

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

**To be held at 2pm on Thursday 26 May 2022  
Civic room 410 or via MS Teams (Hybrid Meeting)**

**AGENDA**

**1pm – 1.45pm Pre-Board Training – Allocations Policy**

- |   |   |             |                         |
|---|---|-------------|-------------------------|
| 1 | Apologies and Quorum  |             | <b>Verbal</b>           |
| 2 | Declarations of Interest by Board Members                                       |             | <b>Verbal</b>           |
| 3 | Minutes of the meeting held on 7 April 2022 and matters arising                 |             | <b>Enclosed</b>         |
| 4 | Minutes of the Confidential Meeting held on 3 February 2022 and matters arising |             | <b>Enclosed</b>         |
| 5 | Chair and Chief Executive's update  | D Wilkinson | <b>To be circulated</b> |

***Policy and Strategy Items***

- |   |                          |          |                 |
|---|--------------------------|----------|-----------------|
| 6 | People Strategy Update   | J Crook  | <b>Enclosed</b> |
| 7 | Modern Slavery Statement | J Crook  | <b>Enclosed</b> |
| 8 | Domestic Abuse Policy    | M McEgan | <b>Enclosed</b> |

***Financial and Performance***

- |    |  |            |                 |
|----|--|------------|-----------------|
| 9  | Safety & Compliance Activity report                | C Margrave | <b>Enclosed</b> |
| 10 | Year-end review of 2021/22 Annual Development Plan | J Crook    | <b>Enclosed</b> |
| 11 | Year-end KPI Performance                           | J Crook    | <b>Enclosed</b> |
| 12 | KPI Performance (April 2022)                       | J Crook    | <b>Enclosed</b> |
| 13 | Year-end Revenue Monitoring                        | J Crook    | <b>Enclosed</b> |
| 14 | Year-end Capital Monitoring                        | J Crook    | <b>Enclosed</b> |

***For Information***

- |    |   |            |                 |
|----|---|------------|-----------------|
| 15 | Board Expenses & Attendance Register        | J Crook    | <b>Enclosed</b> |
| 16 | Board Forward Plan                          | D Richmond | <b>Enclosed</b> |
| 17 | Any Other Business                          |            |                 |
| 18 | <i>Date of next meeting<br/>7 July 2022</i> |            |                 |

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**7 April 2022**

**Present:**

Dave Wilkinson (Chair), Trevor Mason, Steve Lyons, Richard Allan Jones, Joe Blackham, Anthony French, Phil Cole, Stuart Booth.

**In Attendance**

Rodger Haldenby.

**Also In Attendance**

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

	<b>Action</b>
<b>1 Apologies and Quorum</b>	
1.1 Apologies were received from Susan Jones, Dave Richmond, Sam Bartle.	
<b>2 Declarations of Interest by Board Members</b>	
2.1 There were no declarations of interest.	
2.2 The Chair then informed Board Members of the recent passing of Ron Rickwood, TRIP (Tenants & Residents Involvement Panel) member. Board acknowledged Ron's invaluable contributions to the organisation over the years.	
<b>The Chair advised he would formally write out to the family to this effect.</b>	<b>MJ</b>
<b>3 Minutes of the meeting held on 3 February 2022 and matters arising</b>	
<b>4 Chair and Chief Executive's Update</b>	
4.1 Members received updates on the following key items; High Rise Cladding Remediation, Repairs Excellence, Decarbonisation, SYFR Evacuation Training, Move to the Civic Building, 2021/22 Pay Award, Board Member Allowances, Personal Development Plans, Vacancy update, Environmental Pride Programme, Staff Communications,	

War in Ukraine, Board Appraisals, Training & Recruitment and Procurement Activity.

#### 4.2 Personal Development Plans

100% PDP completion was recognised by one board member who queried - how are we going to measure the success from a productivity or increased skills/behaviour capability, so that we are not only completing these, but we are seeing some impact? (Question sent in advance of meeting)

The Director of Corporate Services advised, this is something we are working on, we need to be careful and make sure we do not create a 2 tier system to monitor productivity. She added a training matrix has been produced by the Organisational Development team using the plans which will be implemented and delivered over future months.

#### 4.3 The same member asked - do we measure candidate experience, particularly when it is very difficult to recruit and it is definitely a candidate market? (Question sent in advance of meeting)

It was noted traditionally the organisation looks for 'essential and desirable' criteria which is linked to job evaluation, this is the same approach as the majority of local authorities. In order to attract the right calibre of candidates the organisation has started to accept CVs and adopt more other flexible approaches to recruitment.

#### 4.4 2021/22 Pay Awards

One member asked - have you any concerns that the pay reviews are well under the inflation rates and that there is a lot of talk about the great resignation and currently we still have vacancies to fill? (Question sent in advance of meeting)

The Director of Corporate Services advised that the pay award was negotiated nationally with local government association and the unions and the outcome for 2021/22 was disappointing. She highlighted we do have options for market supplements for some roles, but other than that our options are limited.

It was noted that hard to fill vacancies are being carefully managed, some will remain hard to fill where SLH cannot compete with the private market. Instead, the organisation was working hard to retain e.g. through bolstering its 'reward package' and visibility of this.

**It was agreed the Head of HR & OD to share the work done on comparative pay with Employment & People Committee.**

**JC**

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

## **5 Tenant Voice Strategy**

- 5.1 The Director of Housing and Customer Services presented the Tenant Voice Strategy and Action Plan for comment and approval.

He highlighted the strategy is significantly different to previous approaches to tenant involvement in a number of aspects. He advised tenant involvement is now framed specifically around 5 key commitments and drew member's attention to 5.4 of the report. He explained the action plan will underpin our commitments.

He further advised that the creation of a new One Voice Forum gives tenants greater influence over decision-making at a strategic level and helps keep Tenant Board Members connected to the tenants they represent.

- 5.2 Members noted consultation was conducted through a wide variety of methods and included over 550 individuals and organisations over a 6 month period.

He added we know our biggest challenge will be engaging with tenants and residents and most importantly keeping them engaged.

- 5.3 One Board member commented - I thought the booklet read really well and is very informative. Is there an ongoing communication plan to embed and re-enforce this, and how are you going to update on the actions and plans set out in the strategy both to colleagues and tenants? (Question sent in advance of the meeting)

The Director of Housing and Customer Service advised there will be action plans/work streams coming out of the strategy. Specifically there will be a dedicated work stream to engage and retain tenants and residents using: surveys, meetings, Tenants & Residents Involvement Panel (TRIP) and scrutiny work etc all of which will be reported through the One Voice Forum. Using the model the Forum will then feed into Board and Committees.

- 5.4 The same member asked how do we encourage more diversity on the tenant forums? (Question sent in advance of the meeting)

The Director of Housing and Customer Services advised proactive work will take place based on what we know about our tenants' diversity information and we will be asking them if they wish to take part in engagement activities that suit them. This could be answering short pulse text surveys or attending meetings or working with the scrutiny panel.

- 5.5 Building Safety and Resident Engagement strategy - are there any specific training needs as a result of this strategy? (Question sent in advance of the meeting)

There will be a training plan for officers and tenants associated with this strategy. This will be a mix of tenants understanding the business and officers understanding the value of good quality involvement in service improvement.

5.6 **One board member felt that the strategy was a lengthy document and was therefore not necessarily easily accessible to all. He requested that an extract summary is drawn out to sit at the front of the document.**

MMC

5.7 **Board approved the Tenant Voice Strategy and Action Plan with the above amendment.**

## 6. **Equality, Diversity and Inclusion Strategy 2022 - 2026**

6.1 The Director of Housing and Customer Services presented the strategy that helps support and renew the organisation's delivery of the overarching commitments contained in the Fairness and Equality Statement. Actions to deliver the commitments were set out in the Year 1 Action Plan (appendix C) of the report.

He commented that the strategy was purposefully succinct and action focused.

6.2 One member asked - how do we ensure that the organisation is a 'leader' in inclusion and fairness, how does it become the DNA of the organisation? It should not just be about leading, but in practice how do we deliver (it feels a little passive) but overall I think the booklet is very informative and an easy read. (Question/comment sent in advance of the meeting).

The Director of Housing and Customer Services advised we plan to have our strategy reviewed by our new partner Housing Diversity Network (HDN) and further support from them to identify the gaps we might have missed. It's about activity, education and celebration of diversity at all levels starting with leadership but through the networks which we are beginning to form, Women in Construction (WIC) being the first. He said constant learning, improving and monitoring will be key.

6.3 **One board member agreed that the strategy was outcome focused however, asked for the 'timescales' to be tightened up over the lifetime of the strategy.**

MMC

6.4 **Board approved the Equality, Diversity and Inclusion Strategy 2022 – 2026.**

7. **Budget Approval**

- 7.1 The Director of Corporate Services reminded members the purpose of the report was to seek Board approval for the three year budgets.

Referring to page 2 of the report she summarised the 5 main sources of income the organisation receives and drew member's attention to appendix A which showed a balanced budget of £49.5m for 2022/23 and sought approval.

She further explained that targets have been set for the organisation to achieve efficiency savings of £1m over the next 3yrs. The report sets out where the savings can be achieved at 3.2 of the report for this financial year. However, at this stage savings were still to be identified for the 2023/24 and 2024/25 budgets – with managers and EMT aware of the targets.

- 7.2 One Board member commented – I'm assuming that inflation and the 'cost of living crisis' has been taken into account.

It was noted that the estimated pay award for 2021/22 was funded at 2.75%, this has now been settled at 1.75% and will require an adjustment to the 2022/23 budgets. The assumption for this financial year is 2% which is the same as Doncaster Council. Inflationary increases are funded with additional management fee across the organisation but this will over time create pressure on the Housing Revenue Account (HRA).

It was further noted the costs of living increases especially those on fuel and utilities are likely to have significant implications for tenants. The organisation will be working with tenants to maximise their income and reduce outgoings to help sustain tenancies. A small risk to rent income on the HRA was noted.

- 7.3 **Board approved the Budgets 2022/23, 2023/24 & 2024/25.**

## **8. 2022/23 Annual Development Plan and KPIs**

- 8.1 The Director of Corporate Services explained the report included proposals for the Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2022/23.

She said Board discussed the initial draft of the 2022/23 ADP and KPIs at Board Strategic Planning in November 2021. In the period since, ADP actions have been amended slightly to reflect further discussions and consultation. In developing KPIs, previous year's methodology has been applied and have been amended to reflect ongoing discussions with the Mayor and Doncaster Council.

Members noted a number of the KPIs were extremely challenging and would be particularly stretching targets in the current climate; rent arrears and the 2 void indicators. It was noted that the

homelessness indicators which had previously been suspended have been reinstated in 2022/23.

- 8.2 Referring to the ADP ref A5 – Access to Homes (appendix A) of the report. One member queried – what do you mean ‘Develop our Private Sector offer and service to improve housing provision in the sector?’

The Director of Housing and Customer Services explained that private sector rents are rising and creating further pressure on social; housing providers. St Leger Lettings (SLL) manage approximately 200 properties for private landlords, it would make sense to grow this side of the business in an attempt to reduce numbers in Bed in Breakfast and be part of the solution.

The Chair asked what are the risks?

It was noted that ‘rent guarantee’ could be a challenge to entice landlords to sign up to SLL. Additionally, some landlords may perceive these tenants as higher risk. The Director of Corporate Services added as an organisation we can’t guarantee rents without permission from the Council as set out in the Management Agreement.

One member agreed it was right to explore potential solutions to alleviate pressures experienced by the organisation.

- 8.3 Referring to 4.3 of the report, one board member noted that some of the indicators would represent ‘exceptional performance’ in the current climate. He said it would be helpful to know what would be a realistic level to achieve in future reporting.

**Future reporting of challenging KPIs to include additional text which gives an indication of what is thought to be an acceptable figure. This is to help better manage Board expectations.**

JC/CM  
/MMC

- 8.4 **Board noted the Annual Development Plan (ADP) and Key Performance Indicators (KPIs) for 2022/23.**

**9. KPI Performance – Month Ended 28 February 2022**

- 9.1 The Director of Corporate Services explained the briefing note gave a similar position to that which had been reported through-out the year and she referred members to the KPI dashboard as at 28 February 2022 at 2.2 of the report.

- 9.2 **KPI 3 : Average Days to Re-let Standard Properties - One member asked in relation to the number of voids that are currently completed – how many are classed as ‘hard to let’. The Director of Housing and Customer Services to advise.**

MMC

### 9.3 KPI 11 : Days lost to sickness

Members noted that the highest cause of absence remains stress depression and anxiety accounting for 40.1% of absence. Non work related stress remains the biggest contributors with work related stress accounting for 3.7% of this total.

The Director of Corporate Services advised that we manage cases closely and analyse data for trends. She said we have looked at whether the number of vacancies has impacted, however there is no evidence to support this.

9.4 One member asked if SLH benchmark against comparator organisations? It was reported it did and there was some feeling across the sector that organisations were experiencing some burn out from the pandemic.

### 9.5 **Board noted the KPI dashboard as at 28 February 2022.**

## 10. **Strategic Risk Register (SRR)**

10.1 The Director of Corporate Services explained the purpose of the quarter 4 review is to consider all the strategic risks facing SLH during the next financial year 2022/23. She reminded members that the most recent review was presented to Board in January 2022, followed by a full review of the SRR undertaken by Leadership on 3 March 2022.

No new risks had been added but a number of changes were made to the risk descriptors, with some combined as indicated at 2.3 of the report.

10.2 One board member commented it was pleasing to see a review of the SRR. He asked as an Executive Management Team - are you confident that management actions will help achieve the current residual rating with resources available? And are we satisfied with residual risk numbers regardless of whether they are amber or green?

The Director of Corporate Services said the scoring element of the register can be subjective, however as a management team we have been robust in our approach to the review.

### 10.3 **Board noted the updated Strategic Risk Register.**

## 11. **Committee Minutes**

11.1 Building Safety & Compliance Committee – 27 January 2022



Members noted the minutes.

11.2 Employment & People Committee – 8 February 2022

Members noted the minutes.

11.3 Performance & Improvement Committee – 3 March 2022

Members noted the minutes.

11.4 Audit & Risk Committee – 4 March 2022

Members noted the minutes.

**12. Any Other Business**

12.1 Civic – Future Board meetings

It was noted that should Board members wish to attend future Board meetings ‘in person’, meetings will take place at Civic building.

**Further details to be provided to Board members including parking arrangements and access into the building.**

MJ

**13. Date & Time of Next Board Meeting**

Thursday 26 May 2022.

**Matters Arising from the previous minutes**

St Leger Homes of Doncaster Board - Action Log					
Month	Ref	Action	Progress	Completed Y/N	Owner
Feb-22	9.7	<b>Board Diversity</b> - The Board agreed that consideration would be given to undertaking a recruitment process using ‘positive action techniques’ to promote board diversity. They also agreed that the issue be brought to the attention of DMBC for their consideration as part of the nomination process for board members.	In Progress		DR

<b>Feb-22</b>	16.1	<p><b>Any Other Business</b> - Additional Information - Members asked if we could provide further information on the issues in the energy announcement from OFGEM and the Chancellor and the announcements around levelling up and what it would mean for SLHD as an organisation.</p> <p><u>Update 07.04.22</u> – Levelling up information had been provided. The impact of energy prices and cost of living increases would be monitored and reported to Board during 2022/23.</p>	Complete		DR
<b>Apr-22</b>	2.2	<p><b>Letter of Condolence</b> MJ to prepare a letter on behalf of the Chair and Board.</p>	Complete		MJ
<b>Apr-22</b>	4.4	<p><b>2021/22 Pay Awards</b> It was agreed the Head of HR&amp;OD to share the work done on comparative pay with E&amp;P Committee.</p>	Complete		JC
<b>Apr-22</b>	5.6	<p><b>Tenant Voice Strategy</b> One board member felt that the strategy was a lengthy document and was therefore not necessarily easily accessible to all. He requested that an extract summary is drawn out to sit at the front of the document.</p>	In Progress		MMC
<b>Apr-22</b>	8.3	<p><b>ADP &amp; KPIs</b> Future reporting of 'challenging KPIs' to include additional text which gives an indication of what is thought to be an acceptable figure. This is to help better manage Board expectations.</p>	In Progress		JC/CM/ MMC

<b>Apr-22</b>	9.2	<b>KPI 3 - VOIDS</b> One member asked in relation to the number of voids that are currently completed – how many are classed as ‘hard to let’. The Director of Housing and Customer Services to advise.	In Progress		MMC
<b>Apr-22</b>	12.1	<b>Civic – Future Board Meetings</b> Further details to be provided to Board members, including parking arrangements and access into the building.	In Progress		MJ

**St. Leger Homes of Doncaster Limited**  
**CONFIDENTIAL BOARD MEETING**  
**Hybrid Meeting**

**3 February 2022**

**Present:**

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

**Also In Attendance**

Julie Crook (Director of Corporate Services), Chris Margrave (Director of Property Services), Mark McEgan (Director of Housing and Customer Services), Anne Tighe (minutes).

**1 Apologies and Quorum**

1.1 Apologies were received from Stuart Booth and Sam Bartle.

1.2 The meeting was quorate.

**2 Declarations of Interest by Board Members**

2.1 None were raised.

**3.0 Minutes of the confidential meeting held on 2 December 2021 and matters arising**

Members acknowledged the minutes were a true reflection of the meeting.

**4.0 High Rise Update (Verbal)**

4.1 The Director of Property Services referred to discussion previously at Board, and provided an update to the recent negotiations between Wates and the Council to progress the proposals to take the remedial works forward.

4.2 Members were pleased to note that the Deed of Settlement had now been prepared and is ready to be signed.

4.3 **Members noted the verbal update to Board.**

**Action**

**Date and Time of Next Meeting: 7 April 2022.**

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 26<sup>th</sup> May 2022

**Item** : 05

**Subject** : Chief Executive and Chair's Update

**Presented by** : Dave Richmond

**Prepared by** : Dave Richmond, Chief Executive & Dave Wilkinson, Chairman

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

### **Recommendation:**

That Board note the content of this report and indicate if further information is required.

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. 05  
Date: 26 May 2022**

**1. Report Title**

1.1 Chief Executive and Chair's Update Report

**2. Executive Summary**

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

**3. Purpose**

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

**4. Recommendations**

4.1 That Board note the content of this report and indicate if further information is required.

**5. Operational Issues**

5.1 Homelessness

Pressure on the Home Choices and Home Options service remains extremely high, running at approximately four times levels seen pre-pandemic. This is resulting in an inability of SLHD to appropriately meet the needs of vulnerable customers.

In April there were 1917 approaches to the homelessness service, averaging at 101 per day. Consequently the average response time equated to approximately three weeks. A failure to deal with cases promptly only services to exacerbate the severity of problems experienced by customers and a reduction in the options available to prevent homelessness.

The causes and potential solutions to these issues are complex and devising appropriate remedial actions requires significant cooperation and agreement from DMBC and the assistance of several other agencies.

The main people experiencing difficulties are families who require houses and younger single people requiring smaller accommodation. Along with the general socio-economic issues pushing up demand for accommodation, on the supply side we have seen a 40% reduction in houses becoming vacant.

SLHD have been in discussion with DMBC to significantly expand the home options service on a temporary basis, boosting the organisations capacity to offer extensive preventative services.

Key elements of the plan include:

- Enhancing preventative services- improving information advice and guidance to enable more self-help and rapidly assessing and assisting people who present at early stages of the homelessness journey.
- Improving access to the private rented sector (PRS), in part through incentivising landlords to offer accommodation to those who present to Home Options.
- Accepting that the offer of a PRS property is a legitimate means to discharge the homelessness duty owned by the council.
- Increasing the range of service and support offered by St Leger Lettings.
- Better performance managing the service we offer.

The proposals include increasing resources from 39.5 FTE staff currently, to 55 during 22/23 before dropping back to 37 FTE in 23/24. The consequential shifts in budget are £2.6m now to £2.9m in 22/23 and £1.8m in 23/24. These figures are predicated on the additional staffing resources being able to successfully reduce the numbers of people accommodated in hotels.

In addition to a wide range of activity being undertaken by SLHD to improve the resources and support available to customers potentially facing homelessness other complimentary activity is taking place by SLHD and DMBC. This includes a rapid appraisal by SLHD of household composition within different sizes of property and the potential to offer an incentivised approach to downsizing, and by DMBC who are looking to improve the support for residents currently accommodated in hostels, with the intention of improving successful move on from hostels and avoid the need for repeat stays.

## 5.2 Domestic Abuse

In April, St Leger Homes was successful in gaining the nationally recognised Domestic Abuse Housing Alliance Accreditation (DAHA). This is a prestigious award in the industry with a focus not only on policy but how we operate in practice. A rigorous assessment was completed across eight principles of the accreditation including policy and procedure, partnership working and case management. Two full days of interviews took place with staff and partner organisations to discuss St Leger's approach. Considerable work was undertaken by a wide range of staff of SLHD led by the Housing Safeguarding Manager. The company will receive an action plan as part of a final report aimed at providing suggestions to make our service even better. The new Domestic Abuse Policy, which was one of the actions arising from the preparation for appraisal, is elsewhere on this agenda.

### 5.3 Environmental Pride Scheme

Following last year's Board away day focussing on 'the neighbourhood', partners from DMBC, Doncaster College, Voluntary Action Doncaster, Efficiency North and the Doncaster Chamber led by SLHD have developed an 'Environmental Pride' programme. This programme aims to encourage local residents to work collaboratively with their neighbours to make small scale environmental and neighbourhood improvements. The scheme is able to offer practical support to residents groups to undertake projects as well as offering small amounts of funding.

The scheme was publicised in the early spring and 14 proposals were received, of which the following 8 were approved:

1. Castle Close Garden Project – Tickhill (South) - £2785.00 (environmental improvements to a small area to the rear of the bungalows on Castle Close that was previously unused allotment. The group intends to use volunteers to help clear the area and have residents who can build the planters and the other residents who will use the planters to grow fruit and vegetables for the community to use. The residents on the estate are very keen to use the area and have somewhere to meet socially.
2. Community Garden Project – Circuit House (North) - £1961.32 (a group of people who are part of the Woodlands New Estate TARA. The group created a vegetable and fruit garden within the grounds of Circuit House Communal Hall, Woodlands, growing vegetables and fruit for use by the groups who use the hall and donate any excess to surrounding residents. Since 2015, the group has been self-sufficient, raising funds through local raffles and donations, however the group now need assistance to purchase a new greenhouse.
3. Summer House –Denaby Well Bean (West)-£1500 (A community allotment for the community of Denaby, who requested help to build a summerhouse.
4. Move It – Friends of Martinwells Lake (South) £5004 (The project will take on the role of being a further enhancement to the lake area and will include the strategic installation of additional eco gym equipment to add to the offer we already have.
5. Life Church - Church Balk Gardens (East) £2000 funding to revamp the garden area of Church Balk Gardens to benefit the coffee morning and other users. The garden is currently very uneven and needs an entire overhaul. The proposal is to overhaul the garden, including removal of old grass, slabs and lay fresh down so it is nice and even for disabled users to access. Once this is completed the group want to install raised flowerbeds along the sides of the garden area so that attendees can help grow flowers and vegetables in the garden.



6. Litter Picking Lunches - Cambeth Community Project (Central) £2000 – the group plan to deliver an afternoon activity to encourage the local community to take pride in the community they live in. The litter picking lunch's project will encourage the use of The Copper Pipe Café prior to the community litter pick. The project will focus on providing those that attend to support with the Litter picking a FREE lunch prior to the activity. This is a project that will approach the community gaps, and enable a despondent community at present, to have a central community building to access and use, with an activity that tackles social deprivation and isolation, by offering a free meal, whilst then facilitating opportunities for the engaged community members to build sustainability in their community with a sense of pride too in doing something positive with the environment they reside in. The project will also encourage Cambeth Community Project service users, whom all have additional needs, to develop their social interaction with communities, and enable educational opportunities around recycling, planet conservation and community cohesion in a simpler practical setting.
7. Live our Land - Community Connector (North) £500 - The intention is to improve an area of land at the back of the residents block of houses on Askern Road, Toll Bar. The residents only have small concrete yards and no garden area, regenerating this area would create a useful community social space.
8. Seed to Feed - Whinfell Community Group (North) £4000 - At the rear of Whinfell Communal Hall in Adwick, there is a large brick raised bed which the group intend to split into two with a walkway in the middle and wooden sides put up to increase the height. The group intends to grow salad produce and vegetables to be able to use in the hall to provide soups and light lunches to members. Excess produce will be delivered, free of charge, to the residents of the area who cannot leave their homes so they feel included and a part of the social community.

These 8 projects have been supported at a cost of £19750.

#### 5.4 Poverty Work

SLHD have entered into an agreement with The Community First Credit Union and the retailer AO. As part of AO's social responsibility work they offer a range of 300 differing items at reduced rates to those in need. The credit union have entered into an agreement which enables them to purchase such items on behalf of specific customers. This ensures a) that AO is paid for the goods upfront, and b) that the customer can pay for them by way of a loan from the credit union. Community First have partnered with SLHD to offer this service to any of our customers that sign up to become members of the credit union. From a SLHD this is a great opportunity for our tenants to be able access new white goods at a reasonable price by lending

the money from a reputable organisation. Obviously there are risks that customers may default on loan repayments, however these risks are borne by Community First C.U. rather than SLHD.

## **6. Policy, Regulatory and Legislative issues**

### **6.1 Smoke and Carbon Monoxide Alarms**

Following a period of government led consultation held between 17 November 2020 and 11 January 2021 inviting views on proposals to extend requirements on CO alarms and for smoke alarms, Eddie Hughes MP Parliamentary Under-Secretary for Rough Sleeping and Housing wrote to social housing sector landlords to highlight the government's response to the smoke and CO alarm consultation and there are some key changes that will affect all social housing providers.

They are:

- Smoke alarms will be mandatory in all social rented homes.
- Carbon monoxide alarms will be mandatory in rooms with a fixed combustion appliance (excluding gas cookers) in both private and social rented homes.
- Carbon monoxide alarms will also be mandatory upon installation of any heating appliance (excluding gas cookers) in all tenures through building regulations.
- Landlords will be expected to repair or replace alarms once informed that they are faulty.

Eddie Hughes indicated that the government intends to press ahead with the proposals as soon as practicable when parliamentary time allows, estimated timescales are the Autumn of 2022.

SLHD has an annual gas servicing program and a Solid Fuel servicing program these properties will all need CO detection. Current records suggest we have circa 10,000 properties already fitted with these devices however, a dedicated programme to install detection to all of our properties took place in 2014. With this being a new requirement for social landlords there is likelihood that the demand for these devices maybe extremely high.

Proposed plans for SLHD managed properties

- During the 2022 gas servicing program evidence will be collected by the Compliance Team from the completed Landlords Gas Safety Record (LGSR) which currently identifies the number of CO devices present in the property and that they are functional. The evidence gathered will be used to update asset and compliance software with component data. This information will provide SLHD with a position statement of how many properties actually have CO detection installed which has been tested annually.

- Following the collection of the data from the LGSR's in late 2022 on completion of the gas servicing program The Assets and Compliance team will produce a new profiled phased program of replacement to be delivered from April 2023 with additional funding required above that already identified in the capital programme. Any additional funding required for this programme) over and above that we already have in the capital programme) will be identified in the capital programme budget setting for 23/24 onwards.

## 6.2 New Legislation

Two new pieces of legislation have come into force since the last board meeting:

### **The Fire Safety Act 2021**

- Received Royal Assent 29 April (2021)
- Date of entry into Force TBC but could be as early as May 2022
- Applies to all multi-occupied residential buildings
- Amends Fire Safety Order (2005)
- Extends duties of Responsible Persons
- Facilitates further secondary legislation
- Allows the Fire Service to take enforcement action
- Enables government to issue risk based guidance

Key changes in this legislation included:

- Flat front doors
  - Previously not included in requirements concerning common parts of buildings. These are now included and subject to building safety checks
- Flat compartmentation
  - Requirement introduced to prevent spread of fire to adjacent rooms/spaces/storeys

### **Building Safety Act**

- Received Royal Assent on 28 April 2022
- New Building Safety Regulator established headed up by Peter Baker previously of the HSE
- New planning rules on 'Higher Risk' Buildings which cover the 3 Gateways (Design, Construction, Occupation)
- New powers to regulate Construction Products
- Role of Accountable Person
- Requirement to have Building Safety Cases for in scope buildings

<https://www.hse.gov.uk/building-safety/safety-cases-reports.htm>

Link to BSR on producing Building Safety Cases.

Shortly prior to Royal ascent there were a number of changes, some of which were somewhat unexpected:

The Act deleted:

- The requirement for all in scope buildings to have access to a Building Safety Manager (BSM) However the duties which would have been undertaken by the BSM would still need to be completed but it is more likely that these responsibilities would pass to the AP.
- Personal Emergency Evacuation Plans (PEEPs) the Government abandons PEEPS based on the issues faced relating to Practicality, Proportionality & Safety.
- New consultation planned: Emergency Evacuation Information-Sharing (EEIS) TBC date wise.

The Act inserted/amended

- Building safety levy clarifications (s.57).
- Leaseholder protections (Sch. 9).
- Special measures regime (Sch. 7).
- Protection for leaseholders from costs of remediation.
- Building liability, remediation and cost contribution orders.
- Legal obligations on developers / cladding manufacturers.
- Defective Premises Act claims limitation period extended to 30 years.

### 6.3 SLHD Policy

Capability Policy

EMT approved minor updating changes to this existing policy. A copy of the revised policy can be provided if required.

## 7. **Board Issues**

### 7.1 Letter from the Regulator of Social Housing

On the 7<sup>th</sup> April Fiona McGregor wrote to all Chief executives concerning the regulatory context for government announcement on draft legislative clauses. The letter which is attached at **Appendix 2** draws to the attention of strategic leaders, including Board Directors the importance of providing effective services to tenants and the need to ensure compliance with the Regulator's Consumer Standards. In the letter Ms McGregor states...

"Leadership and good governance from Boards, councillors and management teams are the key to getting this right. Boards and councillors should be challenging management teams now about whether homes and services need improving and whether tenants are able to bring problems to their attention effectively. Understanding whether standards are being met needs to be informed by effective communication and engagement with

tenants. Boards, councillors and management teams should be considering what insight they might be missing and find ways of filling information gaps.”

At St Leger The Board and its subcommittees receive regular reports relating to performance and complaints. Over the past 18 months this process has been enhanced by the creation of the Building Safety Committee and an independent advisor to the sub-committee and when required the Board.

In addition internal assessment has taken place to ensure that St Leger is performing against the consumer standards. Currently a restructuring exercise is taking place, part of which is aimed at improving the organisations capacity to assure its self of performance against the standards and be ready, when called upon by the Regulator, to demonstrate that St leger and Doncaster Council are complying with all regulatory standards.

Further, St Leger and DMBC are undertaking an additional piece of work reviewing current arrangements against the National Housing Federation Code of Governance, in order to learn any lessons and ensure that the organisation and council are operating in ways which accord with industry recommended best practice.

## 7.2 National Federation of Almo’s Conference

The Chair, Vice Chair and Directors of Property Services and Housing Management attended the NFA conference in Birmingham on the 28<sup>th</sup> April. Sessions included:

- Tenants Voice
- Housing and Employment
- Place making
- Poverty
- Building Safety

The slide decks are available should anyone wish to view them and attendees may wish to offer their perspectives on the issues discussed.

## 8. **Procurement Activity**

8.1 A list of recent procurement activity is included as **Appendix 1**.

## 9. **VFM Considerations**

9.1 VFM matters are considered as part of the appraisal process for any items mentioned above.

## 10. **Financial Implications**

10.1 The main issues relate to the cost of the carbon monoxide monitors

programme, which will be addressed as part of the 2023/4 budget planning exercise.

The Environmental Pride programme has utilised finance arising from a pay-back mechanism from E.N. North. Whilst further SLHD funds remain and will also be available next year, it is intended to grow the scheme to become tenure neutral and borough wide by utilising environmental funding held by DMBC.

## **11. Legal Implications**

11.1 There are legal issues arising from the new acts and the forthcoming regulatory standards. These will be addressed in reports as appropriate.

## **12. Risks**

12.1 Any risks arising from issues in this report will be considered as part of normal governance processes.

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

13.1 As describe above.

## **14. IT Implications**

14.1 None arising.

## **15. Consultation**

15.1 No consultation required as a result of issues in this report. As matters progress on a range of issues such as building safety, there may be a need to consult tenants and relevant bodies.

## **16. Diversity**

16.1 No direct implications

## **17. Communication Requirements**

17.1 There will be communications requirements with a number of the issues raised in this report, they will be addressed as projects progress.

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

18.1 N/A

## **19. Environmental Impact**

19.1 Minor positive impacts arising from the Environmental Pride scheme

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

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

**21. Background Papers**

27.1 Appendix 1 - Procurement Activity  
Appendix 2 – Letter from the Regulator

## Appendix B

<u>Procurement Exercise</u>	<u>Estimated Contract Value Based on a 4 year Term (exc VAT)</u>	<u>Framework or Tender</u>	<u>Service Area</u>	<u>Work, Supply or Service</u>
<u>Primarily capital expenditure, so Contracting Authority to be Doncaster Council</u>				
Fire Stopping Works	£4,000,000	Tender	Building Safety & Compliance	Works
Windows and Doors	£1,200,000	Tender	Asset Management	Supply/Works
Fencing - Supply and Install	£800,000	Framework	Asset Management	Supply/Works
Kitchen Legacy	£240,000	Framework	Asset Management	Supply
Kitchens Interim	£177,000	Framework	Asset Management	Supply
Electrical Work	TBC	Framework	Asset Management	Works
<u>Primarily revenue expenditure, so Contracting Authority to be St. Leger Homes of Doncaster</u>				
Emergency Accommodation	£6,000,000	Tender	Access To Homes	Service
Waste Management - General Waste Skips, Metal, Cardboard, Tipping Points	£1,600,000	Tender	Repairs & Maintenance	Service
Works Interim (electrical services)	TBC	TBC	Repairs & Maintenance	Works
Gas Spares	£860,000	Framework	Asset Management	Supply
Provision of Temporary Agency Staff	£726,000	Framework	HR & OD	Service
Plant Hire & Maintenance	£590,000	Tender	Repairs & Maintenance	Service
Fire Risk Assessments	£521,000	Framework	Building Safety & Compliance	Service
Metal Fencing/Handrails Fabrication & installation	£480,000	Tender	Repairs & Maintenance	Supply/Works
Purchase of tools & equipment	£360,000	Tender	Repairs & Maintenance	Supply
PPE & Workwear (inc Stakeholder Engagement)	£332,000	Tender	Asset Management	Supply
Painting & Decorating	£300,000	Framework	Asset Management	Supply
Door Entry Systems	£300,000	Tender	Repairs & Maintenance	Service
Print Management - Houseproud Tenants Newsletter, Rent Statements & ad hoc printing	£300,000	Framework	Customer Services	Supply
Glazing	£200,000	Tender	Asset Management	Supply
Provision for the supply of Furniture and Furnished Goods	£180,000	Tender	Access To Homes	Supply
Apprenticeships	£180,000	Framework	HR & OD	Service



Lift Consultancy	£160,000	Framework	Building Safety & Compliance	Service
Furniture Removals	£152,000	Tender	Access To Homes	Service
Intranet Maintenance and Hosting	£150,000	Framework	ICT	Service
Ecology Services	£144,000	Tender	Asset Management	Service
Communal Aerial Remedial Works	£125,000	Framework	Repairs & Maintenance	Service
Supply, Service and Repair of Garden Equipment	£120,000	Tender	Housing Management	Supply/Service
Merchant Cards	£92,000	Framework	Repairs & Maintenance	Supply
HR Performance Management System	£84,000	Tender	HR & OD	Service
Project Design & Consultancy Services	£83,000	Tender	Asset Management	Service
PPE & Workwear Interim	£83,000	Tender	Asset Management	Supply
Sprinkler Maintenance	£80,000	Framework	Building Safety & Compliance	Service
Training	£80,000	Quotation	HR & OD	Service
Chartered Surveyors - RTB Valuations	£70,000	Tender	Asset Management	Service
Survey & Supply of Adapted Bathroom Equipment	£70,000	Framework	Asset Management	Service
Bio-Mass Boilers - Maintenance and Repairs	£64,000	Quotation	Repairs & Maintenance	Service
Taxi Services Used By Homeless Accommodation Team (KX010)	£54,000	Quotation	Access To Homes	Service
Fire Alarm Servicing/Maintenance	£48,000	Quotation	Repairs & Maintenance	Service
Signage	£42,000	Quotation	Asset Management	Supply
STAR Survey plus other smaller surveys	£28,000	Quotation	Customer Services	Supply



7 April 2022

Dear Chief Executive

## Regulatory context for government announcement on draft legislative clauses

The Government has recently published some of the [draft clauses](#) that it is expecting to include in legislation to implement the Social Housing White Paper. I am writing to underline the importance of the [forthcoming changes](#) and to share some of the regulatory context around them. I would be grateful if you could share this letter with your Boards or councillors.

The world has changed significantly since there was last major legislation on social housing. We welcome the opportunity that legislation will present to update the current statute and to make some important changes.

Across the country the pandemic has underlined the importance of home for everyone. This has particular resonance for our sector as collectively, social housing providers are the custodians of 4.4 million homes up and down the country. Having a safe, secure, and decent home improves lives and is the foundation for better outcomes in education, employment and healthcare. Social housing is about ensuring access to a good home.

Over recent years, there has, rightly, been a significantly increased focus on building safety. And when we talk with tenants, they tell us that getting repairs services right and fixing problems that tenants identify is also of fundamental importance to them. The day-to-day services you provide are the core of the landlord function and getting that right requires a real understanding of how things are working for your tenants, taking into account their diverse needs.

There have been recent examples which have rightly drawn attention to some tenants having been let down by their landlords. In these cases, individual tenants or groups of tenants have been waiting too long for issues they raise to be resolved, and as a result people have been living in poor quality homes. It is vitally important that your tenants know how to report repairs, have a range of ways to access your services, and that they have confidence that when they do so, you will take appropriate and effective action. Without that confidence, people are more likely to feel the need to circumvent existing systems, which can be inefficient for everyone involved.

It is the job of landlords to get this right.

Proactive consumer regulation is part of the solution. It will help drive up standards and tackle poor performance. We set out our initial thinking about how we will put in place changes to consumer regulation in our publication [Reshaping consumer regulation: our principles and approach](#) and we welcome the publication of draft clauses now.



Where change is needed, it requires a culture change within the relevant registered providers. The quality and safety of the homes you provide, your ability to maintain them, and the quality of your services to tenants are vitally important. Where these are not as they should be, you should act now; before we proactively assess whether you meet the new consumer standards. Leadership and good governance from Boards, councillors and management teams are the key to getting this right. Boards and councillors should be challenging management teams now about whether homes and services need improving and whether tenants are able to bring problems to their attention effectively.

Understanding whether [standards](#) are being met needs to be informed by effective communication and engagement with tenants. Boards, councillors and management teams should be considering what insight they might be missing and find ways of filling information gaps.

We recognise that the current economic realities increase the challenge and complexity of the situation, and that responding appropriately will not always be straightforward. But registered providers need to adapt to the world as it is now. This means improving the quality of your service where necessary and being clear, particularly with tenants, about your priorities and any trade-offs you need to make.

In addition to changes outside the sector, the types of organisations that provide social housing have also changed and we have seen new business models for social housing enter the market. This has included a growth in for-profit providers, both in terms of numbers of registered providers and the number of homes they provide, as well as rapid growth of lease-based models of supported housing.

We set the same consumer standards for all providers, and that will remain the case when we introduce revised consumer standards following legislation. We expect all registered providers to comply with the standards, including the economic standards for private registered providers, and to be able to provide assurance that they do so, regardless of their business model – providers cannot contract out their responsibility for meeting the standards.

However, we need to have the right tools in place to continue to maintain confidence in a changing sector. New forms of provider mean that our powers need updating to continue to regulate effectively. This is why, alongside the draft clauses on consumer regulation, the Government has also published draft provisions relating to economic regulation. These draft provisions are intended to refine the existing economic regulation framework, so that we are able to continue to play our part in ensuring social housing providers are well governed and financially viable. This in turn, will better protect tenants and public money, as well as helping to enable new supply.

I look forward to the upcoming introduction of legislation, and to working with you, and with tenants and other stakeholders, to shape the future proactive consumer regulation framework over the coming months.

Yours sincerely



Fiona MacGregor  
Chief Executive, Regulator of Social Housing

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	People Strategy 2020 – 24 End of Year 2 progress
<b>Action Required:</b>	<ul style="list-style-type: none"> <li>• Note progress to date</li> <li>• Agree or provide feedback against proposed Year 3 action plan (22/23)</li> </ul>
<b>Item:</b>	06
<b>Prepared by:</b>	Sarah Moore, Head of HR and OD
<b>Date:</b>	26 May 2022

### 1 Background

1.1. This briefing note provides a progress update at the end of year 2 of the 4 year People Strategy (2020 – 24).

1.2. Year 2 has seen a year in which in many cases ‘normality’ resumed albeit in a stop start fashion for the majority of the year. The pandemic has not ended and whilst we begin to adopt new ways of working the pandemic continues to take its toll on KPIs such as sickness absence from work.

1.3. We have operated this year with higher than usual employee turnover, a buoyant labour market with skills shortages and a lower than expected national pay award and whilst in some cases this is not a direct impact on the People Strategy the impact of this must be taken into account when delivering the actions.

1.4. Out of 11 measures of success set out within the strategy:

- 5 are currently achieving target and must be maintained
- 4 sit under target and are explored further in 2.2 below - Sickness, Tenants and Residents into Training, Net Promotor Score (NPS) and Statutory / Mandatory Training Delivery
- 2 are yet to be reported as work is still underway

### 2 Key Success Measures

2.1. The 2020-24 People strategy set out the key measures to be achieved by March 2024. These measures will be tracked throughout the life of the strategy. The table below shows the position after Year 2 against the position at the end of Year 1 for comparison.

Key success measure	Year 1	Year 2	Comments – Year 2
Sickness - KPI 11	6.6 days per FTE	11.88 days per FTE	Projected outturn against a target of 7.9 days (3.98 days per FTE over target)
Tenants and residents supported into training - KPI 14a	30	30	Against a target of 67 - impacted by local labour market and reduced demand for one to one employment training and lack of interested participants for WOW cohorts
Tenants and residents supported into work KPI 14b	28	52	Against target of 30, driven by WOW support & learn, student placements, apprenticeship and kick-start activity, as well as those supported in finding employment elsewhere.  People supported into jobs in total 52  Number of jobs with SLHD = 28 Number of jobs elsewhere = 28  Employers in the 28 “elsewhere” include, J Tomlinson, Doncaster Royal Infirmary, Hitachi Trains, The Mercure Hotel, Atlas Academy, Amazon, Next, Hesley Hall, Blue Arrow and Doncaster College
2.3% New apprentice Starts, Public Sector Apprenticeship Target	1.76%	2.48%	
Employee Survey - Over 80% of employees are satisfied with St Leger Homes as an Employer	81.21%	83%	As recorded in the October 2021 survey with 63% of the workforce responding
Employee Survey - Positive Net Promotor Score	20	-7	As recorded in the October 2021 survey with 63% of the workforce responding.
BeWell@Work Award Gold	Silver – 2020	Delayed to End of September 2022	Aim to achieve Gold by March 2022 – delayed due to changes to the scheme by public health
Investors in People Framework met	NA	NA	SLHD are not currently accredited, this will be considered and reviewed in year 3 of the plan
Employee Survey - over 80% of employees agree that their manager is a great role model for our values/behaviours	NA	92%	As recorded in the May 2021 pulse survey with a 54% response rate – this question is only asked annually
100% Statutory/ Mandatory Training		86%	Significant progress has been made towards this and work will continue to

Delivered			achieve 100% by year 4 making this the norm. Full detailed breakdown can be found in Appendix 1.
100% Personal Development Plan completion		100%	New measure achieved in 2022

2.2 At year end 4 of the measures of success are reporting below target (unchanged from the 6 month update):

- **Sickness** – a detailed analysis of sickness cases took place in March 2022 to understand as far as possible the underlying cause, trends and actions that can be taken and to assure EMT the existing methods of management and the existing policy are being actively applied. Whilst direct coronavirus related sickness has undoubtedly taken its toll, even with this excluded we would have still exceeded target. We have therefore considered the wider impact of the pandemic. Mental ill health has increased significantly and whilst the direct cause has not been cited as the pandemic we must be mindful that the pandemic has lowered the resilience of many to deal with previously manageable life events, potentially resulting in sickness absence. Reassuringly work related stress has not increased. Similarly our physical resilience to deal with infection and virus (non covid) may also be lower and as such this is another area that we have seen significant increase. The other usually 'top 3' reason for absence, MSK remains unchanged. Assurance is provided of the management of the existing cases in the following ways:

  - ✓ All cases which hit a trigger in the attendance management process are actively managed and supported by the HR team. Cases are reviewed fortnightly at the Business Partner and Adviser meeting chaired by Head of HR and OD. This will continue.
  - ✓ Attendance management training is provided to all managers as part of the first line manager program.
  - ✓ There may be a view that the attendance management policy is robust on managing long term absence however is less effective in managing short term absence. The policy is due to review in January 2023 however this review will begin in the coming months with a view to introducing a more robust short term trigger process.
  - ✓ As part of the ongoing wellbeing work, action should be taken more broadly around MSK and mental health, this is likely to include the introduction of a resilience intervention for all colleagues, on site promotion of the services available through medicash including Phio (self-care physio programs) and potential health clinics. This will form part of the wellbeing review cited in the ADP for this coming year.
- **Tenants and Residents Supported into Training** – This figure is lower than planned in particular due to the low uptake of participants to the WOW courses for multiskill and cleaning. A minimum number of participants is needed to run these courses and we have not been able to achieve this regularly. The jobs market is very buoyant at present (unemployment rate down to 3.8%) and so we have seen less participants look for help with training. As an example, when recruiting for the recent World of Work cleaning course, it took 4 different information sessions spread across 2 months before we were able to reach the required minimum number of participants for the College to begin teaching

With more and more people either starting work or withdrawing from the jobs market in general, there has also been reduced demand for our general one to one employment training and this also impacted materially on the KPI figure. Additional focus has been placed on the use of social media channels and advertising through our partners in a bid to increase this uptake. Those who did receive training did so in the following ways:

- ✓ Training with SLHD = 29
- ✓ Training elsewhere = 1

Of the 29 supported with training at SLHD, 25 attended a WOW support and learn course and 4 were given one to one training.

This KPI should be balanced against the fact the we have significantly exceeded the target for Tenants and Residents into Employment taking account of our Kick Start, Apprenticeship and general WOW activity.

From November 2021 in an attempt to increase the take up of the WOW schemes this initiative was opened wider to residents from other social housing providers (not just SLHD). This has been successful and a marked improvement seen but not at the rate that would have enabled us to make up the lost ground against target. Going forward, there are already some new initiatives being discussed around Traineeships, work experience and T-levels which should help to increase numbers in 2022 / 23. We are also reviewing the current WOW support and learn offer to make them more attractive to potential participants.

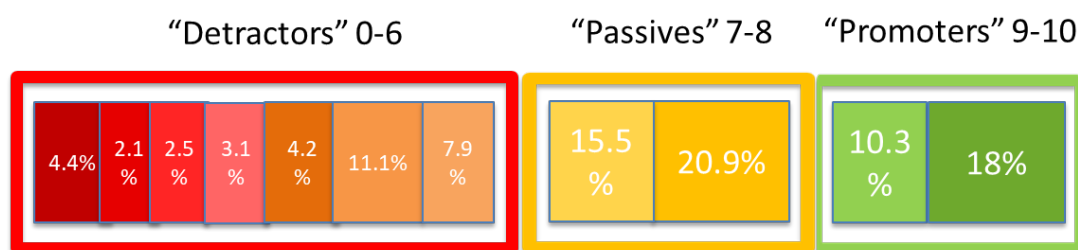
- **Employee Survey Net Promoter Score** – This has seen a significant drop from 21 in October 2020 to -7 in October 2021. Firstly it should be noted that the calculation of the NPS categorises the responses in the following way:
  - ✓ Promoters – those who scored the organization 8/10 or above
  - ✓ Passive – those who scored the organisation 7 or 8/10
  - ✓ Detractors – those who scored the organisation 6 or below

NPS is calculated deducting the %Detractors from the %Promoters. Figure 1 below shows the 2021 spread of responses to this question against the 2020 responses. What we can clearly see from this is that there has been a shift from the 'promoters' into the passives, and the detractors. There has been a decrease of 20.7% in promoters and an increase of 11.3% in detractors. As noted above the passives are not factored into the calculation and therefore we should bear in mind that whilst the average score dropped from 8/10 to 7/10 many would still consider 7/10 a positive score – as such, is NPS the right measure? This was considered further at Employment and People Committee in February 2022 and agreed to remain unchanged at this time but to revisit further following more detailed conversations regarding potential future use of Investors in People / Best Companies or any other agreed measurement. As further background the last time that a negative NPS score was recorded was during the 2015 staff survey, the 2018 survey (pre pandemic) recorded a NPS of 21.

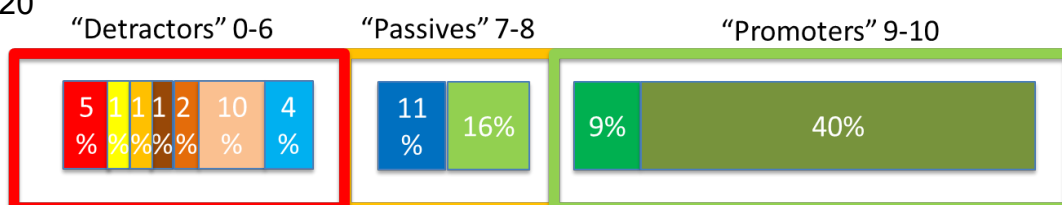
**Figure 1**

October 2021

**How likely are our people to recommend SLHD?**



October 2020



- Compliance with Statutory / Mandatory Training** – this is the first time we have been in a position to be able to confidently report learning compliance. Whilst this figure is 14% short of the necessary 100%, we are now in a strong position where we have, as of the end of January 2022, agreed the final training needs for all roles across SLHD and are working towards fulfilling all of these learning needs. From the 6 month update of this strategy which was presented to EMT this has shown a 14% increase, which is set to continue into year 3.

**3. People Strategy Action Plan 2021/22 (Year 2)**

3.1 A detailed action plan sets out the activities to be delivered in year 2 of the strategy along with updates at year end (appendix 2).

3.2 **Complete or on track actions** – A total of 6 actions are now considered complete or contain activity which is on track and which will continue and be added to as appropriate in year 3 of the strategy.

- Refresh 1:1 process
- Refresh Career Start Framework
- Monitor hard to recruit vacancies
- Focus on compliance led learning
- Facilitate end user system training (Open Housing)
- Implement colleague recognition

3.3 **Delayed or not started actions** – 7 actions are delayed but underway or have not started, further details are set out in the comments against each action in Appendix 2. Each of these actions will be carried into year 3 for completion and as appropriate additional activity will be added.

- Grow Workforce Skill Set
- Develop Agile Ways of Working
- Embed a Health Safety and Wellbeing Culture
- Develop and Embed ED&I Action Plan
- Embed a Customer Service Culture
- Develop HR System
- Develop Learning Management System



#### **4. Looking Forward - Year 3 (2022/23) and beyond**

- 4.1 Appendix 3 sets out the actions planned and associated activities for year 3 of the People Strategy. This contains 14 plans, each with associated activities. 12 of these plans are either continued or differed from previous years. 2 of these plans are new to the strategy action plan although discussion and early work has already been undertaken on both elements
  - 4.2 This plan takes account of all actions which are proposed within the agreed People Strategy and as such it is considered at this time that year 4 will focus on finalising and embedding this work as well as looking forward to the revised strategy beyond April 2024
5. EMT and board are asked to note the content of the People Strategy Year 2 update and provide feedback or additional activity which is considered missing for consideration and inclusion.

**Compliance Training Completion Detailed Breakdown**

<b>Training</b>	<b>Number identified</b>	<b>Number trained</b>	<b>% compliant</b>	<b>Notes</b>
Working at Heights	107	91	85%	
Asbestos Cat A	465	385	83%	
Asbestos Cat B	108	108	100%	
SMSTS	26	12	46%	
CISRS	20	20	100%	
Abrasive Wheels	73	63	86%	
Cat & Genny	66	64	97%	
Emergency First Aid at Work	54	46	85%	
Fire door installation and maintenance	12	12	100%	
Fire door repairs and alterations	12	12	100%	
Managing Safely	127	113	89%	
IOSH Managing Safely in Constructions				No longer required – replaced with SMSTS
PASMA Tower on Stairs	18	15	93%	
PASMA tower for users	31	20	65%	
<b>TOTAL</b>	<b>1119</b>	<b>961</b>	<b>86%</b>	

Appendix 2

**People Strategy Action Plan 2021/22 (Year 2)**

*NOTE: RAG status based on completion of activity to date and on track status*

Plans	Activities	Completion Date	Progress YTD
<p><b>Carried forward from 20/21 and updated</b> - Having Implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.</p>	<ul style="list-style-type: none"> <li>• Complete delivery of the first 7 cohorts of the first line manager (FLM) program</li> <li>• Review success of the FLM program and confirm future delivery plan in line with planned framework approach</li> <li>• Develop St Leger’s overarching people development framework, providing a clear line of sight of professional learning and making links where appropriate with recognised professional bodies (CIH)</li> <li>• Develop and commence delivery of a Future Leaders program to provide aspiring leaders/managers with knowledge, skills and experience</li> </ul>	<p>May 2022</p> <p>August 2022</p> <p>December 2021</p> <p>March 2022</p>	<p><b>On track</b></p> <p><b>On track</b>, final cohort completes in August 2022 a plan from this date will be ready</p> <p><b>Complete</b> - Framework developed and agreed at EMT and E&amp;P, planning now underway on delivery of all elements of the framework including enhanced behaviors, succession and talent mapping</p> <p><b>Not started</b> – work towards this will link with the actions above when reviewing the new steps to embed the development framework</p>
<p><b>Carried forward from 20/21 and updated</b> - Implement a revised 1:1 framework in line with the EMT agreed priorities (Feb 21) supported by relevant guidance, learning, communication and</p>	<ul style="list-style-type: none"> <li>• Development of framework and guidance documentation</li> <li>• Roll out reviewed processes including learning and support</li> <li>• Explore digital solution</li> </ul>	<p>July 2021</p> <p>September 2021</p>	<p><b>Complete</b></p> <p><b>Complete</b></p>

review.		Ongoing and may continue to year 3	<b>On Track</b> - Early work has begun but will continue into year 3
<b>Carried forward from 20/21 and updated</b> - Refresh Career Start Framework ensuring that it continues to meet the needs of the business and our tenants, with an eye to supporting succession planning, building in flexibility to embrace relevant emerging initiatives	<ul style="list-style-type: none"> <li>• Career Start Framework drafted and approved by EMT</li> <li>• Implementation of revisions within the Framework</li> </ul>	<p>June 2021</p> <p>September 2021</p>	<p><b>Complete</b></p> <p><b>On Track</b> and will continue into year 3.</p>
<b>Carried forward from 20/21 and updated</b> - Develop the organisations agile working vision, principles and implementation plans, underpinned by revised policies and guidance and learning. Implement agile working including associated facilities plans.	<ul style="list-style-type: none"> <li>• Launch Agile Working principles</li> <li>• Consult on and implement revised associated policies</li> <li>• Progress facilities implementation plans</li> <li>• Implement learning support for an agile workforce</li> </ul>	<p>May 2021</p> <p>September 2021</p> <p>March 2022</p> <p>March 2022</p>	<p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>On track</b> – and move date agreed as 23/05</p> <p><b>Underway but delayed</b> due to provider catching covid, learning session taking place during June</p>
<b>Continued activity from Year 1</b> - Embed a health, safety and wellbeing culture	<ul style="list-style-type: none"> <li>• Lead activity to achieve Bewell@work Gold</li> <li>• Delivered activities planned for 2021/22.</li> </ul>	<p>March 2022</p>	<p><b>Underway but delayed</b> – due to review of the scheme by public health, this is now due for completion once the revised scheme is launched</p>
<b>Continued activity from Year 1</b> - Develop and implement workforce diversity action plan aligning with the overarching ED&I strategy, with the aim of increasing the diversity of the organisation to be more reflective of the community in	<ul style="list-style-type: none"> <li>• Implement and continue to develop activity within workforce diversity action plan</li> <li>• Working alongside EDI, lead colleague participation in EDI activity</li> <li>• Lead activity to increase colleague submission of EDI data to ensure</li> </ul>	<p>March 2022</p> <p>September 2021</p>	<p><b>On track</b> – and will continue into year 3 to embed strategy</p> <p><b>Not yet started</b></p>

which we work and the borough as a whole and increasing the workforce confidence in ED&I within the workplace	robust reporting including increased communication and data checks	September 2021	<b>On track</b> – and will continue into year 3 with the embedding of the EDI strategy
<b>Continued activity from Year 1</b> - Continue to monitor difficult to recruit vacancies	<ul style="list-style-type: none"> <li>Benchmarking of known hotspots with comparator organisations</li> <li>Implement necessary changes to alleviate hotspots.</li> </ul>	June 2021 September 2021	<b>On track</b> – and will continue into year 3. Weekly monitoring of vacancies now in place. Review of the recruitment process complete with revised authority to recruit form roll out, changes made to the offer process and pre-employment checks to streamline. Introduction of CV apply for some roles, use of different advertising methods as well as a review of advert wording and a focus on the organisation benefits
<b>Deferred from Year 1</b> - Develop plans to embed a 'Customer Service Experience' culture across the business	<ul style="list-style-type: none"> <li>Specification of training to be delivered across the business</li> <li>Roll out training to priority groups</li> </ul>	March 2022	<b>Underway but delayed</b> – Provider selection is now underway with the aim to have selected a provider by the end of May 2022 and develop a plan for delivery
Continue to develop the HR system adopting new modules to the benefit of the business	<ul style="list-style-type: none"> <li>Working alongside DMBC and Rotherham to identify future opportunities for system roll out</li> <li>Develop the SLHD implementation and communication plan alongside appropriate workforce support and guidance</li> </ul>	March 2022	<b>Underway but delayed</b> – The Recruitment web page has been reviewed but we have seen no new back office process roll out due to capacity in the Rotherham team. We await sickness and case management as well as flexi.
Focus on compliance led training ensuring that all compliance training is implemented, with agreed refresher periods, specifications and ongoing monitoring of learning providers.	<ul style="list-style-type: none"> <li>Working alongside relevant business area ensure that employees requiring compliance led learning are identified and upskilled</li> <li>Ensure that refresher periods are agreed for all compliance led</li> </ul>	August 2021 August 2021	<b>On Track and will continue into year 3</b> – We now have an agreed training needs analysis in place per role and are working to ensure compliance and review our providers and learning offer against this

	<p>learning</p> <ul style="list-style-type: none"> <li>• Ensure robust training needs analysis are in place for all roles capturing compliance learning in the first instance</li> </ul>	December 2021	<p><b>Complete</b></p> <p><b>Complete</b></p>
Develop the Learning Management System (LMS) to Implement L&OD reporting to aid robust management and personal ownership of learning	<ul style="list-style-type: none"> <li>• Develop initial compliance reporting for the key identified compliance areas</li> <li>• Data transfer into the LMS</li> <li>• Dashboard functionality roll out to managers</li> </ul>	<p>August 2021</p> <p>September 2021</p> <p>March 2022</p>	<p><b>Complete</b></p> <p><b>Complete</b></p> <p><b>Not started</b> – This work has taken lower priority as the scale of the work to develop the TNA has grown, along with difficulties with the system provider initially, This is now resolved and a plan is underway to progress this action</p>
Facilitate end user learning, leading the Systems Trainer to implement high quality and sustainable learning solutions making best use of FLO	<ul style="list-style-type: none"> <li>• Develop and populate learning plan</li> <li>• Oversee development and delivery of learning to end users providing specialist L&amp;OD knowledge to facilitate transfer</li> <li>• Ensure learning and evaluation capture onto LMS</li> </ul>	<p>June 2021</p> <p>July 2021</p> <p>September 2021</p>	<b>Complete</b> – NOTE this activity was ultimately delivered within TOP
Put in place a staff recognition scheme, linked to values and behaviours	<ul style="list-style-type: none"> <li>• Develop options and agree ongoing recognition mechanism</li> </ul>	March 2022	<b>On track</b> – Interim activity includes St Leger Stars to be awarded in December 2021, further work will consider future reward methods in year 3.

Appendix 3

People Strategy Action Plan 2022/23 (Year 3)

KEY: **RED TEXT** – Delayed plans

**GREEN TEXT** – New or updated and carried over activity

**PURPLE TEXT** – New Plans

Plans	Activities	Completion Date
<p><b>Carried forward from 21/22 and updated</b> - Having Implemented development programs for first line managers, develop future leaders, and grow the workforce skill set to meet the changing operating environment.</p>	<ul style="list-style-type: none"> <li>• Complete delivery of the first 7 cohorts of the first line manager (FLM) program</li> <li>• Review success of the FLM program and confirm future delivery plan in line with planned framework approach</li> <li>• <b>Develop and launch our enhanced behavior framework linking as appropriate to CIH professional standards</b></li> <li>• Develop and commence delivery of a Future Leaders program to provide aspiring leaders/managers with knowledge, skills and experience</li> <li>• <b>Develop our leadership development offer</b></li> <li>• <b>Implement succession planning for Leadership and key roles</b></li> </ul>	<p>May 2022</p> <p>August 2022</p> <p>March 2023</p> <p>March 2023</p> <p>March 2023</p> <p>December 2022</p>
<p><b>Continued activity from Year 2</b> - Implement a revised 1:1 framework in line with the EMT agreed priorities (Feb 21) supported by relevant guidance, learning, communication and review.</p>	<ul style="list-style-type: none"> <li>• Explore and if appropriate implement interim digital solution</li> <li>• <b>Explore, agree and implement long term digital solution</b></li> </ul>	<p>October 2022</p> <p>October 2023</p>
<p><b>Continued activity from Year 2</b> - Refresh Career Start Framework ensuring that it continues to meet the needs of the business and our tenants, with an eye to supporting succession planning, building in flexibility to embrace relevant emerging initiatives</p>	<ul style="list-style-type: none"> <li>• <b>Work with schools/colleges to promote Women into Construction.</b></li> <li>• <b>Update WOW section on internet/webpage - Career Start Activity Page.</b></li> <li>• <b>Work with CI Team to ask our tenants/customers what WOW placement opportunities they would be interested in.</b></li> <li>• <b>Implement a process to facilitate previous WOW placements returning to fulfil temporary roles in the same area of activity</b></li> </ul>	<p>March 2023</p>

	<p>assisting with workload and temporary resourcing challenges with EMP and Cleaners</p> <ul style="list-style-type: none"> <li>Promote and encourage Traineeships across the business creating a pre-apprenticeship programme</li> <li>Proactive involvement in access and best use of local and national funding to support employment and training activities to get people into work as well as upskilling careers, such as UKSPF.</li> </ul>	
<p>Carried forward from 21/22 and updated - Develop the organisations agile working vision, principles and implementation plans, underpinned by revised policies and guidance and learning. Implement agile working including associated facilities plans.</p>	<ul style="list-style-type: none"> <li>Implement learning support for an agile workforce</li> <li>Work with Property Services colleagues to develop actions to embed agile within our trade operative teams</li> </ul>	<p>August 2022 March 2023</p>
<p>Continued activity from Year 2 - Embed a health, safety and wellbeing culture</p>	<ul style="list-style-type: none"> <li>Lead activity to achieve Bewell@work Gold</li> <li>Delivered activities planned for 22/23.</li> <li>Review wellbeing offering ensuring that we appropriately support all elements of wellbeing including financial wellbeing</li> <li>Implement actions to support mental wellbeing including resilience</li> <li>Review existing contracts including occupational health support</li> </ul>	<p>September 2022  January 2023  March 2023  March 2023</p>
<p>Continued activity from Year 2 - Develop and implement workforce diversity action plan aligning with the overarching ED&amp;I strategy, with the aim of increasing the diversity of the organisation to be more reflective of the community in which we work and the borough as a whole and increasing the workforce confidence in ED&amp;I within the workplace</p>	<ul style="list-style-type: none"> <li>Implement Year 1 activity from the ED&amp;I Action plan.</li> <li>Lead activity to increase colleague submission of EDI data to ensure robust reporting including increased communication and data checks</li> <li>Full diversity audit action plan and accreditation</li> </ul>	<p>March 2023 March 2023  August 2022</p>
<p>Continued activity from Year 2 - Continue to monitor difficult to recruit vacancies</p>	<ul style="list-style-type: none"> <li>Benchmarking of known hotspots with comparator organisations</li> <li>Implement necessary changes to alleviate hotspots.</li> </ul>	<p>March 2023  March 2023</p>
<p>Continued activity from Year 2- Develop plans to embed a 'Customer Service Experience' culture</p>	<ul style="list-style-type: none"> <li>Identify provider</li> <li>Roll out training to priority groups</li> </ul>	<p>June 2022 March 2023</p>



across the business		
Continued activity from Year 2 - Continue to develop the HR system adopting new modules to the benefit of the business	<ul style="list-style-type: none"> <li>• Case Management (inc. Sickness triggers)</li> <li>• Flexi time recording</li> <li>• Recruitment 'back office'</li> </ul>	March 2023
Continued activity from Year 2 - Develop the Learning Management System (LMS) to Implement L&OD reporting to aid robust management and personal ownership of learning	<ul style="list-style-type: none"> <li>• Dashboard functionality roll out to managers.</li> <li>• Further review of Admin functionality to ensure best use of system, following update and cleanse of system following TNA exercise.</li> <li>• Review of e-learning catalogue resulting in user access to additional learning.</li> <li>• Communication/relaunch to all users on best effective use of system, how to access learning, resources, learning records, and record any CPD.</li> </ul>	March 2023
Continued activity from Year 2 - Facilitate end user learning, leading the Systems Trainer to implement high quality and sustainable learning solutions making best use of FLO	<ul style="list-style-type: none"> <li>• Support Business Transformation in the embedding of and future proofing of the learning including new starter induction</li> </ul>	March 2023
Continued activity from Year 2 - Put in place a staff recognition scheme, linked to values and behaviours	<ul style="list-style-type: none"> <li>• Consider enhancements to staff recognition to complement the annual St Leger stars initiative</li> </ul>	March 2023
New for year 3 - Review Pay and Grading and Benefits structure	<ul style="list-style-type: none"> <li>• Implement total reward statements</li> <li>• Implement pension education</li> <li>• Implement annual leave sale / buy – subject to consultation</li> <li>• Implement annual targeted benchmarking</li> <li>• Implement upgrade to existing job evaluation software</li> <li>• Consider and agree future direction of pay and grading within SLHD</li> </ul>	September 2022  March 2023
New for year 3 - Review organisational culture and consider and implement appropriate assessment / accreditation method	<ul style="list-style-type: none"> <li>• Facilitate Board away day</li> <li>• Facilitate colleagues sessions</li> <li>• Agree future cultural direction and appropriate actions</li> <li>• Propose and agree assessment method and create action and delivery plan to achieve assessment</li> </ul>	July 2022 June 2022 September 2022 January 2023

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England

Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 26 May 2022

**Item** : 07

**Subject** : Draft Modern Slavery statement  
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 a Modern Slavery  
statement for 2021/22.

### **Recommendation:**

For Board to approve a Modern Slavery statement for  
2021/22 for publication.

Company number 05564649.  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 07  
Date: 26 May 2022**

**1.1. Report Title**

1.2. Draft Modern Slavery statement 2021/22

**2. Purpose**

2.1. To present Board with a Modern Slavery statement for 2021/22, as required by the 2015 Modern Slavery Act.

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

**3. Executive Summary**

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

3.2. SLHD has always adopted Act requirements and best practice at the earliest opportunity, and the format and content of our earlier statements are still considered fit for purpose, and also complies with recent consultation (see 3.4 below). The only additional action required is to publish it on the now established government central register, which will be done once approved by Board.

3.3. There has been one key development to note since our last statement. In June 2021, a Modern Slavery (Amendment) Bill was tabled in the House of Lords. The Bill proposes additional disclosure and substantive compliance requirements and would establish penalties for non-compliance with selected aspects of the Act. Key requirements and implications of the Bill are **summarised below at 4.13**, emphasise the importance and seriousness of the Act and failing to adhere to it.

3.4. The June 2021 Bill is the next stage after earlier Government consultation, which was referenced in the May 2021 Modern Slavery Board report. In response to the consultation on transparency in supply chains, Government promised new measures to toughen up the requirements under the Act. This in turn followed an independent review of the Act, which found that while many organisations produce comprehensive modern slavery statements, others did not take their responsibilities seriously.

3.5. The Bill will need to make its way through both Houses of Parliament (Lords and Commons) and may well be revised and changed as it progresses, as has been the case with modern slavery and mandatory human rights due diligence legislation in most jurisdictions. Timescales are not known.

- 3.6. There are only minor changes required (highlighted yellow) in updating the statement for 2021/22.
- 3.7. In summary, SLHD undertake a number of activities to mitigate the risk of modern slavery, as summarised in the statement at **Appendix A**.

#### **4. Background information**

- 4.1. The Act specifically states that the statement must include 'the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business'.
- 4.2. When the Act refers to 'ensure', this does not mean that the organisation must guarantee that the entire supply chain is slavery free. Instead, it means an organisation must set out the steps it has taken in relation to any part of the supply chain (that is, it should capture all the actions it has taken).
- 4.3. Organisations are expected to build on their statements year on year and statements to evolve and improve over time.
- 4.4. The Act became law in 2015 and was considered an innovative, landmark piece of legislation to address modern slavery and human trafficking.
- 4.5. The six reporting areas currently in the guidance will become mandatory in legislation when the Bill is approved. The areas to be covered, as before, are the organisation's :
  1. structure, its business and its supply chains;
  2. policies in relation to slavery and human trafficking;
  3. due diligence processes in relation to slavery and human trafficking in its business and supply chains;
  4. parts of the business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk;
  5. effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate; and
  6. training about slavery and human trafficking available to its staff.
- 4.6. If no steps have been taken within an area, they will need to state this clearly and will be encouraged to explain the reasons why.
- 4.7. A new government run reporting service has recently gone live, as organisations will be required to publish their statement on this, and will be encouraged to do so even before the legislative change makes this mandatory.
- 4.8. The intent is to facilitate access to information to allow consumers to make ethical decisions and enable comparability between companies.
- 4.9. There will be a single reporting deadline of 30 September for all in-scope organisations once the new legislation is passed. All organisations will report on the period April to March, so will have six months to prepare their statement.

4.10. Public-sector companies in England and Wales (Scotland and Northern Ireland are considered separately) will now be required to produce modern slavery statements. At the moment they are not compelled to do so, though some do so voluntarily.

4.11. As referred to above, the new requirements will not come into force until the necessary legislation has been introduced, which will take place “when parliamentary time allows”.

4.12. Other key points to note in the Act:

- Companies must state why any of the six headings are not considered applicable;
- reference to the modern slavery statement must now be made in a company’s annual report in their financial statements (SLHD does this);
- tougher monitoring and compliance enforcement will result;
- a named, designated Board Member is responsible and personally accountable;
- failure to fulfil reporting requirements should be an offence under the Company Directors Disqualification Act 1986;
- Companies are required to consider the entirety of their supply chain, explaining why if this is not done and the steps to be taken the future; and
- list of companies to be established that are within the scope of the Act;

4.13. The June 2021 Bill emphasised the importance and seriousness of the Act proposing the following key changes:

New criminal offence for false information in Modern Slavery statements. The Bill would amend the Act by making it an offence to supply a false modern slavery and human trafficking statement.

In a new section to the Act, a person (Director) who is responsible for a modern slavery statement would commit an offence if information in the statement is false or incomplete in a material particular, and the person either knows this or is reckless as to whether the statement is false or incomplete.

New civil offence for continuing to source from suppliers after a formal warning. A new section would make it an offence for a subject company to continue to source from a supplier or sub-supplier that fails to demonstrate a minimum standard of transparency after having been issued a formal warning by the Independent Anti-slavery Commissioner.

Liability for violations

A criticism of the Act is that it does not provide for adequate penalties to deter non-compliance. The Bill seeks to address this perceived weakness. A person found guilty of an offence under could be imprisoned for up to two years and subject to a fine amounting to 4% of global turnover of the subject commercial organisation, up to a maximum of £20 million.

### Additional disclosure and compliance program requirements.

A new section to the Act would introduce three new transparency requirements.

These requirements go beyond disclosure and also would require enhancements to many companies' modern slavery compliance programs. Under this part of the Bill, a subject company would be required to:

- publish and verify information about the country of origin of sourcing inputs in its supply chain;
- arrange for credible external inspections, external audits, and unannounced external spot-checks; and
- report on the use of employment agents acting on behalf of an overseas government.

## **5. SLHD statement 2021/22**

- 5.1. SLHD has complied with the requirements since the Act came into force.
- 5.2. SLHD still meets the Act's criteria for a 'commercial' organisation and the statement at **Appendix A** covers the six main areas referred to above.
- 5.3. Leadership have reviewed this draft statement for 2021/22 and updated it as considered appropriate
- 5.4. The statement must be approved by the board or equivalent management body, signed by a director or equivalent and have a link to it on our website.
- 5.5. Although penalties are (currently) limited, they will be increasing and SLHD is a prominent employer in the Doncaster area, so there is increasing financial and reputational risk here which is easily mitigated with a robust statement and appropriate policies and procedures.

## **6. Recommendation**

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

## **7. Procurement**

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

## **8. Value For Money**

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

## **9. Financial Implications**

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

## **10. Legal Implications**

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

## **11. Risks**

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

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

## **12. IT implications**

12.1. IT implications are referenced as appropriate.

## **13. Consultation**

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

## **14. Diversity**

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

## **15. Communication requirements**

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

## **16. Equality Impact Assessments (New/Revised Policies)**

16.1. Not applicable.

## **17. Environmental impact**

17.1. Environmental impact is referenced as appropriate.

## **18. Report Author, position and contact details**

Nigel Feirn  
Head of Finance and Business Assurance

### **Appendix**

A : Modern Slavery statement



**St Leger Homes of Doncaster Limited : Modern Slavery statement 2021/22****Introduction**

This statement sets out St Leger Homes of Doncaster Limited's (St Leger) activities to ensure there is no slavery or human trafficking in our operations. This statement relates to the financial year **1 April 2021 to 31 March 2022.**

**Company statement**

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

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

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

**Company structure, activities and supply chains**

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

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

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

**Risk areas**

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

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

**Company policies and procedures**

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

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

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

Further information can be found on [www.stlegerhomes.co.uk](http://www.stlegerhomes.co.uk)

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

### **Due diligence**

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

### Tenants

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

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

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

### Supply chain

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

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

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

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

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

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

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

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

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

### Employees

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

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

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

### **Key performance indicators (KPIs)**

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

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

## Training

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

Modern slavery was increasingly referenced in all appropriate training during the year. **Training delivered that referenced modern slavery included:**

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

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

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

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

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

## Signing

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and is St Leger's slavery and human trafficking statement for the financial year ending **31 March 2022**.

Signed by:

Dave Richmond  
Chief Executive  
St Leger Homes of Doncaster Limited  
May 2022

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 26 May 2022

**Item** : 08

**Subject** : Domestic Abuse Policy

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

**Prepared by** : Jennie Daly, Acting Head of Housing Management

**Purpose** : To present the SLHD Domestic Abuse Policy and the separate Staff Domestic Abuse Policy

**Recommendation** : To approve both Domestic Abuse Policies

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. 08  
Date: 26 May 2022**

**1. Report Title**

- 1.1 St leger Homes Domestic Abuse Policy and the SLHD Domestic Abuse Staff Policy.

**2. Executive Summary**

- 2.1 The Domestic Abuse Act ('DAA') received royal assent on 29 April 2021. The Act has important ramifications for all social housing providers.

The Act aims to ensure that victims have the confidence to come forward and report their experiences, safe in the knowledge that everything will be done to support them and their children and pursue the abuser. In addition, the Governments Social Housing White paper is explicit in the role of housing providers in helping to reduce domestic abuse.

St Leger Homes Domestic Abuse Policy and the Staff Domestic Abuse Policy reflect the obligations set out in the DAA and are contained in Appendix A and B respectively.

These Policies cover our response and responsibilities to those tenants experiencing Domestic Abuse, as well how we respond as an employer to support our staff in such situations.

**3. Purpose**

- 3.1 To inform Board Members as to how we respond and support our tenants and staff when experiencing Domestic Abuse.

**4. Recommendation**

- 4.1 For Board Members to approve the St Leger Homes Domestic Abuse Policy and the Staff Domestic Abuse Policy reflecting how we respond to Domestic Abuse both as a landlord and as an employer.

**5. Background**

- 5.1 There are some 2.3 million victims of domestic abuse a year, two-thirds of whom are women. More than one in ten of all offences recorded by the police are domestic abuse related.
- 5.2 Between the 1 April 2020 and 31 March 2021, the Doncaster Domestic

Abuse Hub received 1,858 referrals for specialist domestic abuse services. Of which, 1406 were allocated to Doncaster Council's Independent Violence Advocate (IDVA) Service which is a specialised service for high risk victims, a 53% increase from the previous year.

Of the 1406 IDVA referrals, 947 (67%) were linked to a St Leger Homes tenancy.

- 5.3 This Policy sets out our response to assisting and supporting individual tenants and families experiencing or threatened with domestic abuse and has been developed following the introduction of the Domestic Abuse Act in April 2021.
- 5.4 As part of our commitment to providing excellent, well-informed domestic abuse services to our tenants, we are working towards being accredited by the Domestic Abuse Housing Alliance (DAHA). DAHA accreditation is a national benchmark to ensure our approach and responses are safe and fit for purpose to address the needs of survivors and hold abusers to account.
- 5.5 The ongoing work with DAHA Assessors has advised that whilst our responsibilities and responses to those experiencing Domestic Abuse should be consistent to all, there are specific issues as an Employer which is helpful to set out in a separate Policy document – the Staff Domestic Abuse Policy.

## **6. Responding to tenants experiencing Domestic Abuse**

- 6.1 The SLHD Domestic Abuse Policy has been designed to meet our obligations to tenants by ensuring:
  - Access to safe and stable housing, whether that is when moving to or from refuge services and other types of temporary or emergency accommodation
  - Access to a range of housing options and initiatives tailored for domestic abuse, giving those experiencing domestic abuse the choice to relocate or remain in their existing accommodation
  - Early identification and intervention for domestic abuse through maintaining effective partnerships and making meaningful contributions
  - Reducing the number of people who are made homeless as a result of domestic abuse
  - Tenancy sustainment options so that people experiencing domestic abuse can remain safely in their home when it is their choice to do so or do not lose their tenancy status if they relocate
  - Legal processes in place to remove perpetrators from properties through enforcement and positive engagement activities.

6.2 The main implications of the Staff Domestic Abuse Policy with specific regard to our responsibilities as an employer are to:

- Ensure appropriate training for managers and staff to help understand how we safeguard the welfare of our staff and colleagues
- Comply with and enforce the organisation's Code of Conduct at all times
- Be able to adequately identify and manage the risks of Domestic Abuse amongst our workforce
- Be clear on the range of employment and other support available to victims or survivors of domestic abuse as well as perpetrators
- have procedures in place to address those perpetrating or assisting perpetrators of domestic abuse

## **7. Procurement**

7.1 There are no direct Procurement decisions contained in this report, however specific, tailored training will be considered in the future and may have cost implications beyond existing training budgets.

## **8. VFM Considerations**

8.1 As contained on 9.1.

## **9. Financial Implications**

9.1 As contained in 9.1.

## **10. Legal Implications**

10.1 St Leger Homes has a duty to comply with the Domestic Abuse Act 2021.

## **11. Risks**

11.1 Failure to comply with legislation or manage incidents of Domestic Abuse appropriately could lead to legal challenges and loss of organisational reputation.

## **12. IT Implications**

12.1 There are no IT implications arising from this report.

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

*Please state if there would be any Health, Safety and Compliance impacts from any proposals detailed in the report.....*

13.1 St Leger Homes recognises its legal responsibilities in promoting the welfare



and safety of all staff which has been acknowledged in section 10 of the SLHD Domestic Abuse Policy and in section 1.4 section Staff Domestic Abuse Policy.

#### **14. Consultation**

- 14.1 Various consultation has taken place with tenants including survivors of domestic abuse and those with lived experience. Groups also included Tenants and Residents, get Involved Group (GIG) members and young people

Trade Unions are to be consulted on the Staff Domestic Abuse Policy

#### **15. Diversity**

- 15.1 Addressed through the Equality Impact assessment

#### **16. Communication Requirements**

- 16.1 A Communications Plan has been designed as part of the DAHA accreditation project and includes communication these Policies

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

*Please ensure this section is completed and if 'Not Applicable' is used, give the reason why an Equality Analysis is not applicable.*

- 17.1 An Equality Impact Assessment has been carried out on this Policy and no adverse impacts have been identified.

#### **18. Environmental Impact**

- 18.1 *Please state if there would be any environmental impact from any proposals detailed in the report.....*

There are no environmental impacts contained in this report.

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

- 19.1 Jennie Daly, Acting Head of Housing Management

Julie Jablonski, Safeguarding Manager

#### **20. Background Papers**

- 20.1 Domestic Abuse Act 2021



# POLICY DOCUMENT

## Domestic Abuse Policy

<b>POLICY TITLE:</b>	<b>Domestic Violence &amp; Abuse Policy</b>
<b>LEAD OFFICER:</b>	<b>Julie Jablonski</b>
<b>DATE APPROVED:</b>	
<b>APPROVED BY:</b>	<b>EMT</b>
<b>IMPLEMENTATION DATE:</b>	
<b>DATE FOR NEXT REVIEW:</b>	<b>October 2024</b>
<b>ADDITIONAL GUIDANCE:</b>	<b>Not Applicable</b>
<b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>	<b>N/A</b>
<b>TEAMS AFFECTED:</b>	<b>All</b>
<b>THIS POLICY REPLACES WITH IMMEDIATE EFFECT:</b>	<b>Not Applicable</b>

## DOCUMENT CONTROL

For guidance on completing this section please refer to the document version control guidance notes

### Revision History

<b>Date of this revision:</b>	February 2022
<b>Date of next review:</b>	October 2024
<b>Responsible Officer:</b>	Julie Jablonski

<b>Version Number</b>	<b>Version Date</b>	<b>Author/Group commenting</b>	<b>Summary of Changes</b>
1	Jan 2021	Julie Jablonski	Policy Created

--

Page	Version	Date	Author
Page 1 of 19	1		Julie Jablonski

## Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Best practice researched (HouseMark, HQN, Audit Commission, general websites)	DAHA members website, SaveLives, HQN and Gov.uk website	March 2021
Review current practices from similar organisations	DAHA Membership	June 2021
Review customer satisfaction data from the area the policy relates to	No previous data available.	
Undertake customer consultation if applicable	Various consultation including survivors of domestic abuse and those with lived experience. Groups also included Tenants and Residents, GIG members and young people	September 2021
Staff consultation through Trade Unions if applicable	Not applicable	
Trade Union consultation if applicable	Not applicable	
Stakeholder consultation if applicable	Doncaster Council, Doncaster Children's Services Trust	Sept to Dec 2021
Equality analysis carried out on the intranet	Completed	December 2021

**NB.** The above table must be completed on all occasions. The policy will not be accepted or approved by EMT without this information completed.

Page	Version	Date	Author
Page 2 of 19	1		Julie Jablonski



# **POLICY DOCUMENT**

## **Domestic Violence Abuse**

### **Contents**

	<b>Section</b>	<b>Page Number</b>
1.	Background	4
2.	Purpose and scope of the policy	4
3.	Policy statement and aims	5
4.	Legislation and guidance	6
5.	Definitions of Domestic Abuse	6
6.	Consultation	7
7.	Responsibilities	7
8.	Confidentiality	8
9.	Use of tools and powers	8
10.	Sanctuary Scheme	8
11.	Housing needs	9
12.	Our Partners	9
13.	Performance monitoring and review	10
14.	Training and awareness	10
15.	Links to other policies	11
16.	Complaints	11
17.	Useful contacts	11
18.	Appendices	13-19

Page	Version	Date	Author
Page 3 of 19	1		Julie Jablonski

## 1. Background

- 1.1 Every year, over 2 million people experience domestic abuse and this figure is rising. Domestic abuse is estimated to create housing costs of £160 million per year, even before taking into account issues such as debts left by the perpetrators in cases of financial abuse.
- 1.2 Doncaster's overall housing stock is over 112,000 with St Leger Homes managing approximately 20,000 or 18% of the overall housing stock
- 1.3 Between the 1 April 2020 and 31 March 2021, the Doncaster Domestic Abuse Hub received 1,858 referrals for specialised domestic abuse services. This was an increase of 80% on the previous year.

Of these, 1406 referrals were allocated to Doncaster Council's Independent Violence Advocate Services which is a specialised service for high risk victims. This is a 53% increase from the previous year. Out of these, 947 were linked to a St Leger Homes tenancy, representing 68% of the overall referrals into Doncaster domestic abuse services.

- 1.4 The above data is consistent with national trends in that women are significantly more likely to be victims of abuse, although increasingly men are coming forward and now equate to 11% of referrals.

St Leger Homes believes that individuals experiencing domestic abuse, whether being abused, being the abuser or witnessing abuse within the home environment, should have access to the support and services they need at the time they need it to be safe and recover or to address their behaviour.

## 2. Purpose and scope of the policy

- 2.1 This policy sets out our response to assisting and supporting individuals and families experiencing or threatened with domestic abuse and has been published following the introduction of the Domestic Abuse Act in April 2021.

<https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

- 2.2 The Domestic Abuse Act, together with other legislative changes over recent years means that there are now more legislation measures in place to protect individuals and families from harm.
- 2.3 Under the Domestic Abuse Act 2021 the Government has established the position of a Domestic Abuse Commissioner in law to provide accountability to the public and Ministers on failure within statutory service provision and poor practice services.
- 2.4 There is now a statutory definition of domestic abuse with both stalking and controlling behaviour now classed as criminal offences. Domestic Abuse Protection Orders, forced marriage and female genital mutilation (FGM) can

Page	Version	Date	Author
Page 4 of 19	1		Julie Jablonski

now be enforced against offenders to protect individuals from harm. Other measures detailed in the Act relate to the provision of accommodation with support to victims and their children residing in their homes or in temporary, refuge, dispersed and move on accommodation.

- 2.5 The role of St Leger Homes is essential in a coordinated community response to domestic abuse. A large proportion of our staff are in regular contact with our tenants and customers in a variety of settings and are often well-placed to identify signs and receive disclosures of domestic abuse and offer appropriate support. It is vitally important that they know precisely how to respond when a disclosure is made to them or where they have reason to believe abuse is taking place.
- 2.6 This policy applies to those members of staff directly employed by St Leger Homes and of whom St Leger Homes has a legal responsibility. For staff covered by a letter of authority/contract or work experience this policy is applicable whilst undertaking duties on behalf of St Leger Homes.
- 2.7 Alongside this policy, sits the Staff Domestic Abuse Policy.

### **3. Policy statement and aims**

- 3.1 We are committed to supporting any person who is experiencing, or has been threatened with domestic abuse. We will work closely with our partner agencies both strategically and operationally to make sure that the victim, children and other household members receive the most effective support to address the issues, and that the perpetrator is dealt with effectively, including helping them get the support to address their behaviour.
- 3.2 It is the aim of St Leger Homes that our tenants and customers should not live in fear of violence, abuse or harassment from a partner, former partner, or any member of their household or family.
- 3.3 Our approach is twofold:
- Recognising the signs
  - Working with partners to respond to the issues

We will ensure our customers feel confident and able to report domestic abuse to us through a variety of methods, including telephone, online, face to face, social media and housing officer enquiries. We will investigate all reports that we receive and acknowledge receipt within in one working day via letter, text, telephone call or face to face visit.

All contacts are detailed and monitored within our management systems, with a 6 monthly review process.

- 3.4 Anyone reporting or experiencing domestic abuse to St Leger Homes will be treated in a sympathetic, supportive and non-judgmental way. Any disclosure of abuse will be taken seriously, and advice and assistance will be given as a priority. In all of our actions, we will always put the feelings of the victim first and recognise the extreme sensitivity of investigating domestic abuse.

Page	Version	Date	Author
Page 5 of 19	1		Julie Jablonski

- 3.5 As a member of Team Doncaster we will continue to work with our Partners across both statutory and voluntary sectors, to support victims with a flexible range of options in relation to their housing and support needs and where appropriate, take action against perpetrators where we can do so without compromising the safety of the individual experiencing abuse.
- 3.6 We do recognise that in some circumstances the victim may need to be rehoused and in accordance with our Housing Allocation Policy, we support the victim and perpetrator to relocate if appropriate. Further guidance is being developed and introduced by the Domestic Abuse Act 2021 to support local authorities with further powers to manage the risk of perpetrators within social housing. The Doncaster Domestic Abuse Perpetrator Protocol is to be launched in 2022.
- 3.7 St Leger Homes are part of and support an effective strategic approach in supporting survivors and families suffering financial, emotional or physical abuse.
- 3.8 St Leger Homes will remain an active participant and contributory partner to the local Multi Agency Risk Assessment Conference (MARAC), the Multi Agency Tasking and Coordination Group and the Multi Agency Public Protection Arrangements.
- 3.9 If abuse is reported to St Leger Homes before any other agency, we will carry out a Safe Lives DASH risk assessment to assess the level of risk. All staff are trained in awareness of domestic abuse as mandatory training and where it is relevant to the role, DASH and MARAC training is completed.
- 3.10 When dealing with domestic abuse full consideration will be given to our safeguarding responsibilities, details of which are included in St Leger Home’s Safeguarding Children & Adults procedure.

**4. Legislation and guidance**

- 4.1 *Appendix 1* sets out the documents and associated policies/publications taken into account to develop this policy and help inform our approach to supporting those experiencing domestic abuse.

**5. Definition of Domestic Abuse – the Domestic Abuse Act 2021**

- 5.1 The definition of Domestic Abuse has been updated following the Domestic Abuse Act 2021 and states:

“Behaviour of a person towards another person is domestic abuse if these persons are each aged 16 or over and are personally connected to each other and the behaviour is ‘abusive’. Behaviour is abusive if it consists of (any of the following) physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse and it does not matter whether that behaviour consists of a single incident or a course of conduct.”

Page	Version	Date	Author
Page 6 of 19	1		Julie Jablonski



- 5.2 Domestic Abuse' can be prosecuted under a range of offences and the term is used to describe a range of controlling and coercive behaviours, used by one person to maintain control over another with whom they have, or have had, an intimate or family relationship. The Domestic Abuse Act 2021 has extended the controlling or coercive behaviour offence to cover any post-separation abuse.
- 5.3 The Domestic Abuse Act 2021 has also introduced a new standalone offence of non-fatal strangulation and threats to share intimate images is now a criminal offence and also includes, honour-based violence, female genital mutilation (FGM) and forced marriages.
- 5.4 The Domestic Abuse Act 2021 now explicitly recognises children as victims of Domestic Abuse if they see, hear or experience the effects of abuse.

## 6. Consultation

6.1 As well as consulting with individuals who have experienced Domestic Abuse, consultation to inform the policy also included facilitating the following groups;

- Get Involved Focus Group
- Young Persons Focus Group
- Staff Focus Group
- Survey Monkey questionnaires
  - different surveys were produced for staff, managers and customers
  - those surveyed included tenants and residents, young people and GIG members

6.2 The most detailed survey was the staff focus group, which identified information for St Leger Homes to act on. As a result of this consultation the following developments have been identified;

- More awareness training and advice on coercive and controlling behaviour
- A re-brand and re-launch of the Safeguarding Single Point of Contact to 'Something's Not Right'
- Greater promotion of the services that St Leger Homes and its partners offer to support people experiencing Domestic Abuse
- Greater use of the domestic abuse champions to support the sharing of key messages and updates around domestic abuse
- Improve the partnership approach to identify single point of contacts for staff to liaise with.

## 7 Responsibilities

7.1 Overall responsibility for implementing the Policy within St Leger Homes lies with the Chief Executive by ensuring that domestic abuse is recognised as a composite part of keeping our tenants and customers safe.

7.2 All staff who come into contact with customers by whatever means, are responsible for reporting any concerns in relation to safeguarding or if they believe that someone may be the victim or perpetrator of domestic abuse.

Page	Version	Date	Author
Page 7 of 19	1		Julie Jablonski

7.3 However, specific operational responsibilities are delegated to several areas of the organisation as set out at *Appendix 2*.

7.4 *Appendix 3* highlights the process that any domestic abuse case must take.

## 8 Confidentiality

8.1 Any disclosure of domestic abuse will be treated in the strictest confidence, unless we have a duty to disclose information in order to;

- Protect the victim
- Prevent harm to someone else, or
- Prevent or detect a crime

Individuals will be made aware of instances where we have a duty to disclose information.

## 9. Use of tools and powers

9.1 Domestic abuse is a clear breach of our Tenancy Agreement which states:

*Section 2.3 Nuisance, Harassment, Antisocial Behaviour, Hate Crime, Domestic Abuse and Unlawful Activities.*

*2.3(c) Must not inflict domestic abuse, use or threaten violence or use financial, mental, emotional or sexual abuse against any member of your household. This can be direct or indirect and anything that interferes with the peace, comfort, convenience and enjoyment of others and includes the use of social media.*

9.2 St Leger Homes will make use of appropriate tools and powers to sanction and support those who are perpetrators of domestic abuse, including injunctions, Notice of Seeking Possession, and possession proceedings.

9.3 Perpetrators of domestic abuse can access specialist support if they acknowledge their behaviour, want to change and consent to a referral being made.

9.4 We recognise that not every victim will want to end their relationship nor want St Leger Homes to take enforcement action against the perpetrator. It is important therefore, to manage risk appropriately and ensure that all reasonable safeguards are in place to protect the victim if they are not ready to walk away from the perpetrator.

9.5 As well as the tools and powers available to us, we will also work closely with partners to ensure a holistic approach to tackling domestic abuse and that the tools and powers available to these partner agencies are fully considered.

9.6 **Appendix 4** details some of the enforcement options available to our partners and wherever possible and appropriate St Leger Homes will assist and contribute to the Partnership obtaining orders to help reduce domestic abuse.

Page	Version	Date	Author
Page 8 of 19	1		Julie Jablonski

## **10 Sanctuary Scheme**

- 10.1 Whenever appropriate, housing requirements and suitable options will be discussed with those experiencing domestic abuse. We will make every effort to ensure that a safe environment is provided for them and their families and will work alongside specialist agencies to provide advice and assistance.
- 10.2 St Leger Homes operate the Sanctuary Scheme to enhance home security by providing extra locks, chains, window alarms and external lighting in order to provide some reassurance and peace of mind for people in their home. St Leger Homes will also make referrals to partner agencies, for example South Yorkshire Fire & Rescue can provide additional security such as lockable letterboxes and South Yorkshire Police can ensure a property is tagged for a priority response.

## **11 Housing Needs**

- 11.1 A person experiencing domestic abuse may be able to remain in their own home, if it is safe to do so. However, there may be occasions where refuge or temporary accommodation is required whilst risk assessments are being made or appropriate safety measures put in place.
- 11.2 In these instances, discussions with our Housing Options colleagues as well as partners such as the police and the Council's domestic abuse hub will take place where the need for a temporary or a permanent move is identified.
- 11.3 We will also check the tenancy status of the victim and perpetrator and may need to seek legal advice for example where there is a joint tenancy or a sole tenancy in the name of the victim or perpetrator, to ensure the victim is receiving accurate and helpful advice for their situation, to help them make informed decisions.

## **12 Our Partners**

- 12.1 St Leger Homes is a member of the Team Doncaster Strategic Partnership which is formally recognised as the strategic partnership of organisations and individuals spanning the public, private, voluntary and community sectors.
- 12.2 The Team Doncaster Strategic Partnership currently oversees four thematic partnerships one of which is the Safer Stronger Doncaster Partnership which aims to reduce crime and disorder in our communities, helps to improve the quality of life for residents and contributes to the regeneration of Doncaster. Addressing Domestic Abuse is a priority for the Safer Stronger Doncaster Partnership and Team Doncaster.
- 12.3 We are committed to working collaboratively with other agencies to ensure the safety of all those who may be or have been the subject of domestic abuse. Our vision and philosophy of practice is to develop our whole family approach and integrated partnership working. As such, we are represented and contribute are involved and re

Page	Version	Date	Author
Page 9 of 19	1		Julie Jablonski

- 12.4 We work closely with the Domestic Abuse Hub. Partners in the Hub include Doncaster Council, Doncaster Children's Services Trust, Riverside and Phoenix WoMens Aid. The Domestic Abuse Hub consists of experienced, trained and knowledgeable workers supporting people out of abusive situations and into healthy and fulfilling lives. The domestic abuse workers provide practical and emotional support to victims and families.
- 12.5 The Police, who are the most appropriate body to take immediate action where there is or has been abuse or a fear of abuse and may apply for a Domestic Violence Protection Notice (DVPN) resulting in a Domestic Violence Protection Order (DVPO).
- 12.6 Doncaster Children and Adult Safeguarding Board that works to empower and protect vulnerable children, young people and adults.
- 12.7 Doncaster Multi-Agency Risk Assessment Conferences (MARAC) is a risk arrangement meeting where professionals share information on high risk domestic violence and abuse cases and put in place a risk management plan. Doncaster Multi-Agency Public Protection Arrangements (MAPPA) where professionals work together to protect the public by managing the risk posed by violent and sexual offenders living in the community.
- 12.8 Multi Agency Tasking and Co-ordination (MATAC) a partnership approach to target the behaviour of serial domestic violence abuse perpetrators who are likely to cause harm, through interventions and disruption.
- 12.10 Domestic Homicide Review Panels (DHR) a multi-agency review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.
- 12.11 We see our role as recognising the signs and symptoms of domestic abuse and working with our partners to improve the outcomes and wellbeing of adult victims, children and young people affected by domestic abuse and perpetrators of domestic abuse.

### **13 Performance monitoring and review**

- 13.1 St Leger Homes staff receive a separate domestic abuse procedure guide, which gives them further detail and guidance on how to deal with reports or disclosures of domestic abuse.
- 13.2 We will monitor the number of domestic abuse cases which are reported on a monthly and quarterly basis, and will also regularly review our procedures to take into account any good practice, or any changes in legislation.
- 13.3 This policy will be reviewed every 3 years – unless legislation, business or sector developments require otherwise – to ensure that it continues to meet the stated objectives and take account of good practice developments.

#### **Training and awareness**

Page	Version	Date	Author
Page 10 of 19	1		Julie Jablonski

## 14.

14.1 All staff complete the mandatory safeguarding training that includes the signs and symptoms of domestic abuse.

14.2 Through the Domestic Abuse Housing Accreditation (DAHA) consultation process, it has been identified that certain sections of our workforce; particularly our frontline staff require more in-depth, bespoke training on domestic abuse. This training will include how to spot the signs of abuse, and how to deal appropriately with disclosures.

14.3 In addition, we are committed to training 20 'Champions' who will be located across the organisation, who will be confident in advising both staff and customers on domestic abuse issues.

### Links to other policies and procedures

## 15

15.1 This policy should be read in conjunction with the following associated policies/publications:

- Antisocial Behaviour Policy and Procedure
- Domestic Abuse Procedure
- Domestic Abuse Safe Accommodation Procedure
- Safeguarding Children and Adults Procedure
- Tenancy Management Policy
- Data Protection Policy
- Housing Options Policy
- Tenancy Agreement
- Equality and Diversity Policy.

## 16. Complaints

16.1 If a customer is unhappy about a decision in relation to this policy or any aspect of our management of domestic abuse, they can raise their concerns to any member of St Leger Homes staff and this will be responded to in accordance with St Leger Homes Complaints procedure.

## 17. Useful Contacts

- St Leger Homes 01302 862862
- Domestic Abuse Hub telephone 01302 737080  
email [dahub@doncaster.gov.uk](mailto:dahub@doncaster.gov.uk)  
or complete our online self-referral form:  
<https://www.doncaster.gov.uk/services/support-for-victims>

Outside of the office hours some helpful numbers are:

- National 24 Domestic Abuse Helpline - 0808 2000 247
- St. Leger homeless out of hours - 01302 736000
- Mental Health Crisis Team - 0800 804 8999

Page	Version	Date	Author
Page 11 of 19	1		Julie Jablonski

- Samaritans - call free on 116 123 or email [jo@samaritans.org](mailto:jo@samaritans.org)
- Doncaster Council also has a service for people that are no longer being abused but who would like someone to talk to and support them with dealing with the trauma that domestic abuse can cause. If you would like to speak to the Survivor Liaison Worker please email Laura at [survivors@doncaster.gov.uk](mailto:survivors@doncaster.gov.uk) or visit the survivor zone page for more information.
- In an emergency dial 999

Page	Version	Date	Author
Page 12 of 19	1		Julie Jablonski

**Associated Policies & Publications**

The following is a list of documents and associated policies/publications have been taken into account in developing this policy and has helped inform our current approach to supporting victims of domestic abuse:

- Housing Act 1988
- Homelessness Reduction Act 2017
- Family Law Act 1996
- Protection from Harassment Act 1997
- Human Rights Act 1998
- Data Protection Act 2018
- Domestic Abuse Act 2021
- Police & Justice Act 2006
- Equality Act 2010
- Protection of Freedoms Act 2012
- Anti-Social Behaviour, Crime & Policing Act 2014
- Serious Crime Act 2015
- Care Act 2014
- Clare's Law/Domestic Abuse Offender Disclosure Scheme

Page	Version	Date	Author
Page 13 of 19	1		Julie Jablonski

## Responsibilities

The specific roles of each team in delivering effective support for those reporting or experiencing domestic abuse is shown below.

**Housing Management** responsibilities include;

- Ensuring this policy is fit for purpose and relevant.
- Publicising the service and ensuring that there is good information for customers and staff to easily access.
- Providing a range of ways that customers can access the services available, such as, phone, post, email, internet and my SLHD app.
- Ensure that all staff know about domestic abuse and are trained to respond as appropriate to their role and level of responsibility.
- The Area Housing Teams to investigate reports or disclosures of domestic abuse and ensure that the appropriate safeguards are put in place for the victim.
- Enforcement action against the perpetrator where appropriate depending on the needs and wishes of the victim).
- Work in partnership with Doncaster Council, South Yorkshire Police, charities and support providers to ensure the best outcome for all.

**Access to Homes Teams** responsibilities include:

- Providing homelessness services to people who have experienced domestic abuse or are at risk of domestic abuse including sourcing temporary accommodation and support if required.
- Assessing the housing need of an individual experiencing domestic abuse based on the information supplied and awarding appropriate housing priority.

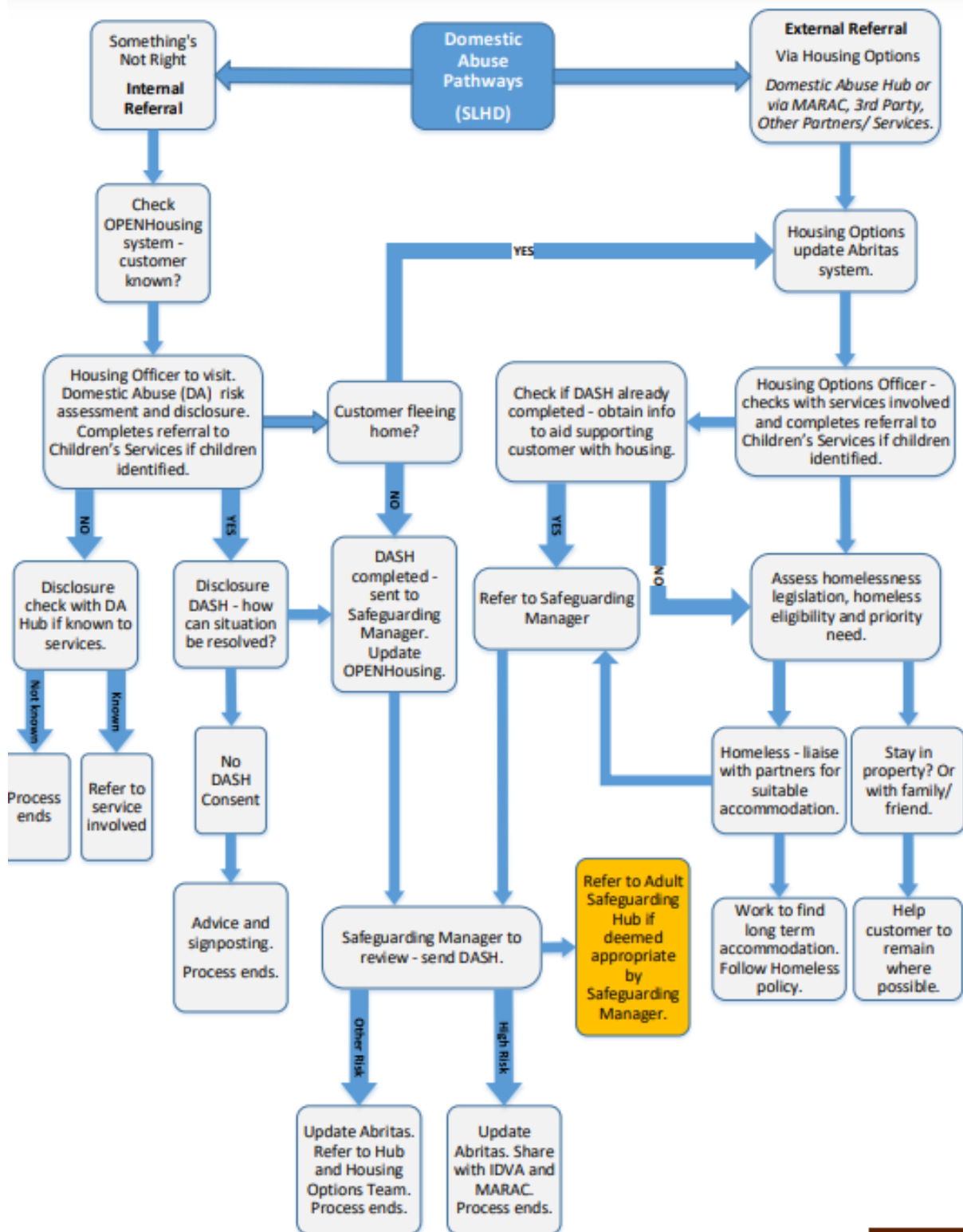
**Property Services** responsibilities include:

- Completing Safe & Secure work as a priority on request (Sanctuary scheme).

Page	Version	Date	Author
Page 14 of 19	1		Julie Jablonski



Process of Domestic Abuse



Page	Version	Date	Author
Page 15 of 19	1		Julie Jablonski

## Domestic Violence Protection Notices and Orders

If the police have a reasonable belief that domestic abuse has occurred, they are able to serve the perpetrator with a Domestic Violence Protection Notice (DVPN) as the first step to acquiring a Domestic Violence Protection Order (DVPO).

A DVPO can prevent a perpetrator from returning to a residence, and from having contact with the victim, for up to 28 days. This allows the victim some time to consider their options, and to engage with some support.

Getting a DVPO is a two-step process:

On being called to an incident of domestic abuse, if the police have reasonable grounds to believe the victim remains at risk of domestic abuse, they can choose to issue an emergency non-molestation and eviction notice - the DVPN. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim the immediate support they require. The issuing of a DVPN requires police authorisation at the rank of Superintendent or above.

Within 48 hours of the DVPN being served on the perpetrator, an application for a DVPO must be made by police, and heard in a Magistrates Court (Sundays and public holidays are excluded from this 48 hour time limit). The DVPN continues in effect until the court has reached a decision. If the court rules that the victim requires continued support, they may issue a DVPO which would last for a minimum of 14 days, and a maximum of 28 days.

The law allows a magistrate to make a DVPO against the abuser even if the victim does not agree to it. In addition, the magistrates will take into account the welfare of anyone under 18 who the police consider will be affected by the DVPO.

### Restraining orders

These can be made by a court in relation to a criminal case alleging domestic abuse, whether or not the case is upheld. A restraining order is made when there is a need for the order to protect a named person or persons from harassment or conduct that will put them in fear of violence.

A restraining order imposes prohibitions and may cover a range of behaviour. It can, for example exclude a person from a specific geographical area, from contacting specific people, or behaving in a particular way.

It lasts for one year from the date it is signed by the court, or until it is revoked. It can be renewed for one year at a time if the courts believe that the victim is still in danger.

It is a crime to breach a restraining order and a person doing so can be arrested and charged.

Page	Version	Date	Author
Page 16 of 19	1		Julie Jablonski

## Civil law Injunctions

A person at risk of domestic abuse can make an application for an injunction. They can do this by applying directly via a solicitor, with the assistance of a specialist domestic abuse support service.

An injunction is a 'stay away' order which prevents the abuser from certain behaviour (such as contacting the victim) or compels them to action (for example, to leave the home).

There are two types of injunction available: an occupation order, and a no molestation order.

### Non-molestation orders

A non-molestation order can protect a person and any relevant child from violence or harassment. A person can obtain a non-molestation order against someone who has not been physically violent, but has been harassing, intimidating or pestering her.

If an order is breached, a criminal offence will have been committed. With the victim's consent and support, and if appropriate, St Leger Homes may be able to use this as evidence to take action for breach of tenancy.

Non-molestation orders can run for a fixed period, or indefinitely. Generally they run until they are cancelled by a court.

### Occupation orders

This is another type of injunction, which establishes who has the right to remain in a home.

An occupation order can order an abuser to move out of the home, or to keep a certain distance from the home; it can order the abuser to stay in certain parts of the home at certain times (for example, order them to sleep in a different bedroom), to let the victim back into the home if they have been locked out, or order them to continue to pay the rent or bills.

An order can last for six to 12 months, and some can be renewed.

A breach of an occupation order is not a criminal offence unless a power of arrest is attached.

Breaching an occupation order with a power of arrest could lead to up to two years in prison or a large fine.

### Domestic Abuse Offender Disclosure Scheme (Clare's Law)

This scheme is administered by South Yorkshire Police, and allows someone to make enquires about their partner if they are worried that they may have been abusive in the past.

Page	Version	Date	Author
Page 17 of 19	1		Julie Jablonski

If police checks show that there may be a risk, they will consider sharing the information.

An application can be made directly by the affected person if they have a concern that they may be at risk of harm; or any concerned third party (such as parents or friends) can also make an application if they are concerned.

However, if someone else applies, they would not receive the information; it would only be given to the person in the relationship, or someone who is in a position to protect them from the abuse.

Page	Version	Date	Author
Page 18 of 19	1		Julie Jablonski



# POLICY DOCUMENT

## Staff Domestic Abuse Policy

<b>POLICY TITLE:</b>	<b>Staff Domestic Violence &amp; Abuse Policy</b>
<b>LEAD OFFICER:</b>	<b>Julie Jablonski</b>
<b>DATE APPROVED:</b>	
<b>APPROVED BY:</b>	<b>EMT</b>
<b>IMPLEMENTATION DATE:</b>	<b>March 2022</b>
<b>DATE FOR NEXT REVIEW:</b>	<b>2024</b>
<b>ADDITIONAL GUIDANCE:</b>	
<b>ASSOCIATED CUSTOMER PUBLICATIONS:</b>	
<b>TEAMS AFFECTED:</b>	<b>ALL</b>
<b>THIS POLICY REPLACES WITH IMMEDIATE EFFECT:</b>	<b>Not Applicable</b>

## DOCUMENT CONTROL

For guidance on completing this section please refer to the document version control guidance notes

### Revision History

<b>Date of this revision:</b>	Not Applicable
<b>Date of next review:</b>	October 2024
<b>Responsible Officer:</b>	Julie Jablonski

<b>Version Number</b>	<b>Version Date</b>	<b>Author/Group commenting</b>	<b>Summary of Changes</b>
1	Jan 2022	Julie Jablonski	Created draft Policy
1	March 2022	Jenny Roodt	Amendments to draft prior to EMT approval

## Policy Creation and Review Checklist

Action	Responsible Officer	Date Completed
Best practice researched (HouseMark, HQN, Audit Commission, general websites)		
Review current practices from similar organisations		
Review customer satisfaction data from the area the policy relates to		
Review Customer complaints from the area the policy relates to		
Undertake customer consultation if applicable		
Staff consultation through Trade Unions if applicable		
Trade Union consultation if applicable		
Stakeholder consultation if applicable		
Equality analysis carried out on the intranet		

**NB.** The above table must be completed on all occasions. The policy will not be accepted or approved by EMT without this information completed.



# **POLICY DOCUMENT**

## **Staff Domestic Abuse Policy**

### **1. Purpose and Scope of the policy**

- 1.1 Every year over 2 million people experience domestic abuse and this figure is rising. We recognise that our employees will be amongst those affected by domestic abuse.

This may be as a survivor of domestic abuse, an individual who is currently living with domestic abuse, someone who has been impacted upon by domestic abuse or as an individual who perpetrates domestic abuse.

- 1.2 It is St Leger Homes policy that every employee who is experiencing or has experienced domestic abuse has the right to raise the issue with their employer in the knowledge that we will treat the matter effectively, sympathetically and confidentially.

This policy also covers the approach we will take where there are concerns that an employee may be the perpetrator of domestic abuse.

- 1.3 St Leger Homes will not discriminate against anyone who has experienced domestic abuse in respect of their current employment or future opportunities.

This policy is part of St Leger Homes commitment to safeguard the welfare of employees.

- 1.4 Under the Health and Safety at Work Act (1974), the Management of Health and Safety at Work Regulations (1992), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) and the Health and Safety (Consultation with Employees) Regulations (1996), St Leger Homes recognises its legal responsibilities in promoting the welfare and safety of all staff.

Therefore this policy applies to staff across all service areas as well as agency and contract staff.

### **2. Definition of Domestic Abuse**

- 2.1 The definition of Domestic Abuse has been updated following the Domestic Abuse Act 2021:



'Behaviour of a person towards another person is domestic abuse if these persons are each aged 16 or over and are personally connected to each other and the behaviour is 'abusive'. Behaviour is abusive if it consists of (any of the following) physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological, emotional or other abuse and it does not matter whether that behaviour consists of a single incident or a course of conduct.'

- 2.2 'Domestic Abuse' can be prosecuted under a range of offences and the term is used to describe a range of controlling and coercive behaviours, used by one person to maintain control over another with whom they have, or have had, an intimate or family relationship. The Domestic Abuse Act 2021 has extended the controlling or coercive behaviour offence to cover any post-separation abuse.
- 2.3 The Domestic Abuse Act 2021 has also introduced a new standalone offence of non-fatal strangulation and threats to share intimate images is now a criminal offence.
- 2.4 Domestic abuse also includes, honour-based violence, Female genital mutilation (FGM) and forced marriages.
- 2.5 The Domestic Abuse Act 2021 now explicitly recognises children as victims of Domestic Abuse if they see, hear or experience the effects of abuse.
- 2.6 Domestic abuse and other forms of violence against women are most commonly perpetrated by men against women. However St Leger Homes recognises that controlling and abusive behaviour can also occur in same sex relationships and can be perpetrated by women against men.

### **3. Identifying a problem at work**

- 3.1 While it is for the individual themselves to recognise they are a victim or survivor of domestic abuse, there are signs which may indicate an employee may be experiencing domestic abuse. These may include the following:
  - the member of staff may confide in their colleagues/manager
  - staff may inform their manager that a colleague is suffering from domestic abuse
  - there may be obvious effects of physical abuse (although it is important not to make assumptions)
  - it may come to light as a result of enquiries into a drop in performance or a significant change in behaviour
  - it may reveal itself as the background to poor attendance or presentation - where victims or survivors prefer to be at work rather than at home.
- 3.2 It is essential to acknowledge that any of the above may also arise from a range of circumstances of which domestic abuse may or may not be the cause.

Managers should address the issue supportively and sympathetically ensuring that the employee is aware that support and assistance is available and can be provided.

#### **4. Confidentiality**

- 4.1 Employees who disclose experiencing abuse can be assured that the information they provide is confidential and will not be shared with other members of staff without their permission.
- 4.2 There are however, some circumstances in which confidentiality cannot be assured. These occur when there are safeguarding concerns about children or vulnerable adults or where the employer needs to act to protect the safety of employees.

In circumstances where St Leger Homes has to breach confidentiality, it will seek specialist safeguarding advice before doing so. If it decides to proceed in breaching confidentiality after having taken advice, it will discuss with the employee why it is doing so and it will seek the employee's agreement where possible.

- 4.3 As far as possible, information will only be shared on a need-to-know basis. All records concerning domestic abuse will be kept strictly confidential. No local records will be kept of absences related to domestic abuse and there will be no adverse impact on the employment records of victims/survivors of domestic abuse.
- 4.4 Improper disclosure of information i.e. breaches of confidentiality by any member of staff will be taken seriously and may be subject to disciplinary action.

#### **5. Disclosure of Abuse**

- 5.1 Staff experiencing domestic abuse may choose to disclose, report suspicions of or seek support from a manager, union representative or colleague. Managers and union representatives will not counsel victims or survivors, but can offer information, workplace support and signpost to other organisations.
- 5.2 St Leger Homes will respond sympathetically, confidentially and effectively to any member of staff who discloses that they are suffering from domestic abuse.
- 5.3 A domestic abuse Champion, trained in domestic abuse issues, will be nominated and offered as an additional confidential contact for staff. This person will also provide guidance for managers and union representatives who are approached by staff who are being abused.

#### **6. Role of colleagues**

- 6.1 St Leger Homes encourages all employees to report if they suspect a colleague is experiencing or perpetrating abuse. Employees should speak to their manager about their concerns in confidence. In dealing with a

disclosure from a colleague, St Leger Homes will ensure that the person with concerns is made aware of the existence of this policy.

## **7. Support for individuals experiencing domestic abuse**

- 7.1 St Leger Homes recognises that developing a life free from abuse is a process, not an event and will provide ongoing support for employees who disclose abuse.
- 7.2 Where domestic abuse has been reported, managers will carefully consider the individual's circumstances and be sympathetic to any temporary impact upon attendance at work, timekeeping etc.
- 7.3 Managers may offer employees experiencing domestic abuse a broad range of support. This may include, but is not limited to:
- special paid leave in line with our pre-existing Emergency Carers Leave of up to 3 days for relevant appointments, including with support agencies, solicitors, to rearrange housing or childcare, and for court appointments
  - temporary or permanent changes to working times and patterns following the principles of the Flexible Working procedure
  - changes to specific duties, for example to avoid potential contact with an abuser in a customer facing role
  - redeployment or relocation
  - measures to ensure a safe working environment, for example changing a telephone number to avoid harassing phone calls
  - signpost access to counselling/support services in paid time
  - signpost to access courses developed to support victims and perpetrators of domestic abuse, for example, The Freedom Programme & Inspire to Change.
- 7.4 Managers will respect the right of staff to make their own decision on the course of action at every stage and should avoid being judgemental. It must be recognised that the employee may need some time to decide what to do and may try many different options during this process.

## **8. Safety Planning**

- 8.1 St Leger Homes will prioritise the safety of employees if they make it known that they are experiencing domestic abuse. Managers may have to consider incidents such as violent partners or ex-partners visiting the workplace, abusive phone calls, intimidation or harassment of an employee by the alleged perpetrator, and these will need to be addressed in any safety planning.
- 8.2 When an employee discloses domestic abuse, St Leger Homes will encourage its employee to contact, in the first instance a domestic abuse champion who can undertake a DASH (domestic abuse, stalking and harassment), and honour based violence risk assessment and make appropriate referrals where necessary.

St Leger Homes will work with the employee and the domestic abuse champion (with the employee's consent) to identify what actions can be taken to increase their personal safety as well as address any risks there may be to colleagues, taking into account the duty of care for all employees.

## **9. Organisational planning**

9.1 All employees will be made aware of this policy through a range of methods including induction, training, appraisal, leaflets and posters.

## **10. Training**

10.1 St Leger Homes is committed to ensuring all line managers are aware of domestic abuse and its implications in the workplace. Information, briefings or awareness raising sessions will ensure that all managers are able to:

- identify if an employee is experiencing difficulties because of domestic abuse
- respond to disclosure in a sensitive and non-judgemental manner
- provide initial support - be clear about available workplace support including in-house specialist staff where applicable
- discuss how the organisation can contribute to safety planning
- signpost to other organisations and sources of support
- understand that they are not counsellors

## **11. Perpetrators of domestic abuse**

11.1 Domestic abuse perpetrated by employees will not be condoned under any circumstances nor will it be treated as a purely private matter. St Leger Homes recognises that it has a role in encouraging and supporting employees to address violent and abusive behaviour of all kinds.

11.2 If an employee approaches St Leger Homes about their abusive behaviour, we will provide information about the services and support available to them, and will encourage the perpetrator to seek support and help from an appropriate source.

11.3 St Leger Homes will treat any allegation, disclosure or conviction of a domestic abuse related offence on a case-by-case basis with the aim of reducing risk and supporting change.

11.4 There are four potential strands in the consideration of an allegation:

- a police investigation of a possible criminal offence
- disciplinary action by the employer
- providing specialist, safety-focused counselling
- identifying risk

11.5 An individual cautioned or convicted of a criminal offence may be subject to the organisation's Disciplinary policy and procedure. St Leger Homes also reserves the right to consider the use of this policy should an employee's activities outside of work (whether or not it leads to a criminal conviction)

have an impact on their ability to perform the role for which they are employed and/or be considered to bring the organisation into disrepute.

In some circumstances it may be deemed inappropriate for the individual to continue in his/her current role(s). In these circumstances the possibility of redeployment into an alternative role may be considered.

- 11.6 St Leger Homes views the use of violence and abusive behaviour by an employee, wherever this occurs, as a breach of the organisation's code of conduct for disciplinary purposes.
- 11.7 St Leger Homes Code of Conduct is intended to inform all staff, irrespective of grade, of the standards of conduct expected of them. It identifies a set of values and behaviours by which staff members are expected to abide. Staff members are expected at all times to present high standards of personal integrity and conduct that will not reflect adversely on the organisation and its reputation.
- 11.8 St Leger Homes is committed to ensuring that:
- allegations will be dealt with fairly and in a way that provides support for the person who is the subject of the allegation or disclosure
  - all employees will receive guidance and support
  - confidentiality will be maintained and information restricted only to those who have a need-to-know
  - investigations will be thorough and independent
  - all cases will be dealt with quickly avoiding unnecessary delays
  - all efforts will be made to resolve the matter within four to six weeks, although some cases will take longer because of their nature or complexity.
- 11.9 The alleged perpetrator will be:
- treated fairly and honestly
  - helped to understand the concerns expressed and processes involved
  - kept informed of the progress and outcome of any investigation and the implications for any disciplinary process.
  - advised to contact their union or professional organisation.
- 11.10 Any employee who is responsible for giving advice or support to those experiencing domestic abuse needs to be particularly aware of the potential consequences if they are found to be perpetrators.
- 11.11 If a colleague is found to be assisting an abuser in perpetrating the abuse, for example, by giving them access to facilities such as telephones, email or fax machines then they will be seen as having committed a disciplinary offence.

- 11.12 If it becomes evident that an employee has made a malicious allegation that another employee is perpetrating abuse then this will be treated as a serious disciplinary offence and action will be taken.

## **12. If both victim or survivor and the perpetrator are members of staff**

- 12.1 In cases where both the victim or survivor and the perpetrator of domestic abuse work for St Leger Homes, we will take appropriate action.

In addition to considering disciplinary action against the employee who is perpetrating the abuse we will notify the Local Authority Designated Officer (LADO) if the employee's role may bring them into direct or indirect contact with children (See Item 14 for details). Action may also need to be taken to ensure that the victim or survivor and perpetrator do not come into contact in the workplace.

Action may also need to be taken to minimise the potential for the perpetrator to use their position or work resources to find out details about the whereabouts of the victim/survivor. This may include a change of duties for one or both employees or withdrawing the perpetrator's access to certain computer programmes or offices.

However, it is also recognised that in certain circumstances, those experiencing and perpetrating domestic abuse in a relationship may choose to seek solutions jointly, and in such situations appropriate support should be given.

## **13. Policy Review**

- 13.1 This policy will be reviewed jointly every three years unless there are changes in legislation, best practice or other organisation policies impact on its effectiveness.

## **14. Useful Contact details**

St Leger Homes 01302 862862

Medicash Employee Assistance (counselling) Line 0845 600 2891

Domestic Abuse Hub telephone 01302 737080, email [dahub@doncaster.gov.uk](mailto:dahub@doncaster.gov.uk) or complete our online self-referral form:

<https://www.doncaster.gov.uk/services/support-for-victims>

LADO, Local Authority Designated Officer. LADO should be alerted to all cases in which it is alleged a person who works with, either directly or indirectly, with children has behaved in a way that has harmed, or may have harmed a child or possibly committed a criminal offence against a child, or related to a child.

LADO Tel No: 01302 737748/Email: [LADO@dcstrust.co.uk](mailto:LADO@dcstrust.co.uk)

Outside of the office hours some helpful numbers are:

National 24 Domestic Abuse Helpline - 0808 2000 247

St. Leger homeless out of hours - 01302 736000

Mental Health Crisis Team - 0800 804 8999

Samaritans - call free on 116 123 or email [jo@samaritans.org](mailto:jo@samaritans.org)

Doncaster Council also has a service for people that are no longer being abused but who would like someone to talk to and support them with dealing with the trauma that domestic abuse can cause. If you would like to speak to the Survivor Liaison Worker please email [survivors@doncaster.gov.uk](mailto:survivors@doncaster.gov.uk) or visit it the survivor zone page for more information.

In an emergency dial 999.



## St Leger Homes Equality Impact Assessment

### Name of policy, service or function

Domestic Abuse Policy for tenants, families, customers and staff.

### Name of service area and directorate

Housing Services

### Lead manager and others involved in Equality Analysis

Completed by Jennie Daly, Julie Jablonski, Stacey Lynn

Reviewed by Dan Debenham, Equality & Diversity Manager

### Date of Equality Analysis

23 March 2022

### What type of policy, service or function is this and what is its main purpose?

This policy is part of St Leger Homes commitment to safeguarding the welfare of adults and children. It sets out our response to assisting and supporting individuals and families experiencing or threatened with domestic abuse and takes full account of the Domestic Abuse Act 2021.

The policy sets out our role in the Doncaster partnership approach to supporting survivors of domestic abuse.

### Who will this policy, service or function affect?

This policy applies to St Leger Home's tenants, families, customers and staff and those members of staff directly employed by SLHD and of whom SLHD has a legal duty or responsibility.

### Who is this policy, service or function intended to help/benefit?

This Policy will benefit St Leger Home's tenants, families, customers and staff.

Every year, over 2 million people experience domestic abuse and this figure is rising. Domestic abuse is estimated to create housing costs of £160 million per year, even before taking into account issues such as debts left by the perpetrators in cases of financial abuse.



To contextualise this, Doncaster's overall housing stock is over 112,000 with St Leger Homes managing approximately 20,000 or 18% of the overall housing stock. Between the 1 April 2020 and 31 March 2021, the Doncaster Domestic Abuse Hub received 1,858 referrals for specialised domestic abuse services. This was an increase of 80% on the previous year. Of these, 1406 referrals were allocated to Doncaster Council's Independent Violence Advocate Services which is a specialised service for high risk victims. This is a 53% increase from the previous year. Out of these, 947 were linked to a St Leger Homes tenancy, representing 68% of the overall referrals into Doncaster domestic abuse services.

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

The assessment was informed by the views expressed during various consultations with groups including, tenants, customers, GIG, young people, survivors and individuals with lived experience. Information has been used from a variety of sources including Domestic Abuse Housing Accreditation, Savelives, Housing Quality Network (HQN) and Gov.UK.

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

Various consultation has taken place with tenants including survivors of domestic abuse and those with lived experience. Groups also included Tenants and Residents, Get Involved Group (GIG) members and young people

Trade Unions have also been consulted on the Staff Domestic Abuse Policy.

Feedback from consultations highlighted that certain groups may be disproportionately impacted by domestic violence or certain forms of abuse. The policy has been written to have a positive impact for these groups. This policy promotes the view that domestic violence is unacceptable and will not be tolerated in any form and sets out a framework to not discriminate against any group but to manage and challenge domestic abuse regardless of circumstance.

Will the policy, service or function have a POSITIVE impact on any individuals, communities or particular groups?

This policy aims to meet the needs and choices of tenants and customers from all communities and groups and takes into consideration gender, age, disability, gender reassignment, race, religion or belief, sexual orientation, marriage or civil partnership and pregnancy and maternity. It will positively impact all people affected by domestic abuse, including victims, survivors, and families and also addresses the needs and rehabilitation of perpetrators.

Will the policy, service or function have an ADVERSE impact on any individuals, communities or particular groups? *Please provide summary details of the adverse impact and what you will need to do to mitigate or remove the impact*

No adverse impacts have been identified from this Policy, however monitoring will be carried out to ensure any adverse impacts are identified and appropriate actions taken to mitigate or remove these.

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD**

## **REPORT**

**Date** : 26 May 2022

**Item** : 09

**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 :**

Members of the Committee 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 the  
ST LEGER HOMES OF DONCASTER BOARD**

**Agenda Item No. 09  
Date: 26 May 2022**







**1. Report Title**

1.1 Safety and Compliance Performance Report – March 2022

**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	
Gas Safety	Landlords Gas Safety Record	100%	18,999	18,999		
Electrical Safety	Electrical Installation Condition Report (10yr) - Domestic	99.96%	20,050	20,042	8	
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	100%	69	69	0	

As C365 starts to become more populated this will be reflected in table 1. Compliance Officers are working with other areas of the business to populate C365 with validated data.

**3. Gas**

**Landlords Gas Safety Record (LGSR) Programme**

3.1 The properties requiring a gas service in 2022 are 18,999 (this figure is based on the

records held by the Gas Team to deliver the 2022 programme). The programme began in February 2022 using the MOT style anniversary. Table one shows the compliance of this as at end of March 2022.


### 3.3 Programme 2021 Completion by Month

The annual gas-servicing program is delivered between February 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.

Full reporting on the gas-servicing programme is being developed through Qlik and Open Housing. From the information provided it has been confirmed that 4,258 services were completed in February and March 2022.

### 3.4 Table 2: LGSR's that are past their suggested review date

There were no outstanding properties from the 2021 programme and due to the MOT anniversary being used no properties were outside their review date at the end of March.


	February	March	Trend From previous Quarter (Previous Qtr Performance)
Target	0	0	
Actual	0	0	

### Solid Fuel

### 3.5 Table 3: 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 have gone as far in the no access process as possible.


	January	February	March	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	3	3	3	93	
<b>Actual</b>	0	0	0	90	

3.6 Servicing is undertaken annually and will begin again in April 2022. An additional 6-monthly maintenance visit takes place that is over and above statutory requirements.

### Alternative Fuel Sources

#### 3.7 Table 4: Air Source Heat Pumps (ASHP) compliance

Currently 14 ASHP have been confirmed as present. We have confirmed evidence of cyclical maintenance for 12. Those not accessed have had a visit to the externals of the property with no issues identified; work is ongoing to gain access. 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.

	January	February	March	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	0	0	0	14	
<b>Actual</b>	12	12	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

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

statutory requirements. At the time of this report, 20,042 of properties have been tested within the last 10 years.

**4.3 Table 5: Programme 2021/22 Completion by month**

Current reporting methods are manual through a spreadsheet; this has identified a lag in reporting times as shown in the table below; numbers will be reported in future reports when caught up. EICRs are showing in Information@Work but cannot be validated on there. The Electrical Compliance Officer working towards migrating information into the C365 platform for accurate up to date reporting.

	January	February	March	YTD	Trend From previous Quarter (Previous Qtr Performance)
<b>Actual</b>	136	140	4	2650	

**4.4 Table 6: EICR’s that are past their suggested 5 Year review date**

In order to demonstrate best practice, SLHD is moving towards a five yearly EICR cycle and the aim is to have all properties compliant to this by 31 March 2023. This programme has been affected by the COVID pandemic and the availability of electricians both in-house and contractor.

The Electrical Compliance Officer is undertaking a validation exercise to confirm the presence of a valid and compliant Electrical Installation Condition Report (EICR) for the properties. The exercise includes confirmation of the number of EICRs required to be completed to ensure the programme remains on schedule for completion by 2023.


The outcome of the work by the Electrical Compliance Officer confirmed with M&E manager is that 8,974 Electrical Installation Condition Reports are required to be completed by 31 March 2023 to meet the five year target.

- 4,078 have been allocated to current electrical contractor (Tomlinson’s),
- 1,920 will be completed by in house electrical team (160 pcm) of which 41 are currently void.
- The remaining, which leaves 2,976 are being procured by the M&E Manager using existing available electrical framework providers.

A series of performance indicators are being developed by the Compliance Team which will be included in future reports. The performance indicators will track and monitor the progress of the providers towards the 2023 deadline as we recognise the challenges this


provides in the current climate.

The Compliance Team are continuing to evaluate and develop C365 exploring methods how C365 can assist service delivery teams and report effectively on progress.

	January	February	March	Trend From previous Quarter (Previous Qtr Performance)
<b>Actual</b>	14,182	14,322	14,326	

#### 4.5 Table 7: EICR's that are past their suggested 10 Year review date

Currently there are 8 properties, which are in excess of the recommended 10-year re-test. Two properties are void and awaiting completion of the EICR and one is planned for demolition. All others cases are now being progressed through the no access process by the housing management team. This number has decreased from previous reports.

	January	February	March	Trend From previous Quarter (Previous Qtr Performance)
<b>Target</b>	0	0	0	
<b>Actual</b>	9	9	8	

These eight properties are being monitored by the Compliance Team as they progress through the legal process and are detailed in table 7a below.

Address	Post Code	Last test date	Suggested next test date	Days past suggested test date
Flat 21 Grainger Close	DN12 1QF	10/05/2010	09/05/20	695
17 Addison Road	S64 0DH	02/09/2010	01/09/20	580
Flat 20 Osberton Street	DN11 9AL	31/03/2011	29/03/21	371
12 Rosedale Road	DN5 0JP	07/10/2011	05/10/21	181
85 Church Lane	DN4 6QD	03/01/2012	01/01/22	93
79 Windhill Crescent	S64 0EA	27/01/2012	25/01/22	65
33 Evelyn Avenue	DN2 4QD	27/02/2012	25/02/22	38
4 Byron Avenue	DN6 9NE	30/03/2012	29/03/22	7

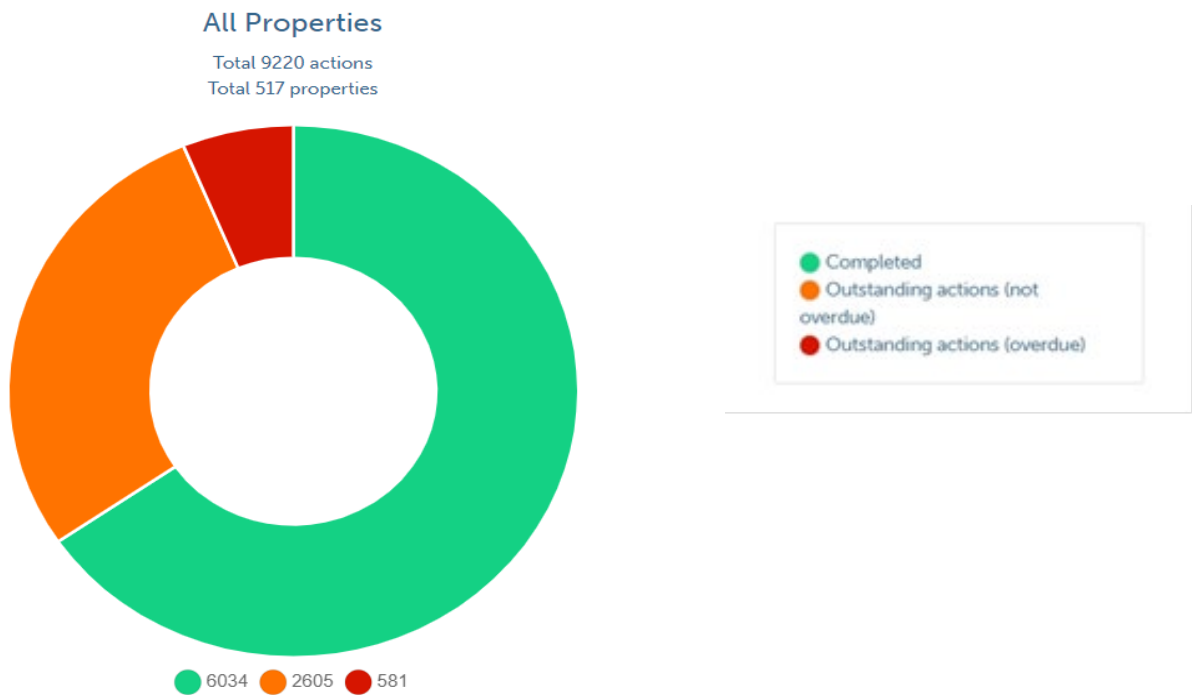
## 5. Fire Safety

### 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)



**Property Classification Level 1**

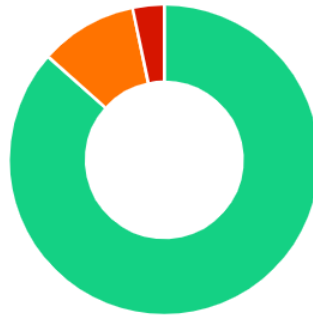
Total 1308 actions  
Total 47 properties



992 133 183

**Property Classification Level 2**

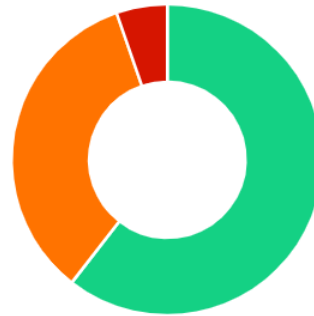
Total 975 actions  
Total 68 properties



844 99 32

**Property Classification Level 3**

Total 6937 actions  
Total 402 properties



4198 2373 366



**5.4 Table 8: FRA Level one actions and progress**

Level one buildings include high-rise buildings and specialised housing inline with the specialist housing guide. There are 316 actions currently on level 1. 133 are in progress and 183 are overdue. A number of works actions have been provided to Fortems (165 in total). Work is ongoing initially in the high rise buildings. Actions have been reviewed to assess if they can be completed by alternate resources and some have been assigned to in house teams to deliver. Work is ongoing to put a contract in place with OpenView to deliver the Jubilee Court actions as a project in the new financial year.

	January	February	March	Trend From previous Quarter (Previous Qtr Performance)
Total Completed	878	924	992	
In Progress	95	152	133	↓
Overdue	227	174	183	↑



5.5 **Table 9: 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 131 actions currently on level 2. 99 are in progress and 32 are overdue. Actions are being surveyed and completed by in-house resources. Non-work related actions continue to be reviewed to close where possible.

	January	February	March	Trend From previous Quarter (Previous Qtr Performance)
Total Completed	722	786	844	
In Progress	155	110	99	
Overdue	108	28	32	

5.6 **Table 10: FRA Level three actions and progress**

Level three buildings include low-rise blocks (dependent on storeys / number of flats. There are 2,739 actions currently on level 3. 2373 are in progress and 366 are overdue. Actions are being surveyed and completed by in-house resources. Non-work related actions continue to be reviewed to close where possible

	January	February	March	Trend From previous Quarter (Previous Qtr Performance)
Total Completed	3472	4213	4198	
In Progress	2978	1612	2373	
Overdue	412	374	366	

5.7 **Residential Site Fire Barriers**

To maintain safe separation distance between plots on residential caravan sites a project is ongoing to install fire barriers. Planning has been submitted likely to go to planning late May early June. Concerns over planning application have been discussed with the

Building Safety Group at Doncaster Council.

## **5.8 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. A suitable product has been identified to replace the EWI.

Contractors have started enabling works at Sandbeck House. Awaiting finalised project plan and agreed programme.

## **6. Asbestos**

### **6.1 Reinspection Programme**

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. This will support the validation of the reinspection programme.

6.2 New asbestos services contracts were procured and started in December 2021. We now have access to 3 surveying companies for identified work streams and 2 removal companies. This gives more capacity and flexibility to the wider business.

6.3 Contractors are engaging to direct upload onto C365 which will update the asbestos register automatically. Longer term this will create more efficiency in the team however the volume of survey requests has significantly increased with the principles of the new asbestos management plan being adopted to recover some data not taken over into C365. An interim resource is being placed in the asbestos team to support with this.

6.4 In house removal of floor tiles in voids is now taking place with suitable control measures in place. Reassurance that information is being fed back in to the asbestos register on C365 is still required.

## **7. Water Management**

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

7.2 We currently 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 now been completed, received by the contractor and uploaded to C365

7.4 All reports have been quality assessed by the Water Hygiene and Lift Management Compliance Officer. 69 reports have been checked and uploaded to C365. From this an action plan has been developed both on C365 and a Desktop Water Management Programme to ensure actions are being closed off. All 69 LRA's have been uploaded to 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); progress on these is shown in table1.

### 8.2 Table 11 : Number of PUWER Inspections Completed

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

	January	February	March	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 Information continues to be collated and published in C365. 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 Compliance Officers are 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: 12 Breakdown of site inspections 2021/22

SLHD Sites			
Sites		Number of visits	
Planned Maintenance – Internal schemes	Contractor – J Tomlinson	Planned Maintenance – External schemes	Depot & Stores Shaw Lane
Planned Maintenance – Internal schemes	Depot & Stores – Shaw Lane	Planned Maintenance – Internal schemes	
<b>Total</b>	<b>4</b>	<b>Total</b>	<b>3</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: 13 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	20
Near Misses	12	9	3

10.2 No reportable injuries or dangerous occurrences were reported in February or March 2022.

## 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. Progress against the actions identified in the plan are monitored by the Building Safety Committee and on annual review at EMT.

### 11.2 British Safety Council

11.3 The British Safety Council carried out their annual audit during February. This included the full Five Star Occupational H&S Audit and was the final surveillance year in the three-year cycle for the ISO 45001 accreditation.

11.4 The full report has been received and confirms we have retained our certification to ISO 45001 and maintained five star rating for the 11 consecutive year.

11.5 A briefing note will be sent to EMT with details of any actions identified as part of the audit.

## 11.6 Compliance Health Check-Penningtons

In April 2022 Pennington Choices will be reviewing the health check carried out on all six areas of compliance in 2021. Evidence is being gathered to support the improvements that have taken place over the past year.

The detailed action plan developed for each of the actions in the health check and was presented to EMT and Building Safety and Compliance Committee in November 2021 and is being monitored by the Compliance Team and by EMT as part of the annual performance review.

## 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.

## 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; reports are expected in February and will be included in future reports.

Specifications have been written and provided to the Procurement Team at DMBC for the Lift Consultancy Contract which has been given a six month extension to undertake a competitive tender.

A meeting has taken place with Procurement Manager at Doncaster Council to discuss the Building Safety and Compliance Teams involvement in future reports.

## 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 table below summarises the Draft outturn position for the year ended 31 March 2022 :

	Budget £000s	Draft Outturn £000s	Variance £000s
Heating conversions/upgrades	2,142	1,484	658
Electrical planned works	750	546	204
Mechanical planned works	61	72	-11
Fire safety works	2,120	185	1,935
Asbestos Surveys and removal	700	497	203
Total	5,773	2,784	2,989

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 There were 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 recommenced in February 2022 and some resources transferred from capital heating works to the servicing programme, which in turn influenced the above outturn figure. 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 were £204k lower than budget, but better than previously projected, and delivery of these works have been moved in to 2022/23. This is due to resource limitations with the external contractor.

Also, some Fire Safety works have been moved into next year's programme due to the underspend in this financial year. The contractor had suspended works in year due to risks currently affecting the whole sector, but works have recommenced, starting with 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

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Annual Development Plan 2021/22
<b>Action Required:</b>	For information
<b>Item:</b>	10
<b>Prepared by:</b>	Mark Haughey - Head of ICT & Transformation
<b>Date:</b>	26 May 2022

### 1 Purpose

- 1.1 To provide an end-of-year summary of the key activities relating to the strategic priorities within the 2021/22 Annual Development Plan (ADP) as at the end of March 2022.

### 2 Background

- 2.1 It has been agreed that Board should receive progress updates against key actions relating to the four corporate plan objectives within the 2021/22 ADP. This briefing note summarises the end-of-year achievements and progress.
- 2.2 The 2021/22 ADP directly aligns to the St. Leger Homes 5-Year Corporate Plan 2019-24 and delivers against the strategic objectives of:
1. All our homes are modern, decent, safe and energy efficient
  2. Our tenants live successful and fulfilling lives
  3. We will be a nationally recognised provider of housing services
  4. Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together

### 3 Progress Summary

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

R/A/G Rating		End of year
■	On schedule	14 Plans
◆	Close to schedule	13 Plans
●	Not on schedule	5 Plans

- 3.4 Despite 2021/22 being a difficult year with unprecedented events, progress was made with the key ADP actions with the milestones being monitored throughout the year, with emphasis being given to the priorities identified by Leadership and Service Management Team (which are The One Project (TOP); Customer Access Team (CAT); Safety &

Compliance; Management Development; Tenancy Sustainability & Homelessness). Further detail is provided in the update against each milestone in Appendix A.

- 3.5 Selected ADP actions outcomes and achievements to note include:-
- All our homes are modern, decent, safe and energy efficient
    - Building safety team resourced and the compliance software (C365) has been successfully implemented.
    - The Repairs Excellence pilot is well underway and has been well received.
    - The G32 scheme to implement a borough wide project to recycle furniture is complete.
    - The Garden services has been rolled out and campaigns to begin to increase the take-up.
  - Our tenants live successful and fulfilling lives
    - The new Tenant Voice Strategy and Model has been developed with tenants.
  - We will be a nationally recognised provider of housing services
    - The One Project (TOP) Phase 2 was successfully implemented October 2021.
    - Agile Working in place and well established, supported by a range of policies and guidance.
    - The Careers framework has been refreshed which has seen significant growth in our Apprenticeship activity as well as the introduction of KickStart.
  - Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together
    - The Homeless Prevention Group established and SLHD working closely with the Council's Complex Lives Alliance to reduce rough sleepers in the borough.
    - The Roadmap out of Covid for temporary accommodation is complete, and we continue to react to the increasing demand.
- 3.6 While good progress was made within the year, the unprecedented circumstances has meant that not all the actions planned were complete as anticipated. Leadership continually monitored all actions and agreed those that would need to be carried forward and those that have not been complete but superseded by new actions in the 2022/23 ADP.
- 3.7 Of the 2021/22 ADP Actions 13 actions were deemed complete, 10 were superseded by existing actions in the new 2022/23 ADP and 7 actions were carried forward. The ADP for 2022/23 has been approved at Board, however this has now been updated to reflect those actions that have been carried forward.
- 3.8 Appendix A shows the position of each action as at the end of the year and now denotes the actions that have been carried forward, with the reference number of the new action, and those that have been superseded, with the equivalent reference number in the 2022/23 ADP (included as Appendix B).

## **4 Appendix**

- 4.1 Appendix A – 2021/22 Annual Development Plan.  
Appendix B – 2022/23 Annual Development Plan.

Appendix A – 2021/22 Annual Development Plan.

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

Corporate Plan Objective	Plans	ADP Actions		Status	Q4 Update	C/F
		2021/22				
All our homes are modern, decent, and energy efficient	<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.	Green	The structure has been reviewed to ensure the implementation of a robust Health, Safety and Building Compliance Module.	N	
		1.2: Review and implement compliance software as part of an external health check across all 6 areas of compliance.	Amber	Compliance software in place and implementation has been part of an external health check across all six areas of compliance. Results of external healthcheck expected May 2022	S (A27)	
		1.3: Continue to monitor changes arising from the Building a Safer Future review and implement accordingly.	Green	Complete. Continuing to monitor Building Safety Bill (BSB) as it passes through parliamentary scrutiny. It is expected that the BSB will receive Royal Assent after somewhere between nine and 12 months from its introduction (July 2021). Following this, the various provisions are expected to come into force within two to 18 months after Royal Assent, dependent on the level of work involved.	N	
	<b>Continue to invest in homes and neighbourhoods.</b>	1.4: Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	Red	The technical design and planning application has yet to be completed. Delays are a consequence of capacity issues within the team and the need to prioritise other key projects. The planning application is expected to be submitted June/July 2022 and works to start on site late Summer / early Autumn 2022. The delivery of Gypsy & Traveller site improvements will feature in the 2022/23 annual delivery plan.	Y (C1)	
		1.5: Implement outcomes from reviewed Age Designation Policies.	Red	The Allocations Policy review is well underway and a project plan has been developed including extensive consultation with customers, ward members and partners. The review will be completed in the Autumn and the changes implemented by April 2023.	S (A2)	
	<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).	Amber	We are exploring agile working as a part of the Repairs excellence project. We do now have a number of agile working areas already working across the trades, but the main role out will be at the end of the Repairs excellence project.	S (A14)	
		1.7: Undertake full R&M service review informed by the Phase II TOP implementation.	Green	The Repairs excellence pilot has now expanded to another area of the borough and tenant feedback is very positive. We are waiting some ICT capability regarding texting to customers being automated before we look to launch borough wide from June 22.	S (A14)	
	<b>Deliver our environmental strategy.</b>	1.8: Implement Borough wide project to recycle furniture.	Green	Complete. G32 now in place across all areas, with stocks being built reliant on Void team colleagues. Additional caretaking resource currently being recruited. Outcomes contribute to more sustainable tenancies	N	
	<b>Offer a sustainable gardening service.</b>	1.9: Explore the possibility and benefits of extending the garden service to the private sector.	Green	Complete. Service charges have been agreed with DMBC and rationalised to 2 band costs. Campaigns will be carried out in 22/23 to increase the customer base of the service. An effective Gardening Services achieves fewer tenancy breaches, enhanced appearance of neighbourhoods and improves sustainability and demand.	N	

## Our tenants live successful and fulfilling lives

Corporate Plan Objective	Plans	ADP Actions		Status	Q4 Update	C/F
		2021/22				Superseded
Our tenants live successful and fulfilling lives	<b>Help tenants to sustain their tenancies.</b>	2.1: Full review of housing management functions and structures (after TOP).		Red	This action has started and will be taken forward to 22/23, where it will take account of changes across SLHD such as Building Safety team and those proposed for Access to Homes.	S (A15)
	<b>Ensure the allocations policy reflects the changing needs of tenants and residents.</b>	2.2: Review the Allocations Policy.		Amber	The Allocations Policy review is well underway and a project plan has been developed including extensive consultation with customers, ward members and partners. The review will be completed in the Autumn and the changes implemented by April 2023.	S (A1)
	<b>Improve communication with tenants and residents.</b>	2.3: Further develop and implement customer insights data.		Amber	This action relates to the customer profile data we collect and the review of what we collect and how, has been completed. We cannot however fully progress the development aspect of this project until One Housing is implement, which is likely to be towards the end of 2022/early 2023. We have however carried out a number of actions in the interim, to increase the profile data that we collect. We are currently in the process of updating the My Access Portal so that customers can do this on-line. We are also making better use of the data we have collected to inform wide business actions - such as the EDI Dashboard, balanced scorecard presentation to Board. Further developing how we collect customer profile insight may involve new areas of the business. 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.	Y (C2)
		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.		Green	Complete. New Tenant Voice Strategy and Model has been developed with tenants and presented to Board in April. Tpas Accreditation is ongoing.	N
	<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.		Green	A Building Safety Resident Engagement Strategy has been approved, focussing significantly on High Rise building and resident engagement. High Rise residents Forum has also been created and efforts are being made to increase attendance at these.	N
	<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.		Amber	The Building Safety Act received Royal accent April 2022. The timescale for the establishment of the Building Safety Regulator is on track. Implications of white paper being considered to evidence the safety of all properties covered by the white paper.	S (A22)
	<b>Ensure tenants with disabilities are able to secure appropriate homes.</b>	2.7: Review the operational arrangements for the accessible housing register.		Amber	The review has recommenced and the scope has been amended to pick up from the 'As is' process with amendments to reflect the changes in working practices. Issues have been identified and consultation has been scheduled with Key Strategic Stakeholders prior to the re-design of the process with workshops held at the end of April. An implementation Plan with Short, medium and long actions presented May 2022.	Y (C3)

# We will be a nationally recognised provider of housing services

Corporate Plan Objective	Plans	ADP Actions		Q4 Update	C/F
		2021/22	Status		
We will be a nationally recognised provider of housing services	<b>Embed a positive health, safety and wellbeing culture.</b>	3.1: Achievement of workplace wellbeing gold award	Amber	Due to a review of the framework by public health our submissions have not been able to be provided for consideration, the submission platform as well as the criteria is under review. We are advised this will be complete by May at which time we will then submit our information for review. As such this action has not been able to be completed and will roll forward into the early part of 2022/23.	Y (C4)
	<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).	Amber	Work has commenced on identifying efficiencies and an initial Position statement has been produced and presented to Audit Committee in March 2022. Given phase 2 only went live in October 2021 it is too early to identify any efficiency gains until the new processes are all fully embedded and increases in capacity produced as a result of new ways of working. The work to date focuses on software costs before and after TOP, and is already showing significant annual savings, and also looks at employee WTE numbers before, now and anticipated. The WTE numbers can only be verified towards the end of 22/23 and onwards, when the system is fully configured and embedded in the company.	S (A25)
	<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.	Green	The One Project went live 18th October 2021. The project is now moved to a Business As Usual service with the TOP Team secondments returned to their substantive posts. The outstanding Planned Maintenance Module is being implemented and a project is to be established to implement a solution for CBL/Homelessness within Open Housing. There are still a number of bugs/issues being reported but are being addressed through the Helpdesk or training as appropriate.	N
		3.4: Consider and Implement technology to create a digital engagement route to improve performance and drive efficiencies.	Amber	<p>There are a number projects linked to this action at various stages of progress. 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. Tenants can report a repair, pay their rent, and view a rent statement. Project has recommenced and development areas have been prioritised. This includes the ability for customers to appoint and monitor progress of repairs. This is the priority focus for the next stage of development.</li> <li>• ChatBot - work on this aspect of digital has commenced with meetings taking place with various suppliers to help inform the final delivery model to be used.</li> <li>• CTI (computer telephony integration) for first point of contact calls - scope completed and implemented in Test early April. User acceptance testing carried out involving tenants and the CAT. This highlighted data issues which need to be address internally or with support from the IT supplier before this can be implemented in live.</li> <li>• Digital face to face contact - investigations with supplier concluded. Currently cost prohibitive - alternative options are being explored to support other channels of digital engagement using an Omni-channel approach using Liberty Connect. Demonstration of software taken place 21st April. Further session to be arranged.</li> <li>• WhatsApp for business or similar platform - Discussions with various suppliers concluded and business case to be submitted to EMT May/June 2022.</li> </ul> <p>All the projects above will create improved access for our customers and efficiencies for the business.</p>	S (A12 & A13)

	3.5: Consider and implement technology to enable improved management of building safety compliance records.	Amber	C365 project board operational. Project Initiation Document (PID) in place and gas servicing being trialled as a pilot. Project plan in place with timescale for completion September 2022.	S (A20)
<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.	Red	As reported in Q3 - 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	Y (C5)
	3.7: Finalise and implement Agile Working approach.	Green	Action complete. Agile working is now in place supported by policies and guidance. Management development has been sourced and dates planned for delivery. Facilities plans continue at pace and on track. This action is therefore considered complete in preparation for next years ADP action to continue to embed Agile working.	N
	3.8: Refresh our early careers framework, achieving external recognition for the provision.	Green	Action complete, the framework has been refreshed and delivery against agreed actions is underway which has seen significant growth in our Apprenticeship activity as well as the introduction of KickStart, the continued delivery of our WOW priorities along with a closer working relationship with partners including DCST. External recognition remains aspirational with submission underway for the National Apprentice Award Top 100 employers	N
<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.	Green	St Leger House and St Leger Court are due to be closed in April and May 2022 and services delivered from these sites relocated to the Civic Building. Limited improvements to Shaw Lane depot will begin in April 2022 to create more flexible working space. A review of area office accommodation will need to be undertaken during 2022/23 and will feature in the 2022/23 annual delivery plan.	N
	3.10: Investigate alternative methods for customers to interact with us and to access our services at our office/partner locations	Green	Investigation completed and further report to be submitted to EMT early May 2022. The report includes proposals to provide alternative face to face services using a "by appointment approach" either at an office location or visit to property.	N

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

Corporate Plan Objective	Plans	ADP Actions		Q4 Update	C/F
		2021/22	Status		Superseded
Through innovation and partnership working, we will deliver the aims of Doncaster Growing Together	<b>Living: Reduce and prevent homelessness.</b>	4.1: Review temporary accommodation model with Council & partners.	Red	The action to review the temporary accommodation model (TA) with the Council has not been completed as this hinges on the recommissioning and review of supported housing contracts. We are however working hard to reduce the use of TA and manage this effectively. We set an end of year target for 85 households in TA and we achieved 86. We have set a target of 60 by the end of 2022/23 and will be working hard to achieve this alongside reviewing the overall model with the Council.	Y (C6)
		4.2: Develop and begin implementing action arising from the homeless prevention strand of the Homelessness & Rough Sleeping Strategy	Amber	The Homeless Prevention Group is led by the Director of Housing and Customer Services and is focused on developing front end early prevention advice and assistance along with improved partnership working. In 21/22 we recorded 566 homeless preventions, which is a reduction on last year. Our % cases opened at prevention stage and resolved at prevention stage remains well below the regional and national averages. This is due to the sharp increase of homeless presentations and the significant increase in customers approaching us as homeless tonight meaning all opportunities for prevention have been lost. We are currently preparing to increase resources to clear backlogs of cases and reduce officer caseloads to allow better case management along with early front end advice at point of access and using self-help mechanisms. This along with an improved Private Rented Sector offer will see preventions increase next financial year.	Y (C7)
		4.3: As part of the DGT homelessness board, seek to reduce the incidence of rough sleeping and the use of temporary accommodation.	Amber	We continue to work closely with the Council's Complex Lives Alliance to reduce rough sleepers in the borough. The latest Government Visibility Rough Sleeper template for March 22 shows that there are 22 rough sleepers in Doncaster, 9 of which are new to rough sleeping and of which 17 have been evicted or banned from accommodation. This current number has increased since Dec/Jan/Feb when we were operating Protect and Vaccinate policy. However, the number has reduced overall from the start of the year and we do have success stories of accommodating rough sleepers either through resettlement pathways or via Housing First. Our RSI 5 bid, if successful, will provide an additional 2 members of staff to work with this cohort to source and provide suitable and sustainable accommodation.	Y (C7)
		4.4: Develop and implement roadmap out of covid related temporary accommodation placements.	Amber	The roadmap is complete and we have dealt with all placements arising from the Everyone In policy. However, the issue now is continuing and current demand for accommodation, which is resulting in new and arising emergency accommodation need. We are therefore constantly placing new emergency accommodation households in B&B but monitoring this on a daily basis to ensure they are moved on as quickly as possible. In Quarter 4 we placed 68 new emergency accommodation B&B placements and our end of year figure for households currently in B&B was 72. This has reduced to 62 in April and we will continue to work towards reducing this in 2022/23.	Y (C7)
	<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.	Green	Transactional surveys continue to be carried out and reported on for those who have been affected by ASB. TRIP has been commissioned to carry out a review of ASB procedures and how customer feedback is best collected and used. The report from TRIP has been completed in April and will be reported to P&I Committee. The remainder of the work on the framework will be developed around the recommendations from TRIP review and tenants in the early part of 22/23.	N
	<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.	Green	2 properties have been signed up to Children's Services by the end of the financial year. A further 4 properties were identified, 1 was deemed not suitable due to works relating to fire risk assessments. Of the 3 outstanding, void repair work was completed in 1 property on 11 April 22 and due to be signed up on 19th April, the other 2 are still having void works completed. We are still trying to identify a further 3 properties to complete the project requirement.	N



Appendix B – 2022/23 Annual Development Plan.  
Housing & Customer Services Directorate

ADP Actions					
Ref	Service area	2022/23	Plans	Date	Objective of Action
A1	Access to Homes	Implement revised Allocations Policy aligned to new IT System.	<b>Ensure the allocations policy reflects the changing needs of tenants and residents</b>	Dec-22	To make best use of the Housing Stock to meet the housing needs of the borough
A2	Access to Homes	Ensure age designated stock continues to meet the needs of the borough aligned to the review of the Allocation Policy.	<b>Review age designation and local lettings policies</b>	Mar-23	To make best use of the Housing Stock to meet the housing needs of the borough and contribute to successful balanced neighbourhoods.
A3	Access to Homes	Develop and deliver an efficient and effective out of hours homelessness service.	<b>Reduce and prevent homelessness</b>	Mar-23	Prevent and reduce homelessness in the borough
A4	Access to Homes	Work with Doncaster Children's Services Trust to improve the accommodation options for care leavers through the development of a shared accommodation offer.	<b>Living: Provide support to maximise tenancy sustainability.</b>	Mar-22	Provide better and more sustainable housing options for individuals leaving care to prevent homelessness
A5	Access to Homes	Develop our Private Rented Sector offer and service to improve housing provision in the sector.	<b>Provide support to help improve tenancy sustainability</b>	Dec-22	To encourage provision of accommodation in the Private Rented Sector for those who are homeless or at risk of homelessness by providing and publicising a package of support. To also engage with private landlords to improve sustainability, access and affordability in the sector.
A6	Housing Management	Review tenancy failure in SLHD and develop appropriate strategies. Undertake business case analysis of a social housing furnished tenancy offer.	<b>Help tenants to sustain their tenancies</b>	Oct-22	Targeted support to prevent tenancy failure
A7	Housing Management	Review opportunities to support those tenants with low level Mental Health (MH) and associated issues and wider wellbeing needs.	<b>Increase the range of support for tenants especially those with the greatest needs</b>	Jul-22	Targeted support to prevent tenancy failure - MH Navigators and Substance Misuse Officers in Tenancy Support team
A8	Housing Management	Develop and implement the Tenancy Voice Strategy.	<b>Increase the opportunities for volunteering and improving neighbourhoods</b>	Jul-22	More popular and sustainable neighbourhoods Objectives in white paper
A9	Housing Management	Develop and implement the Domestic Abuse Housing Alliance (DAHA) Action Plan to achieve DAHA accreditation.	<b>DAHA Increase the range of support for tenants</b>	Aug-22	DA is recognised across the organisation and staff are knowledgeable and well trained, with survivors appropriately supported.
A10	Housing Management	Review of Tenancy Agreement.	<b>Help tenants to sustain their tenancies</b>	Mar-23	To ensure the Tenancy Agreement addresses issues of access for services, maintenance and welfare.
A11	Housing Management	Develop a programme of periodic visits for all tenants.	<b>Help tenants to sustain their tenancies</b>	Oct-22	To agree ways for staff across SLHD to raise concerns about property or tenants for targeted tenancy verifications to be carried out
A12	Customer Services	Carry out a series of end to end customer journey mapping exercises across all access channels and key service delivery points.	<b>Continuously improve our business processes</b>	Mar-23	Better organisational insight into understanding how customers experience our services to improve service delivery and the overall customer experience.
A13	Customer Services	Review and update the existing St Leger Homes website and review internal channels of communication to implement a single platform that promotes two-way communication for all teams and is fully accessible for all.	<b>Improve communication with tenants and residents Use technology to modernise and transform service delivery</b>	2023/4	Improved, current, user friendly website easy for customers to access information about our services and which encourages and supports channel shift and self service and delivers improved customer service. Improved communication across the organisation and engagement with employees. Project to commence 22/23 with full delivery planned for 23/24.

Property Services Directorate

ADP Actions					
Ref	Service area	2022/23	Plans	Date	Objective of Action
A14	Repairs & Maintenance	Deliver repairs excellence project.	<b>Deliver an efficient and effective repairs and maintenance service</b>	Mar-23	Modernise the repairs service
A15	Asset Management	Complete delivery of the first phase of the External Wall Insulation Remediation Scheme.	<b>Ensure our homes are safe and free from hazards</b>	Jul-23	To remediate the external wall insulation to 5 high rise blocks within Doncaster. Further phases to additional blocks may follow.
A16	Asset Management	Complete phase 2 review of communal halls.	<b>Provide communal halls and spaces which the community value</b>	Jun-23	To review and confirm the longer-term future of the communal halls previously identified as having low usage.
A17	Asset Management	Develop and commence delivery of the first phase of net zero carbon feasibility work and projects.	<b>Deliver our environmental and asset management strategy</b>	Mar-23	To identify/confirm what net zero carbon measures are feasible for our housing stock. In turn this will inform our longer-term environmental strategy and net zero carbon investment plan.
A18	Asset Management	Procure and implement an asset sustainability modelling tool.	<b>Deliver our environmental and asset management strategy</b>	Mar-23	To understand the viability/sustainability of the managed housing stock to inform the longer-term asset management strategy, and future investment decisions.
A19	Asset Management	Implement new accommodation requirements following review in 2021/22 to support agile working principles and approach.	<b>Ensure our business accommodation is fit for purpose</b>	Mar-23	Accommodation, including area offices, is rationalised, supports agile working and is modern, welcoming and fit for purpose.
A20	Health and Safety	All documentation for the 6 areas of compliance and subordinate areas either statutory or non statutory are assessed and available evidence is within C365 system.	<b>Ensure our homes are safe and free from hazards</b>	Dec-22	SLHD can provide assurance that all areas of regulatory compliance are assessed and that there is suitably evidence to satisfy any IDA.
A21	Health and Safety	That a tenants building safety resident's engagement strategy is written which explain how residents of HRRBs raise concerns over building safety.	<b>Ensure our homes are safe and free from hazards</b>	Sep-22	Compliance with the Building Safety Bill (Act) and social housing white paper.
A22	Health and Safety	That all in scope buildings under the control of SLHD have a Building Safety Case and that the information is available to the Building Safety Regulator and enforcing agencies.	<b>Continue to invest in homes and neighbourhoods</b>	Mar-23	Compliance with the Building Safety Bill (Act)

## Corporate Services Directorate

ADP Actions					
Ref	Service area	2022/23	Plans	Date	Objective of Action
A23	HR	Carry out a full diversity audit and self-assessment to gauge and challenge our current diversity status with a view to applying for and achieving diversity accreditation.	<b>Work in ways which reflect our values</b>	Aug-22	Identify actions to improve how we support our diverse customers and employees to ensure effective leadership and processes are in place that deliver positive outcomes for our customers and our employees.
A24	Corporate Services	Develop, implement and monitor actions and outcomes of a regulatory matrix addressing all the requirements of the regulatory framework and white paper.	<b>Ensure effective governance arrangements are in place to deliver their aims, objectives and intended outcomes for tenants and potential tenants</b>	Mar-23	Inspection ready Compliance with Regulatory Standards, Meeting White Paper outcomes
A25	Finance	Measure efficiencies and improvements achieved through service transformation as a result of The One Project (TOP) and the Customer Access Team (CAT). Achieve top quartile benchmarking.	<b>Deliver value for money services</b>	Dec-22	Identify cashable and non cashable efficiencies gained from TOP and CAT implementation
A26	HR	Review our wellbeing offer ensuring that we focus appropriate across all 4 wellbeing elements Physical, Mental, Social, and Financial.	<b>Embed a positive health, safety and wellbeing culture</b>	Mar-23	Maintain our successful wellbeing offering ensuring that it is appropriate for the changing environment
A27	HR and L&OD	Continue to develop our approach to agile working developing our managers to effectively lead and manage performance outcomes in an agile environment	<b>Continue to develop our workforce</b>	Dec-22	increasing confidence and skill of managers to lead our people in an agile environment
A28	L & OD	Develop our approach to talent and succession planning.	<b>Continue to develop our workforce</b>	Mar-23	Ensuring that SLHD has an appropriate plan for key roles to avoid business disruption, is retaining high performing talent and developing potential
A29	L & OD	Deliver against our refreshed early careers programme.	<b>Continue to develop our workforce</b>	Mar-23	Ensure an increased range of opportunities for residents of Doncaster to access the world of work as well as increasing SLHD talent pool and succession into a variety of roles
A30	L & OD	Review our organisational culture, current state and aspirations utilising external accreditation (such as liP or Best Companies) to generate rich data and information.	Continue to develop our workforce	Mar-23	Identify our current organisational culture, where we want to be and the gaps to enable a plan of action to be generated

Carried forward Actions from 2021/22 ADP

ADP Actions					
Ref	Service area	2022/23	Plans	Date	Objective of Action
C1	Asset Management	Deliver the first phase of a Gypsy & Traveller and Residential investment plan.	<b>Continue to invest in homes and neighbourhoods</b>	Sept-23	To continue to invest in our homes and neighbourhoods and ensure accommodation we provide at the 3 managed G&T sites is fit for purpose, modern and decent.
C2	Customer Services	Consider and implement approved options to increase the customer insight data we capture.	<b>Improve communication with tenants and residents</b>	Mar-23	To improve the opportunities to tailor the services we provide to meet our customer needs.
C3	Access to Homes	Review the operational arrangements for the accessible housing register.	<b>Ensure tenants with disabilities are able to secure appropriate homes</b>	Sept-23	To make best use of the housing stock to need housing need within an efficient allocations and lettings process to keep void turnaround to a minimum.
C4	HR and L&OD	Achievement of workplace wellbeing gold award.	<b>Embed a positive health, safety and wellbeing culture</b>	Sept-22	To demonstrate our commitment to the wellbeing of our workforce and support identification of areas of improvement
C5	HR and L&OD	Develop future leaders, and grow the workforce skill set to meet the changing operating environment.	<b>Continue to develop our workforce</b>	Mar-23	To retain and develop talent within the organisation reducing the burden of recruitment to vacant positions
C6	Access to Homes	Review temporary accommodation model with Council & partners.	<b>Reduce and prevent homelessness</b>	Mar-23	To make best use of commissioned supported accommodation and SLHD to provide appropriate emergency and interim accommodation. To reduce temporary Accommodation below 60.
C7	Access to Homes	Deliver the Housing Solutions project to improve access and sustainability in the private rented sector, provide early and targeted homeless advice to increase homeless prevention and reduce chronic homelessness	<b>Reduce and prevent homelessness</b>	Mar-23	To prevent homelessness occurring and reduce demand on the service

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Year ended 31 March 2022 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>	26 May 2022

### 1. Purpose

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

### 2. Executive summary

2.1. There were 19 KPIs agreed with DMBC for 2021/22 and included :

- two measured quarterly – residents supported in training and residents supported in employment;
- four measured annually - STAR survey (2), energy efficiency and Decent Homes Standard numbers; and
- three KPIs relating to Homelessness did not have targets this year due to ongoing Covid19 requirements.

2.2. The table below summarises the KPI dashboard as at 31 March 2022. Performance comparatives have been included from 2020/21. At the end of the financial year, nine KPIs were met or were within agreed tolerances of target.

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

<sup>1</sup> For 2020/21, two of the four annual KPIS 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

## Annual SLHD KPIs

- 2.3. In addition to the 19 DMBC KPIs, SLHD Board requested three additional KPIs to be measured annually in relation to SLHD as an employer using a survey results which includes Net Promoter Scores (NPS), as follows :
- Employee satisfaction with St Leger Homes as an employer - Staff Survey
  - How likely are you to recommend SLHD to family and friends – Tenant Survey
  - How likely are you to recommend SLHD to family and friends – Staff Survey
- 2.4. The first two of these SLHD targets were met but one was below target (see 3.9 below). The results are included in the dashboard at **Appendix A**.

### 3. KPI commentary

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

**Target 0.50%**  
**March 22 year end Performance 0.79%** **WORSE THAN TARGET – RED**

	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Void rent loss YTD %	0.79%	0.79%	0.79%	0.82%	1.00%	1.02%	0.97%	0.97%
Void numbers at quarter end	178	147	159	142	159	216	195	209

The number of voids held at the end of March shows a slight increase of four from February.

This figure includes 13 non-lettable voids, consisting of eight awaiting demolition, three under-going option appraisal and two non-lettable (fire damaged) voids, where work is being completed by contractors.

Thirteen voids are fully repaired and available to re-let which require an Occupational Therapist viewing which will be mid-May at the earliest.

Year-end terminations total 1,182 and remains higher than the total number of re-lets at 1,034. It is imperative that the number of re-lets exceeds the number of terminations to ensure an improvement in performance. AHR (accessible housing register) voids continue to accrue lengthy delays before re-let as a result of the availability for occupational therapist viewings.

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

**Target 20.0 days**  
**March 22 year end Performance 33.7 days** **WORSE THAN TARGET – RED**

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

It is pleasing to report that month performance for March stands at 32.0 days, this shows a significant improvement when comparing to February's of 37.9 days.

Cumulative performance also shows a slight improvement outturning at 33.7 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** 0.07%  
**28 February \* Year end Performance** 0.13% **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>314,277</b>	<b>1,064</b>	<b>403</b>	<b>0.13%</b>
20/21	328,175	945	214	0.07%
19/20	363,033	979	222	0.06%
18/19	319,671	1,057	233	0.07%

The information for February 2022 shows that we have not achieved our 0.07% target, in month achieving 0.15%. Cumulatively for the year we are also over our target, achieving 0.13 %.

In the previous three financial years, the percentage of complaints upheld to all complaints was consistently around 23%, but for 2021/22 this ratio increased to 38% of all complaints were upheld.

We analyse the number of complaints received and reasons for complaints on a monthly basis. Heads of Service review the data with Service Managers to identify lessons learnt and where appropriate to put in place revised procedures or to take corrective action.

The main themes for upheld complaints in the year relate to repairs - time taken to complete a repair, lack of information/communication and staff actions and behaviours.

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

**Year end target** 7.9 days  
**March 22 year end Performance** 11.9 days **WORSE THAN TARGET – RED**

March saw 0.98 days per WTE slightly higher than last month (0.91 days) and still significantly higher than the monthly target of 0.72 days. The year end position outturned at 11.9 days per WTE significantly higher than the annual target of 7.9 days per WTE. It should be noted that taking Covid19 sickness from the figures reduced this to 10.1 days per FTE.

This financial year positive Covid cases have accounted for 15.3% of all absence with more than double the number of days in comparison to the last financial year. It is also helpful to remember this is only the direct Covid related absence.

Absence increases such as mental health and other infection and virus have also increased significantly and may be attributed to an indirect impact of the pandemic.

March saw an increase again in Covid related absence with 134 days resulting in this being the 4th highest month for Covid related absence in the year.

The highest cause of absence this financial year remains stress depression and anxiety accounting for a 37.4% of all absence. At year-end this equates to 3,317 working days lost in comparison to 1,802 for the same reasons last year (Non work related stress remains the biggest contributors with work related stress accounting for just 3.7% of this total and a total of 26 days within the month accounting for specific cases which are being directly managed).

This month has seen a decrease in the actual number of days absent for all forms of stress with the exception of depression and anxiety which increased by three days. It should be noted that whilst stress related absence is high for the year we are now beginning to see a downward trend.

The second highest reason for absence remains Musculo-Skeletal (MSK) accounting for 19.9% of the absence (no significant difference from last month) and only a small different in the total number of days seen against the previous year, followed by Covid19. It should also be noted that at year end, infection and virus is the fourth highest reason for absence has seen an increase of over 100 days on the previous financial year.

All cases continue to be managed in line with the attendance management procedures.

### 3.5. KPI 14 Number of residents undertaking training or education

**Target** 67  
**March 22 year end Performance** 30 **WORSE THAN TARGET – RED**

Across the year, the target for assisting residents into training has not been met for several reasons. Firstly, the jobs market is very buoyant at present (unemployment rate down to 3.8% as of 12/04/22) and so we have seen less participants look for help with training. As an example, when recruiting for the recent World of Work cleaning course, it took four different information sessions spread across two months before we were able to reach the required minimum number of participants for the College to begin teaching.



This was the first group of participants that included non-SLHD tenants and thanks to them, the course was able to run. With more and more people either starting work or withdrawing from the jobs market in general, there has also been a reduced demand for our general one to one employment training and this too impacted materially on the KPI figure.

It is only recently for example that we were able to restart face-to-face training meetings in local libraries with participants. Going forward, there are already some new initiatives being discussed around Traineeships, work experience and T-levels, which should help to increase numbers in 2022/23. We are also reviewing the current WOW support and learn offer to make them more attractive to potential participants

### **Annual DMBC KPIs**

- 3.6. There were four annual KPIs agreed with DMBC including the two from the annual STAR survey for 2021/22 which completed in in mid 2021. One of these exceeded target (Energy Efficiency) and three were within tolerances of target.

### **Annual SLHD KPIs**

- 3.7. In addition to the 19 DMBC KPIs, SLHD Board requested three additional KPIs in relation to SLHD as an employer using a Net Promoter Score (NPS) and staff survey, as follows :
- Employee satisfaction with St Leger Homes as an employer - Staff Survey
  - How likely are you to recommend SLHD to family and friends – Tenant Survey
  - How likely are you to recommend SLHD to family and friends – Staff Survey
- 3.8. The first two of these targets were met but one was below target (see below).
- 3.9. How likely are you to recommend SLHD to family and friends – Staff Survey

<b>Target</b>	<b>25</b>	
<b>March 22 year end Performance</b>	<b>-7</b>	<b>WORSE THAN TARGET – RED</b>

For the Net Promoter Scores KPIs, the Staff Survey NPS of -7 was worse than the target of 25.

A number of staff surveys have been undertaken over the past two years and results from all are analysed in detail – by theme, directorate, etc. - and action plans are generated to address all the issues raised.

The drop in Net Promoter Score (NPS) was analysed and discussed with Employment and People Committee in February 2022. The drop is in contrast and is inconsistent with the staff satisfaction scores which remain high, in excess of 80% therefore consideration has been given to the appropriateness of this measure. This measure will be retained until such time that consideration is given in detail to a future tool such as liP or Best Companies.

Further, consistent surveys are planned for 2022/23 and further actions will be created as required.

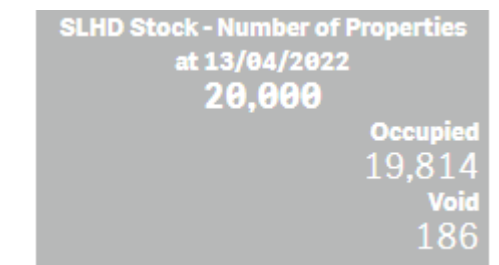
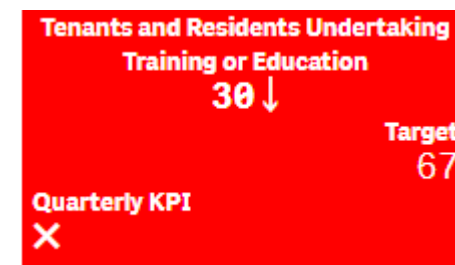
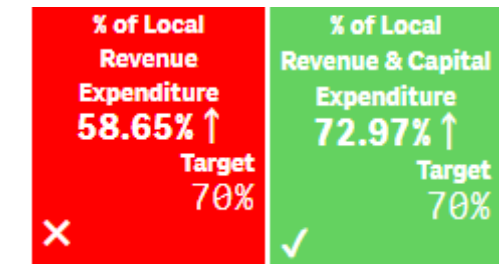
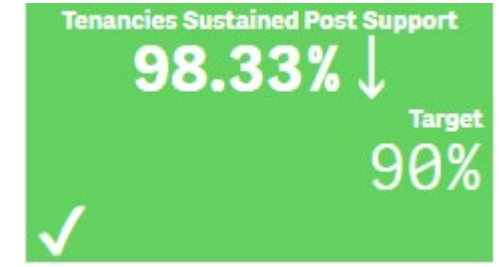
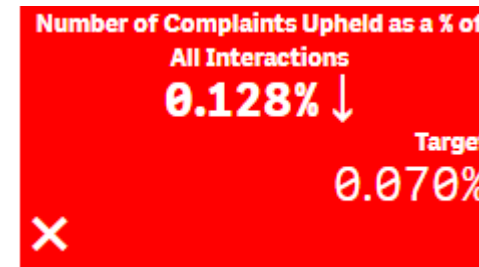
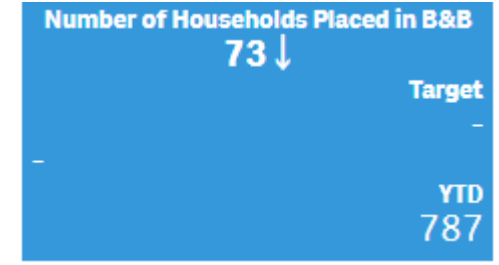
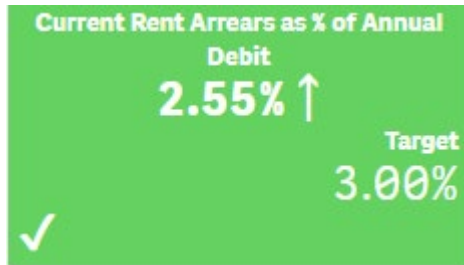
Nigel Feirn  
Head of Finance and Business Assurance  
01302 737485

**Appendix A** – 31 March 2021/22 KPI dashboard

# St Leger Homes of Doncaster Performance Dashboard 31 March 2022

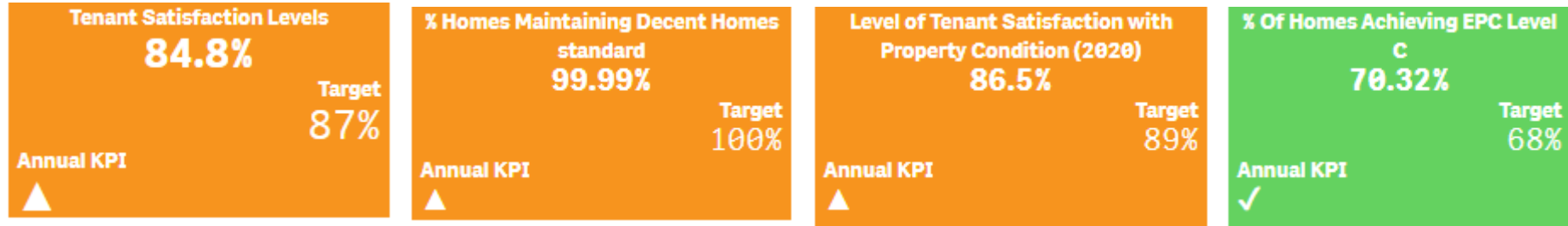
Colour = Cumulative performance (Tick/Green = On Target, Triangle/Orange = Near to Target, Cross/Red = Not on Target, Blue = No Target)

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

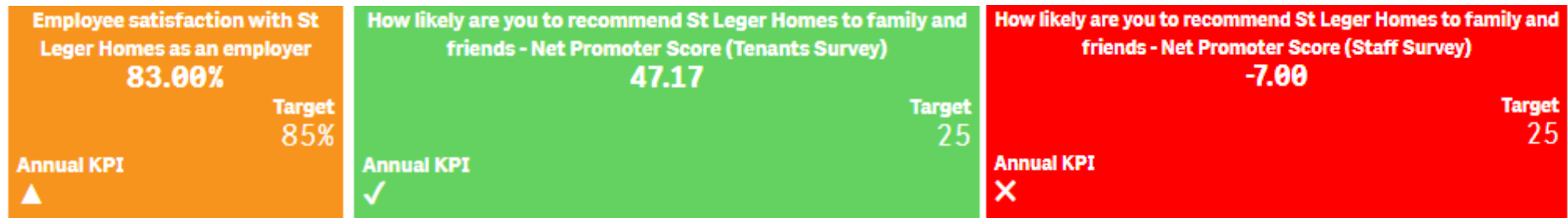


## Annual DMBC KPIs

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



## Annual SLHD KPIs



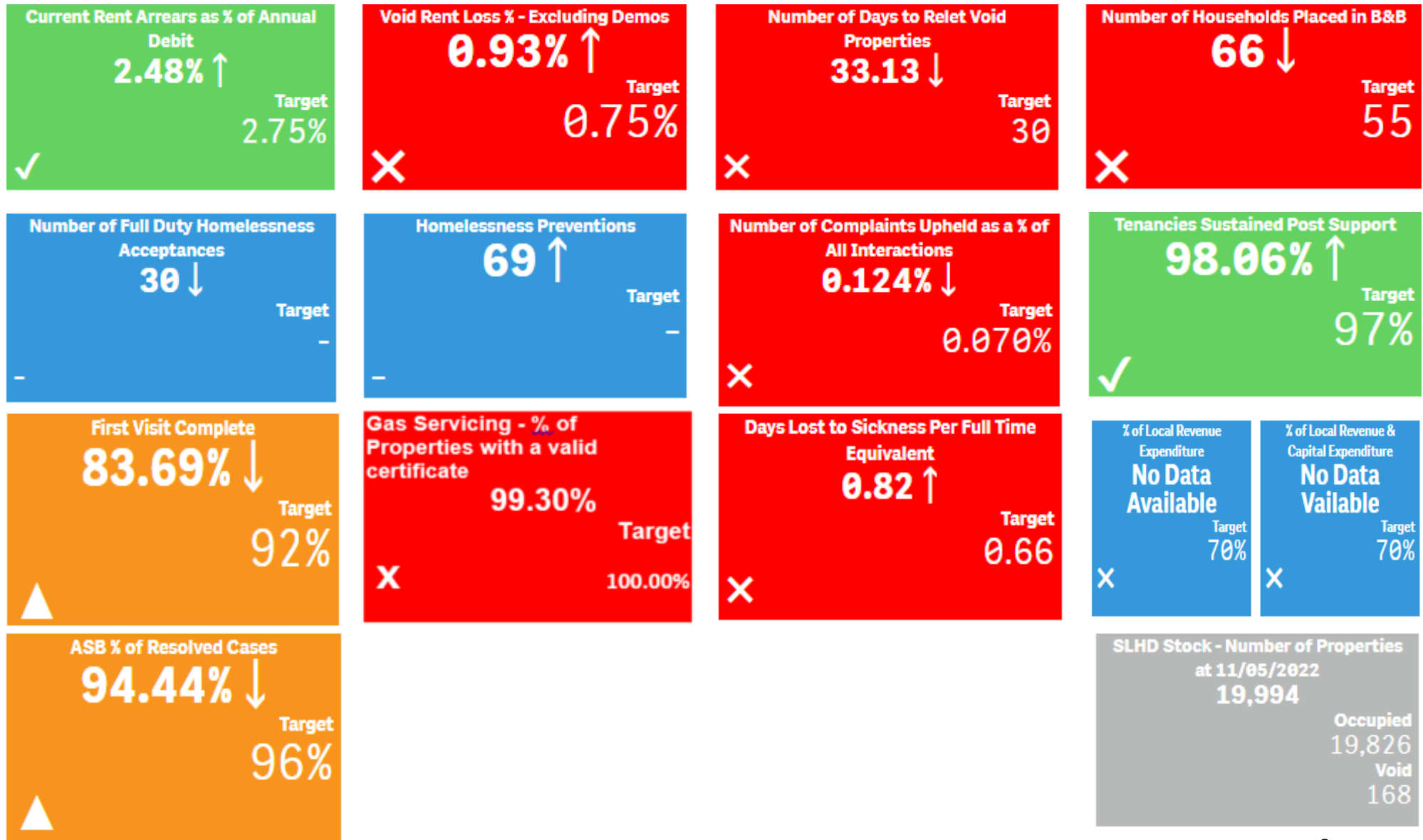
St Leger Homes of Doncaster

# Summary of Performance Information April 2022

*Some of the performance on Qlik comes from live systems which are being updated continuously. The performance in this booklet is as at 12/05/2022*

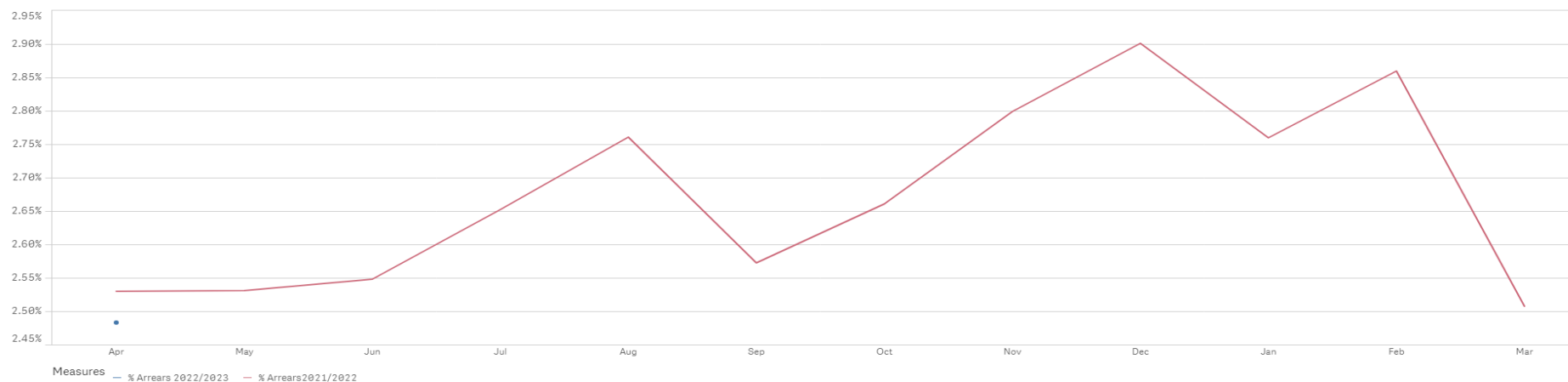
# St Leger Homes of Doncaster Performance Dashboard April 2022

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



# St Leger Homes of Doncaster Performance Dashboard April 2022

## KPI1: % of Current Rent Arrears Against Annual Debit



Month	Arrears Amount Current Year	Annualised Rent HouseMark Calculation Current Year	Current Arrears % HouseMark Current Year	Target Current Year	Arrears Amount Previous Year	Annualised Rent HouseMark Calculation Previous Year	Current Arrears % HouseMark Previous Year	Target Previous Year
Apr	£1,946,192	£78,361,913	2.48%	2.75%	£1,910,879.98	£75,515,985.22	2.53%	3.05%
May	-	-	-	-	£1,912,430.89	£75,542,307.94	2.53%	3.10%
Jun	-	-	-	-	£1,924,889.27	£75,550,175.68	2.55%	3.16%
Jul	-	-	-	-	£2,003,818.62	£75,539,463.51	2.65%	3.21%
Aug	-	-	-	-	£2,084,644.36	£75,531,017.43	2.76%	3.21%
Sep	-	-	-	-	£1,942,895.04	£75,528,073.18	2.57%	3.21%
Oct	-	-	-	-	£2,009,537.99	£75,517,336.91	2.66%	3.21%
Nov	-	-	-	-	£2,112,977.04	£75,507,747.22	2.80%	3.32%
Dec	-	-	-	-	£2,190,605.62	£75,508,427.36	2.90%	3.42%
Jan	-	-	-	-	£2,083,646.60	£75,500,889.53	2.76%	3.32%
Feb	-	-	-	-	£2,158,696.73	£75,492,763.37	2.86%	3.16%
Mar	-	-	-	-	£1,893,170.17	£75,478,025.77	2.51%	3.00%

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI1: % of Current Rent Arrears Against Annual Debit

Commentary

**KPI Owner:**

Jane Davies

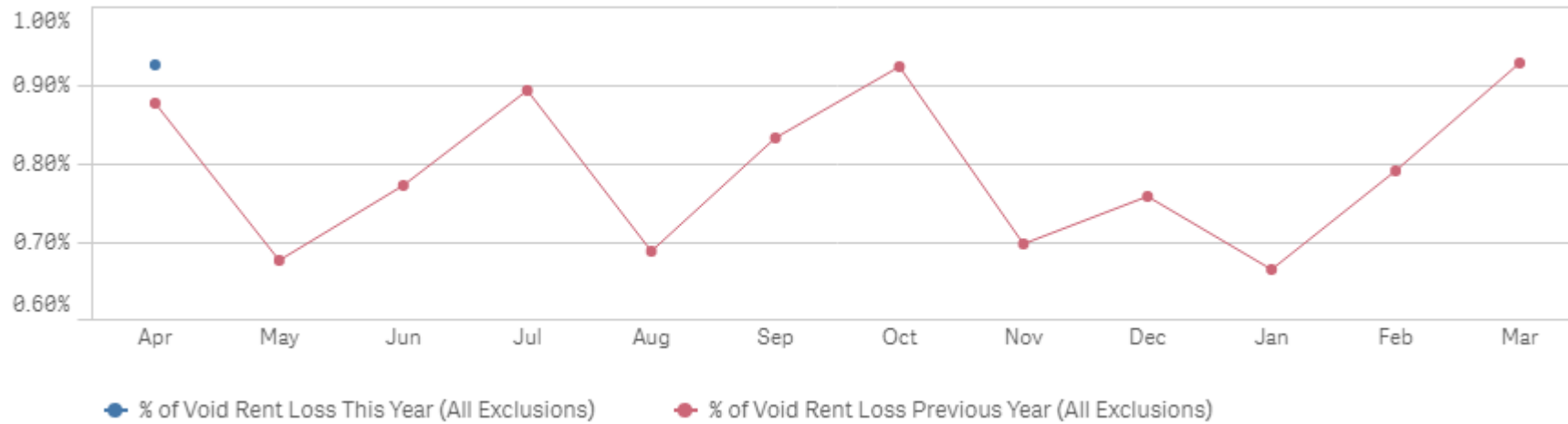
**KPI Commentary:**

April's outturn for rent arrears was considerably strong at 2.48% against a target of 2.75%. Performance is strong, but preparing for a number of challenges expected throughout the year including the current cost of living crisis, increased utility bills, which is expected to increase further in October 2022. The Income Management Team and Tenancy Support team continue to support residents to maximise their income, including new ways to break down financial gains and grants awarded to identify exactly where the support is required/given the most. Over the coming months, we will continue to make contact with those in the lower rated EPC properties and pro-active work surrounding those potentially eligible for Pension Credit.



## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI2: Void Rent Loss



Month	Void Loss (No Exclusions) Current Year	Void Loss (All Exclusions) Current Year	Rent Amount Current Year	% of Void Rent Loss (Nothing Excluded) Current Year	% of Void Rent Loss (All Exclusions) Current Year	Cumulative Performance Current Year	Void Loss (All Exclusions) Previous Year	Rent Amount Previous Year	% of Void Rent Loss (All Exclusions) Previous Year	Cumulative Performance Previous Year
Apr	£59,260	£56,301	£6,084,140	0.97%	0.93%	0.93%	£51,428.87	£5,860,350.81	0.88%	0.88%
May	-	-	-	-	-	-	£49,384.06	£7,315,092.34	0.68%	0.77%
Jun	-	-	-	-	-	-	£45,283.30	£5,858,197.00	0.77%	0.77%
Jul	-	-	-	-	-	-	£52,391.93	£5,860,441.85	0.89%	0.80%
Aug	-	-	-	-	-	-	£50,252.79	£7,310,089.40	0.69%	0.77%
Sep	-	-	-	-	-	-	£48,724.30	£5,857,330.44	0.83%	0.78%
Oct	-	-	-	-	-	-	£54,188.51	£5,857,846.29	0.93%	0.80%
Nov	-	-	-	-	-	-	£50,985.03	£7,305,812.83	0.70%	0.79%
Dec	-	-	-	-	-	-	£44,408.89	£5,853,207.24	0.76%	0.78%
Jan	-	-	-	-	-	-	£48,580.77	£7,302,628.31	0.67%	0.77%
Feb	-	-	-	-	-	-	£46,282.66	£5,846,542.33	0.79%	0.77%
Mar	-	-	-	-	-	-	£54,353.00	£5,846,751.04	0.93%	0.78%

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI2: Void Rent Loss

Commentary

**KPI Owner:**

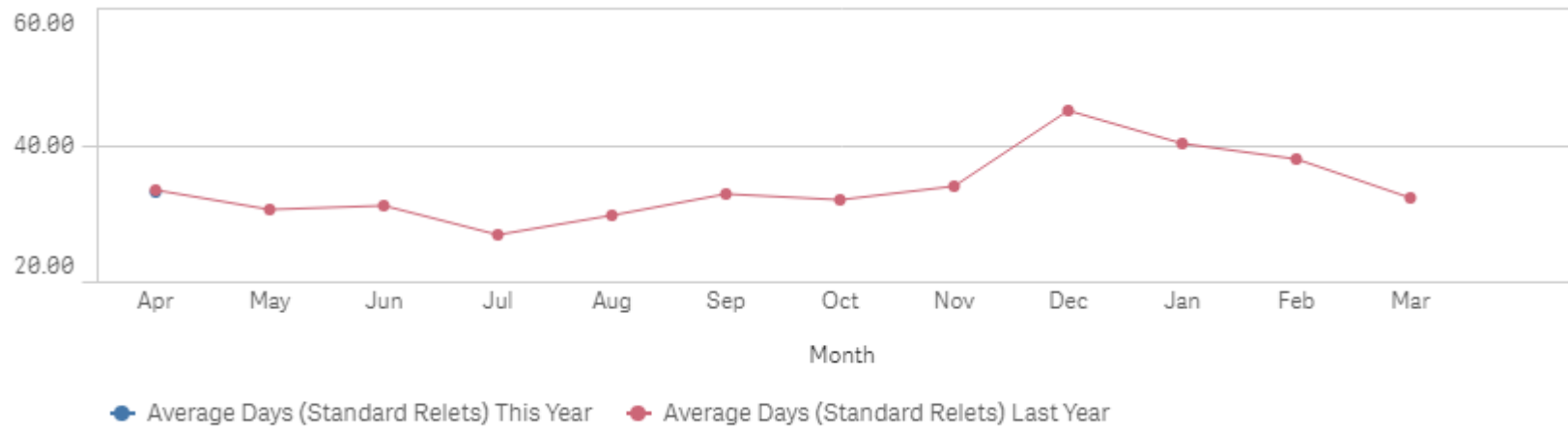
Mark Coogan

**KPI Commentary:**

The number of voids held at the end of April shows a slight increase at 181, which is (+1) when compared to the previous month (March) of 180. This figure includes 14 non lettable voids, consisting of, 11 awaiting demolition Gargrave Close (8) and Princess Crescent (3), non lettable voids (2) both fire damaged, work is being completed by contractors and 1 acquisition. Month end performance at 0.92% shows a slight improvement when comparing to the previous month (March) of 0.93%. Cumulative performance shows a significant decline at 0.92% when comparing to the previous month of 0.78%. The reason for the increase is the number of voids held. A total of 11 voids are fully repaired and available to re-let which require an SLHD OT to attend the viewing - the start date for the newly appointed SLHD OT is the 16/5/22. All 11 properties have offers processed and could have been re-let if an OT was available to view them. We have asked for help from colleagues in DMBC, but unfortunately, they do not have the capacity to assist with any OT viewings. An additional 5 properties have been identified for lease to Changing Lives (X3) and Children's Services (X2), all 5 are fully repaired and available to hand over. Each service has been handed the relevant compliance information and are currently with their Legal team. However, at the time of writing it is pleasing to see that the total number of relets at 120 exceeds the total number of terminations of 105, as a result of this, the number of voids held is beginning to show a reduction currently standing at 172. If the number of voids continues to reduce, VRL will show an improvement.

## St Leger Homes of Doncaster Performance Dashboard April 2022

### KPI3: Relets



Month	Number of Relets (All) Current Year	Average Relet Days (All) Current Year	Number of Relets (Standard) Current Year	Average Relet Days (Standard) Current Year	Cumulative Performance (Standard) Current Year	Number of Relets (Standard) Previous Year	Average Relet Days (Standard) Previous Year	Cumulative Performance (Standard) Previous Year
Apr	97	41.91	78	33.13	33.13	69	33.51	33.51
May	-	-	-	-	-	66	30.50	32.04
Jun	-	-	-	-	-	72	31.21	31.75
Jul	-	-	-	-	-	78	26.87	30.41
Aug	-	-	-	-	-	76	29.86	30.30
Sep	-	-	-	-	-	64	32.95	30.70
Oct	-	-	-	-	-	71	32.08	30.90
Nov	-	-	-	-	-	79	34.15	31.34
Dec	-	-	-	-	-	62	45.19	32.69
Jan	-	-	-	-	-	69	40.39	33.44
Feb	-	-	-	-	-	77	37.95	33.89
Mar	-	-	-	-	-	88	32.33	33.73

## St Leger Homes of Doncaster Performance Dashboard April 2022

### KPI3: Relets

#### Termination Reasons for April 2022

Termination Reason	Number
<b>Total</b>	<b>92</b>
Abandoned	4
Affordability	1
Buying Own Home	1
Eviction	2
Keys Handed in Without Notice	5
Moved In With Partner/Family	8
Moved to other RSL/Social provider	5
Moved to Private Landlord (Not HA)	8
Residential Care	8
Service Dissatisfaction/Failure	1
Temp Accommodation Termination	2
Tenant Deceased	36
Transfer	11

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI3: Relets  
Commentary

**KPI Owner:**  
Mark Coogan

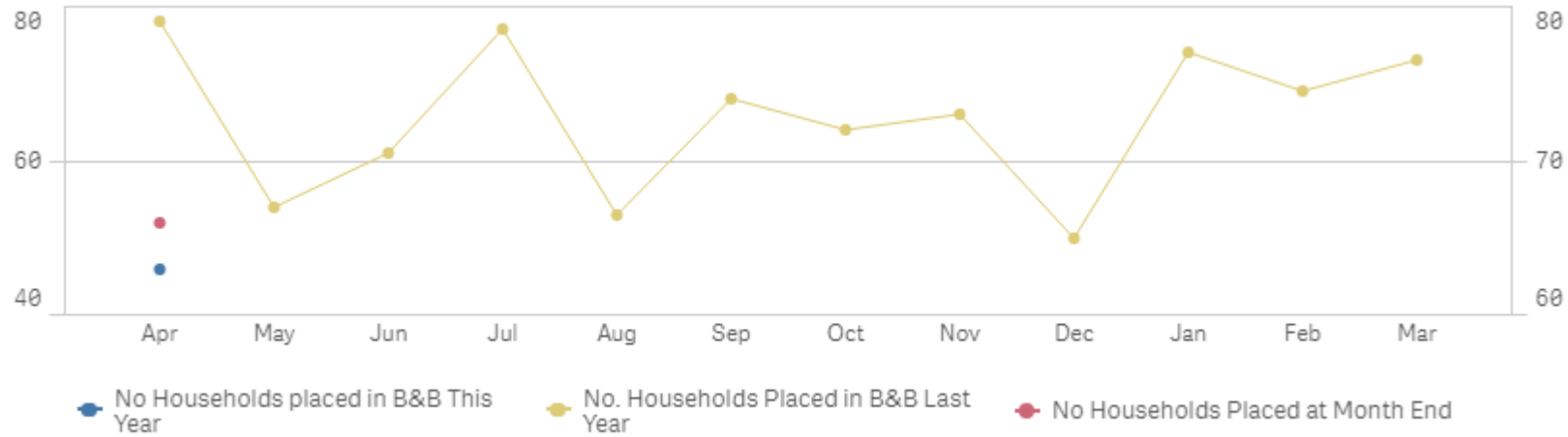
**KPI Commentary:**

Month performance for April shows a slight improvement standing at 33.13 days, when comparing to March of 33.73 days, this remains worse than target.

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

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI4: Number of Households Placed in B&B Accommodation



Month	Households Placed in B&B at Month End Current Year	Households Placed in B&B Current Year	Total Nights in B&B – New Placements in Month Current Year	Total Nights in B&B – Paid For in Month Current Year	Children Placed in B&B Current Year	Households Placed in B&B Previous Year	Total Nights in B&B – New Placements in Month Previous Year	Total Nights in B&B – Paid For in Month Previous Year	Children Placed in B&B Previous Year
Apr	66	46	509	2037	49	78	899	2841	71
May	-	-	-	-	-	54	522	2630	21
Jun	-	-	-	-	-	61	563	2142	12
Jul	-	-	-	-	-	77	1214	1937	63
Aug	-	-	-	-	-	53	762	1745	34
Sep	-	-	-	-	-	68	493	1508	41
Oct	-	-	-	-	-	64	705	1716	41
Nov	-	-	-	-	-	66	770	1956	33
Dec	-	-	-	-	-	50	488	1847	0
Jan	-	-	-	-	-	74	727	2425	28
Feb	-	-	-	-	-	69	761	2055	55
Mar	-	-	-	-	-	73	861	2475	63

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI4: Number of Households Placed in B&B Accommodation

Commentary

**KPI Owner:**

Mark Steward

**KPI Commentary:**

B&B placements has reduced this month from 72 to 66. The yearend target is 30 and the profiled target is 55. We are therefore slightly higher than target but are confident we will reduce this each month. We have recently secured a 30 unit single persons private rented sector development to use for direct placements and will be prioritising move on from B&B, supported housing and ex-offenders and providing tenancy support to ensure the move on are positive and successful. We will use the success of this to develop marketing and engagement with more private landlords and continue to reduce B&B.

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI5: Number of Full Duty Homelessness Acceptances



Month	Number Current Year	Cumulative Current Year	Target Current Year	Cumulative Target Current Year	Number Previous Year	Cumulative Previous Year
Apr	30	30	-	0	31	31
May	-	-	-	0	45	76
Jun	-	-	-	0	36	112
Jul	-	-	-	0	23	135
Aug	-	-	-	0	43	178
Sep	-	-	-	0	47	225
Oct	-	-	-	0	18	243
Nov	-	-	-	0	28	271
Dec	-	-	-	0	21	292
Jan	-	-	-	0	58	350
Feb	-	-	-	0	9	359
Mar	-	-	-	0	25	384



## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI5: Number of Full Duty Homelessness Acceptances

Commentary

**KPI Owner:**

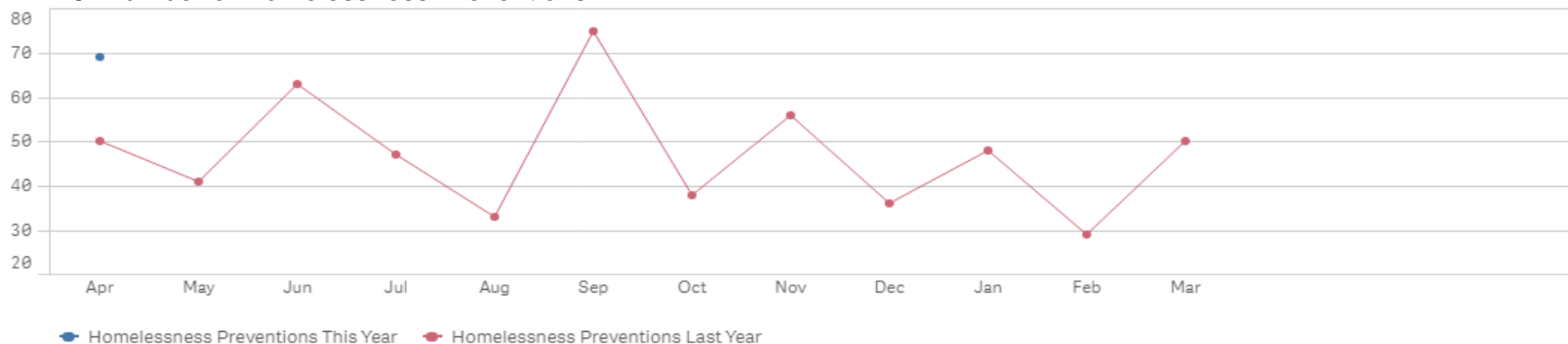
Mark Steward

**KPI Commentary:**

This remains high at 30 for April and is due to demand and volume but also cases going out of date and not being effectively managed. This is being continually addressed but officers have in excess of 100 cases each and therefore the recruitment of additional resources is key to reducing the backlog of cases and implementing effective case management processes and performance management.

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI6: Number of Homelessness Preventions



Month	Number of Preventions Current Year	Target Current Year	Cumulative Number of Preventions Current Year	Cumulative Target Current Year	Number of Preventions Previous Year	Target Previous Year	Cumulative Number of Preventions Previous Year	Cumulative Target Previous Year
Apr	69	-	69	-	50	-	50	0
May	-	-	-	-	41	-	91	0
Jun	-	-	-	-	63	-	154	0
Jul	-	-	-	-	47	-	201	0
Aug	-	-	-	-	33	-	234	0
Sep	-	-	-	-	75	-	309	0
Oct	-	-	-	-	38	-	347	0
Nov	-	-	-	-	56	-	403	0
Dec	-	-	-	-	36	-	439	0
Jan	-	-	-	-	48	-	487	0
Feb	-	-	-	-	29	-	516	0
Mar	-	-	-	-	50	-	566	0

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI6: Number of Homelessness Preventions

Commentary

**KPI Owner:**

Mark Steward

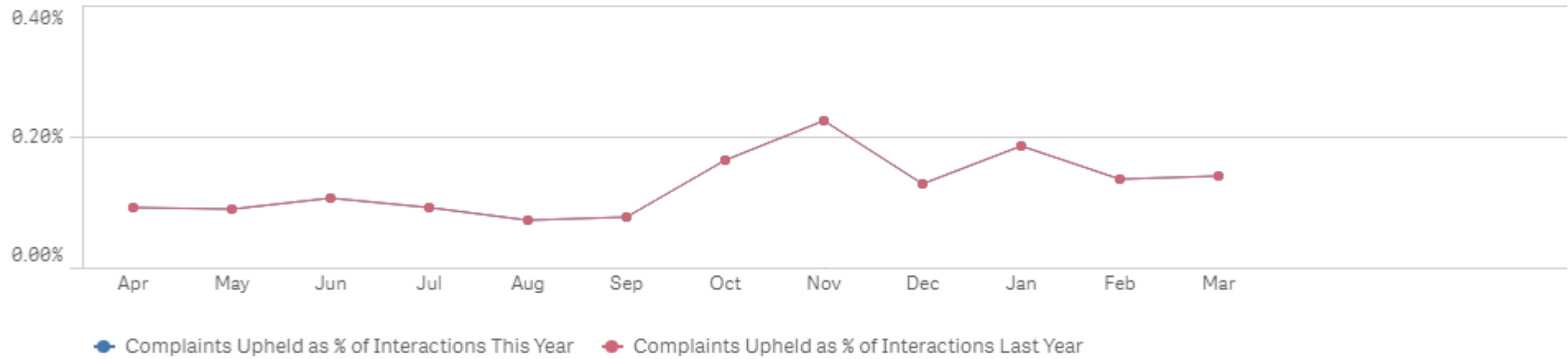
**KPI Commentary:**

This number has increased from 50 in March to 69 in April and is the highest it has been from the beginning of 21/22. This is a positive trend and we will continue to increase preventions during the year.

# St Leger Homes of Doncaster Performance Dashboard April 2022

KPI7: Number of Complaints Upheld as a % of All Interactions – 1 Month in Arrears

KPI7: Complaints Year on Year Graph



Month	Number of Interactions Current Year	Complaints Upheld Current Year	Complaints Upheld as a % of Interactions Current Year	Cumulative Complaints Upheld as a % of Interactions Current Year	Number of Interactions Previous Year	Complaints Upheld Previous Year	Complaints Upheld as a % of Interactions Previous Year	Cumulative Complaints Upheld as a % of Interactions Previous Year
Apr	35,302	33	0.093%	0.093%	35302	33	0.093%	0.093%
May	31,294	28	0.089%	0.092%	31294	28	0.089%	0.092%
Jun	33,521	36	0.107%	0.097%	33521	36	0.107%	0.097%
Jul	32,123	30	0.093%	0.096%	32123	30	0.093%	0.096%
Aug	31,452	23	0.073%	0.092%	31452	23	0.073%	0.092%
Sep	30,692	24	0.078%	0.090%	30692	24	0.078%	0.090%
Oct	26,117	43	0.165%	0.098%	26117	43	0.165%	0.098%
Nov	27,816	63	0.226%	0.113%	27816	63	0.226%	0.113%
Dec	25,625	33	0.129%	0.114%	25625	33	0.129%	0.114%
Jan	26,870	50	0.186%	0.121%	26870	50	0.186%	0.121%
Feb	29,196	40	0.137%	0.122%	29196	40	0.137%	0.122%
Mar	33,494	47	0.140%	0.124%	33494	47	0.140%	0.124%

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI7: Number of Complaints Upheld as a % of All Interactions – 1 Month in Arrears

Commentary

**KPI Owner:**

Jackie Linacre

**KPI Commentary:**

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

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 March 2022 we received 119 complaints. This is an increase of +8 compared to last month. This is +17 more than we received compared to March 2021.

33 of those 119 complaints were upheld (31.7%). The number of complaints upheld has increased by +5 compared to last month and +7, compared to March 2021.

Overall, cumulative complaints total is 1183, which is an increase of +338 compared to 2020/21 (+40%).

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

The information for March 2021, shows that we have not achieved our 0.070% target, achieving 0.093%. Cumulatively we are also over our target, achieving 0.124%.

The main themes for upheld complaints in March 2022 continue to relate to time taken to complete a repair, lack of information / communication and standard of work.

## St Leger Homes of Doncaster Performance Dashboard April 2022

### Staffing Issues for March 2022

There were 11 complaints relating to Staffing in March 2022, of which 4 were upheld.

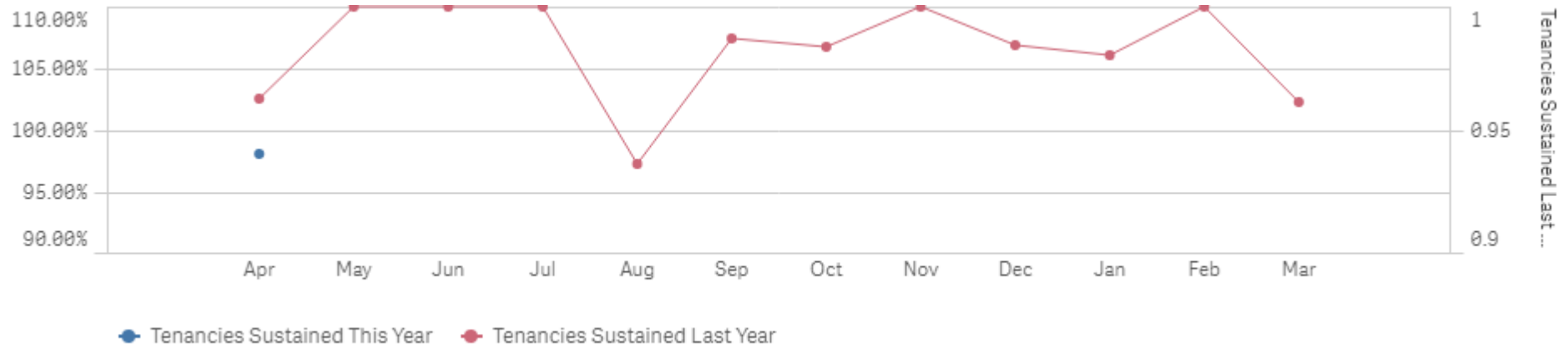
Directorate	Service Area	Department	Issue Theme	Ref	Issue Identified	Action Taken	Process Improvement
Housing and Customer Services	Customer Services	Customer Access Team	Staff Actions	6101	Complaint regarding the service he received when calling out of hours, saying he'd have to wait days for a leak to be repaired.	He called at 08.02am and stated he had a leak behind the toilet since 9.00pm the previous evening, but was unable to get in touch with anyone from Doncaster Council's out of hours service. A job was raised on an attend today for a plumber to look at the uncontrollable leak behind the toilet and the plumber attended at 10.14am and completed the repair at 11.20am.	-
Housing and Customer Services	Housing Management	Estates	Staff Actions	5956	Filling out paper work at the Civic office, she found it a very distressing experience. The young lady who dealt with this requires more training on people skills.	The matter has been raised with the customer service advisor who dealt with the enquiry and advice has been given to her that she should have, at the time, sought further advice on the hearing loop facility, which she pointed out to her so that this could have been utilised. Failing this she should have offered to take her in to a separate interview room to complete the termination forms which would have been a better, quieter place to enable her to hear	-
Property Services	Asset Management	Asbestos Management	Contract or Actions	6135	A surveyor from SLHD came out two weeks ago to do asbestos surveyor, he scratched every wall behind all the radiators to check the plasterwork. He	The contractors should contact our tenant and book their own appointments, as we do not have control over their diaries. When any tenant is called the scope of the	-

## St Leger Homes of Doncaster Performance Dashboard April 2022

					also scratched two ceilings because they had Artex on. The surveyor did not say who he was, did not receive a letter from SLHD. The surveyor said for tenant to contact SLHD on Friday 4 March 2022 then on the Monday 7 March 2022 tenant rang them. The CAT team said we have your phone number and we will get someone to get back in contact with you today. Tenant did not receive a phone call and tried a further 3 times after that and the same answer, we will ring you back today and then tried to ring in three days in a row this week Mon, Tues and Wednesday 14 - 16 March 2022. Tenant is complaining because no one is getting back to him and does not know where he stands.	survey should be explained to them, detailing all areas required and what the survey entails	
Property Services	Mechanical & Electrical	Gas	Staff Attitude	6214	Complaint about gas fitters attitude when attending her property to carry out a repair, slammed the door and gave her notice as couldn't complete the service due to items in the way of the meter	Operative asked the tenant to move some items that had not been cleared prior to the appointment. If offence was taken this was not the intention. Tenant had not been informed that the area needed to be cleared for access to the meter	-

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI8: Tenancies Sustained Post Support



Month	All Cases Closed 6 Months Previously Current Year	Number of Tenancies Ended within 6 Months Current Year	% of Tenancies Active 6 Months After Support Ended Current Year	Cumulative Performance Current Year	All Cases Closed 6 Months Previously Current Year	Number of Tenancies Ended within 6 Months Current Year	% of Tenancies Active 6 Months After Support Ended Current Year	Cumulative Performance Current Year
Apr	103	2	98.06%	98.06%	54	2	96.30%	96.30%
May	-	-	-	-	47	0	100.00%	98.02%
Jun	-	-	-	-	56	0	100.00%	98.73%
Jul	-	-	-	-	50	0	100.00%	99.03%
Aug	-	-	-	-	47	3	93.62%	98.03%
Sep	-	-	-	-	81	1	98.77%	98.21%
Oct	-	-	-	-	63	1	98.41%	98.24%
Nov	-	-	-	-	53	0	100.00%	98.45%
Dec	-	-	-	-	64	1	98.44%	98.45%
Jan	-	-	-	-	51	1	98.04%	98.41%
Feb	-	-	-	-	39	0	100.00%	98.51%
Mar	-	-	-	-	52	2	96.15%	98.33%



## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI8: Tenancies Sustained Post Support

Commentary

**KPI Owner:**

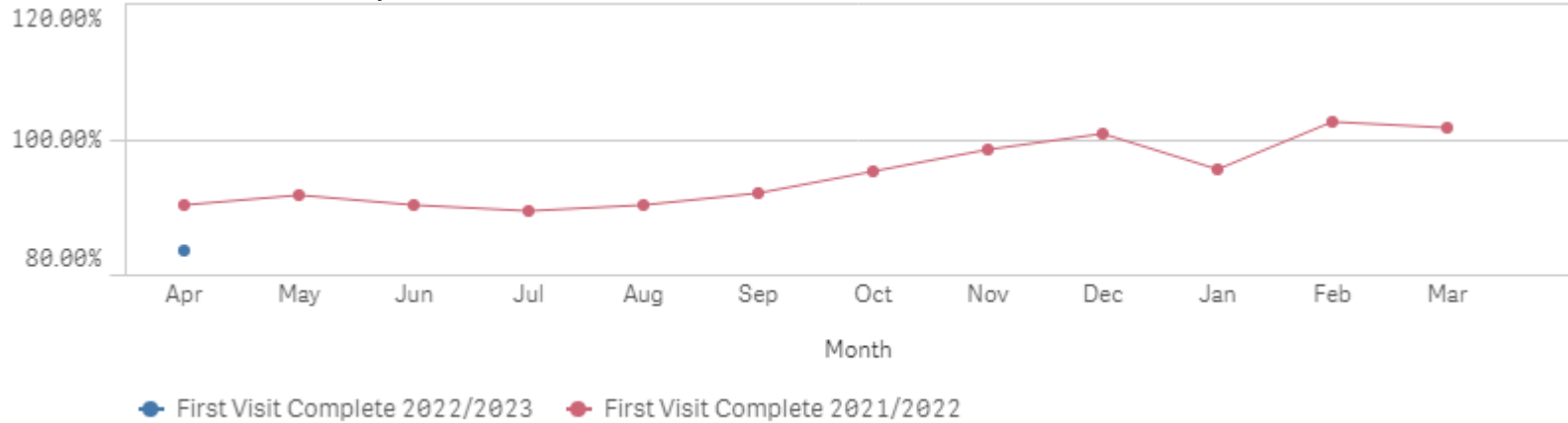
Jane Davies

**KPI Commentary:**

Tenancies sustained post support continue to perform well in April resulting in 98% of tenants.

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI9: First Visit Complete



Month	Total Number of Repairs Completed Current Year	Number of Repairs Completed (Excluding Manual) Current Year	Number of Repairs Completed (Excluding Manual and agreed SOR) Current Year	Number of Repairs Completed in First Visit Current Year	Performance Current Year	Cumulative Performance Current Year	Performance Previous Year	Cumulative Performance Previous Year
Apr	4100	3,540	2551	2135	83.69%	83.69%	90.49%	90.49%
May	-	-	-	-	-	-	91.81%	91.08%
Jun	-	-	-	-	-	-	90.44%	90.87%
Jul	-	-	-	-	-	-	89.48%	90.56%
Aug	-	-	-	-	-	-	90.44%	90.54%
Sep	-	-	-	-	-	-	92.10%	90.80%
Oct	-	-	-	-	-	-	87.07%	90.39%
Nov	-	-	-	-	-	-	90.68%	90.42%
Dec	-	-	-	-	-	-	91.31%	90.51%
Jan	-	-	-	-	-	-	90.39%	90.50%
Feb	-	-	-	-	-	-	87.63%	90.26%
Mar	-	-	-	-	-	-	88.85%	90.15%

## St Leger Homes of Doncaster Performance Dashboard April 2022

### KPI9: First Visit Complete

Commentary

#### **KPI Owner:**

Mark Coogan

#### **KPI Commentary:**

Performance for April was disappointing at 84.20% against the 92% target however; there has been an improvement in the first weeks of May with performance for the month presently standing at 89.01%.

Of the 3,538 repairs completed in April, 2,550 met the criteria to be included in the FVC report and of those 2,147 were completed FVC.

Performance by team shows:

Responsive team 1 - 86.44%

Responsive team 2 - 82.33%

Responsive team 3 - 83.97%

Gas responsive - 92.59%

Scheduled repairs - 72.28%

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI10: Gas Servicing - % of dwellings with a valid landlord certificate

Month	Properties Requiring a Landlord Certificate – This Year	Properties Requiring a Landlord Certificate – Last Year	Number of Properties without a valid landlord certificate – This Year	Number of Properties without a valid landlord certificate – Last Year	% of Properties with a valid landlord certificate – This Year	% of Properties with a valid landlord certificate – Last Year
Apr	18942	19014	133	2	99.30%	99.99%
May	0	19005	0	5	-	99.97%
Jun	0	19000	0	4	-	99.98%
Jul	0	18992	0	14	-	99.93%
Aug	0	18985	0	19	-	99.90%
Sep	0	18978	0	15	-	99.92%
Oct	0	18975	0	16	-	99.92%
Nov	0	18967	0	23	-	99.88%
Dec	0	18961	0	0	-	100.00%
Jan	0	18953	0	0	-	100.00%
Feb	0	18946	0	0	-	100.00%
Mar	0	18936	0	0	-	100.00%

KPI10: Gas Servicing - % or Dwellings with a Valid Landlord Certificate

Commentary

**KPI Owner:**

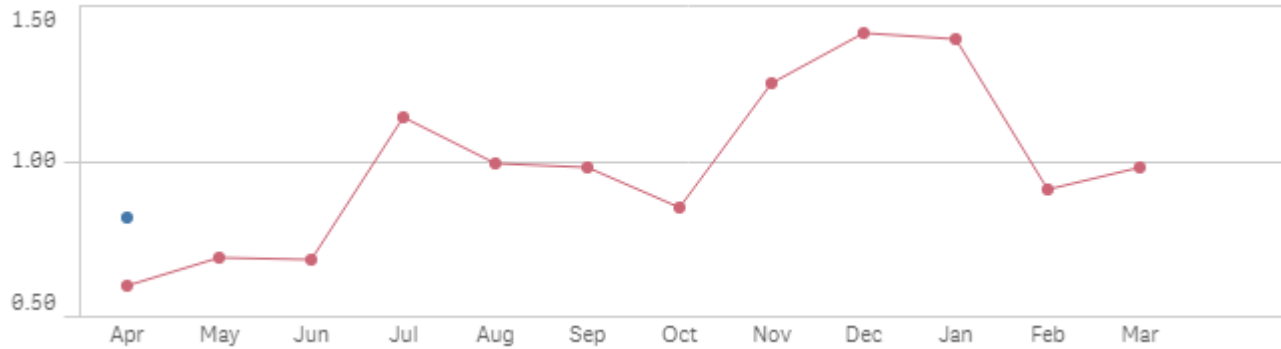
Mark Coogan

**KPI Commentary:**

**Performance Team Comment** – The performance provided is a snapshot as at 11/05/22. The historic performance is not currently available due to data issues in OpenHousing, which are currently being resolved. We hope to have the correct historic data for next month's performance.

# St Leger Homes of Doncaster Performance Dashboard April 2022

KPI11: Days Lost to Sickness Per Full Time Equivalent



This Month's Top 5 Sickness Reasons

Sickness Reason	Days Lost
Stress/Depression/Anxiety	181.70
Coronavirus (COVID-19)	89.06
Other Musculo/Skeletal	85.27
Infection/Virus	60.32
Stomach/Liver/Kidney/Digestion	40.49

Month	Days Lost To Sickness Current Year	Number of FTE Current Year	Sickness Days FTE Current Year	Cumulative Sickness FTE Current Year	Profiled Target Current Year	Days Lost To Sickness Previous Year	Sickness Days FTE Previous Year	Cumulative Sickness FTE Previous Year
Apr	563.54	690.01	0.82	0.82	0.66	428.94	0.60	0.60
May	-	-	-	-	-	494.26	0.69	1.29
Jun	-	-	-	-	-	491.59	0.69	1.98
Jul	-	-	-	-	-	814.3	1.14	3.12
Aug	-	-	-	-	-	700.12	0.99	4.11
Sep	-	-	-	-	-	695.95	0.98	5.09
Oct	-	-	-	-	-	600.97	0.85	5.94
Nov	-	-	-	-	-	881.66	1.25	7.19
Dec	-	-	-	-	-	992.07	1.41	8.60
Jan	-	-	-	-	-	976.39	1.39	9.99
Feb	-	-	-	-	-	640.46	0.91	10.90
Mar	-	-	-	-	-	682.64	0.98	11.88

## St Leger Homes of Doncaster Performance Dashboard April 2022

### KPI11: Days Lost to Sickness Per Full Time Equivalent

Commentary

#### **KPI Owner:**

Sarah Moore

#### **KPI Commentary:**

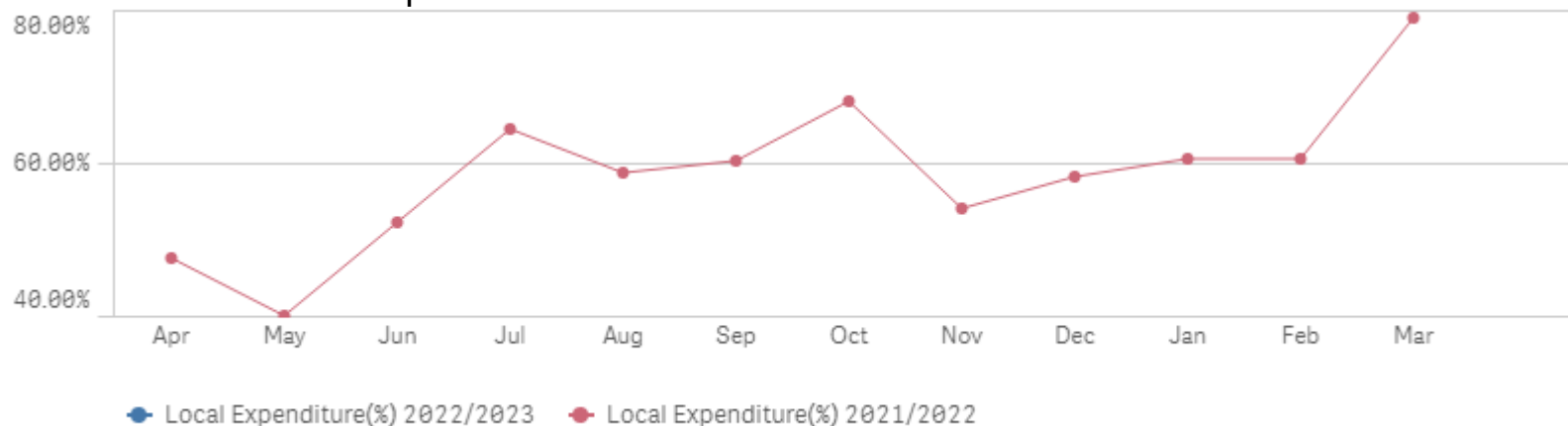
April saw 0.82 days absence per FTE vs. a target of 0.66 days (0.69 days per FTE excluding Covid related absence). Whilst this sits above monthly target, it demonstrates a positive reduction against the previous month (0.98 days). Property Services, as a directorate is the driver of the higher than target absence accounting alone for 0.96 days per FTE. All other directorates remain at or around target. Short-term absence is the biggest contributor to absence accounting for 0.56 days per FTE with long term absence accounting for 0.26 days.

This month stress related cases account for 32.2% of all absence with an increase this month in work related stress cases. This is accounted for by two known cases one within Housing and one within Property, which are both being managed and are subject to processes in addition to attendance management. Coronavirus is the second highest cause of absence this month accounting for 15.8% and a total of 89.6 days. Covid related absence whilst remaining high shows a positive decrease on the previous month (133.53 days). Work is underway with managers to ensure that cases are appropriately managed and supported, and colleagues are supported to be in work where they are well enough and adjustments are in place as appropriate to mitigate the risk to the workforce. MSK is the third highest reason this month accounting for 15.1% of all absence. Work is underway to promote our wellbeing offer around MSK including on site wellbeing clinics and access to physio services and digital support through Medicash.

All cases continue to be managed in line with the attendance management procedures.

## St Leger Homes of Doncaster Performance Dashboard April 2022

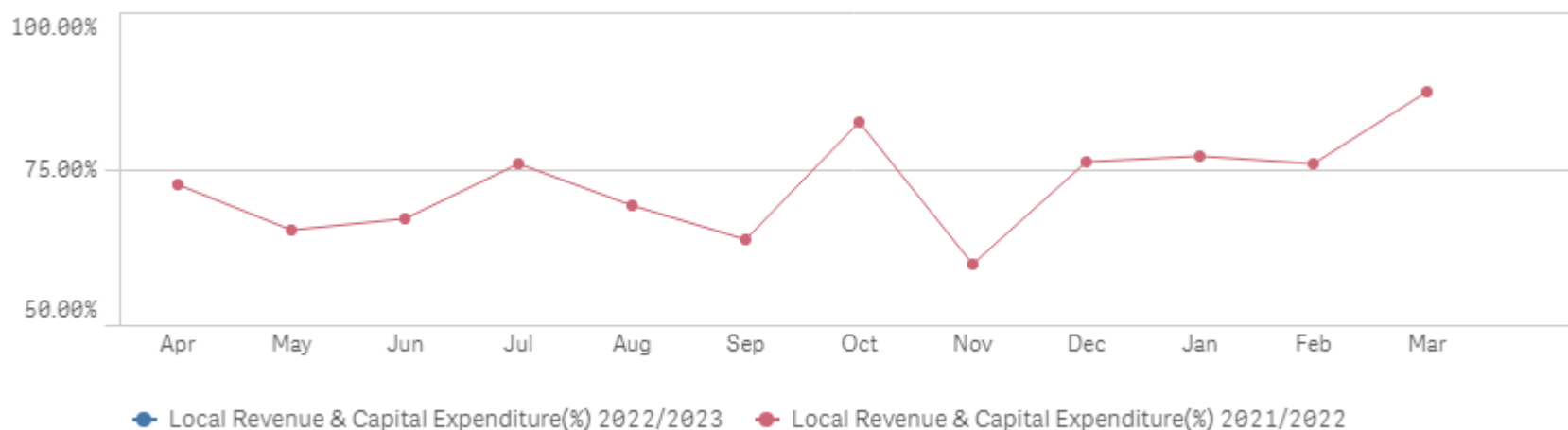
KPI12 A: % of Local Expenditure



Month	Spend In Doncaster Current Year	Spend in Yorkshire (inc. Doncaster) Current Year	Spend in Other Regions Current Year	Total Spend Current Year	Local Expenditure (%) Current Year	Cumulative Local Expenditure (%) Current Year	Spend In Doncaster Previous Year	Total Spend Previous Year	Local Expenditure (%) Previous Year
Apr	-	-	-	-	-	-	£449,381.77	£941,650.73	47.72%
May	-	-	-	-	-	-	£383,375.84	£953,742.53	40.20%
Jun	-	-	-	-	-	-	£541,699.75	£1,033,695.66	52.40%
Jul	-	-	-	-	-	-	£548,795.56	£850,200.06	64.55%
Aug	-	-	-	-	-	-	£578,295.12	£981,230.17	58.94%
Sep	-	-	-	-	-	-	£684,291.25	£1,133,103.03	60.39%
Oct	-	-	-	-	-	-	£516,665.73	£756,937.16	68.26%
Nov	-	-	-	-	-	-	£279,920.82	£517,506.42	54.09%
Dec	-	-	-	-	-	-	£476,931.00	£817,963.00	58.31%
Jan	-	-	-	-	-	-	£409,441.00	£674,209.00	60.73%
Feb	-	-	-	-	-	-	£471,443.00	£776,372.00	60.72%
Mar	-	-	-	-	-	-	£754,716.00	£955,088.00	79.02%

## St Leger Homes of Doncaster Performance Dashboard April 2022

### KPI12 B: % of Local Revenue & Capital Expenditure



Month	Revenue & Capital Spend In Doncaster Current Year	Revenue & Capital Spend in Yorkshire (inc. Doncaster) Current Year	Revenue & Capital Spend in Other Regions Current Year	Total Revenue & Capital Spend Current Year	Local Revenue & Capital Expenditure (%) Current Year	Cumulative Local Revenue & Capital Expenditure (%) Current Year	Revenue & Capital Spend In Doncaster Previous Year	Total Revenue & Capital Spend Previous Year	Local Revenue & Capital Expenditure (%) Previous Year
Apr	-	-	-	-	-	-	£1,452,195.28	£2,004,686.34	72.44%
May	-	-	-	-	-	-	£1,115,035.50	£1,704,669.19	65.41%
Jun	-	-	-	-	-	-	£1,096,966.58	£1,635,550.49	67.07%
Jul	-	-	-	-	-	-	£1,051,230.55	£1,387,026.68	75.79%
Aug	-	-	-	-	-	-	£1,153,218.52	£1,664,343.48	69.29%
Sep	-	-	-	-	-	-	£854,267.57	£1,338,128.21	63.84%
Oct	-	-	-	-	-	-	£1,317,293.57	£1,592,637.11	82.71%
Nov	-	-	-	-	-	-	£638,493.65	£1,068,204.78	59.77%
Dec	-	-	-	-	-	-	£1,139,125.00	£1,495,300.00	76.18%
Jan	-	-	-	-	-	-	£904,703.00	£1,174,335.00	77.04%
Feb	-	-	-	-	-	-	£958,743.00	£1,263,792.00	75.86%
Mar	-	-	-	-	-	-	£1,408,711.00	£1,610,043.00	87.50%



## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI12: % of Local Expenditure

Commentary

**KPI Owner:**

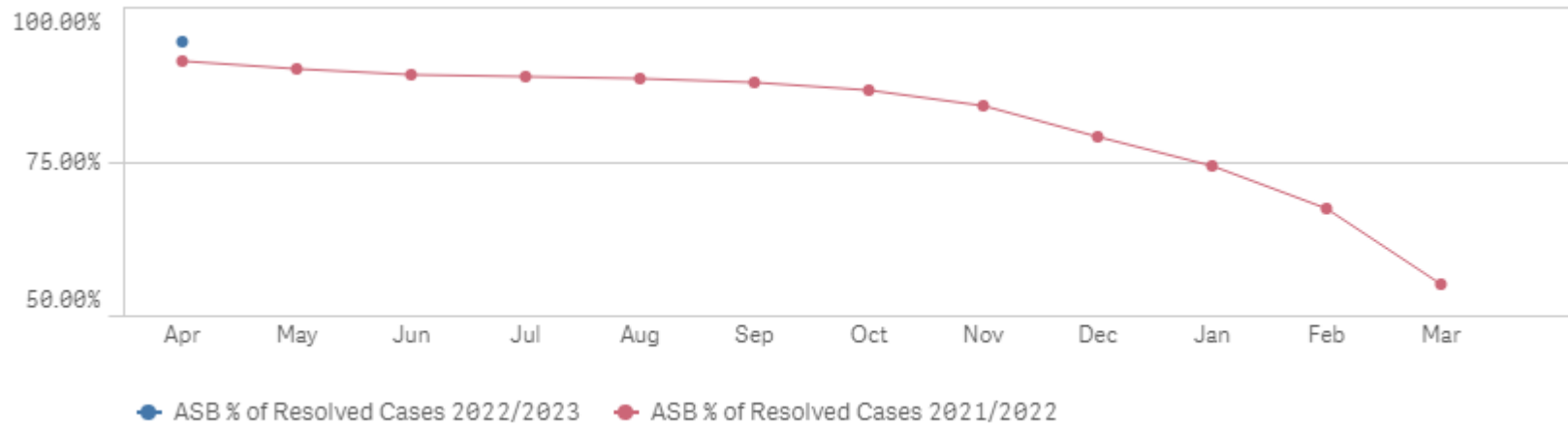
Christine Tolson

**KPI Commentary:**

Performance information has not been provided by the Council's Strategic Procurement Team as required under the SLA. As such, it is not possible to provide any commentary for performance during April 2022.

## St Leger Homes of Doncaster Performance Dashboard April 2022

### KPI13: ASB



Month	Cases Received Current Year	Cases Completed Current Year	Cases Closed Current Year	Cases Resolved Current Year	Resolved as % of All Cases Completed Current Year	Cases Received Previous Year	Cases Completed Previous Year	Cases Closed Previous Year	Cases Resolved Previous Year	Resolved as % of All Cases Completed Previous Current Year
Apr	136	108	5	102	94.44%	152	129	4	125	96.90%
May	-	-	-	-	-	278	249	7	242	97.19%
Jun	-	-	-	-	-	430	390	13	377	96.67%
Jul	-	-	-	-	-	594	545	18	527	96.70%
Aug	-	-	-	-	-	738	661	21	640	96.82%
Sep	-	-	-	-	-	880	814	25	789	96.93%
Oct	-	-	-	-	-	996	958	25	933	97.39%
Nov	-	-	-	-	-	1095	1089	29	1060	97.34%
Dec	-	-	-	-	-	1160	1194	30	1164	97.49%
Jan	-	-	-	-	-	1280	1287	30	1257	97.67%
Feb	-	-	-	-	-	1388	1413	34	1379	97.59%
Mar	-	-	-	-	-	1534	1558	36	1522	97.69%

## St Leger Homes of Doncaster Performance Dashboard April 2022

KPI13: ASB

Commentary

**KPI Owner:**

Jane Davies

**KPI Commentary:**

Performance this month is 94.44% - it should be noted that the numbers involved are small with just 5 cases closed rather than resolved out of 108. Just 2 cases would have meant we hit target. To put this in context we currently have 355 open cases with 136 new cases being opened in April. Noise and verbal abuse continue to be the top 2 categories.

## St Leger Homes of Doncaster Performance Dashboard April 2022

### Monthly Pulse Survey Results for March 2022 Performance

Performance	Formal complaints received (per 1,000 units)	Percentage of complaints resolved within timescale	Proportion of homes with a valid gas safety certificate	Emergency repairs completed (per 1,000 units)	Non-emergency repairs completed (per 1,000 units)	True current tenant Arrears	Proportion of social homes let	Proportion of dwellings vacant and available to let	Working days lost due to sickness absence
Quartile 1	1.01	70.70%	99.83%	47.4	146.2	2.33%	4.00%	0.30%	2.73%
Median	2.69	92.10%	99.97%	62.9	192.8	3.15%	5.10%	0.56%	3.78%
Quartile 3	4.75	100.00%	100.00%	91.1	244.7	4.00%	6.90%	0.97%	4.69%
SLHD	<b>5.35</b>	<b>60.00%</b>	<b>100.00%</b>	<b>57.1</b>	<b>146.8</b>	<b>2.96%</b>	<b>4.70%</b>	<b>0.85%</b>	<b>5.31%</b>
Performance Preference	Lower is Better	Higher is Better	Higher is Better	Lower is Better	Lower is Better	Lower is Better	Higher is Better	Lower is Better	Lower is Better

# ST LEGER HOMES OF DONCASTER LTD

## Board Briefing Note

<b>Title:</b>	Month ended 30 April 2022 KPI dashboard
<b>Action Required:</b>	For information
<b>Item:</b>	12
<b>Prepared by:</b>	Nigel Feirn Head of Finance and Business Assurance
<b>Date:</b>	26 May 2022

### 1. Purpose

1.1. To provide Board members with the KPI dashboard as at 30 April 2022 and brief commentary for those KPIs where the target was not met. The KPI dashboard is attached at **Appendix A**.

### 2. Executive summary

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

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

2.2. The table below summarises the KPI dashboard as at 30 April 2022. Performance comparatives have been included from previous years. At the end of April the financial year, four KPIs were met or were within agreed tolerances of target.

	<b>April 2022</b>	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Green (meeting target)	2	7	7	6	6	8	5	6	6
Amber (within tolerance)	2	4	3	3	2	2	3	1	1
Red (not meeting target)	6	5	4	5	4	7	7	8	8
No target (homelessness)	2	3	3	3	3	0	0	0	0
Quarterly / Annual KPIs	6	0	2	2	4	0	4	4	4
Data not available	1								
<b>Total</b>	<b>19</b>	19	19	19	19	17	19	19	19

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

2.4. This work includes benchmarking nationally and locally, and in particular for the latter, speaking with our peers in Yorkshire, Humberside and the Midlands to identify common (or otherwise) issues, and to also identify and share best practice. Initially this will be the usual main KPIs – current arrears, void rent loss, void relet times, sickness, repairs, gas servicing, etc. and then to look to expand on agreed areas. This information is not yet available but it is hoped that this work will be reported in the May 2022 KPI report.

### 3. KPI commentary

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

**Target** **0.50%**  
**April 22 YTD performance** **0.93%** **WORSE THAN TARGET – RED**

	<b>April 2022</b>	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Void rent loss YTD %	<b>0.93%</b>	0.79%	0.79%	0.79%	0.82%	1.00%	1.02%	0.97%	0.97%
Void numbers at quarter end	<b>181</b>	178	147	159	142	159	216	195	209

The number of voids held at the end of April shows a slight increase at 181.

This figure includes 14 non lettable voids, consisting of, eleven awaiting demolition, two non lettable voids (both fire damaged) and one acquisition.

Month end performance at 0.93% is the same as March 2022, and as the first month of the year it is also the cumulative performance.

Eleven voids are fully repaired and available to re-let which require an SLHD OT to attend the viewing - the start date for the newly appointed SLHD OT is the 16 May 2022. All eleven properties have offers processed and could have been re-let if an OT was available to view them. We have asked for help from colleagues in DC, but unfortunately, they do not have the capacity to assist with any OT viewings.

An additional five properties have been identified for lease to Changing Lives (x3) and Children's Services (x2). All five are fully repaired and available to hand over. Each service has been handed the relevant compliance information and are currently with their Legal team.

In mid-May, the number of relets of 120 exceeds the total number of terminations of 105. As a result of this, the number of voids held is beginning to show a reduction, currently standing at 172. If the number of voids continues to reduce, VRL will show an improvement.

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

**Target** **20.0 days**  
**April 22 YTD performance** **33.1 days** **WORSE THAN TARGET – RED**

	<b>April 2022</b>	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22	Q4 20/21	Q3 20/21	Q2 20/21	Q1 20/21
Re-let days	<b>33.1</b>	33.7	32.4	31.6	32.7	46.1	48.3	49.3	55.1

Month performance for April shows a slight improvement standing at 33.1 days, when comparing to March of 33.7 days, this remains worse than target.

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

<b>Profiled Target April</b>	<b>55</b>	
<b>April 22 YTD performance</b>	<b>66</b>	<b>WORSE THAN TARGET – RED</b>

B&B placements has reduced this month from 72 to 66. The year-end target is 30 and the profiled target for April is 55.

We are therefore slightly higher than target but are confident we will reduce this each month.

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

<b>Target</b>	<b>0.07%</b>	
<b>31 March* performance</b>	<b>0.12%</b>	<b>WORSE THAN TARGET – RED</b>

\*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 twelve months to end of March for the past three financial years

	Interactions	Complaints	Upheld	% upheld against interactions	Not upheld as % of all complaints	Upheld as % of all complaints
<b>21/22</b>	<b>363,502</b>	<b>1,186</b>	<b>450</b>	<b>0.12%</b>	<b>62%</b>	<b>38%</b>
20/21	367,122	1,047	240	0.07%	77%	23%
19/20	392,087	1,070	241	0.06%	77%	23%
18/19	379,861	1,139	251	0.07%	78%	22%

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 March 2022 we received 119 complaints. This is an increase of eight compared to February and is 17 more than we received compared to March 2021.

33 of those 119 complaints were upheld (32%). The number of complaints upheld has increased by five compared to last month and seven compared to March 2021.

Overall, cumulative complaints total is 1,183, which is an increase of 338 compared to 2020/21 (+40%).

For March 2022, we have not achieved our 0.070% target, achieving 0.093%. Cumulatively we are also over our target, achieving 0.124%.

The table shows that in the previous three financial years, the percentage of complaints upheld to all complaints was consistently around 23%, but for 2021/22 this ratio increased to 38% of all complaints were upheld.

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

in March 2022 continue to relate to time taken to complete a repair, lack of information / communication and standard of work.

3.5. KPI 10 : Gas servicing - % properties without a valid gas certificate

<b>Target</b>	<b>100.00%</b>	
<b>April 22 YTD performance</b>	<b>99.30%</b>	<b>WORSE THAN TARGET – RED</b>

**Performance Team Comment** – System data was being validated at 30 April and so the performance provided is a snapshot as at 11 May 2022. The historic performance is not currently available due to data issues in OpenHousing, which are currently being resolved. We hope to have the correct historic data for next month’s performance.

We are currently achieving 99.30%, which means 133 properties currently do not have a valid certificate.

The required legal process to gain access has commenced for these properties. It should be noted here that SLHD KPIs use the Housemark definitions wherever possible and for this KPI, the definition is :

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

Gas regulations differ slightly to the Housemark definition but it should be noted here that we remain fully compliant with gas regulations.

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

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

<b>Profiled target</b>	<b>0.66 days</b>	
<b>April 22 YTD performance</b>	<b>0.82 days</b>	<b>WORSE THAN TARGET – RED</b>

April saw 0.82 days absence per WTE vs. a target of 0.66 days (0.69 days per WTE excluding Covid related absence). Whilst this sits above monthly target, it demonstrates a positive reduction against the previous month (0.98 days).

Property Services, as a directorate is the driver of the higher than target absence accounting alone for 0.96 days per WTE. All other directorates remain at or around target. Short-term absence is the biggest contributor to absence accounting for 0.56 days per WTE with long term absence accounting for 0.26 days.

This month stress related cases account for 32% of all absence with an increase this month in work related stress cases. Covid19 is the second highest cause of absence this month accounting for 16% and a total of 89.6 days. Covid related absence whilst remaining high shows a positive decrease on the previous month (133.5 days).



Work is underway with managers to ensure that cases are appropriately managed and supported, and colleagues are supported to be in work where they are well enough and adjustments are in place as appropriate to mitigate the risk to the workforce. MusculoSkeletal (MSK) is the third highest reason this month accounting for 15% of all absence. Work is underway to promote our wellbeing offer around MSK including on site wellbeing clinics and access to physio services and digital support through Medicash.

All cases continue to be managed in line with the attendance management procedures

Nigel Feirn

Head of Finance and Business Assurance

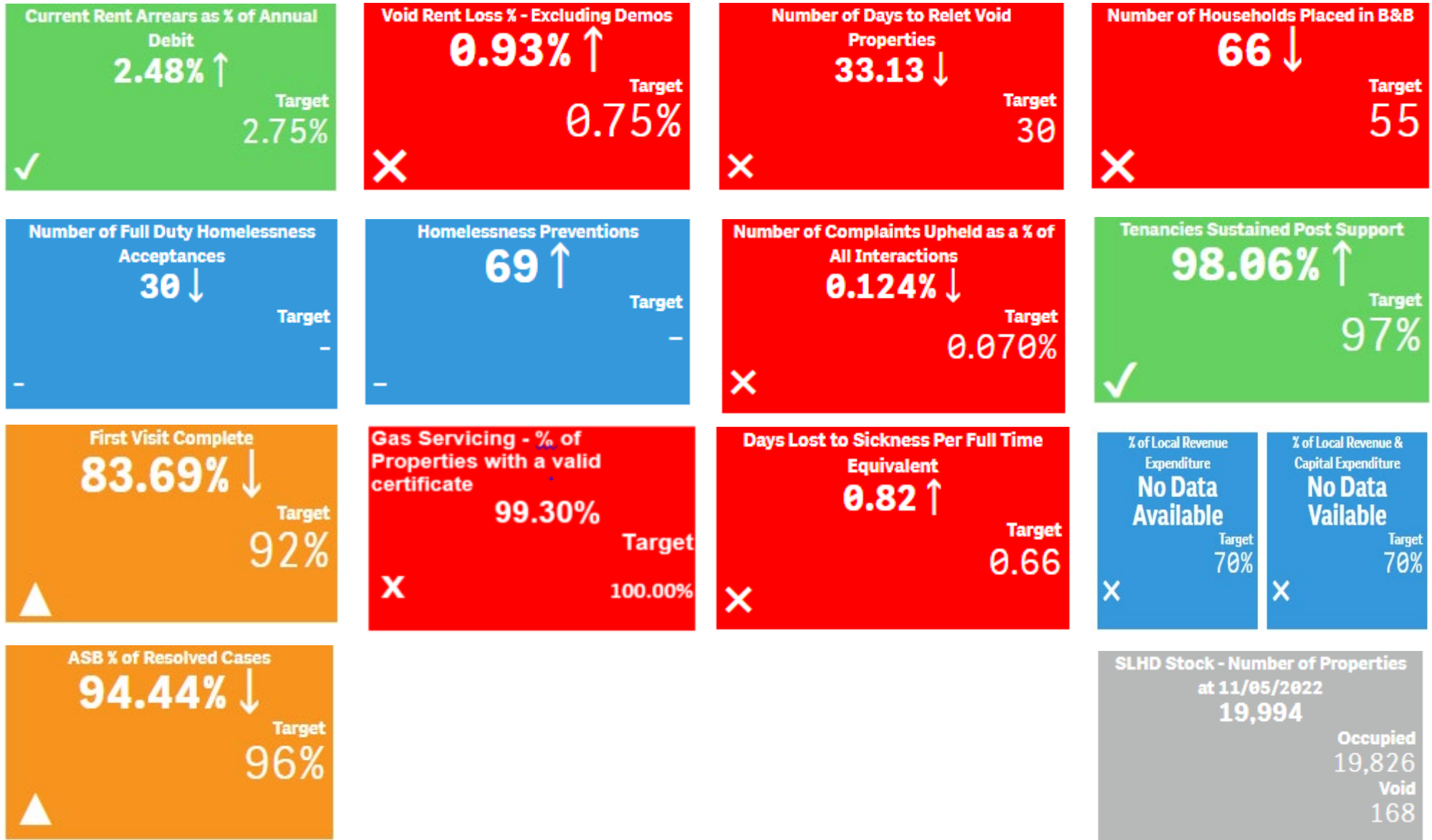
01302 737485

**Appendix A** – 30 April 2022/23 KPI dashboard

## St Leger Homes of Doncaster Performance Dashboard 30 April 2022

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

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



# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **Board Meeting**

# **REPORT**

**Date** : 26 May 2022

**Item** : 13

**Subject** : Revenue Outturn 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 actual income  
and expenditure for the year ended 31  
March 2022.

### **Recommendation :**

For Board to acknowledge the Revenue Outturn Report  
and the actual outturn for the financial year 2021/22.

**1. Report title**

1.1. Revenue Outturn report 2021/22.

**2. Purpose**

2.1. To inform Board of the actual income and expenditure for the year ended 31 March 2022.

**3. Executive Summary**

3.1. The financial outturn shows a number of variances to budget and an overall **Surplus of £368k**. The overall surplus for the year comprises a surplus on Housing Revenue Account (HRA) operations of £295k and a surplus of £73k on Housing Options activities which are funded from the General Fund. Surpluses will be repaid to the HRA and GF at Doncaster Council as part of the year end intercompany work.

3.2. It should be noted here that the budgeted management fee included funding for the estimated pay award at 2.75%. The pay award was settled at 1.75% for the majority of staff. This means we budgeted to receive approximately £272k (£263k HRA and £9k GF) more management fee relating to the 1% difference and this forms part of the £368k surplus below. Adjusting for this extra income, the overall outturn position would be reporting a £96k surplus, comprising £32k for the HRA and £64k for GF activities.

3.3. The tables at 3.4, 4.2 and 5.1 below show variances compared to the balanced '£zero' budget, together with comparatives of the projected outturn positions at Q1, Q2 and Q3. The tables reflect the close budgetary control that has been imperative throughout the year on budgets totalling £49.1m.

3.4. Outturn by Directorate :

	<b>Q4</b>	Q3	Q2	Q1
Projected variances	<b>Mar-22</b>	Dec-21	Sep-21	Jun-21
	<b>£k</b>	£k	£k	£k
Housing Management	<b>-293</b>	-195	-158	-53
Corporate Services	<b>3</b>	161	240	240
Asset Management	<b>-375</b>	-458	-276	-243
Property Services	<b>370</b>	214	100	41
HRA Surplus	<b>-295</b>	-279	-94	-15
Housing Options (GF)	<b>-73</b>	269	347	246
Overall Surplus	<b>-368</b>	-10	253	231

3.5. 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.

#### 4. HRA OPERATIONS - outturn variances and reasons

4.1. For reference, additional management fee of £701k was approved by DMBC HRA 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
<b>Additional HRA Management Fee income</b>	<b>701</b>

4.2. The table below shows the main HRA variances :

<u>HRA budget Variances</u>	<b>HRA</b>			
	<b>Q4</b> <b>21/22</b> <b>£k</b>	<b>Q3</b> <b>21/22</b> <b>£k</b>	<b>Q2</b> <b>21/22</b> <b>£k</b>	<b>Q1</b> <b>21/22</b> <b>£k</b>
<u>Expenditure</u>				
Salaries	-1,211	-1,213	-1,104	-867
Temporary staff	578	576	534	382
Training	-3	65	58	58
IT	119	123	139	145
Materials	-444	-513	-446	-380
Supplies & Services	-35	21	140	104
Arboriculture SLA	50	50	50	50
Procurement SLA	59	59	0	0
Strategic Asset SLA	-58	-51	0	0
External Contractors	467	748	756	157
Net Others	-253	-160	-129	-90
<u>Income</u>				
Capital Income	1,141	827	713	695
Other Income	-4	-113	-111	-68
Additional Mgmt. Fee (as above)	-701	-701	-701	-201
<b>Surplus(-) / Deficit</b>	<b>-295</b>	<b>-279</b>	<b>-94</b>	<b>-15</b>
<b>HRA WTE vacant posts (no.)</b>	<b>76.3</b>	<b>80.1</b>	<b>69.7</b>	<b>61.5</b>

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

- Salary costs; £1,211k under budget due to vacant posts;
- Temporary staff: £578k over budget to cover vacant posts / demand;
- IT: £119k over budget, of which
  - £73k relates TOP implementation moving to October 2021; and
  - £45k for C365 software (additional m'ment fee approved see above);
- 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 above);

- Capital Income; £1,141k shortfall to budget. Includes:
  - £672k 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;
  - £450k planned works due to changes in demand, capacity and profiling of works; and
  - Void capital works income was broadly in line with budget at £2.6m ;
- Materials; £444k under budget comprising
  - £234k reduction in capital heating installs;
  - £360k reduction in planned works;
  - £160k reduction on scheduled repairs; and
  - £150k over budget on all void repairs.
- External Contractor overspend of £467k includes;
  - Electrical tests expenditure (£148k) and previously documented and now approved with additional management fee (see 1.2);
  - £185k of additional contractor spend to address the Covid19 related backlog of repairs;
  - £187k of additional spend on the minor works contract;
  - £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);
- Other income: includes £65k additional grant funding relating to RSI (Rough Sleeper Initiative) that was used to fund temporary posts in Tenancy Support and St Leger Lettings.

#### **GENERAL FUND HOUSING OPTIONS – outturn variances and reasons**

4.4. Additional management fees totalling £515k (£246k + £269k) were approved in the year based on the projected deficits at Q1 (£246k) and Q3 (£269k) and are included in the outturn figures.

	<b>Housing Options</b>			
	<b>Q4</b>	Q3	Q2	Q1
General Fund GF projected variances	21/22	21/22	21/22	21/22
<u>Expenditure</u>	£k	£k	£k	£k
Salaries	-144	-75	-79	2
Temporary staff	248	297	237	72
Premises Other (Rents)	218	128	129	141
B&B, hotel and security costs	1,824	1,798	1,584	895
Vulnerable Renters Grant spend	155	98	0	0
Protect and Vaccinate Grant spend	217	0	0	0
Net Others	-15	-22	29	21
<u>Income</u>				
Other Income	-1,844	-1,709	-1,307	-885
Additional Mgmt. Fee	-515	-246	-246	0
<b>Surplus(-) / Deficit</b>	<b>-73</b>	269	347	246
<i>GF WTE vacant posts (no.)</i>	<b>3.0</b>	3.0	4.5	6.0

- 4.5. The main Housing Options variances are in the following areas:
- Salary costs : £144k under budget – comprising unbudgeted grant funded posts more than offset by savings due to vacancies;
  - Temporary staff: £248k over budget to cover for vacant posts, an interim Service Development Officer, and includes £53k for four agency staff recruited in Q4 as part of the grant funded Vulnerable Renters Scheme;
  - Premises: £218k over budget largely due to rental of additional temporary HRA accommodation units (averaging 100 properties compared to budgeted 85)
  - Supplies & Services: £1,862k over budget largely due to emergency hotel accommodation and security costs arising from government instructions in response to Covid19; and £28k relating to payments as part of the grant funded Vulnerable Renters Scheme
  - Other income: £1,844k additional income, including;
    - £904k from approximately 65% recovery of Housing Benefit income relating to additional hotel accommodation costs and 95% recovery relating to HRA temporary accommodation;
    - grant funding of £200k was secured from the MHCLG Emergency Fund in contribution to these those costs and to fund temporary staff;
    - further external funding of £184k to fund temporary posts (RSI & BCF) and other grant funded expenditure; and
    - Vulnerable Renters Grant £155k, to fund agency staff and a Team Leader (£56k) and grants to eligible clients (£99k)
    - Protect and Vaccinate Grant (£266k) to fund additional spend as a result of accommodating more rough sleepers than previously expected.
- 4.6. The overall budget pressures have been 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 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.

## 5. Operations - key points in the year

### Housing and Customer Services:

- 5.1. The directorate is reporting a surplus of £293k. There were no major budget pressures to report during the year.
- 5.2. The main contributors to the variance are:
- employee expenses under budget (£188k), due to vacant posts and reduced staff mileage claims;
  - temporary staff costs £134k over budget covering for vacant posts; and
  - premises costs £40k under budget from the reduction in usage of communal halls and area offices.

### Corporate Services:

- 5.3. The directorate is reporting a deficit of £3k.

- 5.4. Salary related costs were £78k (2%) under budget but offset by temporary staff being over budget by £94k (165%).
- 5.5. The main variances were in IT costs which were £124k over budget, relating to unbudgeted software costs and TOP related costs. Additional management fees of £45k for software and £58k towards contractor health checks were received in year offsetting the overspends.

#### Asset Management Services:

- 5.6. The directorate is reporting a surplus of £375k.
- 5.7. £347k of this relates to employee costs, with salary costs being under budget by £573k and temporary staff costs over budget by £237k. There were no other material variances to note.
- 5.8. The Asset Management Team had a number of vacant posts (see below) throughout the year. Recruiting continues to be difficult and is still in progress to fill these vacancies.
- 5.9. A 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.
- 5.10. 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.
- 5.11. Three Procurement Officers TUPE transferred to DMBC on 1 December 2021 with an SLA set up for their staffing costs and overheads.
- 5.12. The move from St Leger Court and St Leger House to the DMBC Civic building is ongoing and in line with agile working. The move to the Civic is expected to conclude at the end of May 2022.

#### Property Services:

- 5.13. The directorate is reporting a deficit of £370k.
- 5.14. Covid restrictions and resource issues (pandemic self-isolating and/or vacancies) have left a backlog of works and have impacted on both Capital and Revenue works.
- 5.15. Whilst Covid restrictions were minimal to trade staff carrying out repairs, there was still a cautious approach required with the new variant in year increasing the level of positive cases that could impact on the level of resource to deliver all aspects of repairs and improvement works.
- 5.16. There was an increase in vacant trade posts in the year and although there was some recruitment, there has been difficulty in recruiting in certain trades, particularly Electricians. When possible, agency staff and overtime were utilised to cover certain vacant posts and to ensure essential delivery targets were met.



- 5.17. As a result, Capital income is under budget as detailed above, largely through lower Heating/Boiler installs, and is partially offset with a reduction in materials costs.
- 5.18. As referred to above, electrical testing and repair work delayed in 2020/21 was undertaken with contractors picking up the backlog, totalling £500k and funded by additional management fee.
- 5.19. Lettable void numbers fluctuated in the year between 135 and 175 at any one time and averaged 150 for the year, but ended the year at 165.

	<b>Mar-22</b>	Mar-21	Mar-20	Mar-19
<u>Voids</u>	<b>no.</b>	no.	no.	no.
Terminations – full year	<b>1,182</b>	1,236	1,490	1,496
Lettable voids at month end	<b>165</b>	133	128	130
Non lettable at month end	<b>5</b>	24	0	0
Earmarked for demolition	<b>8</b>	0	0	0
Gross voids at month end	<b>178</b>	157	128	130

#### General Fund Housing Options:

- 5.20. The main challenges, and therefore budget pressures in the year, have been dealing with the government requirements around homelessness, which has meant block booking a number of hotel rooms throughout year.
- 5.21. In addition, the reduction in hotel provision availability in Doncaster has required the use out of borough placements, which are higher cost.
- 5.22. Numbers in hotels have fluctuated but have generally been lower than in 2020/21. The main operational issues have been dealing with the behaviours in the hotels, evictions and also providing move on options as the lockdown has also affected private rented sector availability.
- 5.23. Additional grant funding became available in the year which enabled increased resources within teams to ease the pressures on the service
6. **SLHD Risks/Key issues/Actions** - Key operational issues and mitigating actions:
- 6.1. Key issues or risks as summarised by Heads of Service are set out below (Appendices A-E).
- 6.2. Employees: The largest variance is in salary costs (£1.36m), largely due to the vacant posts, and has increased in the past two months. There are currently 83.1 WTE posts vacant – and equates to a circa 9% vacancy factor (VF). The budget assumes a 3.5% VF (approximately 29.5 WTEs).
- 6.3. A number of the posts have been vacant for long periods and we are currently reviewing all to consider if they are still required.

Budgeted Establishment	Vacant posts	21/22 Total vacant	21/22 Total vacant	21/22 Total vacant	21/22 Total vacant	20/21 Total vacant
2021/22		<b>Q4</b>	Q3	Q2	Q1	Q4
WTE		<b>WTE</b>	WTE	WTE	WTE	WTE
236.6	Housing & Customer Services	<b>11.9</b>	16.5	16.4	13.7	14.0
73.6	Corporate Services	<b>6.0</b>	6.2	4.0	4.0	4.0
78.2	Asset Management	<b>16.2</b>	14.5	18.5	13.5	11.0
401.2	Property Services	<b>42.2</b>	42.9	28.3	30.3	28.4
29.5	Housing Options	<b>3.0</b>	3.0	7.0	6.0	6.5
<b>819.1</b>	<b>Total</b>	<b>79.3</b>	83.1	74.2	67.5	63.9
	<b>Not appointing to **</b>	<b>-4.8</b>	-4.8	-2.8	-2.8	-21.9
<b>819.1</b>	<b>Net Total vacant posts*</b>	<b>74.5</b>	78.3	71.4	64.7	42.0

- 6.4. The Asset Management realignment notwithstanding, it was agreed that 4.8 WTEs would not be recruited to in 2021/22, and would be used to fund other posts:

	WTEs
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
	<b>4.8</b>

- 6.5. Temporary staff : Costs for the year were £927k and this spend equates to approximately 26 WTEs. Comparison with previous years is set out below.

	21/22	20/21	19/20	18/19	17/18
	£k	£k	£k	£k	£k
Actual costs	<b>927</b>	506	233	259	408
Budget	<b>101</b>	78	73	73	73
Variance	<b>826</b>	428	160	186	335

### Capital income

- 6.6. The next largest variance, on HRA operations, is on Capital income at over £1.1m. This shortfall has increased since Q2 and is mainly planned works and heating installations, which in turn was due to availability of resources to deliver the improvements. Savings were made on materials and staff costs offsetting this variance.

### Covid19:

- 6.7. Covid related pressures in 2021/22 impacted on resources in key areas, in particular affecting capital income.

## **7. Recommendation**

- 7.1. For Board to acknowledge the Revenue Outturn Report for the financial year 2021/22.

## **8. Procurement**

- 8.1. Procurement implications are referenced as appropriate in the body of the report.

## **9. Value For Money**

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

## **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 and there is a risk that the issues detailed above from 2021/22 may recur in 2022/23.

## **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

Budget Monitoring Working Papers

2021/22 Budget

Head of Service commentaries:

Appendix A – HRA Housing and Customer Services commentary

Appendix B – HRA Corporate Services commentary

Appendix C – HRA Asset Management Services commentary

Appendix D – HRA Property Services commentary

Appendix E – General Fund Housing Options Service commentary

Appendix 1 – SLHD Financial Performance summary

Appendix 2 – General Fund Housing Options Financial Performance summary

### 1. Housing and Customer Services

- 1.1. At the end of March 2022, the Housing and Customer Services Directorate is reporting a **surplus of £293k**.
- 1.2. Expenditure has been broadly in line with all budgets, with the two largest variances a saving on salaries (£188k : 3%) being largely offset with an overspend on temporary staff (£134k).
- 1.3. The salary variances are a result of an average of 14 WTEs vacant posts in the Directorate across the year, the highest level being 16.5 WTEs mid year.

### Housing Management

#### 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. All vacant posts were either covered temporarily or are currently in the recruitment process; and
- Car allowances were underspent in the early part of the year and whilst spend increased in the remaining quarters, some savings were realised.

#### 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 remained stable at the close of the financial year.
- Cleaning costs to communal halls increased upon re-opening 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 mileage and fuel cost increases and remained on course for the remainder of the year.
- 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 two 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 budgets. Customer Service budgets overall are £81k under budget and the largest variances are in salaries (£91k) with remaining budget lines offsetting each other. There have been some savings on printing and stationery and also on SLAs with DC.

### 2. Corporate Services

2.1. At the end of March 2022, the Corporate Services Directorate is reporting a **deficit of £3k**

2.2. The main elements to this variance are :

- Total Employee related costs over budget by £17k, including a saving on budgeted posts of £78k, but £94k over budget for temporary staff.
- Training spend was £177k and in line with budget;
- IT Equipment & Licenses over budget by £124k, 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, plus Voicescape software costs (£80k);
- Supplies and Services over budget by £32k, including £58k additional expenditure on consultancy costs, ie 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. The salary variances are a result of an average of 5 WTEs vacant posts in the Directorate across the year, generally fluctuating between four and six at any one time.

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

2.4. The HR and OD budget saw pressures in training and legal spend.

2.5. Training – Spend 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.

2.6. Legal – Pressure was seen in the legal budget due to one Employment case which has now been closed.

### Financial Services

2.7. There were no budget pressures in the year.

### ICT & Business Excellence

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

2.9. There was a small pressure on the SLA budget (front loaded) as the latest version supplied by DMBC takes into account additional services and equipment.

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. Actions undertaken in year include the continual monitoring of the budgets and identifying potential further spend and potential risks.

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

3.1. At the end of March 2022, the Asset Management and Building Safety and Compliance is reporting a **surplus of £375k**

3.2. In Summary;

- The key contributing factor to the surplus outturn position was the number of staffing vacancies (8.5WTE as at 31 March) within the team against the approved budget. Most recruitment has been put on hold pending a realignment of the service.
- Whilst overall the service area produced a surplus, there were some overspends on individual budget lines in relation to waste management (skips) and increased contractor costs over and above the original budget.
- There are a number of emerging potential budget pressure risks that continue to be carefully monitored that may impact as we move into the new financial year which relate to agile working, external wall systems, disrepair and asset modelling software.

### 4. Property Services

4.1. At the end of March 2022 the Property Services repairs and maintenance budget is reporting a **deficit of £370k**.

4.2. In Summary;

- Staffing – £274k under budget comprising £385k (3%) savings on salaries partially offset with £113k (290%) over budget on temporary staff used for vacant posts.
- Materials – material costs is the largest expenditure variance at £445k (7%), as a result of capital income being £1.14m (13%) under budget.
- Contractors – Over budget by £411k and was projected as additional management fee was received in the year towards electrical testing work and the backlog of repairs that had built up in 2020/21, plus some additional work was required from contractors to cover some call outs due to additional Covid absences.
- Fuel costs outturned in line with budget with lower usage being offset with higher prices as the year progressed.

4.3. Risks

- Material shortages/further price increases particularly with timber
- Covid related absence has been an issue in the year and may continue in 2022/23
- 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.

### 5. General Fund Housing Options

- 5.1. The 2021/22 outturn position for SLHD Housing Options is a **surplus of £73k**, inclusive of the increased management of £515k which was approved by DMBC in two stages in the year – Q1 £246k and Q3 £269k. The £269k increase was based on the projected deficit at that point.
- 5.1. The improvement to earlier projections is due to a reduction in temporary accommodation and B&B costs but mainly due to receiving external funding – both management fee and grant funding - which can be used to offset increased demand and costs around Severe Weather Emergency Protocol for rough sleepers and Covid19.
- 5.2. Other Income is more than budget and is largely from the Protect & Vaccinate Grant £266k of which we spent the full amount on staffing, security, winter sit up service for rough sleepers, additional B&B for Severe Weather Emergency Protocol
- 5.3. We were also awarded £155k Vulnerable Renters Grant and £142k was spent, comprising £35k on additional staffing and £107k on grants to households to prevent eviction and homelessness split across Council, Private Rented and Supported Housing. The money left has been carried over to provide additional grants in 2022/23.
- 5.4. 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 to 71 at year end, the target being 60.
- 5.5. Other ways of reducing costs that have been identified and put into practice are:
  - Reduction in emergency B&B accommodation
  - Increasing access into the private rented sector
  - 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 March 2022

	Income / Expenditure for the year	Outturn at year end	Variance at year end	
	Original Budget £'000	Actuals £'000	Variance £'000	Variance %
<b>Management Expenditure</b>				
Employee Expenses	28,594	28,001	-593	-2%
Premises Expenses	2,068	2,337	269	13%
Transport	2,367	2,376	9	0%
Supplies & Services	3,208	5,027	1,819	57%
Materials-Buildings Services	5,941	5,497	-444	-7%
Service Level Agreements	3,534	3,541	7	0%
<b>Total Management Expenditure</b>	<b>45,711</b>	<b>46,779</b>	<b>1,068</b>	<b>2%</b>
<b>Maintenance Expenditure</b>				
External Maintenance Contractors (Revenue)	1,205	1,720	515	43%
External Maintenance Contractors (Capital)	674	249	-425	-63%
<b>Total Maintenance Expenditure</b>	<b>1,879</b>	<b>1,969</b>	<b>90</b>	<b>5%</b>
<b>Gross Expenditure</b>	<b>47,590</b>	<b>48,748</b>	<b>1,158</b>	<b>2%</b>
<b>Income</b>				
Management Fee - HRA	-32,724	-33,453	-729	2%
Management Fee - General Fund	-1,531	-2,046	-515	34%
Recharges to Capital Schemes (In House)	-10,588	-9,447	1,141	-11%
Recharges to Capital Schemes (Contractors)	-674	-249	425	-63%
Other Income	-2,073	-3,921	-1,848	89%
Direct Charge to HRA	0	0	0	-
<b>Total Income</b>	<b>-47,590</b>	<b>-49,116</b>	<b>-1,526</b>	<b>3%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>-368</b>	<b>-368</b>	<b>-</b>

**St. Leger Homes of Doncaster Ltd Revenue Summary as at 31 March 2022 - General Fund Housing Options**

	Income /	Outturn at year end	Variance	
	Expenditure for the		at year end	
	Original Budget	Actuals	Variance	Variance
	£'000	£'000	£'000	%
<b>Management Expenditure</b>				
Employee Expenses	1,075	1,174	99	9%
Premises Expenses	618	945	327	53%
Transport	0	0	0	-
Supplies & Services	280	2,141	1,861	664%
Materials-Buildings Services	0	0	0	-
Service Level Agreements	50	50	0	-1%
<b>Total Management Expenditure</b>	<b>2,024</b>	<b>4,310</b>	<b>2,286</b>	<b>113%</b>
<b>Maintenance Expenditure</b>				
External Maintenance Contractors (Revenue)	0		0	-
External Maintenance Contractors (Capital)	0		0	-
<b>Total Maintenance Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>-</b>
<b>Gross Expenditure</b>	<b>2,024</b>	<b>4,310</b>	<b>2,286</b>	<b>113%</b>
<b>Income</b>				
Management Fee - HRA	0	0	0	-
Management Fee - General Fund	-1,531	-2,046	-515	34%
Recharges to Capital Schemes (In House)	0	0	0	-
Recharges to Capital Schemes (Contractors)	0	0	0	-
Other Income	-493	-2,337	-1,844	374%
Direct Charge to HRA	0	0	0	-
<b>Total Income</b>	<b>-2,024</b>	<b>-4,383</b>	<b>-2,359</b>	<b>117%</b>
<b>Surplus(-) / Deficit</b>	<b>0</b>	<b>-73</b>	<b>-73</b>	<b>-</b>

# **ST LEGER HOMES OF DONCASTER LTD**

Company limited by guarantee registered in England  
Company Number 05564649

## **BOARD**

## **REPORT**

**Date** : 26 May 2022

**Item** : 14

**Subject** : Capital Monitoring Outturn Report  
2021/2022

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

**Prepared by** : David Henderson  
Management Accountant

**Purpose** : To inform Board of the capital  
expenditure for the financial year  
2021/2022.

### **Recommendation:**

For Board to acknowledge the Capital Monitoring Report  
and the outturn for the financial year 2021/2022.

Company Number 05564649  
A Company Limited by Guarantee  
Registered in England

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

**Agenda Item No. 14  
Date: 26 May 2022**

**1. Report Title**

1.1 Capital Monitoring Report 2021/2022 as at 31 March, 2022.

**2. Executive Summary**

2.1 The reported figures at period 12 show the Housing Capital Programme out turned at £24.16m, an over-spend to the revised budget of £0.05m. (The revised budget was the forecasted outturn as at Q3).

2.2 The report includes both the forecast and delivered outcomes for 2021/2022 and the approved four year budgets.

**3. Purpose**

3.1 To inform Board of the actual capital expenditure for 2021/2022.

**4. Recommendation**

4.1 Board is asked to acknowledge the Capital Monitoring Report and the year-end outturn for the financial year 2021/2022. The planned budgeted expenditure for the next four years is included along with in-year and forecast delivery information.

**5. Background - Housing Capital Programme 2021/2022**

5.1 The Housing Capital Programme for 2021/2022 is summarised at **Appendix A**.

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

1. **Appendix B**. Public Sector Housing Capital Programme.
2. **Appendix C**. Private Sector Housing Capital Programme.

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

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

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

- 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 availability of both staffing resources and materials across the housing sector affected large areas of the programme.

6.3 The element of the capital programme managed by SLHD out turned at £18.54m against resources of £18.75m, a variance of (£0.21m).

6.4 £0.44m, 26%, over budget, Mechanical & Electrical Works

£0.06m, Electrical Planned Works (Contractor)

The contractor achieved a slight increase in its performance, installing the consumer units on the Balby Bridge site.

£0.28m, Heating Conversions/ Upgrades

The recruitment to a full structure delivered above the number of boiler installations forecast at Quarter 3, which was prudent due to the R&D requirements.

£0.06m, Electrical Planned Works (In house).

The forecast spend was exceeded due to additional cctv cabling works carried out at the Balby Bridge site.

£0.04m, Mechanical Planned Works

The forecast was exceeded because of costs associated with the biomass boiler upgrade/maintenance programme being incurred.

6.5 (£0.62m, 37%, under budget), Internal Works

(£0.07m), Scheduled Elemental Works

The forecast spend was not achieved due to a reduction in the number of referrals received.

(£0.01m), Electrical Upgrades

The reduction in spend was due to delays resulting from compliance with the asbestos survey requirements and staffing shortages.

(£0.05m), Contractor Re-inclusions

The amount of delivered reinclusion works were affected by the contractor's capacity to undertake the issued works.

(£0.49m), Fire Works Low rise / Communal

The major fire related works at Jubilee Court were slipped into 2022 due to the contractor's capacity whilst delivering the ongoing high rise works.

#### 6.6 £0.65m, 8%, over budget, External Works

(£0.13m), Soil Stacks

Contractor capacity issues meant that works could not be completed by the end of the financial year as planned. The work is expected to be completed in 2022.

£1.46m, External Planned Contractor / Thermal Works

The contractor delivered work to more properties than was originally profiled however, ongoing performance issues are being closely monitored.

(£0.22m), External Planned Maintenance In-House

The reduced spend resulted from a combination of general sickness, vacant posts and resources reallocated to assist on the refurbishment of acquisition properties.

(£0.12m), Communal Hall Refurbs & Conversions

The national shortages of materials and associated extended timelines for their delivery, along with covid related absences prevented the team delivering the anticipated works fully.

(£0.20m), Structural Works

Contractor capacity issues meant that works could not be completed by the end of the financial year as planned.

(£0.07m), Shops and Flats

Contractor capacity issues meant that works could not be completed by the end of the financial year as planned.

(£0.07m), Flood Recovery Works

The costs associated with the flood recovery programme has been revised now the works to the 70 properties have now been concluded. The final account has now been settled which included a grant funding contribution totalling £350k (£5k per property).

#### 6.7 (£0.40m, 22%, under budget), Environmental Works

(£0.13m), Garage Sites

Contractor capacity issues meant that works could not be completed by the end of the financial year as planned.

(£0.07m), Estates, Roads and Paths

The number of referrals received was lower than anticipated and the ongoing works at Tranquil walk will be completed in 2022.

(£0.20m), Asbestos Removals

The forecasting of spend on this area can be volatile as it comprises of both planned and reactive work.

6.8 (£0.09m, 42%, under budget), IT Improvements

The planned data extract costs for the new system from both external consultants and DMBC staff were not required as both were carried out using in house resources.

6.9 (£0.17m, 85%, under budget), Acquisitions

The anticipated purchase of an earmarked property did not complete by the end of the financial year as anticipated. The purchase was completed on 8<sup>th</sup> April, 2022.

6.10 £0.10m, 27%, over budget, Acquisition Refurbishments

Additional remedial works were carried out in the acquired properties.

6.11 (£0.03m, 61%, under budget), Caravan Site Improvements

The planned improvement works commencing with the White Towers site are still at the design and planning stage and works are now expected to commence early in 2022.

6.12 (£0.03m, 94%, under budget), Assistance Loans

The Empty Home loan product with Sheffield Homes and Loans is yet to be approved and the uptake on Empty property landlord grants was minimal.

6.13 There are no other reportable variances.

## **7. DMBC Managed Schemes**

7.1 The element of the capital programme managed by DMBC out turned at £5.62m against resources of £5.36m, a variance of £0.26m.

7.2 (£0.26m, 12% under budget), Adaptation for the Disabled.

Delays due to supply chain issues and lack of contractor capacity due to covid cases within the workforce affected the number of adaptations achieved.

7.3 £0.59m, 25%, over budget, Council House New Build.

The forecast costs across all schemes were exceeded due to a combination of some acceleration of the delivery programme and unforeseen additional work being required, which will be an overspend against the overall budget.

£0.29m, Adwick Lane site

Unforeseen expenditure including an increase in the pumping station costs, removal of contaminated soil and increases associated with materials and labour across the building sector.

£0.13m, Athestane Crescent site

Unforeseen expenditure including an increase in the specification of the attenuation crate, asbestos removal and boundary wall costs along with increases associated with materials and labour across the building sector.

£0.17m, Appelby Road site

Unforeseen expenditure associated with the removal of fly tipping and increases associated with materials and labour across the building sector.

7.4 (£0.12m, 47%, under budget), Affordable Housing.

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

7.5 There are no other reportable variances.

## 8. **Delivery Information**

8.1 A summary of the actual outcomes delivered by the Capital programme during 2021/2022 compared to those estimated are detailed at Appendix E. The estimated outcomes for 2022/23 are also included for information.

## 9. **Future Plans / Work In Progress.**

9.1 The Council approved a four year Housing Capital Programme on 28<sup>th</sup> February, 2022, totalling £203.8m across the four years.

Full details are provided at Appendix D.

The main priorities of the programme in 2022/23 are:

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



9.2 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 alongside the four year Housing capital programme.

9.3 SLHD 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 but will continue to be monitored in 2022/23.

## **10. Procurement**

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

10.2 Delivery of the projected programme for 2022/23 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.

## **11. VFM Considerations**

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

## **12. Financial Implications**

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

## **13. Legal Implications**

13.1 There are no legal implications arising from this report.

## **14. Risks**

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

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

Mitigation measures have been 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.

## **15. IT Implications**

15.1 Not applicable.

**16. Consultation**

16.1 All Budget holders and EMT.

**17. Diversity**

17.1 There are no diversity issues arising from this report.

**18. Communication Requirements**

18.1 There are no communication requirements arising from this report.

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

19.1 Not Applicable

**20. Environmental Impact**

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

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

21.1 David Henderson, Management Accountant. 01302 737987

**22. Background Papers**

22.1 Capital Programme (2021/22-2024/25) budget report 1st March 2021.  
Capital Programme (2022/23-2025/26) budget report 28<sup>th</sup> February 2022.

## Summary of Housing Capital Programme 2021/22 as at 31 March 2022

	Original Estimate - Approved Programme	Revised Budget Approved Q3	Actual 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	2,750	2,649	(101)
Mechanical and Electrical Improvements	2,953	1,665	2,103	438
Sprinklers / Fire Safety Works	200	-	35	35
Internal Works	3,119	1,699	1,074	(625)
External Works	10,087	8,435	9,084	649
Environmental Works	1,861	1,820	1,419	(401)
IT Improvements	196	209	121	(88)
Acquisitions	391	200	30	(170)
Acquisition Refurbishments		392	497	105
Caravan Site Improvements	640	44	17	(27)
Assistance Loans	220	33	2	(31)
Demolition HRA	-	10	10	0
Sub-Total	<b>24,317</b>	<b>18,757</b>	<b>18,541</b>	<b>(216)</b>
<b>DMBC Managed Schemes</b>				
Adaptations for the Disabled	2,200	2,200	1,944	(256)
Council House New Build	7,072	2,408	2,999	591
Affordable Housing	-	262	140	(122)
Demolitions	530	484	536	52
Sub-Total	<b>9,802</b>	<b>5,354</b>	<b>5,619</b>	<b>265</b>
<b>Overall Housing Programme Total</b>	<b>34,119</b>	<b>24,111</b>	<b>24,160</b>	<b>49</b>
<b>Funding</b>				
Major Repairs Reserve / Depreciation	22,559	12,712	12,002	(710)
Revenue Contribution - HRA	9,349	9,660	9,660	0
Usable Capital Receipts	2,211	1,175	1,089	(86)
Section 106	-	262	140	(122)
Prudential Borrowing	-	-	-	0
Grants	-	302	1,269	967
<b>Under(-) / Over Commitments</b>	<b>34,119</b>	<b>24,111</b>	<b>24,160</b>	<b>49</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

**Summary of Housing Capital Programme 2021/22 as at 31 March 2022**

	<b>Original Estimate - Approved Programme</b>	<b>Revised Budget Approved Q3</b>	<b>Actual Outturn</b>	<b>Variance - Outturn to Revised Budget</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>SLHD Managed Schemes</b>				
Capital Management Delivery Fee	1,500	1,500	1,500	0
Void Improvements	3,150	2,750	2,649	(101)
Mechanical and Electrical Improvements	2,953	1,665	2,103	438
Sprinklers / Fire Safety Works	200	-	35	35
Internal Works	3,119	1,699	1,074	(625)
External Works	10,087	8,435	9,084	649
Environmental Works	1,861	1,820	1,419	(401)
IT Improvements	196	209	121	(88)
Acquisitions	391	200	30	(170)
Acquisition Refurbishment		392	497	105
Demolition HRA	0	10	10	0
<b>Sub-Total</b>	<b>23,457</b>	<b>18,680</b>	<b>18,522</b>	<b>(158)</b>
<b>DMBC Managed Schemes</b>				
Adaptations for the Disabled	2,200	2,200	1,944	(256)
Council House New Build	7,072	2,408	2,999	591
<b>Sub-Total</b>	<b>9,272</b>	<b>4,608</b>	<b>4,943</b>	<b>335</b>
<b>Overall Housing Programme Total</b>	<b>32,729</b>	<b>23,288</b>	<b>23,465</b>	<b>177</b>
<b>Funding</b>				
Major Repairs Reserve / Depreciation	22,559	12,712	12,002	(710)
Revenue Contribution - HRA	9,349	9,660	9,660	0
Usable Capital Receipts	821	614	534	(80)
Prudential Borrowing	0	0	0	0
Flood Grant	0	302	1,269	967
<b>Under(-) / Over Commitments</b>	<b>32,729</b>	<b>23,288</b>	<b>23,465</b>	<b>177</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

## Summary of Housing Capital Programme 2021/22 as at 31 March 2022

	Original Estimate - Approved Programme	Revised Budget Approved Q3	Actual Outturn	Variance - Outturn to Revised Budget
	£000	£000	£000	£000
<b>SLHD Managed Schemes</b>				
Caravan Site Improvements	640	44	17	(27)
Assistance Loans	220	33	2	(31)
<b>Sub-Total</b>	<b>860</b>	<b>77</b>	<b>19</b>	<b>(58)</b>
<b>DMBC Managed Schemes</b>				
Affordable Housing	0	262	140	(122)
Demolitions	530	484	536	52
<b>Sub-Total</b>	<b>530</b>	<b>746</b>	<b>676</b>	<b>(70)</b>
<b>Overall Housing Programme Total</b>	<b>1,390</b>	<b>823</b>	<b>695</b>	<b>(128)</b>
<b>Funding</b>				
Usable Capital Receipts	1,390	561	555	(6)
Section 106	0	262	140	(122)
<b>Under(-) / Over Commitments</b>	<b>1,390</b>	<b>823</b>	<b>695</b>	<b>(128)</b>
<b>Percentage Funded</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

<b>Public Sector Housing Capital Programme</b>	<b>Annual Budget 2022/23</b>	<b>Annual Budget 2023/24</b>	<b>Annual Budget 2024/25</b>	<b>Annual Budget 2025/26</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
Management Fee	1,500	1,500	1,500	1,500
Voids Capital Works	2,750	2,750	2,750	2,750
<b><u>Mechanical &amp; Electrical</u></b>				
Heating Conversions / Upgrades	2,163	2,185	2,207	2,229
Electrical Planned Works	698	698	698	698
Mechanical Planned Works	60	124	125	126
Internal Works	1,727	1,745	1,763	8,581
<b><u>External Works</u></b>				
External Planned Maintenance	6,654	6,546	4,884	4,932
Thermal Efficiency - ECO works	4,772	4,726	4,762	4,810
Structural	309	312	315	318
Fire Safety Works	1,507	1,507	834	842
Shops / Flats	206	208	210	212
Communal Halls	355	104	105	106
<b><u>Environmental Works</u></b>				
Environmental / Fencing Programme	545	470	475	480
Asbestos Surveys & Removal	700	700	700	700
Garage Site Improvements	400	400	400	400
Estate Paths	364	300	300	300
IT Systems/Investment	500			
Acquisitions / Buy Backs / Demolitions	443	100	100	100
Council House Building Programme (Committed)	5,917	640	530	
Council House Building Programme (Uncommitted)	2,770	25,870	36,090	23,750
<b><u>Private Sector Housing Capital Programme</u></b>				
Empty Homes / Flood Loans and Grants	360	360	360	
Residential Site Investment	1,340	3,521	-	400
Demolitions	142			
Housing Investment	-			485
<b>Total</b>	<b>36,182</b>	<b>54,766</b>	<b>59,108</b>	<b>53,719</b>
<b><u>Resources</u></b>				
Major Repairs Reserve	17,970	18,913	17,918	25,308
Revenue Contribution to Capital	9,271	8,724	9,084	8,484
Prudential Borrowing	6,950	21,208	29,296	19,000
Usable Capital Receipts / 141 Receipts Section 106	1,903 88	5,921	2,810	927
<b>Total</b>	<b>36,182</b>	<b>54,766</b>	<b>59,108</b>	<b>53,719</b>
<b><u>Adults Programme</u></b>				
Adaptations for the Disabled	2,200	2,200	2,200	2,200
<b><u>Resources</u></b>				
Major Repairs Reserve	1,900	1,900	1,900	1,900
Usable Capital Receipts Housing	300	300	300	300
	<b>2,200</b>	<b>2,200</b>	<b>2,200</b>	<b>2,200</b>
<b><u>LOSC Programme</u></b>				
Future Placements Strategy	298			
<b><u>Resources</u></b>				
Usable Capital Receipts Housing	298			
	<b>298</b>			
<b><u>Overall Expenditure</u></b>				
	<b>38,680</b>	<b>56,966</b>	<b>61,308</b>	<b>55,919</b>
<b><u>Overall Resources</u></b>				
Major Repairs Reserve	19,870	20,813	19,818	27,208
Revenue Contribution to Capital	9,271	8,724	9,084	8,484
Prudential Borrowing	6,950	21,208	29,296	19,000
Usable Capital Receipts Section 106	2,501 88	6,221	3,110	1,227
	<b>38,680</b>	<b>56,966</b>	<b>61,308</b>	<b>55,919</b>

**Capital Outcomes**

Programme	Description	2021/2022 Estimated Outcomes	2021/2023 Actual Outcomes	2022/2023 Estimated Outcomes	Notes
		No Homes Benefitting			
<b>Mechanical &amp; Electrical</b>	Heating conversions and upgrades, (In house/ Contractor)	1,100	783	1,100	
	Electrical planned works, High Rise and Sheltered Flats, (Contractor)	345	1,271	1,163	
	Mechanical planned works to district heating systems, Town Centre & Wheatley, (Contractor)	All Balby Bridge	All Balby Bridge	Ennerdale Improvements	
<b>Internal Works</b>	Kitchen replacements, (In house)	48	30	102	
	Bathroom replacements, (In house)	20	8	33	
	Electrical works including installation of Extractor fans, Smoke alarms and Heat detectors, (In house)	1,500	1135	1,500	
	Fire safety remedial works following fire risk assessments including fire door replacements, (Contractor)	1,223	4,000 actions completed	1,500	All high rise and high risk flat blocks
<b>External Works</b>	Planned Maintenance. Roofs and associated external works, Mexborough, Cantley, (In house)	406	288	360	
	External ECO works including wall Insulation, Balby, Armthorpe, Woodlands, (Contractor)	557	305	480	
	Structural remedial works, (Contractor)	30	20	35	
	Shops and flats. Roof replacements & shop frontage replacements, Balby, cantley, Scawthorpe, (Contractor)	6	2	4	
	Communal halls. Various internal improvements and repairs, (Contractor)	N/A	0	N/A	
	Conversion of Communal halls into dwellings, (Contractor)	5	1	2	in house delivery
<b>Environmental Works</b>	Estate car parking schemes to help ease traffic congestion, (Contractor)	68	77 Over 7 sites	75 Over 8 sites	Car parking spaces
	Improvements to 20 garage sites, (Contractor)	90 demolitions	26 demolitions	126 demolitions over 7 sites	36 demolitions forecast this year as two schemes slipped to 2022/23
	Estate roads and paths. Improvements to former garage sites to alternate usage, plus reactive works on Cat 1 hazards, (Contractor)	100	120	110	

**Total**

**All works carried out Borough wide unless stated.**

# ST LEGER HOMES OF DONCASTER

## Board Briefing Note

<b>Title:</b>	Board Members Expenses and Attendance Register
<b>Action Required:</b>	Board are asked to note the information as an accurate record
<b>Item:</b>	15
<b>Prepared by:</b>	Julie Crook, Director of Corporate Services
<b>Date:</b>	26 May 2022

### 1. Summary

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

### 2. Background

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

### 3. VFM Considerations

- 3.1 From October 2011 both Tenant and Independent Board Members have an Agreement for Services. Board Members nominated from the Council receive no remuneration directly from the company as membership of SLHD Board is regarded as part of their Council duties.
- 3.2 In addition to Board and Committee meetings, attendance at training when appropriate ensures that Board Members have the level of skills and experience required to consider the information presented and make decisions. A copy of the attendance registers can be found at Appendix A.
- 3.3. Board strategic planning (half) days have taken place in July, September and November 2021.  
Further, board strategic planning (half) days are scheduled for:
- 7 July 2022 and
  - 3 November 2022.

### 4. Financial Implications

- 4.1 For the financial year 2021/22 a budget of £31,280 was included within the overall budget. Details can be found in the table below:



<b>Nominal</b>	<b>Budget 21/22</b>	<b>Outturn 21/22</b>	<b>Variance</b>
RENTS	300	-	(300)
CONTRACT HIRE	120	-	(120)
CAR ALLOWANCES	800	-	(800)
CLOTHES/UNIFORM/LAUNDRY	100	-	(100)
ADVERTISING COSTS	2,850	-	(2,850)
OTHER SERVICES	22,500	23,560	1,060
SUBSISTENCE/CONFERENCE EXP	4,410	626	(3,784)
VOLUNTEER EXPENSES	200	-	(200)
<b>Total</b>	<b>31,280</b>	<b>24,186</b>	<b>(7,094)</b>

The outturn was £24,186. A saving of £7,094 due to underspends on a number of budgets. The total budget for 2022/23 is £33,090.

## 5. Legal Implications

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

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

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

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

5.3 The Board are asked to consider that if any Board Member falls under Section 16 any recommendations for actions by the Board are then further considered by the Chair, who will take whatever actions he considers appropriate and report these to a later meeting.

## 6. Risk

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

## 7. Background Papers

7.1 Appendix A – Board and Committee Member Attendance Record

**Appendix A**

**Main Board Attendance Record**

	Board Meeting	Board Meeting	Board Meeting	Board Meeting	Board Meeting	Board Meeting	Board Meeting
BOARD MEMBER	31-Mar-21	26-May-21	05-Aug-21	07-Oct-21	02-Dec-21	03-Feb-22	07-Apr-22
Dave Wilkinson, Chair	1	1	A	1	1	1	1
Anthony French	1	1	1	1	A	1	1
Dave Richmond	1	1	1	1	1	1	A
Joe Blackham	A	1	A	A	1	1	1
Phil Cole		1	1	1	A	NRA	1
Richard Allan Jones	1	1	1	1	1	1	1
Sam Bartle	A	1	A	1	1	A	A
Steve Lyons	1	1	1	1	1	1	1
Stuart Booth	1	1	1	1	1	A	1
Susan Jones	1	1	1	A	1	1	A
Trevor Mason	1	1	1	1	1	1	1

Total meetings attended	Total meetings held	%
6	7	86
6	7	86
6	7	85.7
4	7	57
4	6	66.7
7	7	100
3	7	43
7	7	100
6	7	86
5	7	71
7	7	100

**KEY**

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

A
1
NRA

**Audit & Risk Committee Attendance Record**

Board Member	03-Mar-21	24-Jun-21	01-Nov-21	04-Mar-22
Trevor Mason, Chair	1	1	1	1
Anthony French		A	1	1
Richard Allan Jones	1	1	1	1
Sam Bartle		1		
Steve Lyons	1			
Susan Jones	1			

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

**KEY**

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

A
1
NRA

BOARD MEMBER	24-Feb-21	19-May-21	01-Sep-21	17-Nov-21	03-Mar-22
Dave Wilkinson, Chair	1	1	1		
Anthony French	1	1	1		
Paul Wray	A				
Sam Bartle	1	1	1	1	1
Stuart Booth	1	1	1	1	A
Phil Cole			1	A	1
Steve Lyons		1	1	1	1

Total meetings attended	Total meetings held	%
3	3	100
3	3	100
0	1	0
5	5	100
4	5	80
2	3	67
4	4	100

A	Apologies Received
1	Attendance
NRA	No Recorded
	Not applicable
	Attendance not required

**Employment & People Committee Attendance Record**

BOARD MEMBER	10-Feb-21	04-May-21	03-Nov-21	08-Feb-22
Dave Wilkinson, Chair	1	1	1	1
Anthony French		1	1	1
Dave Richmond	1	1	1	1
Joe Blackham	1	1	A	1
Susan Jones		1	1	1
Trevor Mason	1			

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

**KEY**

Apologies Received	A
Attendance	1
No Recorded	NRA
Not applicable	
Attendance not required	

**Building Safety and Compliance Committee Attendance Record**

BOARD MEMBER	21-Sep-21	18-Nov-21	27-Jan-22
Dave Wilkinson, Chair	1	1	1
Phil Cole	1	A	1
Steve Lyons	A	1	1
Trevor Mason	1	1	1

Total meetings attended	Total meetings held	%
3	3	100
2	3	67
2	3	67
3	3	100

**KEY**

Apologies Received

A
---

Attendance

1
---

No Recorded

NRA
-----

Not applicable

--

Attendance not required

--

## Board Training Records

	Board Strategic Planning	Health & Safety	Role of Board Member	Board Strategic Planning	Board Strategic Planning	Board Strategic Planning	Board Strategic Planning	Board Strategic Planning	Cyber Security
BOARD MEMBER	30.11.20	02.12.20	02.12.20	30.11.20	26.02.21	06.07.2021	16.09.2021	04.11.2021	07.04.22
David Wilkinson, Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anthony French	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dave Richmond	✓	✓	✓	✓	✓	✓	✓	✓	✓
Joe Blackham	✓	✓	✓	✓	x	✓	x	✓	✓
Phil Cole						✓	✓	✓	✓
Richard Allan Jones	✓	✓	✓	✓	✓	x	✓	x	✓
Sam Bartle	✓	✓	✓	✓	x	x	x	✓	x
Steve Lyons	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stuart Booth	✓	✓	✓	✓	✓	✓	x	x	✓
Susan Jones	✓	✓	✓	✓	✓	✓	✓	✓	x
Trevor Mason	✓	✓	✓	✓	✓	✓	x	✓	✓

✓	Complete
Req	Required
x	Not attending
	Not required
	Not applicable

Total meetings attended	Total meetings held	%
9	9	100
9	9	100
9	9	100
7	9	78
4	4	100
7	9	78
5	9	56
9	9	100
7	9	78
8	9	89
8	9	89

**Board Forward Plan**

	7 July 22	4 Aug 22	6 Oct 22	1 Dec 22	2nd Feb 23	Apr-23	Jun-23
Pre-Board discussion item ( <b>BOARD ONLY</b> )		Homeless	TRAINING - Risk Management (and Strategic Risk Register)	TRAINING - Regulation (Compliance & fire safety)			
Minutes of the previous meeting		✓	✓	✓	✓	✓	✓
Chairs / CEO Update		✓	✓	✓	✓	✓	✓
KPI Performance		✓	✓	✓	✓	✓	✓
Committee minutes		✓	✓	✓	✓	✓	✓
<b>QUARTERLY ITMES</b>							
Capital/Revenue Monitoring		✓		✓	✓		
Health & Safety Performance Update			✓		✓		✓
Strategic Risk Register		✓			✓	✓	
<b>6 MONTHLY ITEMS</b>							
Annual Development Plan - Current Year			✓		✓		
Board Expenses & Attendance Register (Dec report includes new Declarations of Interest forms)				✓			✓
Board Forward Plan				✓			✓
<b>ANNUAL ITEMS</b>							
Financial Statements - <i>one item early July Board meeting</i>	✓						
People Strategy Update							✓
Budget Update (as part of CEO report)					✓		
Budget Approval						✓	
ICT Strategy Update			✓				
Year-end Performance							✓
Year-end Revenue and Capital Monitoring							✓
Health & Safety Annual Report			✓				
Annual Development Plan and draft KPI's – Year ahead					✓ (draft)	✓ (final sign off)	
Annual Development Plan - Year End Review							✓
Annual Fairness and Equality report				✓			
Modern Slavery Statement							✓
Value for Money Statement				✓			
Committee Annual Reports			✓				
Board TOR Review (inc in CEO Report)			✓				
Social Statement				✓			
Communications Strategy - Update against actions & Delivery plan							
Asset Management Strategy - update against plan		✓					
Environmental Strategy - update against plan		✓					
Health and Safety Strategy - Update against plan		✓					
Customer Voice Strategy - Annual update against action plan						✓	
Equality and Diversity Strategy - Annual update against action plan						✓	
<b>AD-HOC ITEMS</b>							
Governance Standard and NHF code of Governance update							
Fencing Policy review							
Domestic Abuse Policy							