who reflect the diversity of the people they lead, the customers they serve, and the communities in which they are rooted. Having a diverse Board is one way that we are more likely to be able to attract staff from diverse backgrounds and if we do that, we are more likely to appeal to a more diverse tenant base.
- There is a cultural argument; a diverse organisational leadership is more likely to be successful in ensuring that organisational practice and staff behaviour is inclusive and acceptable to a more diverse client base.
- There is also a regulatory and good practice issue here; the Regulator of Social Housing's (RSH) Tenant Involvement and Empowerment Standard, whilst it doesn't specifically address board composition, it does stress the need to enable tenants to influence organisational decisions and ensure that the diverse customer base is recognised and enabled to be involved. In the National Housing Federation (NHF) Code of Governance which The Board considered early in 2021, standard 1.3 deals specifically with equality, diversity and inclusion, namely *"the board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition."*

In essence – change starts from the top.

## 6.3 It is important to think about this issue not solely as a gender or ethnicity issue but in a wider context and it is therefore helpful to remember the protected characteristics as defined by the Equality Act 2010, which are :

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race

- religion or belief
- sex
- sexual orientation

## 7. The National Picture on Diversity

7.1 Research from the Chartered Institute of Housing (CIH) shows that the housing sector is:

- More diverse than other sectors
- Employs a higher proportion of women
- Employs more people from BME communities
- Employs more people with disabilities

7.2 But doing more than other sectors doesn't mean that the social housing sector is representative, far from it; if one considers the proportion of BME people in key leadership roles, it is evident that just 4% of senior Leadership roles are held by individuals from BME backgrounds, compared to a 14% BME make-up of the total population.

7.3 In an Inside Housing survey reported in October 2021, of 101 Housing Associations and 1,186 Board Members, it was found that:

- 87% of Board Members were white.
- 41% were women
- 2.6% of Board Members identified as lesbian or gay
- 4.9% of Board Members identified as disabled.
- 8% of Board Members are tenants
- No Board Members identify as trans or other gender identity to sex at birth (NHF research)

## 8. Who are the staff and customers of SLHD?

8.1

Characteristic	Doncaster Residents Census 2011	SLHD Tenants	SLHD Staff
White	94.2%	95.7%	97%
BAME	4.8%	4.3%	2.9%
Female	49.69%	63%	40%
LBQT (known to be)	1.4%	1.3%	2%
Disabled (known to be)	Circa 20% (62,108)	23%	2.5%

Note:

*The LBQT data for Doncaster is drawn from a 2010 Office of National Statistics Integrated Housing Survey and estimated as to how it would apply to Doncaster.*

*SLHD tenant data is taken from the 2021 Equality Diversity and Inclusion Report and relates to declaration where we have them.*

*SLHD staff data relates to declarations on the HR system*

8.2 It is apparent that as an entirely white Board with only one female Director, the current composition of the Board is out of step with Boards nationally and also is not representative of the diversity seen in the tenant base or the staff that work for the organisation.

## **9. What could we do?**

9.1 Each year one tenant and one independent Member stands down, and all Council representatives are subject to a new appointment process undertaken by the council. The maximum term of office is 9 years.

9.2 In July 2021, The Board did consider the NHF Code of Governance, one element of which suggests that board members should serve a term not exceeding 6 years except in exceptional circumstances. Such an approach would promote the churn in membership of the Board. However no clear decision was taken and any such change would require changes by the Council to the memorandum and articles of association.

9.3 Recognising the constraints in respect of diversity for nominations from the council, and the lack of diversity (from a BAME perspective in the tenant base), there are limitations in the short to medium term concerning changing the composition of the Board. The potential options available to the Board would include:

### **9.4 Option 1 - Co-Option**

We could seek to co-opt one or more additional members to the Board. The rationale for such an approach is that it could enable the Board to take into account viewpoints drawn from wider perspectives. However it could be argued that it is incumbent on the Board to truly represent the diverse backgrounds of those it serves in its own composition; *The membership of Board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion* (NHF Code of Governance 3.4 (2)).

9.5 Co-option presents various difficulties, firstly the size of the SLHD Board (11) is towards the upper end of the recommended size for boards (5-12 members according to the NHF Code of Governance 3.3 (2)); co-option would require agreement by the Shareholder (and changes to the memorandum and articles); given the current composition of the Board any attempt at a representative membership would require several co-optees.

Such an approach also runs the risk of appearing as tokenism.

9.6 Option 2 – Appoint an advisor

We could seek to appoint an advisor to attend the Board or ensure key reports are shared with an advisory body (the Doncaster Partnership Ethical Fusion Network is one possibility) for comments.

9.7 Ensuring wider consultation for key reports could be a useful approach, but appointing an advisor to the Board is problematic; expecting a single person to advise on potential implications for people from a range of protected characteristic is not practicable; the status of the adviser again runs the risk of being seen as tokenism.

9.8 Option 3 - Seek to diversify board membership as Directors term of office expires

Currently independent and tenant Board Members serve a three year term and are able to be appointed for a maximum of three terms, Council nominees are appointed each year.

9.9 Whilst acknowledging there are limitations to this approach, it could be appropriate to ask DMBC to consider EDI issues as part of their nomination process.

9.10 For independent and tenant Members it should not be assumed that reappointment is an automatic process. Clearly the needs of the Company require that appointments are made on the basis of merit and the potential of the individual to fulfil the expectations of a Board Member. There is also a balance to be struck between seeking to diversify the Board and ensuring that Directors have a sufficient period of office to make an effective contribution. This is especially important for those Board Members who are new to the role of non-executive director.

9.11 Should this option be agreed, a differing approach to recruitment would be required for tenant and independent Directors. For tenant Directors there are a range of internal opportunities that could be exploited such as making use of written communications like the website, social media and Houseproud, but also face to face opportunities to raise awareness of the opportunity such as at TARA meetings. The greatest opportunity in respect of tenant directors would seem to be in the potential to address gender imbalances.

9.12 For independent Directors, there are a range of external organisations that are seeking to promote Board diversity by working with and preparing individuals to take up board positions. These organisations include Black on Board, Housing Diversity Network and Leadership 25. There are also recruitment agencies that specialise in the recruitment of people from BAME communities. These organisations potentially present a proactive opportunity for taking a 'positive action' approach to board recruitment. Such an approach could help us address issues of ethnicity and gender.



## **10. A way forward**

- 10.1 At SLHD we are fortunate that we have an effective Board with committed, knowledgeable and capable Board Members. There is a balance to be struck between seeking to change the composition of the Board to promote diversity and ensuring its continual stability, effectiveness and the right balance of skills, knowledge and experience.
- 10.2 A possible way forward would be to follow the suggestions identified in option 3, namely that as the term of office for each Board Member expires they should not be automatically reselected. Whilst encouraging Board Members to reapply, we could also undertake a recruitment campaign using legitimate 'positive action' principles to encourage people both tenants and independents from diverse backgrounds to apply.
- 10.3 We could work with specific organisations that seek to mentor and upskill people from diverse backgrounds to take up positions on Boards.
- 10.4 We could ask the Council to help promote our board diversity with their choice of nominees.
- 10.5 Such an approach could be considered each year until it is felt that there is a greater balance in the composition of the Board.

## **11. Procurement**

- 11.1 Only minor procurement issues exist arising from the possible option of commissioning specialist EDI organisations to aide recruitment or act as advisors to the board.

## **12. VFM Considerations**

- 12.1 No direct implications.

## **13. Financial Implications**

- 13.1 There are some minor financial implications dependent upon which option is chosen. Advisory services would need to be procured in an appropriate manner and increasing the size of the board or appointing an advisor would result in additional expenses.

## **14. Legal Implications**

- 14.1 Any future Board recruitment would need to comply with appropriate legislative recruitment practices taking into account issues addressed in the Equalities Act 2010.

## **15. Risks**

15.1 Potential risks relate to:

- Difficulty in recruiting Board Directors from diverse backgrounds.
- Potential failure to appropriately consider diversity issues in decision making and in leadership of the organisation reflecting poorly on the organisation in terms of its tenants, staff and stakeholders including the regulator.

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

16.1 Not Applicable.

## **17. IT Implications**

17.1 Not Applicable.

## **18. Consultation**

18.1 Discussions have taken place with a small number of directors who may be shortly impacted by the proposed approach. The issue was previously discussed at the board and with the Council.

## **19. Diversity**

19.1 Very significant as discussed above.

## **20. Communication Requirements**

20.1 A wide range of communications will be required dependent upon the approach agreed. This will primarily be with DMBC, with tenants and with other potential Board Members.

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

21.1 This is not a new policy but seeks to more accurately reflect the equality and diversity issues in the composition of the board.

## **22. Environmental Impact**

22.1 Not Applicable.

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

23.1 Dave Richmond  
Chief Executive  
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01302 862700

**24. Background Papers**

24.1 Appendix A - Board Member term of office.

**SLHD Board Member - Term of Office**

The rotation and maximum period (based on 9 years or 3 terms) is:

*AGM 2022*

Stuart Booth – Maximum period to AGM 2028

Steve Lyons – Maximum period to AGM 2025

*AGM 2023*

Trevor Mason – Maximum period to AGM 2026

Sam Bartle – Maximum period to AGM 2029

*AGM 2024*

Susan Jones – Maximum period to AGM 2027

Anthony French – Maximum period to AGM 2027

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan (ADP) Update
<b>Action Required:</b>	For information
<b>Item:</b>	10
<b>Prepared by:</b>	Mark Haughey - Head of ICT & Transformation
<b>Date:</b>	3 February 2022

### 1. Purpose

- 1.1. To provide Board members with an update of the Annual Development Plan (ADP) for 2021/22. The ADP was agreed in March 2021 following extensive review and discussion by Leadership, Senior Management Team (SMT) and at the Board's strategic away day.
- 1.2. The 2021/22 ADP proposes a number of key developmental activities or "actions" aligned to the strategic objectives set out in the SLHD Corporate Plan 2019 to 2024.
- 1.3. The ADP does not include operational service developments, which are progressed through local Service Delivery Plans, or 'business as usual' service delivery.

### 2. Background

- 2.1. The ADP has been developed from the Corporate Plan 2019 to 2024.
- 2.2. The Corporate Plan 2019 to 2024 aims to deliver our vision of "providing homes in neighbourhoods that tenants are proud to live in" through four strategic objectives over the five-year period:
  - All our homes are modern, decent, and energy efficient;
  - Our tenants live successful and fulfilling lives;
  - We will be a nationally recognised provider of housing services; and
  - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together.
- 2.3. The Corporate Plan sets out actions or plans to be delivered over the five-year period. Each year the actions set out in the original Corporate Plan are reviewed to ensure they are still relevant and to reflect any legal, legislation, political or environmental changes, and this year has been subject to a mid-term review. The response to Covid-19 has had an impact on the plans over the past twelve months, though Management and Staff have responded promptly and outstandingly to all situations.

### 3. 2021/22 ADP

3.1. The 2021/22 ADP at **Appendix A** contains individual actions relating to the Corporate Plan actions/plans. Some are related to current pieces of work that are already underway.

3.2. Alignment with the four strategic objectives:

<b>Objective</b>	<b>Number of 2021/22 ADP Actions</b>
All our homes are modern, decent, and energy efficient	9 of which 3 are on track; 5 amber and 1 red
Our tenants live successful and fulfilling lives	7 of which 2 are on track; 4 amber and 1 red
We will be a nationally recognised provider of housing services	11 of which 7 are on track; 3 amber and 1 red
Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together	6 of which 1 are on track; 2 amber and 3 red

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

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

- The TOP Project went live on the revised go-live and was followed by an extended HyperCare period of support. There are a number of actions and outcomes within the ADP that are dependent on the delivery of TOP.
- The new solution (C365) to enable improved management of building safety compliance records has been implemented to complement the new Housing Management solution.
- Implementing Agile Working continues to develop as the restrictions and guidance changes.
- Agreement to close St Leger House and St Leger Court and share occupancy at the Civic Building has been reached.
- A new Repairs Excellence group has been implemented, with a dedicated Governance arrangement with a Repairs Excellence Board. A number of key stakeholders from across the business will be involved as we look to modernise our Repairs service for our Customers.
- Two looked after young people have been housed into supported accommodation, with a further 2 shortly due to move in once the identified property is ready to let. Our aim is to have 8 properties up and running by Easter.

3.5. Significant commitment has been put into developing and implementing the roadmap out of Covid and the operational delivery of services have been maintained during the pandemic, in line with government guidelines.

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

- 4.1. Work will continue to complete any outstanding actions by 31 March, and the ADP will continue to be monitored and reviewed by Leadership.
- 4.2. Preparations are well underway with setting the ADP 2022/23 Plan, which has been developed and agreed by Directors and presented to Board November 2021. This same version will be agreed by the Mayor in March 2022 and then presented to Board for final sign off in 2022.

#### **5. Recommendation**

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

#### **6. Appendices**

- Appendix A - 2021/22 ADP

Corporate Plan Objective	Plans	ADP Actions 2021/22	Date	Status	Q3 Update
<b>All our homes are modern, decent, and energy efficient</b>	<b>Ensure our homes are safe and free from hazards.</b>	1.1: Review current structures to support the implementation of a robust Health Safety and building compliance model.	Mar-22	Amber	All six subject matter experts are now in position and collating data populating C365 with the information once validated. Interviews for the Building Safety Manager have been concluded and an appointment made who is working their notice until the end of February 2022. Interviews took place on the 21st of December 2021 for the Building Safety & Compliance assistants' positions. The Job Evaluation process for the Building Safety Officer is complete and should be appointed January 2022.
		1.2: Review and implement compliance software as part of an external health check across all 6 areas of compliance.	Jul-21	Amber	Compliance software C365 has been implemented. Population of C365 with data for solid fuel is complete. Priorities are being set for the next areas of compliance to be populated within C365.
		1.3: Continue to monitor changes arising from the Building a Safer Future review and implement accordingly.	Mar-22	Amber	Building Safety Case information is being populated in C365. The team are working with other providers to standardise the information in the Building Safety Cases. Initial indications are positive that C365 can hold all of the information required to meet the needs of the Building Safety Bill. Progress of the Bill continues to be monitored as do findings from findings from the Grenfell Inquiry.
	<b>Continue to invest in homes and neighbourhoods.</b>	1.4: Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	Mar-22	Red	Approval for the investment was secured in September 2021. The planning application is being prepared alongside the development of the technical documents required for this and the appointment of a contractor. The work and timescales associated with this mean that a physical start on site is now not anticipated until approx. May/June 2022.
		1.5: Implement outcomes from reviewed Age Designation Policies.	Mar-22	Amber	This will be undertaken as part of the full review of the allocations policy (2.2). A scoping report went to EMT in November 2021 with a view of delivering the review within the timescale.
	<b>Deliver an efficient and effective repairs and maintenance service.</b>	1.6: Explore agile working and current working hours for trade staff aligned to customers (Inc. Out of Hours).	Mar-22	Amber	Agile working sessions have already taken place with the workforce during 2021. Our Repairs Excellence project will define our approach to Agile as we move through the next 12 months. We also have a Conference during February 2022 to address the workforce, to discuss how Agile will impact on the workforce and our customers. An out of hours service review will also be a part of the Repairs Excellence project.
		1.7: Undertake full R&M service review informed by the Phase II TOP implementation.	Mar-22	Green	Repairs excellence project underway, with a pilot starting Jan 22 looking at reducing no access.
	<b>Deliver our environmental strategy.</b>	1.8: Implement Borough wide project to recycle furniture.	Dec-21	Green	Garage 32 now in place across all areas, with stocks being built up again. Additional caretaking resource currently being identified.
	<b>Offer a sustainable gardening service.</b>	1.9: Explore the possibility and benefits of extending the garden service to the private sector.	Mar-22	Green	In place. Revised service charges have been proposed to DMBC and the new charges will be agreed by Council on 28 February 2022.



Corporate Plan Objective	Plans	ADP Actions		Date	Status	Q3 Update
		2021/22				
<b>Our tenants live successful and fulfilling lives</b>	<b>Help tenants to sustain their tenancies.</b>	2.1: Full review of housing management functions and structures (after TOP).		Jul-22	Red	Scoping report and project plan have been developed. Review is unlikely to be concluded in 21/22, but plans continue to progress and complete in 22/23
	<b>Ensure the allocations policy reflects the changing needs of tenants and residents.</b>	2.2: Review the Allocations Policy.		Mar-22	Amber	Scoping report was completed and approved by EMT along with the agreement to procure additional resource to manage the review. We will be looking to have someone in place early in the new year and commencing the review by the end of January 2022.
	<b>Improve communication with tenants and residents.</b>	2.3: Further develop and implement customer insights data.		Oct-21	Amber	This action relates to the customer profile data we collect, and the review has been completed. The My Access Portal is being developed so tenants can update profile data using self-service. Board has recently considered a scorecard presentation approach using customer insight data, around satisfaction, performance, demand and STAR results, using this insight as a focus to improve the customer experience. Further developing how we collect customer profile insight may involve new areas of the business. We cannot progress this aspect until One Housing is implemented. Collecting more customer profile and intelligence data on how the delivery of our services impacts on customers will help deliver services to better meet individuals' needs. We are currently considering how we can use data on the whole customer experience to improve service delivery. This will therefore be an on-going action that moves into 22/23.
		2.4: Review our Customer Involvement Strategy and model to ensure the tenant voice is integral to everything we do, including Tenant Participation Advisory Service (TPAS) accreditation.		Mar-22	Amber	Initial draft of the Tenant Voice Strategy is being adapted and wider consideration to Tenant Involvement being considered. TPAS inspection has been carried out, with initial findings and action plan being developed.
	<b>Increase engagement with the diverse communities of Doncaster.</b>	2.5: Develop engagement strategies for high risk buildings in consultation with tenants to deliver the requirements of the Building a Safer Future.		Mar-22	Green	High Rise Forum is in operation and wider aspects being considered as part of the Tenants Voice Strategy.
	<b>Ensure our homes are safe and free from hazards.</b>	2.6: Review and implement regulatory requirements embedded in the Building Safety Bill, Fire Safety Bill and Social Housing White paper.		Ongoing	Amber	We continue to consider the implications arising from legislation related to the safety of residents. Consideration is being given to the implications of the legislation and what these will mean for the buildings under the control of SLHD. The recommendations from emerging legislation and best practice documents are considered actioned and progressed. These actions are monitored through the Building Safety Committee.
	<b>Ensure tenants with disabilities are able to secure appropriate homes.</b>	2.7: Review the operational arrangements for the accessible housing register.		Dec-21	Amber	Business Transformation team have now recommenced work on this review and will lead this in consultation with Home Choice and the Council.

Corporate Plan Objective

We will be a nationally recognised provider of housing services

Plans	ADP Actions 2021/22	Date	Status	Q3 Update (with Outcomes (so what!))
<b>Embed a positive health, safety and wellbeing culture.</b>	3.1: Achievement of workplace wellbeing gold award	Mar-22	Green	Activity on track to achieve by end of March 22 demonstrating our ongoing commitment to colleagues wellbeing
<b>Deliver value for money services.</b>	3.2: Identify efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT).	Mar-22	Amber	A before and after review will be undertaken in Q4 21/22 when OH is embedded and a report will be presented to Audit Committee in March. Planning has commenced with HoS and Service Managers on the methodology to identify where efficiencies and improvements have resulted from TOP and CAT. Earlier, pre-TOP process mapping is also being revisited and areas are being identified and methods of measurements being developed to capture cashable and non cashable efficiencies that have or will emerge within the company.
<b>Use technology to modernise and transform service delivery.</b>	3.3: Implement The One Project, replacing key IT systems and driving Customer Focussed culture change.	Dec-21	Green	Delays over some showstoppers resulting in a revised go live date of 18th October. Go-Live went well and we have now moved to a Business As Usual service with the TOP Team secondments returned to their substantive posts. Planned Maintenance Module to immediately follow Phase II go-live (planned work will be managed through other modules until Planned Maintenance implemented). Solution for CBL/Homelessness decision to follow on from Phase II.
	3.4: Consider and Implement technology to create a digital engagement route to improve performance and drive efficiencies.	Sep-21	Amber	<p>There are a number of projects linked to this action at various stages of progress and included in the Customer Access Strategy. The majority are linked to the implementation of TOP and on-going development issues, some of which will run into 22/23.</p> <ul style="list-style-type: none"> <li>•My Access Tenant Portal - Portal is live. Project has recommenced and development areas have been prioritised.</li> <li>•Ability for customers to appoint and monitor progress of repairs through the My Access portal - Prioritised as the next focus of development. Work has commenced with our suppliers on implementation;</li> <li>• ChatBot - work on this aspect of digital will commence January 2022.</li> <li>• CTI (computer telephony integration) for first point of contact calls - linked to TOP, commenced and nearing completion;</li> <li>• Digital face to face contact - Investigations completed report to EMT 21st December on options.</li> <li>• WhatsApp or similar platform - work has commenced on this project and investigations are currently taking place with suppliers about the potential to use WhatsApp for business.</li> </ul> <p>All the projects above will create improved access for our customers and efficiencies for the business.</p>
	3.5: Consider and implement technology to enable improved management of building safety compliance records.	Mar-22	Amber	<p>There are a number of areas of compliance which are being considered and how the information is integrated and updated between OH and C365. A project board has been established to develop process maps for each of the 6 areas of compliance. A building Safety Case has been developed and presented in C365 for all 9 in scope buildings in line with the template provided by the Building Safety Regulator and HSE. The aim is that C365 will pull evidence form the core compliance areas to populate the BSC. Silverwood House has been used as a trial property.</p>

<b>Continue to develop our workforce.</b>	3.6: Having Implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.	Mar-22	Red	This will no longer be delivered in 2021/22. The Development framework seen by E&P and EMT brings together the plan for developing our workforce and the high-level phases in which this will happen with development of our future leaders in the form of a coordinated program moving to a later piece of work in 2022/23
	3.7: Finalise and implement Agile Working approach.	Mar-22	Green	Great progress continues to be made, policy consultation almost complete, some early facilities decisions have been made and plans underway to continue to progress
	3.8: Refresh our early careers framework, achieving external recognition for the provision.	Dec-21	Green	Actions finalised and underway in line with the approved refreshed framework.
<b>Ensure our business accommodation is fit for purpose.</b>	3.9: Review accommodation requirements, including partner co-location opportunities as part of wider move towards agile working.	Jun-22	Green	A decision to close 2 SLHD offices (St Leger Court and St Leger House) and relocate these bases to the Civic Building was made at the end of Q3. A project delivery group is now progressing this move. It is expected that the relocation will be completed around April 2022. Work to start to re-configure/re-purpose Shaw Lane depot is also expected to commence during Q4 for completion by the June 2022 target deadline.
	3.10: Investigate alternative methods for customers to interact with us and to access our services at our office/partner locations	Oct-21	Green	Investigation completed and report submitted to EMT 21st December setting out various options. The outcome of which will be to improve customer access to our services and create efficiencies for the business and the customer.
<b>DAHA Increase the range of support for tenants.</b>	3.11: Progress accreditation to Domestic Abuse Housing Alliance (DAHA).	Mar-22	Green	Progress towards DAHA accreditation continues with a variety of partner events held and consultation carried out. Draft policy currently being developed, and an action plan will be reported to EMT in February 2022 following further work with the Alliance.

Corporate Plan Objective

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

Plans	ADP Actions 2021/22	Date	Status	Q3 Update (with Outcomes (so what!))
<b>Living: Reduce and prevent homelessness.</b>	4.1: Review temporary accommodation model with Council & partners.	Sep-21	Red	We have submitted a report to the portfolio holder for Housing and Equalities to approve large scale direct matching for many of the current temporary households in an effort to free up the system and create capacity. Once we are on more of a level playing field and have reduced the overall TA numbers, we can then review the supported housing pathway. It is unfortunately doubtful that this action will be completed this financial year as it is heavily dependent on move-on accommodation, partners and commissioned housing providers.
	4.2: Develop and begin implementing action arising from the homeless prevention strand of the Homelessness & Rough Sleeping Strategy	Sep-21	Amber	This will be part of our Rough Sleeping Initiative (RSI 5) Bid to employ additional resources to develop a robust prevention model. We have also dedicated our student placement to work on this now to improve the website and develop an online prevention tool called Advice Aid. We have also commenced a Private Rented Sector (PRS) working group to improve our use of PRS accommodation and relationships with landlords
	4.3: As part of the DGT homelessness board, seek to reduce the incidence of rough sleeping and the use of temporary accommodation.	Mar-22	Red	We are currently working on accommodation offers for all rough sleepers as part of the government's new directive in response to the new COVID variant. We continue to work closely with Complex Lives and have developed a comprehensive performance management framework for rough sleepers to track outcomes and identify priorities.
	4.4: Develop and implement roadmap out of covid related temporary accommodation placements.	Jun-21	Amber	The demand for new placements remains extremely high and the number of new placements into hotels in November was 80 and the current numbers as at 30 November were 66. We continue to prioritise move-on's and work closely with support providers to enable these to be successful and sustainable.
<b>Living: Safer neighbourhoods through reduced anti-social behaviour and crime.</b>	4.5: Develop and implement an evaluation framework for anti-social behaviour to monitor and measure satisfaction and effectiveness.	Dec-21	Red	Transactional surveys continue to be carried out and reported on for those who have been affected by ASB. However further work is required to gauge satisfaction for every ASB case both during the case and at the point the case is concluded. The new Housing Management system required further development in order that outcomes can be measured and evaluated.
<b>Living: Provide support to maximise tenancy sustainability.</b>	4.6: Work with DCST to improve the accommodation options for care leavers through the development of a shared accommodation offer.	Mar-22	Green	Two looked after young people have been housed into supported accommodation, with a further 2 shortly due to move in. Our aim is to have 8 properties up and running by Easter

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Quarter 3 ended 31 December 2021 KPI dashboard
<b>Action Required:</b>	For information
<b>Item:</b>	11
<b>Prepared by:</b>	Nigel Feirn Head of Finance and Business Assurance
<b>Date:</b>	3 February 2022

### 1. Purpose

- 1.1. To provide Board members with the KPI dashboard as at 31 December 2021 / Quarter 3 2021/22 and brief commentary for those KPIs where the target is not being met. The KPI dashboard is attached at **Appendix A**.

### 2. Executive summary

- 2.1. There are now 20 KPIs for 2021/22 :

- two are measured quarterly – residents supported in training and residents supported in employment;
- four are measured annually - STAR survey (2), energy efficiency and Decent Homes Standard numbers. **NB** : It should be noted here that the annual STAR survey for 2021/22 is now complete and the two KPIs have been included in this report;
- three KPIs relating to Homelessness do not have a target this year due to ongoing Covid19 requirements.

- 2.2. The only KPI changes from 2020/21 are for:

- Local expenditure; where we report against Revenue spend (as before) and now, as agreed with DMBC, to also include Capital spend; and
- Gas servicing; we are now reporting properties with a valid safety certificate rather than properties attended.

- 2.3. The table below summarises the KPI dashboard as at 31 December 2021. Performance comparatives have been included from 2020/21.

	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Green (meeting target)	6	5	5	8	5	6	6
Amber (within tolerance)	1	1	2	2	3	1	1
Red (not meeting target)	8	9	6	7	7	8	8
No target (homelessness)	3	3	3	0	0	0	0
Quarterly / Annual KPIs	2	2	4	0 <sup>1</sup>	4	4	4
Total	20	20	20	17 <sup>1</sup>	19	19	19

#### **NB :**

- <sup>1</sup> For 2020/21, there were four annual KPIs. Two of these were related to a planned January 2021 STAR survey but this was deferred until July 2021 as part of a wider programme. This is now complete and included in this report

### 3. KPI commentary

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

**Target** **0.50%**  
**Q3 2021/22 YTD Performance** **0.79%** **WORSE THAN TARGET – RED**

	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Void rent loss YTD %	0.79%	0.79%	0.82%	1.00%	1.02%	0.97%	0.97%
Void numbers at quarter end	147	159	142	159	216	195	209

The number of voids held at the end of December shows a reduction at 147, which is lower than November (153) and October (170). The 147 includes eight non-lettable voids, of which five are awaiting demolition, two are to undergo Option Appraisal one requiring major works.

In month performance for December at 0.78% shows a slight decline compared to November's 0.70%, but is better than October's 0.93%.

The YTD number of terminations at remains slightly higher than the number of re-lets. It is imperative that the number of re-lets exceeds the number of terminations to ensure a continued improvement in performance.

A number of issues are contributing to targets not being achieved; increased delays waiting for R&D survey results, asbestos containing materials (ACM) removals, shortage of materials, delays waiting for the delivery of non stock items.

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

**Target** **20.00 days**  
**Q3 2021/22 YTD Performance** **32.39 days** **WORSE THAN TARGET – RED**

	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Re-let days	32.39	31.62	32.72	46.11	48.27	49.32	55.05

In month performance for December was 43.79 days, a decline compared to November's of 34.01 days and October's 31.37 days.

This has an adverse effect on cumulative YTD performance, now standing at 32.39 days.

A number of low demand properties are adversely impacting on performance as they become re-let.

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 7: Number of complaints upheld as a percentage of all interactions

**Target** **0.070%**  
**30 November\* YTD Performance** **0.118%** **WORSE THAN TARGET – RED**

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

The table below summarises the interactions and complaints upheld in the seven months to end of October for the past three financial years

	Interactions	Complaints	Upheld	% upheld
<b>21/22</b>	<b>237,963</b>	<b>769</b>	<b>280</b>	<b>0.118%</b>
20/21	238,662	681	160	0.067%
19/20	231,087	770	164	0.071%

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

In November 2021 we received 136 complaints. This is an increase of 46 (+51%) compared to October, and is 72 more than we received compared to November 2020. It is the highest volume of complaints we have seen in a November for the past four years.

63 (46%) of the 136 complaints were upheld. This is an increase of 20 compared to last month and is 32 more than November 2020.

All of this has an adverse effect on the YTD position which cumulatively stands at 0.118%, the highest so far this year, and worse than target.

The main themes for upheld complaints relate to time taken to complete a repair, lack of information / communication and staff actions. Complaint levels and details are reviewed on a monthly basis, and a number of actions are being taken to reduce the number of complaints, including extra funding in the financial year to catch up on the repairs backlog.

For repairs, there is increased monitoring of performance and the Repairs Excellence project is now underway, looking at a number of areas to improve all round performance.

A number of complaints are related to ongoing ASB issues and complaints about neighbours etc. – sometimes complaining about issues we are already looking into and sometimes because they feel nothing is being done. We are using VoiceScape, a telecoms software package, to check in with complainants who have a live ASB case. Weekly messages will provide reassurance that we are working on the case and invites them to respond if they have any new information or want to speak to their housing officer.



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

<b>Profiled target</b>	<b>5.75 days</b>	
<b>Year end target</b>	<b>7.89 days</b>	
<b>Q3 2021/22 YTD Performance</b>	<b>8.61 days</b>	<b>WORSE THAN TARGET – RED</b>

December saw 1.42 days absence per employee against a target of 0.65. This is an increase on November's absence (1.25 days absence per FTE) and more than double the monthly target.

As anticipated, the YTD position now stands at 8.61 days per FTE taking us over the annual target for year end, so this KPI will be red for the rest of the year.

The year end projection has increased further to 10.59 days per FTE, and is significantly higher than last year and the previous year's target of 7.9 days per FTE.

In December we lost a total of 998 working days to sickness. The highest cause of absence YTD remains stress depression and anxiety accounting for a 41.4% of the absence (no significant change from last month at 40%). Non work related stress remains the biggest contributor, with work related stress accounting for just 3.8% of this total.

There has been a further general increase this month in the number of days absence due to stress depression and anxiety in comparison to the previous month and all known cases are actively being managed. These are not work related cases - in one case where a delay in treatment for CBT is preventing the case progressing we have agreed private treatment of which we will be funding to facilitate this move forward.

The second highest reason for absence remains MSK, accounting for 20.3% a drop of nearly 9% on last month followed by Coronavirus which now accounts for 13.1% of all absence to date and an increase of just over 1% on last month.

A total of 192.2 days were seen in December, more than double last month and just slightly under the July peak. We have now seen 797.4 days lost due to Covid related sickness (not including self-isolation) in this financial year.

If we look at the absence figures this month excluding Covid we do still remain above target. This would still likely bring our projected outturn higher than target but by a much smaller margin.

### 3.5. KPI 12a and 12b : Local expenditure

It should be noted here that historically SLHD has always reported expenditure of a Revenue nature for the KPI, but following discussions with DMBC, will now report two local expenditure KPIs, the second of which will include Capital spend:

- KPI 12a % Local expenditure of a Revenue nature only (as before)
- KPI 12b % Local expenditure of a Revenue and Capital nature

<b>Target</b>	<b>70.0%</b>	
<b>KPI 12a Q3 YTD</b>	<b>55.8%</b>	<b>WORSE THAN TARGET – RED</b>
<b>KPI 12b Q3 YTD</b>	<b>71.0%</b>	<b>BETTER THAN TARGET – GREEN</b>

The table below summarises the total and Doncaster spend for the nine months to end of December with comparatives from previous financial years.



			KPI 12a	KPI 12b
	Doncaster spend YTD	Total spend YTD	KPI%	Incl Capital spend %
<b>21/22</b>	<b>£4,459k</b>	<b>£7,986k</b>	<b>55.8%</b>	<b>71.0%</b>
20/21	£3,930k	£7,522k	52.3%	tba
19/20	£4,023k	£6,688k	60.2%	tba

Cumulatively, YTD performance for KPI12a stands at 55.84% and an under-performance of £1.13m.

For the new KPI 12b including Capital spend, cumulative performance for the year to date is 71% and the target met.

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.

Based on the types of goods and services due to be procured over the coming months, it is not anticipated that SLHD will be able to increase local revenue spend much further than it is currently and the target will not be achieved by year end.

### 3.6. KPI 14 : Number of residents undertaking training or education

**Target YTD** **59**  
**Q3 21/22 YTD Performance** **20** **WORSE THAN TARGET – RED**

Similar to last quarter this figure remains below target. This is despite additional efforts to widen the possible participant group offering places on the college courses to non SLHD residents (widened to social housing tenants as a whole).

A minimum number of participants is needed to run the course as determined by the provider and this is the number we are finding challenge in meeting. This was the case for the most recent course.

We continue to review the possible ways to market the course and for the coming 12 months are considering a wider review of the opportunities that we provide and if this can be expanded outside of the usual cleaning and multi-skill options.

### **Annual KPIs**

The annual STAR survey for 2021/22 is now complete and results were received in September. These are currently being analysed in detail and action plans will be developed as required. The two indicators have been included since Q2 reporting.

### 3.7. KPI 16 : Tenant satisfaction with overall service

**Target** **87.0%**  
**2021/22 Performance** **84.8%** **WORSE THAN TARGET – RED**

3.8. KPI 18 : Tenant satisfaction with property condition %

<b>Target</b>	<b>89.0%</b>	
<b>2021/22 Performance</b>	<b>86.5%</b>	<b>WORSE THAN TARGET – RED</b>

Nigel Feirn  
Head of Finance and Business Assurance  
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**Appendix A** – 31 December 2021 2021/22 KPI dashboard

# St Leger Homes of Doncaster Performance Dashboard 31 December 2021

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

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



# ST LEGER HOMES OF DONCASTER LTD

Company limited by guarantee registered in England  
Company Number 05564649

## Board Meeting

# REPORT

**Date** : 3 February 2022

**Item** : 12

**Subject** : Q3 Revenue Monitoring Report  
2021/22

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

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

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

### **Recommendation :**

For Board to note the Revenue Monitoring report as at 31 December 2021 and the projected outturn for the financial year 2021/22.

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

Agenda Item No. 12  
Date: 3 February 2022

1. **Report title**

1.1. Q3 Revenue Monitoring Report 2021/22.

2. **Purpose**

2.1. To report income and expenditure to 31 December 2021, projected for 2021/22, and variances to the approved budget. Commentary appears in the main body of the report with more detailed commentary from Heads of Service included as Appendices.

3. **Executive Summary**

3.1. At quarter 3 (Q3), an **overall surplus for the year of £10k is projected**. This comprises a **surplus** on Housing Revenue Account (HRA) operations of £279k and a £269k **deficit** on Housing Options activities which are funded from the General Fund (GF).

	<b>Q3</b>	Q2	Q1
Projected variances	<b>Dec-21</b>	Sep-21	Jun-21
	<b>£k</b>	£k	£k
Housing Management	<b>-195</b>	-158	-53
Corporate Services	<b>161</b>	240	240
Asset Management	<b>-458</b>	-276	-243
Property Services	<b>214</b>	100	41
HRA Surplus	<b>-279</b>	-94	-15
Housing Options (GF)	<b>269</b>	347	246
Overall Surplus	<b>-10</b>	253	231

3.2. **HRA** : Additional management fee of £701k has been approved by DMBC HRA and has been included in the projections, towards additional costs in the year as follows:

<u>Additional cost description</u>	<u>£k</u>
Electrical testing £400k / repairs backlog £100k	500
Arboriculture SLA	50
Compliance 365 system software	45
Agency costs (acting Head of Service – Assets)	48
Contractor health check costs	58
Additional HRA Management Fee income	701

3.3. **General Fund**: Additional management fee of £246k based on the Q1 projections has been approved and has been included in the projections. Further additional GF management fee of £269k for the latest projected GF deficit is being considered by DMBC and formal approval is awaited.

- 3.4. The report and tables below summarise main variances (>£50k) in the HRA and General Fund (GF) budgets and where these occur compared to the '£zero' budget.

## HRA OPERATIONS

### 4. Operations - year to date variances, reasons and key points

<u>HRA budget Variances</u>	<b>HRA</b>		
	<b>Q3</b> 21/22 <b>£k</b>	<b>Q2</b> 21/22 <b>£k</b>	<b>Q1</b> 21/22 <b>£k</b>
<u>Expenditure</u>			
Salaries	-1,213	-1,104	-867
Temporary staff	576	534	382
Training	65	58	58
IT	123	139	145
Materials	-513	-446	-380
Supplies & Services	21	140	104
Arboriculture SLA	50	50	50
Procurement SLA	59	0	0
Strategic Asset SLA	-51	0	0
External Contractors	748	756	157
Net Others	-160	-129	-90
<u>Income</u>			
Capital Income	827	713	695
Other Income	-113	-111	-68
Additional Mgmt. Fee	-701	-701	-201
<b>Surplus(-) / Deficit</b>	<b>-279</b>	<b>-94</b>	<b>-15</b>
HRA WTE vacant posts (no.)	<b>80.1</b>	69.7	61.5

4.1. The main HRA variances projected are in the following areas:

- Salary costs; £1,213k under budget due to vacant posts;
- Temporary staff: £576k over budget to cover vacant posts / demand;
- Training: £65k over budget – due to a backlog of compliance training arising from delays in 2020/21;
- IT: £123k over budget, of which
  - £73k relates TOP implementation moving to October 2021; and
  - £45k for C365 software (additional m'tment fee approved see 1.2);
- Supplies & Services: includes £58k additional expenditure on consultancy costs. Penningtons (contractor) carrying out 'health checks' on the company compliance to H&S. Additional management fee approved (see 1.2);
- Capital Income; £827k shortfall and an increase of £114k from Q2. Includes:
  - £750k Heating/Boiler installs due to resources being committed to gas servicing, including agency staff and no dedicated heating team during the servicing programme. Also a delay for R&D surveys to be completed;
  - repairs increases in Q1 impacted on resource capacity. There is potential for some of the shortfall to be clawed back, eg. R&D surveys completed sooner, Covid, resource levels, mild weather, etc. ;
  - Internal works re-inclusions scheme has reduced by £45k due to staff isolations and sickness compounded by the resource requirements on larger schemes including buy backs and communal halls.
  - £50k reduction in reactive capital works due to drop off of required works;

- £67k increase since Q2 for void capital electrical works being carried out in more properties than budgeted for.
- Materials; £513k under budget comprising a £336k reduction in capital heating installs, a £115k reduction in Scheduled Repairs requirements as works backlogs have been passed onto a contractor (see below), £79k on WOW activities and £52k on other planned works, being slightly offset with inflationary and volume increases in responsive repairs;
- External Contractor; projected overspend of £748k includes;
  - £400k Electrical tests previously documented and now approved with additional management fee (see 1.2);
  - £100k of contractor spend to address the Covid19 related backlog of repairs mainly scheduled plastering and responsive plumbing work. £100k additional management fee has been approved for this;
  - £100k saving on the high rise cladding maintenance budget. The costs of the ongoing dispute with the contractor (expert witness samples, lab test and legal costs) will be funded through this budget. Only £30k is forecast for this financial year;
- SLAs currently projecting £49k over budget:
  - £50k over budget for the Arboriculture SLA, funded from additional management fee, to fund works carried over from 2020/21;
  - £59k for the Procurement SLA agreed with DMBC for the TUPE transfer. The three SLH staffing budget savings offset the majority of SLA cost;
  - £51k saving on the Strategic Asset Mgmt SLA. An additional DMBC officer was budgeted for and for the two officers in total to carry out the RTB valuations, however there is still one officer so the saving has been partially offset with SLHD requesting Barnsdales to continue to carry out the valuations.
- Other income: includes £65k additional grant funding relating to RSI (Rough Sleeper Initiative) temporary posts in Tenancy Support and St Leger Lettings.

#### Housing and Customer Services:

- 4.2. There are no major pressures to report and the Directorate is projecting an overall saving of £195k.

#### Corporate Services:

- 4.3. A deficit projected of £161k, where the main overspends are ICT software and project team costs relating to the extension of TOP implementation to mid October 2021. The forecast also includes additional costs relating the recently acquired 'Voicescape' telecoms software package.
- 4.4. Training continues to be focused upon compliance led training, this spend has however brought us back up to significant compliance and ensured that gaps identified across the organisation are now being closed. This work is ongoing and spend in this area will continue for the remainder of the financial year. The bulk of the professional development requests have already been considered for this year however the final round takes place in January and therefore careful consideration will be given to applications in light of these budget pressures.
- 4.5. Ongoing Employment Tribunal case costs continue to escalate and are likely to for the remainder of this financial year, and estimated costs have been projected.

## Asset Management and Building Safety & Compliance

- 4.6. The realignment process is ongoing, mainly affecting the Asset Management Service Area and there remains a number of current vacancies. A further realignment proposal was approved at EMT in December and is ongoing. The Health, Safety and Compliance service area has recruited to the majority of posts and the Building Safety service area have recruited to the Service Manager post, but still have three vacancies to fill.
- 4.7. Three Procurement Officers TUPE transferred to DMBC on 1 December with an SLA set up for their staffing costs and overheads.
- 4.8. A decision to move from St Leger Court and St Leger House to the DMBC Civic building was made in December and this project is ongoing in line with agile working. The Asset team will be involved in any relocations to other premises and clearances from existing offices. This will be an additional pressure operationally on resources, but there will be expected savings for the company in future years.

## Property Services

- 4.9. Whilst Plan B Covid restrictions are minimal to trade staff carrying out repairs, there is still a cautious approach especially with the new variant increasing the level of positive cases that could impact on the level of resource to deliver all aspects of repairs and improvement works. This presents financial risk to the company if capital income reduces further or agency/contractor demands increase. Some staff and customer preferences will still require some form of safety, mainly PPE requirements and continued social distancing.
- 4.10. Capital income is now projected to be £827k under budget as detailed above, largely through lower Heating/Boiler installs, and is partially offset with a reduction in materials of £382k.
- 4.11. Due to Covid restrictions, resource issues (pandemic self-isolating and/or vacancies) has left a backlog of works. Scheduled works £60k and plastering works £120k have now been projected to be carried out by contractors until the end of the financial year.
- 4.12. There has been an increase in vacant trade posts within Property Services (see 2.1) since Q2 although recruitment is in progress for the majority of the vacant posts. There has been difficulty in recruiting, especially in certain trades, particularly Electricians. Agency staff when able to recruit, and overtime, are continually being utilised to cover certain vacant posts and to ensure essential delivery targets are met.
- 4.13. As referred to above, electrical testing and repair work delayed in 2020/21 has recommenced with contractors picking up the backlog, totalling £500k and funded by additional management fee.
- 4.14. Lettable void numbers have reduced from 159 at Q2 to 140 currently. Overtime work has continued to drive the numbers down due to absentee levels and vacancies.



4.15. The table below summarises key volumes within property services. Work is ongoing to extract and validate repairs orders from the new IT system, so repair numbers are not yet available.

<u>Year to date repairs orders</u> – 9 months	<b>Dec-21</b>	Dec-20	Dec-19	Dec-18
	<b>no.</b>	no.	no.	no.
Emergency Orders	<b>n/a</b>	6,746	6,786	6,735
Urgent Orders	<b>n/a</b>	23,495	26,568	25,824
Routine Orders	<b>n/a</b>	10,646	14,177	13,231
Scheduled Orders	<b>n/a</b>	6,867	8,802	7,671
<b>Total</b>	<b>n/a</b>	<b>47,754</b>	<b>56,333</b>	<b>53,461</b>
<u>Voids</u>				
Terminations – <u>Year to date</u>	<b>847</b>	936	1,113	1,109
Lettable voids <u>at month end</u>	<b>140</b>	199	104	99
Non lettable <u>at month end</u>	<b>2</b>	20	1	0
Earmarked for demolition	<b>5</b>	0	0	0
<b>Gross voids at month end</b>	<b>147</b>	<b>219</b>	<b>105</b>	<b>99</b>

## **GENERAL FUND HOUSING OPTIONS**

### **5. Operations - year to date variances, reasons and key points**

	<b>Housing Options</b>		
	<b>Q3</b>	Q2	Q1
General Fund GF projected variances	<b>21/22</b>	21/22	21/22
<u>Expenditure</u>	<b>£k</b>	£k	£k
Salaries	<b>-75</b>	-79	2
Temporary staff	<b>297</b>	237	72
Premises Other (Rents)	<b>128</b>	129	141
B&B and Security	<b>1,798</b>	1,584	895
Vulnerable Renters Grant Spend	<b>98</b>	0	0
Net Others	<b>-22</b>	29	21
<u>Income</u>			
Other Income	<b>-1,709</b>	-1,307	-885
Additional Mgmt. Fee	<b>-246</b>	-246	0
<b>Surplus(-) / Deficit</b>	<b>269</b>	347	246
<i>GF WTE vacant posts (no.)</i>	<b>3.0</b>	4.5	6.0

5.1. The main Housing Options variances projected are in the following areas:

- Salary costs : £75k under budget – comprising unbudgeted grant funded posts totalling £161k, offset by a forecast saving due to vacancies of £236k;
- Temporary staff: £297k over budget to cover for vacant posts, an interim Service Development Officer, and includes £53k for 4 agency staff to be recruited in Q4 as part of the grant funded Vulnerable Renters Scheme;

- Premises: £138k over budget largely due to rental of additional temporary HRA accommodation units (currently 95 properties compared to budgeted 85)
- Supplies & Services: £1,864k over budget largely due to emergency hotel accommodation and security costs arising from government instructions in response to Covid19; and £98k relating to planned payments in Q4 as part of the grant funded Vulnerable Renters Scheme
- Other income: £1,709k additional income, including;
  - £904k assuming 65% recovery of Housing Benefit income relating to additional hotel accommodation costs and 95% recovery relating to HRA temporary accommodation;
  - grant funding of £200k has been secured from the MHCLG Emergency Fund in contribution to these those costs and to fund temporary staff, and
  - further external funding of £184k to fund temporary posts (RSI & BCF) and other grant funded expenditure;
  - Vulnerable Renters Grant £155k, to fund agency staff and a Team Leader (£56k) and grants to eligible clients (£99k)
  - Protect and Vaccinate Grant (£266k) of which is it anticipated £190k will fund existing pressures and £76k will be additional spend as a result of accommodating more rough sleepers than previously expected.
- Management Fee – General Fund: additional management fee of £246k was approved at Council on the 8<sup>th</sup> September to address these pressures, based on the forecast overspend at quarter 1. The current forecast overspend is inclusive of this additional management fee.

5.2. The overall budget pressure is largely due to spend on hotels and security due to the sustained increase in placements - particularly high cost family placements, and a reduction in the forecast recovery of costs via HB from 70% to 65% based on current levels. The reduction in hotel provision availability in Doncaster has required the use out of borough placements, which are higher cost.

## 6. KEY RISKS

### Employees:

6.1. The largest projected variance is in salary costs (£1.3m), largely due to the vacant posts, and has increased in the past two months. There are currently 83.1 FTE posts vacant – an increase of 8.9 since September – and equates to a circa 9% vacancy factor (VF). The budget assumes a 3.5% VF (approximately 29.5 FTEs).

Budgeted Establishment	Vacant posts	21/22 Total vacant	21/22 Total vacant	21/22 Total vacant	20/21 Total vacant
2021/22 FTE		<b>Q3 FTE</b>	Q2 FTE	Q1 FTE	Q4 FTE
236.6	Housing & Customer Services	<b>16.5</b>	16.4	13.7	14.0
73.6	Corporate Services	<b>6.2</b>	4.0	4.0	4.0
78.2	Asset Management	<b>14.5</b>	18.5	13.5	11.0
401.2	Property Services	<b>42.9</b>	28.3	30.3	28.4
29.5	Housing Options	<b>3.0</b>	7.0	6.0	6.5
<b>819.1</b>	<b>Total</b>	<b>83.1</b>	74.2	67.5	63.9
	<b>Not appointing to **</b>	<b>-4.8</b>	-2.8	-2.8	-21.9
<b>819.1</b>	<b>Net Total vacant posts*</b>	<b>78.3</b>	71.4	64.7	42.0

- 6.2. There are currently 17 temporary agency staff covering vacant posts. The Asset Management realignment notwithstanding, it is anticipated that 4.8 FTEs will not be recruited to in 2021/22, but will be used to fund other posts:

		FTEs
Property Services	Handyperson	2.0
Property Services	Plumber	0.4
Property Services	Surveyor	0.4
Corporate Services	Business Transformation Officer	1.0
Corporate Services	Senior Business Assurance Officer	1.0
		4.8

### Capital income

- 6.3. The next largest projected variance, on HRA operations, is on Capital income at over £800k. This shortfall has increased since Q2 and is mainly heating installations, which are projecting to be £750k under budget. Savings will be made on materials and staff costs offsetting this variance.

### Covid19

- 6.4. Increasing infection rates have led to some service disruption with an increase in sickness and self isolation cases. This is being monitored very closely and actions planned accordingly. This impacts on both HRA and GF operations with staff, contractor and materials availability and demands on the homelessness service.

## **7. Recommendation**

- 7.1. For Board to note the Revenue Monitoring Report as at 31 December 2021 and the projected outturn for the financial year 2021/22.

## **8. Procurement**

- 8.1. Procurement implications are referenced as appropriate in the body of the report, but there are direct procurement issues arising from the Covid19 pandemic and related restrictions. In addition, there are some procurement issues as a result of Brexit and more recently some minor, short term issues around fuel supplies.
- 8.2. In the year to date there have been some challenges around external contractor availability, delivery of building materials for repairs and sourcing the necessary protective clothing (PPE) to provide the assurance to both our employees and tenants when visiting properties. This continues to be managed effectively to ensure business critical and re-commencement of core services is maintained. The projections assume availability of contractors, materials, access to properties and no further lockdowns.
- 8.3. The SLHD procurement function transferred to Doncaster Council in December 2021 but this will not impact on service delivery.

## **9. Value For Money**

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

## **10. Financial Implications**

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

## **11. Legal implications**

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

## **12. Risks**

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

## **13. IT Implications**

- 13.1. IT implications are referenced in this report as appropriate.

## **14. Consultation**

- 14.1. 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

## **15. Equality and Diversity**

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

## **16. Communication**

- 16.1. There are no communication requirements arising from this report

## **17. Environmental**

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

### **Report author**

Nigel Feirn – Head of Finance and Business Assurance

Appendices A to F – Directorate Revenue Summaries

## 1. Housing and Customer Services

1.1. At the end of December, the Housing and Customer Services Directorate is projecting a **surplus of £195k**.

1.2. There are currently 16.5 FTE vacant posts in the Directorate;

Vacant Posts	FTEs
Community Caretaker	1.5
Customer Access Officer	4.6
Customer Involvement Officer	1.0
Customer Relations Assistant	1.4
Customer Services Advisor	0.5
Financial Inclusion Support Officer	1.0
Homechoice Officer	0.5
Housing Assistant	1.0
Modern Apprentice	1.0
Occupational Therapist	1.0
Strategic Involvement Assistant	0.5
Support Officer	0.5
Tenancy Support Assistant	2.0
	<hr/> 16.5

### Housing Management

1.3. Overall budget spend remain stable for Housing Management, with most forecasts remaining similar to previous periods. Points to note

#### 1.4. Employee Expenses

- Any new vacancies continue to be examined and progressed appropriately. Delays in recruitment have been experienced due to the low levels and quality of interest being shown in a number of our vacancies, hence the increased underspend. Work continues with HR in individual instances to identify different ways to address this.
- Car allowances were underspent in the early part of the year and whilst spend increased in the remaining quarters, some savings were identified.

#### 1.5. Premises

- Premises costs are underspent primarily due to reduced use of communal halls at the start of the year, associated utilities savings were assumed in the first quarter and the position remains stable in period 9.
- Cleaning costs to communal halls have increased due to a deep cleaning regime following the long-term closures.

#### 1.6. Transport and Supplies and Service

- Transport forecasts were revised in Q1 due to reduced fuel costs – now on target
- All SLAs on target with the exception of a £50k overspend to reflect the Arboriculture works which is funded from additional Management Fee

## 1.7. Income

- Other income relates to the 2 grant funded RSI posts in Tenancy Sustainability and St Leger Lettings (the SLL RSI budget to be moved to Home Options), Garden service and St Leger Lettings.

## Customer Services

- 1.8. No major concerns or issues to report in respect of this budget. The variance on the forecast outturn on employee expenses of £12.5K overspend will reduce as this is due to work related to the implementation of TOP and support to the Alarm Receiving Centre (ARC), the expenditure of which will be moved to the relevant budgets. SLAs are showing an under spend on variance to date against actual spend as all invoices have yet to be submitted by Doncaster Council. These have been chased.

## Appendix B

## 2. Corporate Services

- 2.1. At Q3 2021/22, the Corporate Services Directorate is projecting a **deficit of £161k**.

- 2.2. The main elements to this variance are :

- Employee costs over budget by £101k, including a saving on budgeted posts of £45k, £92k for temporary staff and £67k for training;
- IT Equipment & Licenses over budget by £134k, of which £45k is funded by additional management fee for C365 software, and £103k relating to additional licensing costs arising from the extension of TOP, and Voicescape software costs;
- Supplies and Services over budget by £58k, including £58k additional expenditure on consultancy costs. Penningtons carrying out 'health checks' on the company compliance to H&S. Additional management fee to fund this as stated in the main body of the report.

- 2.3. There are currently 6.2 vacant posts in the Directorate;

Vacant Posts	FTEs
Business Transformation Officer	1.0
ICT Technical Support Officer	1.0
Learning & OD Specialist	0.7
Modern Apprentice	2.0
People Operations Administrator	0.5
Senior Business Assurance Officer	1.0
	<hr/>
	6.2

## Human Resources & Organisational Development (HR&OD)

- 2.4. As previously reported the HR and OD budget continues to see the expected pressures highlighted in previous commentary particularly in training and legal spend.

- 2.5. Training – Spend continues to be focused upon compliance led training, this spend has however brought us back up to significant compliance and ensured that gaps identified across the organisation are now being closed. This work is ongoing and spend in this area will continue for the remainder of the financial year with a known pressure identified early on it the year we are now seeing this pressure playing out. The bulk of the professional development requests have already been considered for this year however the final round takes place in January and therefore careful consideration will be given to applications in light of these budget pressures.

2.6. Legal – Due to the ongoing Employment Tribunal case, costs continue to escalate and this is likely to be the case for the remainder of this financial year. This pressure and estimated costs have been included in projections.

## **Financial Services**

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

## **ICT & Business Excellence**

2.8. Staffing budgets have overspent mainly due to additional TOP requirements

2.9. There will be a small pressure on the SLA budget (front loaded) as the latest version supplied by DMBC takes into account additional services and equipment resulting in around £5k increase.

2.10. Supplies and Services include a number of in year procurements for software solutions (Voicescape and C365) not identified in the budget planning but budgeted for in-year.

2.11. There are no risks or issues anticipated.

2.12. Actions include the continual monitoring of the budgets and identifying spend and potential risks.

2.13. Assumptions are that no further major issues arise from TOP or Office 365.

## **Appendix C**

### **3. Asset Management and Building Safety and Compliance**

3.1. The current end of year forecast is that the department's budget will **underspend by £458k.**

3.2. In Summary;

- This is a slight decrease on previous forecasts.
- A further key contributing factor to the forecast underspend position is the continuing number of staffing vacancies (8.5FTE) within the team against the approved budget. Most recruitment has been put on hold pending a realignment of the service.
- There remains concerns regarding the external contractor's revenue budget and an overspend has now been built into the end of year forecast, and this forecast has remained stable. This will continue to be carefully monitored over the remainder of the financial year.
- There are a number of emerging potential budget pressure risks that are currently being monitored that relate to agile working, external wall systems, disrepair and asset modelling software.

#### 4. Property Services

4.1. At the end of Q3 the Property Services repairs and maintenance budget is projecting a **deficit of £214k**.

4.2. In Summary;

- Staffing – still highlighting a decrease on original budget predictions with vacant posts that are funding Agency staff.
- Materials – material costs have been adjusted in line with capital expenditure, but work continues on understanding the issue with lack of orders and the timing of payments to suppliers.
- Contractors – Reduced spend in December due to the holiday period, although call out costs for the Christmas cover will hit the accounts in January as we had to use agency and contractors to cover some call outs due to additional Covid absences.
- Fuel Costs – Lower fuel prices and the lack of transport during the close down have kept predicted budgets on track this quarter.

4.3. Risks

- Material shortages/further price increases particularly with timber
- Out of hours costs for Christmas- due to use of external contractors and agency, costs are above budget (still awaiting final invoices), we also had extra trade staff undertaking numerous visits to the district heating scheme at Ennerdale over the holiday period.
- Covid related absence has increased slightly across a number of teams but still manageable as we move into Q4
- All R&M vacant posts have been evaluated to initiate recruitment, with a number of posts being advertised recently. Electrical is still the main issue with little take up on our adverts.

#### Appendix E

#### 5. General Fund Housing Options

5.1. The forecast 21/22 outturn position for SLHD Housing Options at Quarter 3 is a deficit of £269k, inclusive of the increased management of £246k. A slight improvement of £51k from the forecast position at Quarter 2

5.2. This represents an actual variance against the OE budgeted position of £515k.

5.3. The improvement is due to a reduction in temporary accommodation and B&B costs but also receiving external funding which can be used to offset increased demand and costs around Severe Weather Emergency Protocol for rough sleepers and COVID.

5.4. The additional funding is largely from the Protect & Vaccinate Grant £266k of which we estimate £190k will offset existing pressures and approx. £76k is new spend as a result of accommodating more rough sleepers than previously forecast.

5.5. We also have been awarded £155k Vulnerable Renters Grant and although we anticipate this will help with overall homelessness. It will not directly offset any costs as it will be additional spend.



- 5.6. The overall pressure is largely due to spend on hotels and security due to the sustained increase in placements - particularly high cost family placements, and a reduction in the forecast recovery of costs via HB from 65% to 62% based on current levels. Due to the reduction in hotel provision availability in Doncaster we have had to use out of borough placements, which are higher cost. We are working hard to reduce this to an absolute minimum and have reduced since last month and have also achieved our target of having no families in B&B – this was achieved by 17 December and every effort will be made to sustain this.
- 5.7. For the remainder of the financial year we are aiming to reduce hotel costs from £140k per month to £90k per month.
- 5.8. Other ways of reducing costs that have been identified and put into practice are:
- Reduction in temporary accommodation
  - Use of caretakers to undertake cleaning on temporary accommodation to reduce costs of external cleaning contractors
  - Review of temporary accommodation service charge to ensure covers all utility costs or ensure tenant responsible for own utility costs
  - Structure review to increase/realign prevention resources to reduce accommodation burden

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

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2021 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	28,594	21,450	20,548	-902	28,198	-396	-1%
Premises Expenses	2,068	1,550	1,107	-443	2,174	106	5%
Transport	2,367	1,780	1,606	-174	2,333	-34	-1%
Supplies & Services	3,208	2,410	3,333	923	5,191	1,983	62%
Materials-Buildings Services	5,941	4,460	3,411	-1,049	5,428	-513	-9%
Service Level Agreements	3,534	2,650	2,213	-437	3,572	38	1%
<b>Total Management Expenditure</b>	<b>45,711</b>	<b>34,300</b>	<b>32,217</b>	<b>-2,083</b>	<b>46,895</b>	<b>1,184</b>	<b>3%</b>
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	1,205	900	-1,330	-2,230	1,948	743	62%
External Maintenance Contractors (Capital)	674	510	301	-209	680	6	1%
<b>Total Maintenance Expenditure</b>	<b>1,879</b>	<b>1,410</b>	<b>-1,030</b>	<b>-2,440</b>	<b>2,628</b>	<b>749</b>	<b>40%</b>
<b>Gross Expenditure</b>	<b>47,590</b>	<b>35,710</b>	<b>31,187</b>	<b>-4,523</b>	<b>49,523</b>	<b>1,933</b>	<b>4%</b>
<b>Income</b>							
Management Fee - HRA	-32,724	-24,540	-24,543	-3	-33,425	-701	2%
Management Fee - General Fund	-1,531	-1,150	-1,148	2	-1,777	-246	16%
Recharges to Capital Schemes (In House)	-10,588	-7,940	-7,350	590	-9,762	827	-8%
Recharges to Capital Schemes (Contractors)	-674	-510	-301	209	-674	0	0%
Other Income	-2,073	-1,550	-1,394	156	-3,895	-1,823	88%
Direct Charge to HRA	0	0	0	0	0	0	-
<b>Total Income</b>	<b>-47,590</b>	<b>-35,690</b>	<b>-34,737</b>	<b>953</b>	<b>-49,533</b>	<b>-1,943</b>	<b>4%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>20</b>	<b>-3,550</b>	<b>-3,570</b>	<b>-10</b>	<b>-10</b>	<b>-</b>

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

	Income / Expenditure for the year				Projected Outturn at year end	Projected Variance at year end	
	Original Budget £'000	Budget to Date £'000	Actuals as at 31 December 2021 £'000	Variance to Date £'000	Estimates £'000	Variance £'000	Variance %
<b>Management Expenditure</b>							
Employee Expenses	1,075	810	828	18	1,297	222	21%
Premises Expenses	618	460	254	-206	767	149	24%
Transport	0	0	0	0	0	0	-
Supplies & Services	280	210	1,498	1,288	2,144	1,863	665%
Materials-Buildings Services	0	0	0	0	0	0	-
Service Level Agreements	50	40	0	-40	40	-10	-20%
<b>Total Management Expenditure</b>	<b>2,024</b>	<b>1,520</b>	<b>2,581</b>	<b>1,061</b>	<b>4,248</b>	<b>2,224</b>	<b>110%</b>
<b>Maintenance Expenditure</b>							
External Maintenance Contractors (Revenue)	0	0	0	0	0	0	-
External Maintenance Contractors (Capital)	0	0	0	0	0	0	-
<b>Total Maintenance Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Gross Expenditure</b>	<b>2,024</b>	<b>1,520</b>	<b>2,581</b>	<b>1,061</b>	<b>4,248</b>	<b>2,224</b>	<b>110%</b>
<b>Income</b>							
Management Fee - HRA	0	0	0	0	0	0	-
Management Fee - General Fund	-1,531	-1,150	-1,148	2	-1,777	-246	16%
Recharges to Capital Schemes (In House)	0	0	0	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	0	0	0	-
Other Income	-493	-370	-481	-111	-2,202	-1,709	347%
Direct Charge to HRA	0	0	0	0	0	0	-
<b>Total Income</b>	<b>-2,024</b>	<b>-1,520</b>	<b>-1,629</b>	<b>-109</b>	<b>-3,980</b>	<b>-1,955</b>	<b>97%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>0</b>	<b>952</b>	<b>952</b>	<b>269</b>	<b>269</b>	<b>-</b>

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England

Company Number 05564649

## **Board**

# **REPORT**

**Date** : 3 February 2022

**Item** : 13

**Subject** : Q3 Capital Monitoring Report  
2021/22

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

**Prepared by** : David Henderson  
Management Accountant

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

### **Recommendation:**

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

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 13  
Date: 3 February 2022**

**1. Report Title**

1.1 Q3 Capital Monitoring Report 2021/22 as at 30 November 2021.

**2. Executive Summary**

2.1 The reported projections at Q3 show the planned, in-year spend on the Housing Capital Programme would be £24.11m, an under-spend of £2.32m from the revised budget.

**3. Purpose**

3.1 To inform Board of the projected capital expenditure for 2021/2022, the funding available and the actual and committed income and expenditure to date as at 30<sup>th</sup> November 2021. These forecasts have been used for DMBC's Quarter 3, Finance and Performance report.

**4. Recommendation**

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

**5. Background - Housing Capital Programme 2021/22**

5.1 The Housing Capital Programme for 2021/22, for which SLHD has overall financial management is summarised at **Appendix A**. The projected in year spend of £24.11m is an under-spend of £2.32m from the revised quarter 2 budgeted expenditure of £26.43m.

5.2 Further analysis of the Housing Capital Programme can be found at **Appendices B&C:-**

- **Appendix B.** Public Sector Housing Capital Programme.
- **Appendix C.** Private Sector Housing Capital Programme.

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

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

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

- Council House build programme.

- Council House improvement and maintenance programme.
- Fire safety improvements.
- Electrical works.
- Energy efficiency works.
- Net Zero carbon.

## 6. Expenditure Variances

6.1 The following paragraphs 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 is forecast to outturn at £18.76m against resources of £20.20m, an under-spend of £1.44m.

6.3 (£0.40m, 13%, under budget), Void Improvements

The budget element relating to the installation of consumer units assumed all void properties would benefit. The forecast has been revised to reflect only the major void properties having the installation.

6.4 (£0.44m, 21%, under budget) Mechanical and Electrical Improvements

(£0.10m) Electrical Planned Works (Contractor)

The forecast has been reduced pending the next phase of the consumer unit installations being issued to the contractor Tomlinson. The funding has been slipped into 2022/23.

6.5 (£0.29m) Heating Conversions / Upgrades

The forecast has been reduced to reflect the interruption of refurbishment & demolition asbestos (R&D) surveys due to the seasonal closure of the laboratory.

6.6 (£0.02m) Electrical Planned Works (In House)

The installation of isolation switching equipment to some communal areas has been delayed pending contractor availability.

6.7 (£0.03m) Mechanical Planned Works

The forecast has been reduced following confirmation from a specialist contractor that the water tanks in the high blocks do not require re-lining as initially thought.

6.8 (£0.31m, 15%, under budget) Internal Works

(£0.06m) Scheduled Elemental Work

The forecast spend has been revised to reflect a reduction in the referrals received.

6.9 (£0.25m) Fire Works (Low Rise / Communal)

The forecast has been reduced to reflect the contractor temporarily suspending works over contract negotiations. The planned major works at Jubilee Court are anticipated to commence in February and be completed in 2022/23.

**7. DMBC Managed Schemes**

7.1 The element of the capital programme managed by DMBC is forecast to outturn at £5.35m against resources of £6.23m, an under-spend of £0.88m.

7.2 (£0.82m, 25%, under budget) Council House new build.

(£0.50m) Adwick Lane, Toll Bar. 21 units

(£0.13m) Athelstance Cres, Edenthorpe. 5 units

(£0.19m) Appleby Road, Intake. 7 units.

7.3 The contractor Willmott Dixon is now on site at all three developments. A revised programme of works has been provided and the profiled spend has been updated. The Edenthorpe and Intake schemes are programmed to be completed by November 2022 and the Adwick scheme by January 2023.

**8. Future Plans / Work In Progress.**

8.1 The Asset Management and Environmental Strategies have now been approved and will shape the investment programme in future years and lay the important preparations for the journey to make Council Housing in Doncaster achieve Net Zero Carbon. A ten year investment programme for the Council's housing stock has been drawn up which will be included along with the four year Housing capital programme subject to the usual approval process. Full details will be included in a future report.

8.2 Some areas of the programme have been affected by the increase in the time taken for refurbishment & demolition asbestos surveys. Mitigation measures to help address this issue include: an increase to the asbestos refurbishment survey capacity with extra surveying and laboratory analysis capacity. New contracts began on 13th December 2021, which include more robust surveying and removal arrangements to support service delivery.

8.3 SLHD have now implemented the National Housing Federation (NHF) schedule of rates, as replacements to the existing rates which were out of date and not fit for purpose. The financial impact of moving to the new rates is not expected to be significant and the forecasts used in this report are based on the existing rates and assume no change to the budgeted delivery.

## **9. Procurement**

9.1 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.

9.2 Delivery of the projected programme for 2021/22 will be subject to the ability to procure building materials and contractors as the company, borough and the country is experiencing both supply and inflationary increases issues across the sector.

## **10. VFM Considerations**

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

## **11. Financial Implications**

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

## **12. Legal Implications**

12.1 There are no legal implications arising from this report.

## **13. Risks**

13.1 Risk implications are implicit in the report.

13.2 Other noteworthy risks which will potentially have a financial impact are;

- Contract risk with Fortem;
- Fire doors;
- Ongoing compliance risks;
- Ongoing investigations of the render on high rise blocks.

Mitigation measures are being introduced to address these issues including; the restructuring of the Asset Management Team and the employment of a Head of Building Safety, Building Safety Manager and five subject matter experts.

## **14. IT Implications**

14.1 Not applicable.

## **15. Consultation**

15.1 All Budget holders and EMT.



**16. Diversity**

16.1 There are no diversity issues arising from this report.

**17. Communication Requirements**

17.1 There are no communication requirements arising from this report.

**18. Equality Impact Assessment (New / Revised Policies)**

18.1 Not Applicable.

**19. Environmental Impact**

19.1 New Asset Management and Environmental Strategies have been approved during 2021 that will help the Authority move towards achieving an Energy Performance Certification “C” standard by 2030.

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

20.1 David Henderson, Management Accountant. 01302 737987

**21. Background Papers**

21.1 Capital Programme (2021/22-2024/25), Budget report 1st March 2021.

### Summary of Housing Capital Programme 2021/22 as at 30th November 2021

	Original Estimate - Approved Programme £000	Revised Budget Approved Q2 £000	Forecast Outturn £000	Variance Outturn to Revised budget £000
<b>SLHD Managed Schemes</b>				
Capital Management Delivery Fee	1,500	1,500	1,500	-
Void Improvements	3,150	3,150	2,750	- 400
Mechanical and Electrical Improvements	2,953	2,109	1,665	- 444
Sprinklers / Fire Safety Works	200	-	-	-
Internal Works	3,119	2,007	1,699	- 308
External Works	10,087	8,507	8,435	- 72
Environmental Works	1,861	1,964	1,820	- 144
IT Improvements	196	209	209	-
Acquisitions	391	592	592	-
Residential Site Improvements	640	44	44	-
Assistance Loans	220	33	33	-
Demolition HRA	-	80	10	- 70
<b>Sub-Total</b>	<b>24,317</b>	<b>20,195</b>	<b>18,757</b>	<b>- 1,438</b>
<b>DMBC Managed Schemes</b>				
Adaptations for the Disabled	2,200	2,200	2,200	-
Council House New Build	7,072	3,225	2,408	- 817
Affordable Housing	-	263	263	-
Demolitions	530	543	484	- 59
<b>Sub-Total</b>	<b>9,802</b>	<b>6,231</b>	<b>5,355</b>	<b>- 876</b>
<b>Overall Housing Programme Total</b>	<b>34,119</b>	<b>26,426</b>	<b>24,112</b>	<b>- 2,314</b>
<b>Funding</b>				
Major Repairs Reserve / Depreciation	22,559	14,961	12,712	- 2,249
Revenue Contribution - HRA	9,349	9,660	9,660	-
Usable Capital Receipts	2,211	1,234	1,175	- 59
Section 106	-	263	263	-
Prudential Borrowing	-	-	-	-
Flood Grant	-	308	302	- 6
<b>Under(-) / Over Commitments</b>	<b>34,119</b>	<b>26,426</b>	<b>24,112</b>	<b>- 2,314</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

## Summary of Housing Capital Programme 2021/22 as at 30th November 2021

	Original Estimate - Approved Programme	Revised Budget Approved Q2	Forecast Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
<b>SLHD Managed Schemes</b>				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	3,150	3,150	2,750	(400)
Mechanical and Electrical Improvements	2,953	2,109	1,665	(444)
Sprinklers / Fire Safety Works	200	-	-	0
Internal Works	3,119	2,007	1,699	(308)
External Works	10,087	8,507	8,435	(72)
Environmental Works	1,861	1,964	1,820	(144)
IT Improvements	196	209	209	0
Acquisitions	391	592	592	0
Demolition HRA	0	80	10	(70)
<b>Sub-Total</b>	<b>23,457</b>	<b>20,118</b>	<b>18,680</b>	<b>(1,438)</b>
<b>DMBC Managed Schemes</b>				
Adaptations for the Disabled	2,200	2,200	2,200	0
Council House New Build	7,072	3,225	2,408	(817)
<b>Sub-Total</b>	<b>9,272</b>	<b>5,425</b>	<b>4,608</b>	<b>(817)</b>
<b>Overall Housing Programme Total</b>	<b>32,729</b>	<b>25,543</b>	<b>23,288</b>	<b>(2,255)</b>
<b>Funding</b>				
Major Repairs Reserve / Depreciation	22,559	14,961	12,712	(2,249)
Revenue Contribution - HRA	9,349	9,660	9,660	0
Usable Capital Receipts	821	614	614	0
Prudential Borrowing	0	0		0
Flood Grant	0	308	302	(6)
<b>Under(-) / Over Commitments</b>	<b>32,729</b>	<b>25,543</b>	<b>23,288</b>	<b>(2,255)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

## Summary of Housing Capital Programme 2021/22 as at 30th November 2021

	Original Estimate - Approved Programme	Revised Budget Approved Q2	Forecast Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
<b>SLHD Managed Schemes</b>				
Caravan Site Improvements	640	44	44	0
Assistance Loans	220	33	33	0
<b>Sub-Total</b>	<b>860</b>	<b>77</b>	<b>77</b>	<b>0</b>
<b>DMBC Managed Schemes</b>				
Affordable Housing	0	263	263	0
Demolitions	530	543	484	(59)
<b>Sub-Total</b>	<b>530</b>	<b>806</b>	<b>747</b>	<b>(59)</b>
<b>Overall Housing Programme Total</b>	<b>1,390</b>	<b>883</b>	<b>824</b>	<b>(59)</b>
<b>Funding</b>				
Usable Capital Receipts	1,390	620	561	(59)
Section 106	0	263	263	0
<b>Under(-) / Over Commitments</b>	<b>1,390</b>	<b>883</b>	<b>824</b>	<b>(59)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 3 February 2022

**Item** : 14

**Subject** : Safety & Compliance Activity Report

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

**Prepared by** : Laura Dougan  
Health, Safety and Compliance  
Service Manager

**Purpose** : Provide an update on all areas of  
compliance, occupational and building  
safety health, compliance performance.

### **Recommendation :**

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

Company Number 05564649  
 A Company Limited by Guarantee  
 Registered in England

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

**Agenda Item No. 14  
 Date: 3 February 2022**

**1. Report Title**

1.1 Safety and Compliance Performance Report - December 2021

**2. Compliance Status Executive Summary**

2.1 Table one below show the current compliance status in the six top areas of compliance. Further narrative and sub-ordinate areas performance is shown within specific sections of the report.

Table 1:

Category	Compliance	Compliance %	Total Compliance	In Compliance	Out Compliance
Gas Safety	Landlords Gas Safety Record	100%	19,080	19,080	0
Electrical Safety	Electrical Installation Condition Report (10yr) - Domestic	99.95%	20,050	20,040	10
Fire Safety	Fire Risk Assessment	100%	517	517	0
Asbestos Management	Asbestos Reinspections - Reg 4	100%	562	562	0
Lifts and Lifting Equipment	Passenger Lift - LOLER Thorough Exam	100%	27	27	0
Water Management	Legionella Risk Assessment	0%	69	0	69

Section nine shows the current C365 compliance summary. As C365 starts to become more populated this will be reflected in table 1. Compliance Officers are working to get information into C365 and section nine shows the progress.

**3. Gas**


Landlords Gas Safety Record (LGSR) Programme

3.1 The properties requiring a gas service in 2021 was 19,080 (this figure is based on the number the Gas Team were using to deliver the 2021 programme). The 2021 programme began in February 2021 and was completed in November 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. Table one shows the

compliance of this.


### 3.3 Table 2: Programme 2021 Completion by Month

The annual gas-servicing program is delivered between March and September each year. MOT style servicing is used which means the anniversary service date can be maintained even when the appliance is serviced two months before the anniversary date. When the service is completed post the anniversary date the new anniversary date must be maintained. **The 2021 programme is now complete.**

	October	November	December	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	15	3	N/A	19,080	
<b>Actual</b>	12	3	N/A	19,080	

### 3.4 Table 3: LGSR's that are past their suggested review date

All properties on the 2021 had either completed LGSRs or capped off gas services (this was completed by end of November 2021).


	October	November	December	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	0	0	0	
<b>Actual</b>	3	0	0	

## Solid Fuel

### 3.5 Table 4: Solid Fuel service compliance

There are currently 93 properties, which have a solid fuel-burning appliance within the property. Solid fuel heating appliances are removed from properties when they are void. Residents of the properties with solid fuel burning appliances are being contacted offering alternative fuel supplies to eliminate the presence of solid fuel burning appliances in SLHD properties.

All 93 have been visited; 90 are complete. Three are overdue and are in the no access process.


	October	November	December	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	0	0	0	93	
<b>Actual</b>	0	0	0	90	

3.6 Servicing is undertaken annually and began in April 2021. All properties are in date. An additional 6-monthly maintenance visit takes place that is over and above statutory requirements.

### Alternative Fuel Sources

#### 3.7 Table 5: Air Source Heat Pumps (ASHP) compliance

Currently 15 ASHP have been confirmed as present. We have confirmed evidence of cyclical maintenance for 12. The Gas and Mechanical Compliance Officer is working with the M&E Team to understand the cyclical maintenance requirements for working towards ensuring full compliance is achieved.

	October	November	December	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	0	0	0	15	
<b>Actual</b>	0	6	12	12	

## 4.0 Electrical Safety

### Electrical Installation Condition Reports (EICR) Programme

4.1 Historically St Leger Homes has performed electrical condition testing in all properties on a 10-year cycle in line with statutory requirements. The report is formatted to show both the 10 year (statutory) and 5-year (best practice) position.

#### 4.2 EICR Programme 2021/2022 Total


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 five yearly cycle by March 2023 is still currently being explored and a revised programme will be required to achieve the target by 2023.

Historically St Leger Homes has tested all properties on a 10-year cycle in line with statutory requirements. At the time of this report, 20,040 of properties have been tested within the last 10 years.




#### 4.3 Table 6: Programme 2021 Completion by month

Current reporting methods are manual through a spreadsheet which has identified a lag in reporting times and associated documents such as the EICR cannot currently be viewed on Open Housing which means the number is not easily validated. Moving forward this will be monitored by the Electrical Compliance Officer working towards migrating the info into the C365 platform for accurate up to date reporting.

	October	November	December	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Actual</b>	180	144	1	1722	


#### 4.4 Table 7: EICR's that are past their suggested 5 Year review date

In order to demonstrate best practice, SLHD is now moving towards a five yearly testing cycle and the aim is to have all properties compliant to this by 31 March 2023. At the time of the report, 16,222 properties have been inspected/tested within the last 5 years.

	October	November	December	Trend From previous Quarter (Previous Qtr Performance)
<b>Actual</b>	15,572	15,972	16,222	

#### 4.5 Table 8: EICR's that are past their suggested 10 Year review date

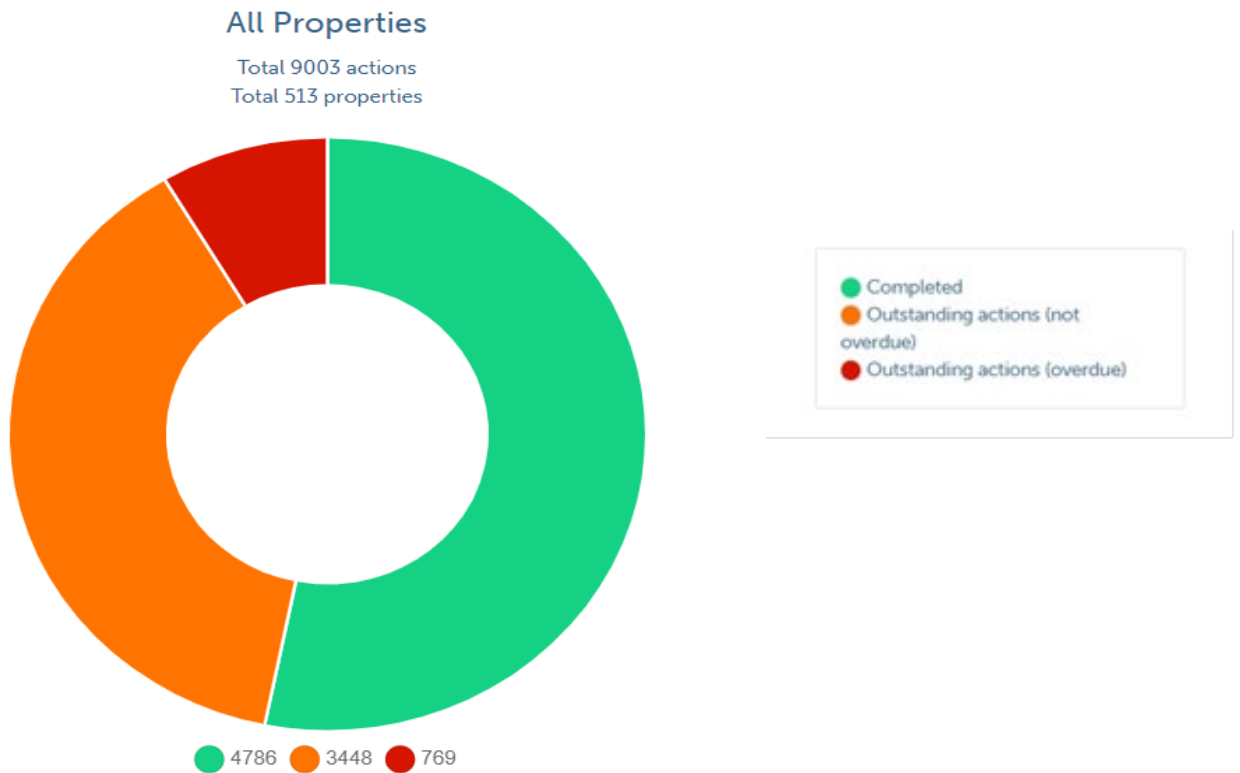
Currently there are 10 properties, which are in excess of the recommended 10-year re-test. All cases now being progressed through the no access process by the housing management team. This number has increased from previous reports due to anniversary dates being reached; these are being progressed for completion by the inhouse team.

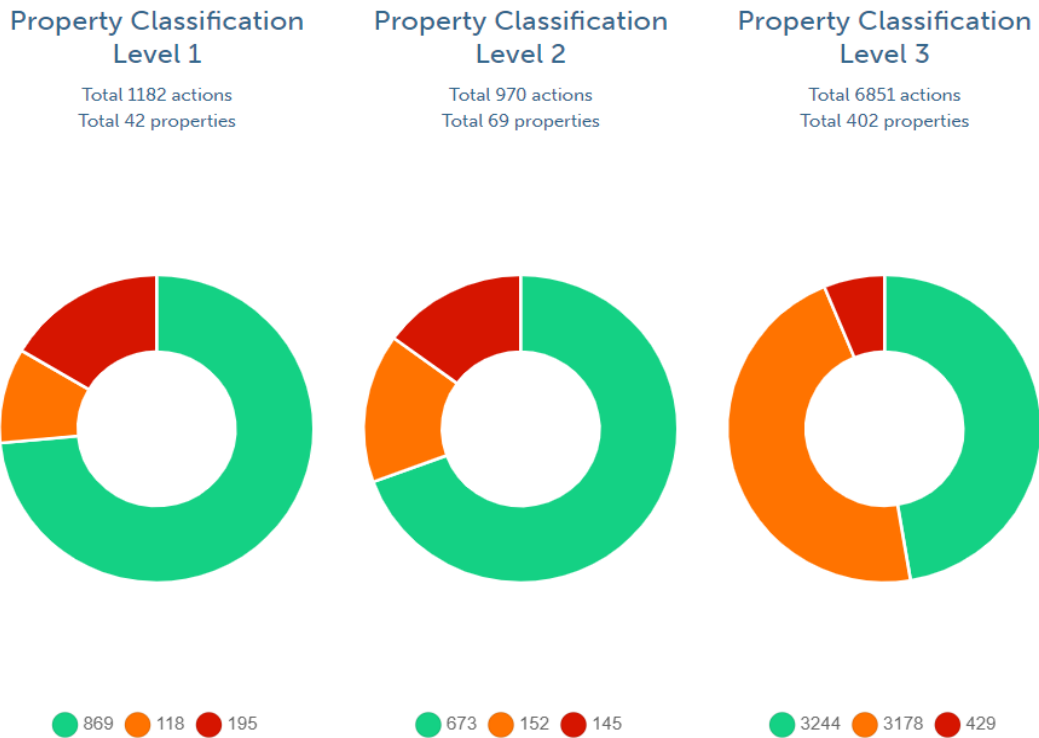
	October	November	December	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	0	0	0	
<b>Actual</b>	9	7	10	

### 5. Fire Safety

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

- 5.1 Fire risk assessments are undertaken by external assessors Savills on behalf of SLHD and the Risk-Hub software is used to monitor the actions which arise from each assessment undertaken.
- 5.2 A smoothed FRA programme has been developed 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. All FRAs are currently in date.
- 5.3 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)








**5.4 Table 9: FRA Level one actions and progress**

Level one buildings include high-rise, specialist housing and group homes. There are only 313 actions currently on level 1. 118 are in progress and 195 are overdue, which is a decrease of 2 on last month. Works actions have been provided to Fortems by the commercial team and works to resolve these are expected to start in December 2021 in the high rises with a planned scheme at Jubilee Court. Actions have been reviewed to assess if they can be completed by alternate resources for example a contract is being put in place for inspection and maintenance of bin chutes.

	October	November	December	Trend From previous Quarter (Previous Qtr Performance)
Total Completed	843	851	869	
In Progress	150	134	118	↓
Overdue	189	197	195	↓
Completed in last month	0	8	26	↑




**5.5 Table 10: FRA Level two actions and progress**

Level two buildings include communal halls, caravan sites, low rises (dependent on storeys / number of flats), offices. There are only 297 actions currently on level 2. 152 are in progress and 145 are overdue, which an increase of 10 on last month. Actions are being surveyed to identify materials required; impact of lead in time of materials may cause a delay of up 8 weeks.

	October	November	December	Trend From previous Quarter (Previous Qtr Performance)
Total Completed	609	629	673	
In Progress	227	206	152	
Overdue	128	135	145	
Completed in last month	50	20	56	

#### 5.6 Table 11: FRA Level three actions and progress

Level three buildings include low-rise blocks (dependent on storeys / number of flats. There are 3,607 actions currently on level 3. 3178 are in progress and 429 are overdue, which is a decrease of 32 on last month. Actions are being surveyed to identify materials required; impact of lead in time of materials may cause a delay of up 8 weeks

	October	November	December	Trend From previous Quarter (Previous Qtr Performance)
Total Completed	3,166	3,196	3,244	
In Progress	3,182	3,194	3,178	
Overdue	465	461	429	
Completed in last month	34	30	63	

#### 5.7 Fire Alarm and Emergency Lighting

The following tables will be populated to evidence that other areas of fire safety systems are inspected and tested inline with British standards and sector best practice.

5.8 **Table 12: Fire Alarm Inspections**

	October	November	December
<b>Planned Per Month</b>			
<b>Achieved Monthly Run Rate</b>			
<b>YTD Planned Achieved</b>			
<b>YTD Planned</b>			

44 Fire Alarm systems are installed. Future reports will start evidence testing and servicing to demonstrate compliance as the Fire Safety Compliance starts to upload the evidence as provided onto C365.

5.9 **Table 13: Emergency Lighting Inspections**

	October	November	December
<b>Planned Monthly Performance</b>	115	115	115
<b>Achieved Monthly Run Rate</b>			
<b>YTD Planned Achieved</b>			
<b>YTD Planned</b>			

1,380 Emergency Lighting systems installed. Future reports will begin evidence testing and servicing to demonstrate compliance as the Fire Safety Compliance starts to upload the evidence as provided onto C365.

5.10 **Table 14: Residential Site Fire Barriers**

To maintain safe separation distance between plots on residential caravan sites a project is ongoing to install fire barriers. Table 14 below gives an update on the project progress.

Issue	Milestone	Target Date	Progress
Residential Site Fire Barriers	Formal approval to proceed given	Jul-21	Decision on approval to be made in September
Residential Site Fire Barriers	Planning submitted	Jan-21	Planning application has been submitted and residents informed of intent to install barriers
Residential Site Fire Barriers	Contractor Appointed	TBC	Work will commence on procuring this now planning application has been submitted.
Residential Site Fire Barriers	Contractor start on site	TBC	This cannot be confirmed until the contractor has been appointed.
Residential Site Fire Barriers	Project Completed	TBC	A project timetable, including anticipated start and end date, will not be available until a contractor has been appointed.

5.11 **Building Safety External Façade Update**

Following the identification of issues with the installation of the External Wall Installation (EWI) the commercial team have been working to secure a resolution to the issues identified. Works have taken place to identify a product which can be used to replace the EWI. Excellent progress has been made and this progress has been shared with colleagues from the Building Safety Group (BSG) at DMBC. Future updates will be provided once the finalised program has been agreed between the contractor and the project team.

## **6. Asbestos**

### **6.1 Reinspection Programme**

The asbestos reinspection programme is continuing in line with the historical inspection programme that was put in place prior to the identification of the additional surveys that may be required. All reinspections are in date. There are 562 reinspections identified by risk rating requiring a revisit within one year (shown within table one). All of the information from the reinspection process will be added to the C365 software which will display on the main compliance dashboard

There is one pending remedial action identified from the reinspection programme for a garage to be removed works continue with the Assets team to resolve this issue.

6.2 SLHD has traditionally used one contractor for the provision of asbestos surveys. There are issues with this model in that when there are issues with the quality of the surveys completed we have no choice but to continue with the company.

6.3 The new asbestos contract is written in such a way that we will have access to more than one surveying contractor which means better turnaround times and an opportunity to spread the surveys between surveyors. The new contractors began working with us in December 2021.

6.4 Two phases of surveys have been requested as part of the winter heating program. Phase 1 was 303 properties and 77.55% of these have been completed and have been shared with the Mechanical and Electrical team; the outstanding surveys are no accesses. Phase 2 started in late November for 300 properties and to date 108 (36%) have been completed. These surveys are currently being added to C365.

## **7. Water Management**

### **7.1 Number of Legionella Risk Assessments completed**

7.2 We have 69 properties, which require a Legionella Risk Assessments (LRA's). These are completed currently on a cyclical programme by an external contractor.

7.3 The cyclical review of these has just taken place. All 69 have been completed although we are waiting for 14 reports to be received.

7.4 Reports are currently being quality assessed by the Water Hygiene and Lift Management Compliance Officer. 24 reports have been checked and uploaded to C365. From this an action plan will developed to ensure actions are being closed off. The LRAs are being uploaded onto C365.

## **8. Lifts**


### **8.1 Number of LOLER and PUWER Inspections completed**

We have 27 lifts in our property portfolio each one of these lifts requires a thorough examination every 6 months. Therefore, there are 54 inspections a year, which are

carried out by an independent insurance inspection engineer (Zurich).

## 8.2 Table 15 : Number of PUWER Inspections Completed

A routine monthly maintenance programme is in place carried out by specialist lift contractors.

	October	November	December	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	27	27	27	27	
<b>Actual</b>	27	27	27	27	

## 9 C365 Compliance Summary

### 9.1 Table 16 : C365 Compliance Summary

Category	Compliance	Compliance %	Total Compliance	In Compliance	Out Compliance
<b>Gas and Mechanical Safety</b>	<b>Landlords Gas Safety Record</b>	<b>0%</b>	<b>19,046</b>	<b>0</b>	<b>19,046</b>
	Solid Fuel Annual Service	96.81%	94	91	3
	Solid Fuel Mid-Year Clean	88.04%	92	81	11
	District Heating	0%	2	0	2
	Air Source Heat Pumps	80%	15	12	3
	LPG	0%	13	0	13
	Oil	0%	4	0	4
	Unvented Systems	0%	47	0	47
<b>Electrical Safety</b>	<b>Electrical Installation Condition Report (10yr) - Domestic</b>	<b>0%</b>	<b>20,036</b>	<b>0</b>	<b>20,036</b>
	<b>Electrical Installation Condition Report – Commercial</b>	<b>0%</b>	<b>400</b>	<b>0</b>	<b>400</b>
	Electrical Installation Condition Report (5yr) - Domestic	0%	20,036	0	20,036
<b>Fire Safety</b>	<b>Fire Risk Assessment</b>	<b>88.34%</b>	<b>935</b>	<b>826</b>	<b>109</b>
	Sprinkler System Planned Maintenance	33.33%	9	3	6
<b>Asbestos</b>	<b>Asbestos Reinspections - Common Areas</b>	<b>19.08%</b>	<b>802</b>	<b>153</b>	<b>649</b>

9.2

	Asbestos Survey - Dwellings	7.49%	23912	1789	22123
<b>Lift and Lifting Equipment</b>	<b>Passenger Lift - LOLER Thorough Exam</b>	<b>18.52%</b>	<b>27</b>	<b>5</b>	<b>22</b>
<b>Water Hygiene</b>	<b>Legionella Risk Assessment</b>	<b>30.88%</b>	<b>68</b>	<b>21</b>	<b>47</b>

There is currently limited information in C365 and other sources of data are still being used to populate this report. This means until data is validated in C365 we will potentially have different figures throughout the report. As all the relevant Compliance Officers start to validate data held and input into C365 this will reflect in table one providing a single source of truth (our second line of defence in ensuring compliance). The data validation has started initially looking for quicker wins to get information into C365 alongside working through the main compliance data. Future reviews by independent third parties will provide the third defence in assuring compliance.

## 10. Other Compliance Activities

### Health and Safety Site Visits

#### 10.1 Table: 17 Breakdown of site inspections 2021/22

SLHD Sites			
Sites		Number of visits	
Planned Maintenance – External schemes	Contractor – J Tomlinson	Planned Maintenance – External schemes	Contractor – J Tomlinson
Planned Maintenance – Internal schemes	Depot & Stores – Shaw Lane	Planned Maintenance – Internal schemes	Depot & Stores – Shaw Lane
<b>Total</b>	<b>2</b>	<b>Total</b>	<b>2</b>

10.2 An interim resource in the Health and Safety team is undertaking these visits. Use of the I-auditor software will be progressed to provide evidence that sites and working practices are safe when permanent resources is in place.

## 10. RIDDOR, Incidents and Accident Update

#### 10.1 Table: 18 Breakdown of RIDDOR Reports and Accidents and incident data.

	2019/20	2020/21	2021/22
Reportable Injuries	4	5	1
Dangerous Occurrences	1	1	1
All Injuries	39	17	13
Near Misses	12	9	1

## 11. Audit and Governance



## 11.1 Health & Safety Strategy

A new health and safety strategy was approved at Board in August. This document sets out the strategic vision, direction and specific actions needed going forward to ensure the continued growth and development in this area. A detailed action plan has been developed for each of the actions in the Health & Safety Strategy and was presented to EMT and Building Safety and Compliance Committee in November 2021.

## 11.2 British Safety Council

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. The action plan is being reviewed by the interim Health and Safety support prior to the upcoming audit in February 2022.

## 11.3 Compliance Health Check-Penningtons

An externally led, independent health check of all six areas of compliance has been completed and the key issues shared with Board as part of future compliance activity reports. A detailed action plan has been developed for each of the actions in the health check and was presented to EMT and Building Safety and Compliance Committee in November 2021. A review of the Healthcheck will be completed by Pennington's in April 2022.

## 12. Link to Risk Register/Any New Risks

12.1 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.

## 13. Procurement

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

13.2 A specification has been prepared and provided to the commercial team for the inspection and testing of the Bin Chutes in the high rise buildings, currently there is no evidence available which would demonstrate compliance with the British Standard for this equipment which requires an annual inspection.

## 14. VFM Considerations

14.1 Providing the Legionella Risk Assessments (LRA) using internal resources rather than external contractors. The LRA's for the buildings have been completed so the current

assessments would only need a desktop review by the compliance officer water and lifts unless there are material changes to the buildings and the LRA would need a full review.

## 15. Financial Implications

- 15.1 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). An additional £400k expenditure is required for Electrical tests to be carried out by contractor due to the backlog created by the pandemic as the testing programme was suspended until April 2021. Additional management fee approved by the Council will fund this additional expenditure
- 15.2 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 with current year end projections at period 9, there has been a £694k reduction in forecast expenditure since the previous month across the schemes mentioned below;

	Budget £000s	Year-End Forecasts £000s
Heating conversions/upgrades	2,142	1,300
Electrical planned works	750	332
Mechanical planned works	61	33
Fire safety works	2,120	750
Asbestos Surveys and removal	700	700
Total	5,773	3,115

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

- 15.3 Currently there are significant underspends in Heating conversions due to resource constraints around vacant posts throughout the year and the delay in R&D surveys prior to the works being carried out. The servicing programme is now complete and additional resource will be transferred to carry out capital works once the R&D surveys have been completed. Any urgent replacements where the tenant's welfare is at risk would be carried out by contractor if the works are unable to be done in-house.

Electrical Planned works is forecasting £418k lower than budget and delivery of works will slip into 2022/23. This is due to resource limitations with the external contractor and not yet signing up to the next phase as they are carrying out the backlog of revenue works for St Leger also.

Also £1.37m Fire safety works will be slipped into next year's programme as the contractor had suspended works due to risks currently affecting the whole sector. Now they are back on board and starting works at the high rise blocks.

## 16. Legal Implications

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

## **17. Risks**

17.1 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.

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

18.1 Within the report.

## **19. IT Implications**

19.1 The implementation process for C365, a dedicated compliance software solution has started. 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.

## **20. Consultation**

20.1 Not applicable.

## **21. Diversity**

21.1 Not applicable.

## **22. Communication Requirements**

22.1 Not applicable.

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

23.1 Not applicable.

## **24. Environmental Impact**

24.1 Not applicable.

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

25.1 Laura Dougan  
Health, Safety and Compliance Service Manager  
01302 862956



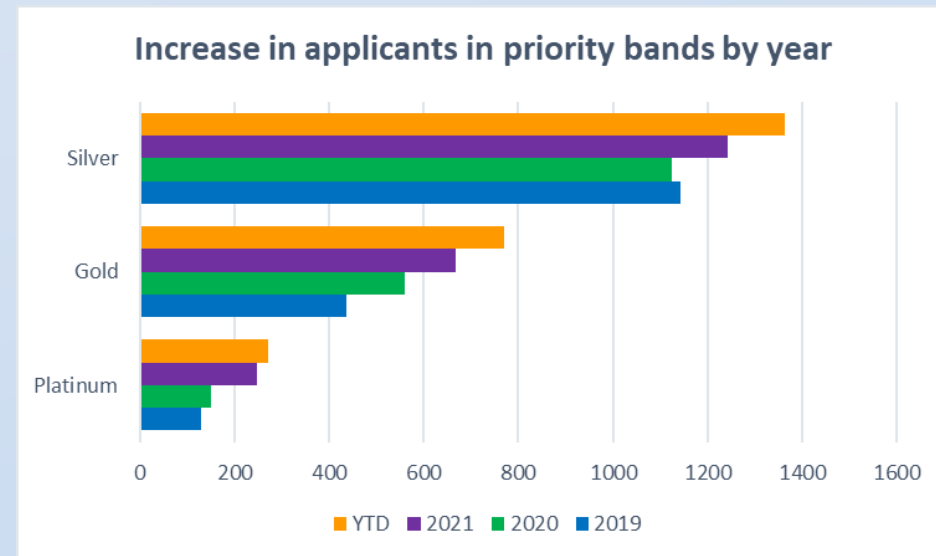
# Homelessness and Demand Overview

Board - 3 February 2022

# Housing Register Applicants - long term trend by band



- Data from 2019, 2020, 2021 and year to date
- 107% ↑ in applicants in Platinum
- 76% ↑ in applicants in Gold band



# Housing Supply



Property Type	2018/19	2019/20	2020/21	YTD 28.09.21
Bedsit	10	16	6	4
Bungalow	426	462	460	212
Flat	369	381	263	164
House	574	572	364	163
Maisonette	22	34	20	9
<b>Total Properties</b>	1401	1465	1113	552

- ↓ in flats and houses available 18/19 - 20/21
- 36.4% ↓ houses
- 31% ↓ flats

# Demand – Who Are We Housing?

- 56.4% of houses allocated to Platinum
- 92.6% of houses allocated to Platinum and Gold
- An ↑ of 9.9% from 20/21 & 37.8% from 19/20
- We need to have a careful debate about how to manage this



# Homelessness Picture



- 1,701 approaches to service in December 2021
- 2020/21 cumulative approaches are 20,009 therefore average of 1,667 per month
- 451 homeless tonight presentations in December – 61 placed
- 211 Homeless applications opened and 21 full duty decisions
- 1,445 advice only enquiries
- 93 in temporary accommodation
- 57 in B&B accommodation
- 193 in commissioned supported accommodation (hostels) of a maximum 207 units.
- 273 applicants on housing register in platinum band - 176 are platinum main duty
- 21 rough sleepers
- Average length of stay in supported housing – 218 days

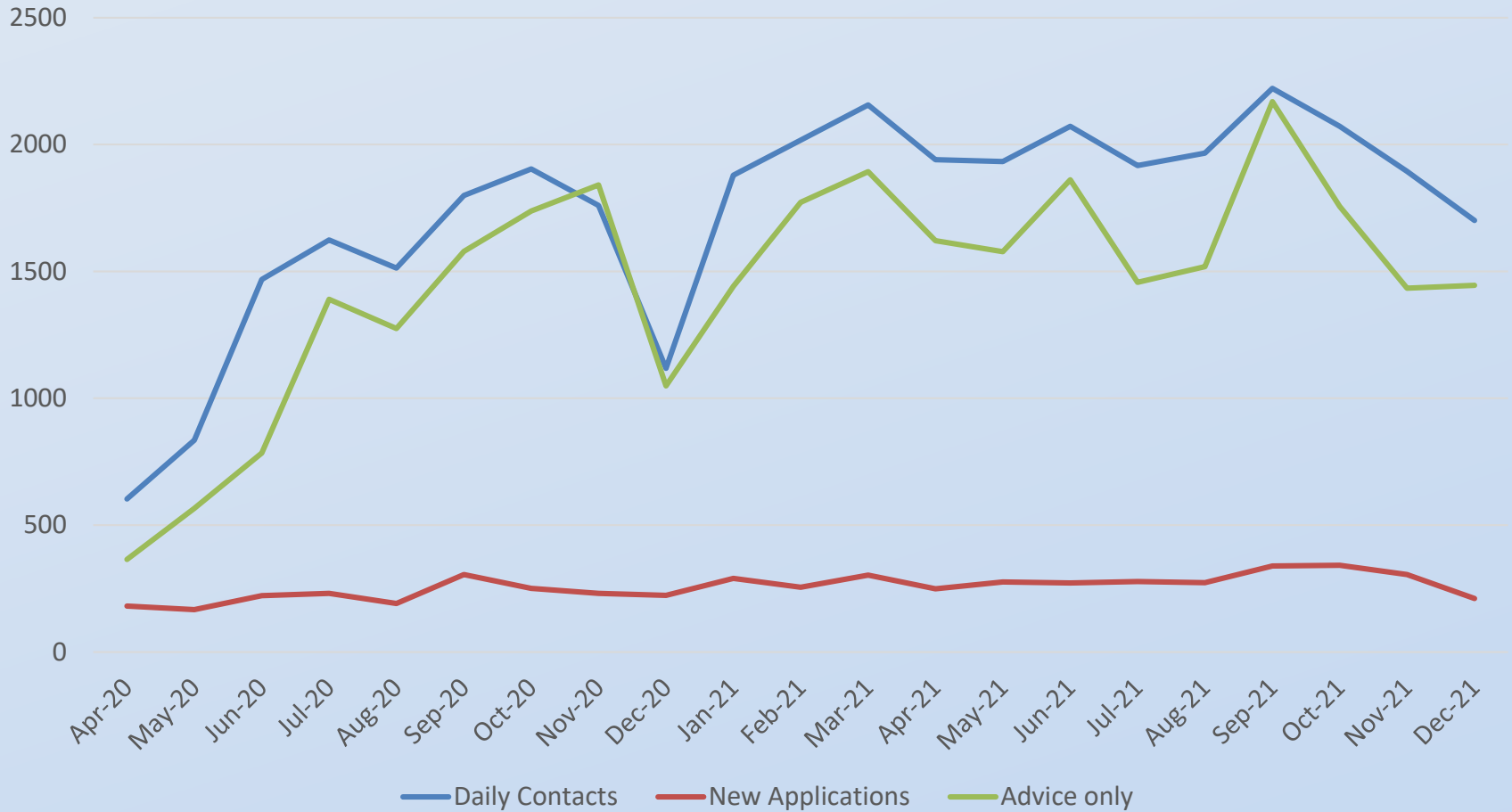
# Break down of Homelessness cases



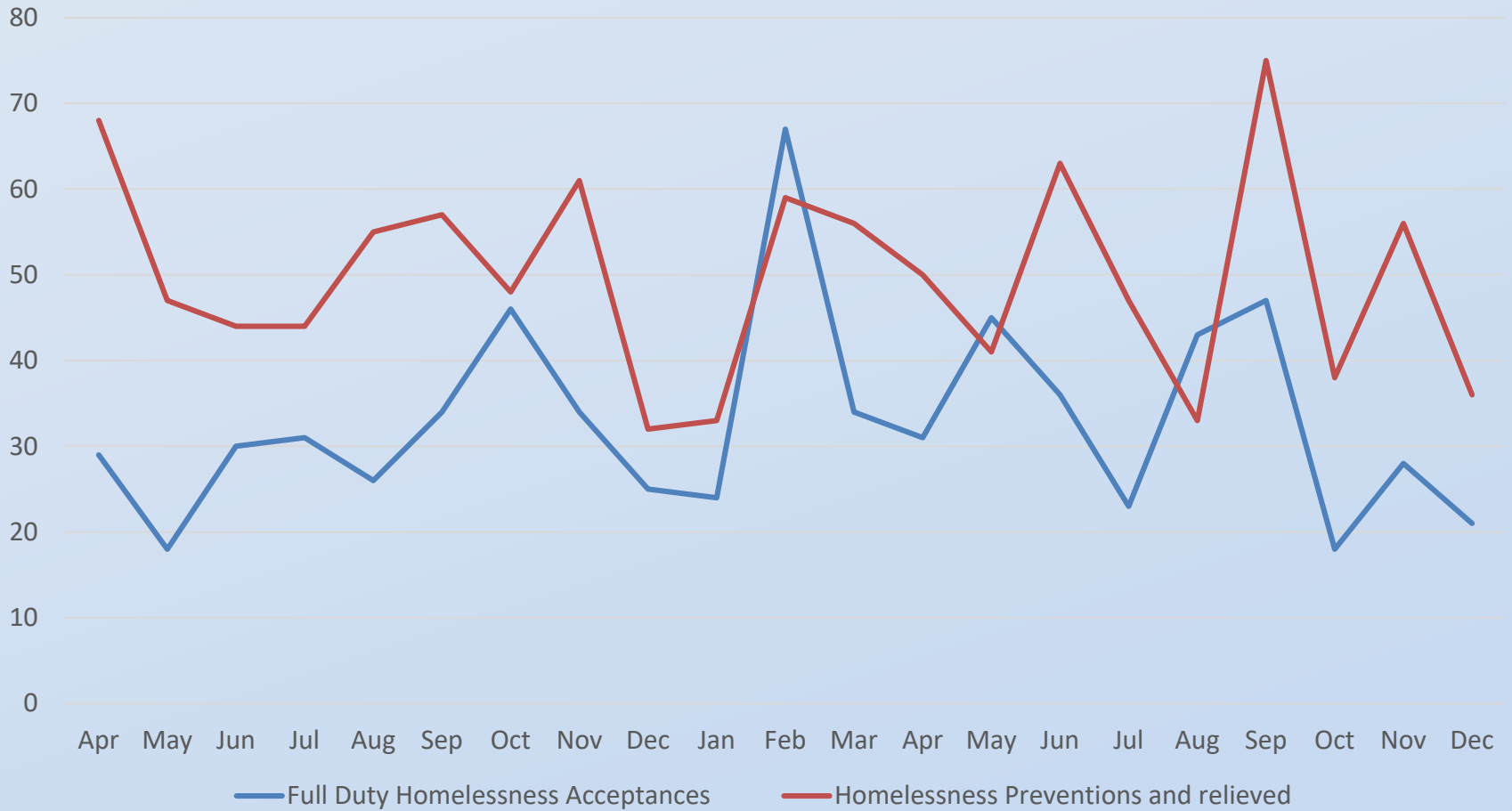
Active Homeless case	November	12/1/22
Under Prevention	114	109 (+1)
Under Relief	265	271
Reasonable assistance Duty (intentional)	22	22
Main Duty – Full Duty	241	255
Triage		512

Decisions made	November	December
Prevention and Relief interventions	56	36
Full Duty decisions made	28	21

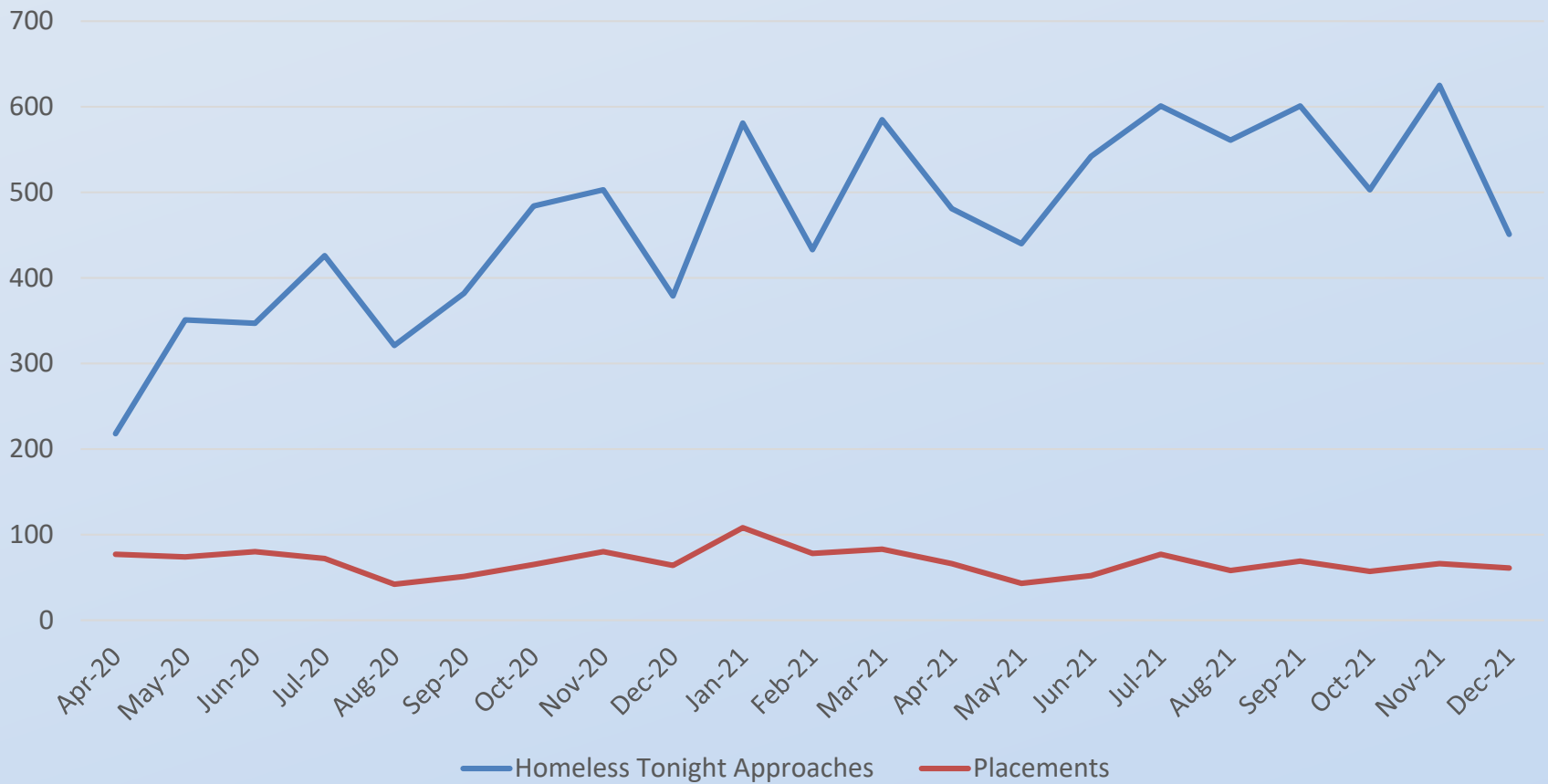
# Enquiries & Applications



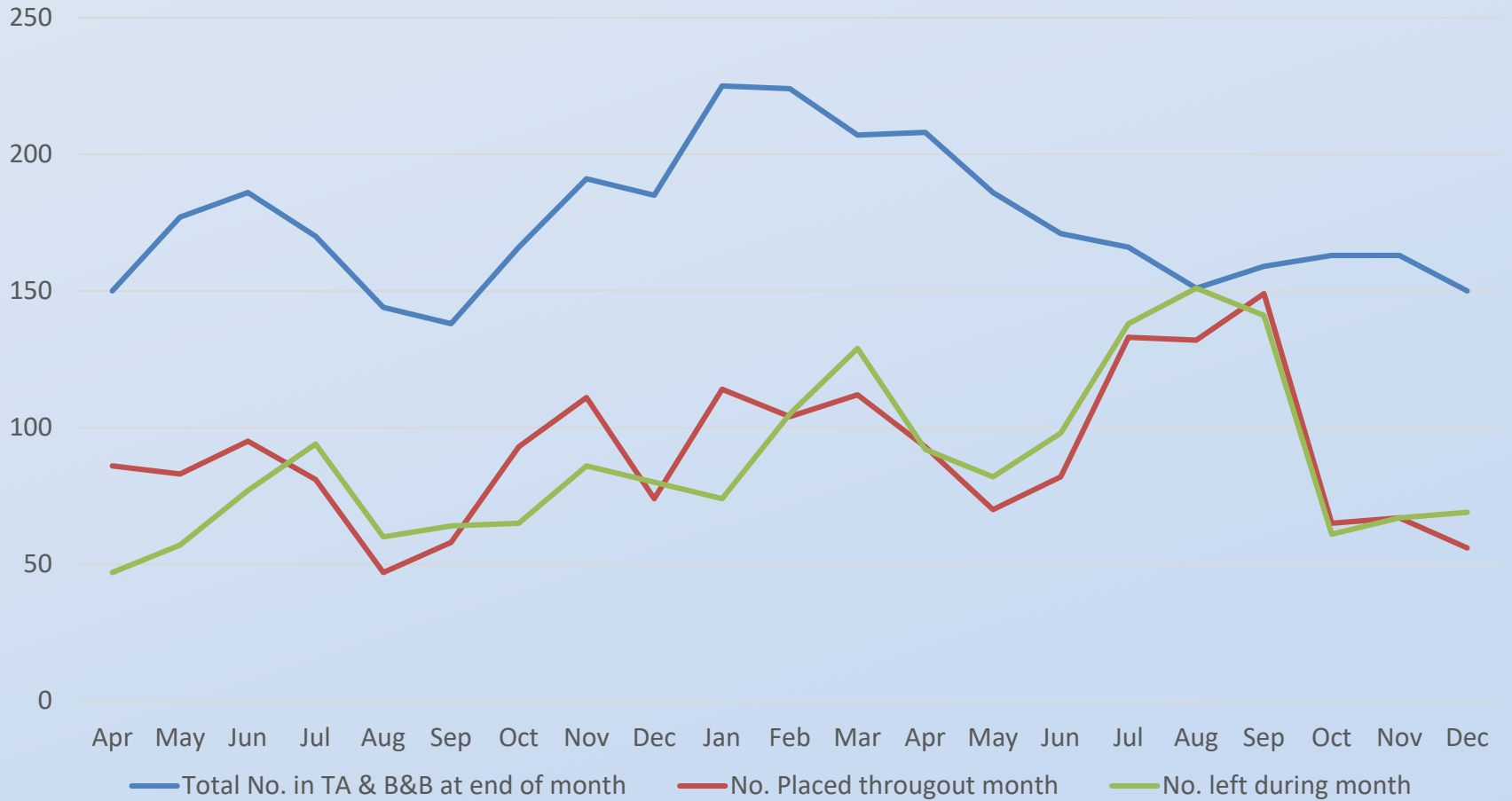
# Full Duty, Prevention & Relief



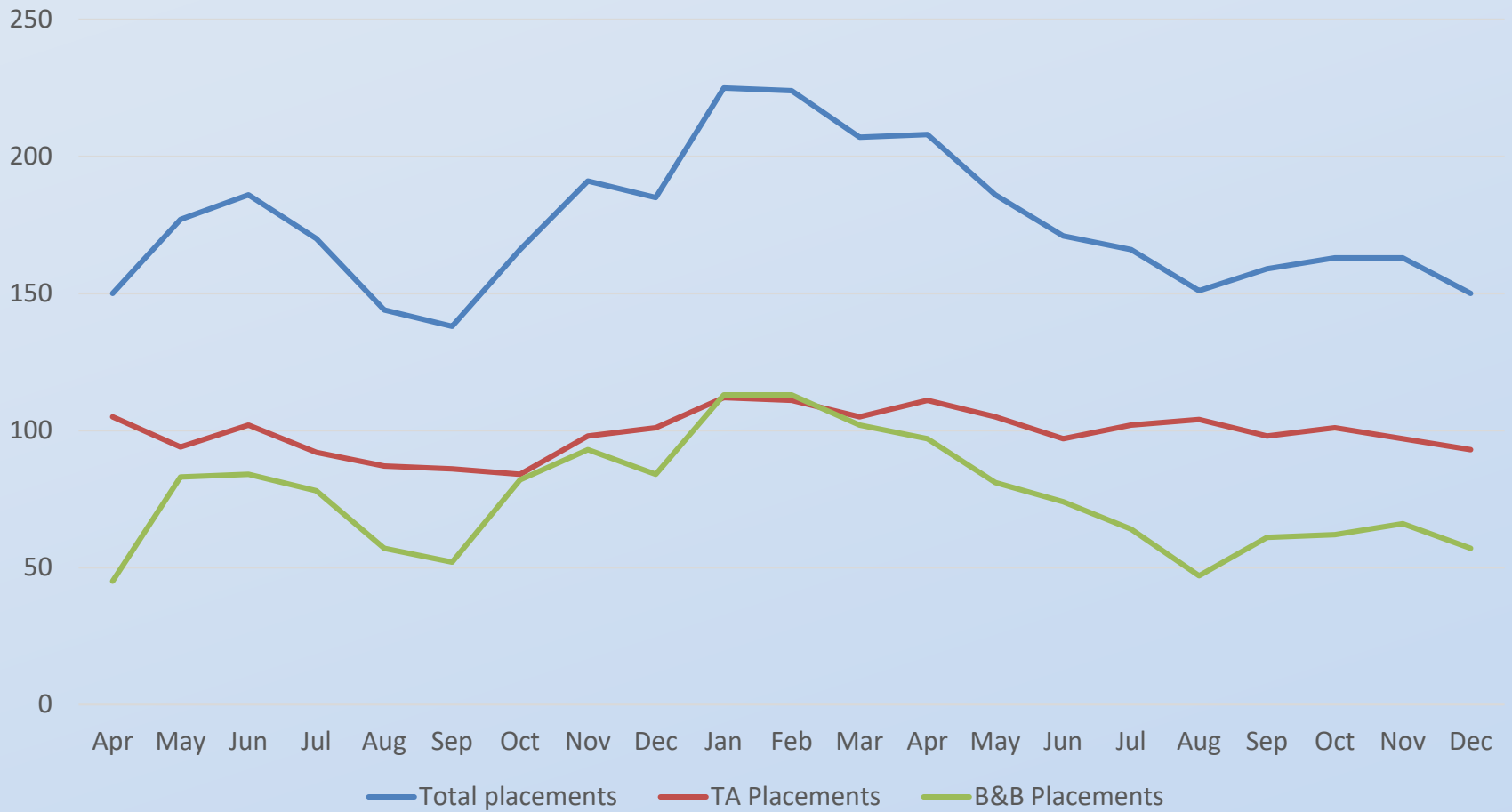
# Homeless Tonight Approaches & Placements



# Temporary Accommodation & B&B Placements



# Temporary Accommodation & B&B Placements



# Rough Sleepers



The **new** monthly rough sleeper performance framework seeks to create a system wide understanding of rough sleeping. These represent some of the emerging theme our partnership is looking to address:

	Sept	Oct	Nov	Dec
Current rough sleepers	17	26	20	11
Of which have not been offered	n/a	n/a	0	0
Current B&B placements	61	53	60	57
Current B&B placements Open to Complex Lives Alliance (%)	n/a	n/a	5 (8%)	6 (10%)
Total positive move-on from commissioned supported	n/a	n/a	22	8



# Commissioned Supported Housing



	Riverside OHP	Riverside Wharf	Target	YMCA	Foyer
Current residents	24	30	70	29	40
Max capacity	26	30	79	30	40
Average length of stay in days of current residents	255.4	Not provided	201	228.5 days	187

	Riverside OHP	Riverside Wharf	Target	YMCA	Foyer
Total abandoned, evicted, custody outcomes in December	3	2	0	0	0
Avg. length of stay in days abandoned & evicted	59.3	14	0	0	0
Total positive move-ons in December	1	1	2	1	4
Avg. length of stay in days for pos. move-on	153		554	213.5	353

# Protect & Vaccinate Rough Sleeper Cohort



- Government announcement and funding allocation on 20 December 2021 to accommodate and vaccinate all identified rough sleepers
- £300,875 allocated to Doncaster
- 21 rough sleepers identified as of 21/12/21
- 21 offers of accommodation made
- 4 accepted / 17 refused
- 9 of the 21 have had at least one vaccination
- Further vaccination clinics planned with incentives and processes to encourage and deliver

# Severe Weather Emergency Protocol (SWEPP)



- Using St Paul's Church, Wheatley
- 8 sit up beds – security and support worker – provided by Riverside
- Period 1 – 26/11/21 – 3 nights – average stay 1.8 nights
- Period 2 - 1/12/21 – 8 nights – average stay – 2.6 nights
- Average 4 out of 8 beds used per night
- Period 3 – 5/1/22 – 4 nights - under analysis – activated for humanitarian grounds as rough sleepers not accessing hotels placements

# Priority Areas for Development



- Prevention and Partnership Focus – upstream , self help information
- Front end access to service
- Move on from B&B and hostels
- Private Rented Sector offer
- Team realignment – focus on prevention and case management including specialisms
- Accommodation review – need alternative to B&B
- Strategic funding - Rough Sleeper Initiative 5 funding self assessment and application – 3 year settlement

# Homelessness Targets



- B&B – 45 by year end
- Temporary Accommodation – 85
- Increase number prevention activity to 700
- Reduce number of full duty acceptances
- Increase move on accommodation from supported housing

# Future Strategic Funding Opportunities



- Local Authority General Fund
- Homeless Prevention Grant (HPG)
- Rough Sleeper Initiative (RSI)
- Vulnerable Renters Programme
- Protect and Vaccinate Programme
- New Burdens Funding – Domestic Abuse Act 2021