

SOLIHULL COMMUNITY HOUSING

BOARD MEETING

Monday 27 September 2021 at 6 pm at Endeavour House

AGENDA

| Ref | Item | Purpose | Lead | Report type | Report classification |
|--|---|----------------|------------------|--------------------|------------------------------|
| 1. | Chair's welcome and introduction | Information | Richard Hyde | Verbal | Open |
| 2. | Apologies for absence | | | Verbal | Open |
| 3. | Declarations of interest | | | Verbal | Open |
| 4. | Minutes of the Meeting held on 21 June 2021 | | | Written | Open |
| 5. | Action Log | | | Written | Open |
| Strategic Topic | | | | | |
| 6. | Chief Executive Update | Information | Fiona Hughes | Written | Open |
| 7. | Asset Management Review | Assurance | Fiona Hughes | Written | Confidential |
| 8. | Quarter 1 2021/22 Health & Safety Report | Assurance | Mark Wills | Written | Open |
| 9. | Building Safety Reform | Assurance | Fiona Hughes | Written | Open |
| 10. | National Federation of Housing – Code of Governance Compliance | Assurance | Fiona Hughes | Written | Open |
| 11. | Financial Monitoring for Quarter 1 2021/22 | Assurance | Samantha Gilbert | Written | Open |
| 12. | Budget Report – 2022/23 | Information | Samantha Gilbert | Written | Confidential |
| 13. | Quarter 1 2021/22 Performance Exception Report | Assurance | Kevin Bennett | Written | Open |
| Committee Reports | | | | | |
| 14. | Chair's Report from Human Resources, Equalities and Remuneration Committee held on 12 July 2021 | Approval | Jenny Fletcher | Verbal | Open |
| 15. | Chair's Report from Housing Operations Committee held on 13 September 2021 | Approval | Chris Williams | Written | Open |
| Items below this line are for receipt and/or approval, without discussion | | | | | |
| 16. | Forward Plan | Information | Fiona Hughes | Written | Open |
| Closing Items | | | | | |
| 17. | Any Other Business | Information | All | Verbal | Open |
| 18. | Review of Meeting | Information | All | Verbal | Open |

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021
MINUTES

Present: Richard Hyde (Chair), David Bell, Jenny Fletcher, Nigel Page,
Chris Williams, April Halpin, Louise Tubbs, Ben Burton, Dave Pinwell

Officers: Fiona Hughes, Mark Pinnell, Kevin Bennett, Samantha Gilbert, Mary
Moroney, Barbara Griffiths

1. CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed members and welcomed Dave Pinwell to his first meeting of the Board. He advised that it was Ben's final Board meeting and wanted to pass on his thanks for the energy and dedication he brought to the Board meetings, he will be really missed and wished him all the best for a speedy recovery.

Ben thanked everyone for the support during his time on the Board and felt that he was leaving it with a good structure and in a good place, he was upset to be leaving the Board but needed to make time for his health and family.

2. APOLOGIES FOR ABSENCE

No apologies were offered.

3. DECLARATIONS OF INTEREST

There were no new declarations of interest.

4. MINUTES OF THE MEETING HELD 7 JUNE 2021

Page 5 of the minutes, there was a discussion and request to amend the minutes to reflect that Jenny wanted cost per annum of the Rentsense IT package as well as the potential payback for years 1 and 2. She wanted to ensure it was indicative of future spend and proposed payback (as SCH would be responsible for the cost of year 3 onwards). Fiona confirmed that it is clear we have a break clause at the end of year 2 so we are unable to provide information beyond that. Jenny wanted the minutes to reflect the cost of years one and two and business case for year 3.

The Chair confirmed the minutes of the meeting held on 7 June would not be amended but the discussion and comments would be reflected in these minutes.

The minutes were approved as a true and accurate record of the meeting with the exception of the above information.

DECISION

THE BOARD

(i) APPROVED

the minutes of the meeting held on 7 June 2021

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021

5. ACTION LOG

There were no outstanding items on the action log, however the Chair requested that a due date be inserted for items 0621-2 and 0621-3.

DECISION

(i) NOTED the action log

6. CHAIR'S REPORT FROM AUDIT AND RISK COMMITTEE MEETING HELD ON 21 JUNE 2021 (STATUTORY ACCOUNTS)

Nigel Page introduced the report commencing with thanks to Sam, Karen and the finance team for the production of the accounts and the answers to questions posed prior to the meeting. The main business of the meeting was to review the statutory accounts and recommend for approval by the Board and approve the letter of representation which should be signed by the Chair of the Board which will then go on to the external auditors.

The Committee also received a report on the excellent progress made against procurement internal audit report, it is evident that we are moving in the right direction with fewer 'Exception to the rules' and all contracts being financially monitored and checked.

We also saw reports from Ollie on the Corporate Risk Register and Risk Appetite which were well received by the Committee. Two further updates in terms of audits were the contract management and PDR audits. There was some debate around the Level 4 PDR audit and the Committee were happy to note that a further audit is scheduled in July this year with a larger sample size.

The Committee were happy to recommend that the Board formally approve the statutory accounts and the letter of representation is signed by the Chair on behalf of the Board.

DECISION

(i) APPROVED the 2020/21 statutory accounts

(ii) APPROVED the letter of representation signed by the Chair on behalf of the Board

7. SELF ASSESSMENT DASHBOARD

Kevin introduced the report by reminding Board members that they had requested some changes to the KPI's within the dashboard. 3.3 Figure 2 of the report details the changes, which include the addition of information about homeless approaches, Kevin apologised for the oversight in originally leaving out this important area of the business. Included under social value is

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021

information around the work of the money advice team and an indicator to capture the work of employee engagement. In terms of the request for an overarching financial measure Kevin confirmed that he is considering how best to capture that. EPC ratings are required and quality focus, there is space within the dashboard for ELT to add comments when the measures are on track or red. It is a quarterly dashboard so therefore will include quarterly milestones and it is important that it all links back to the customers and how they feel about the services provided.

HouseMark best practice suggests around 16 measures is the optimum amount, we have 17 so we are broadly in line with that.

The Chair thanked Kevin for the additional work and commented that it is helpful to compare with external organisations to see where we are, he opened the meeting up for questions and comments.

Questions/Comments arising;

C. I have a belief that the purpose of the dashboard is to have the best macro data available to us. SCH have many different revenue streams in addition to rent collection; there are income streams still not included in that metric such as leasehold charges collection, temporary accommodation rents. Are we missing that important data?

C. The document is much improved and it is good to see that as a Board we can formally review at the end of each year. In terms of social value, it is a common metric to see the proportion or value of contractors or third sector providers who are local suppliers. Context for local suppliers would need to be agreed but Dave Pinwell will have expertise in this area.

The Chair paused the discussion there to deal with the first point raised by Jenny, in terms of the income collection matrix which is to include leaseholders, temporary accommodation and garages etc. The Chair asked if anyone would second the suggestion. Louise seconded the motion and when asked to quantify why, she advised that it would give us a better overall view of income collection across the organisation.

When put to a vote, 5 Board members supported the proposal. Motion carried.

In terms of the second comment put forward by Chris, that we should start to review at the beginning of next year to include percentage of local suppliers, it would be a new metric but would strengthen the community or social value aspect. Dave Pinwell seconded the motion commenting that it is a laudable aim but greater definition of the term local would have to be determined but would definitely have a local benefit by supporting local employment and using local socially based providers.

When put to a vote, 8 Board members supported the proposal. Motion carried.

Fiona wanted to add a point of clarification to the discussion in that the dashboard will include milestones as well as KPI's, it is not just about performance but about milestones and actions too. We can include an overall income metric but will have to report on rent collection separately for

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021

benchmarking purposes.

DECISION

- (i) **NOTED** the content of the report
- (ii) **APPROVED** the Self-Assessment Measures with amendments discussed and recorded.

8. HOME OPTIONS OFFICE

Sam Gilbert introduced the report, which had been circulated prior to the meeting to enable considerations and questions. Sam apologised for the timing of the report but as it is going to Cabinet Member for Resources on 1 July felt this was the only opportunity for the Board to consider before that meeting.

The report outlines the reasons for re-locating the front line office accommodation from Coppice Way, Board members will recall that the office at Coppice has not been fit for purpose for staff and customers accessing the service for quite some time. The lease on the current accommodation is due to expire next year.

Sam drew members' attention to 4.3 and Appendix A of the report. The preferred option is option 2, which is to take over the two vacant units within the Bluebell site/Asda complex. These vacant units are currently just shells so can be more easily fitted out. Building Design Studio (BDS) have been asked to provide a design. There are a few costs involved and financial implications to consider, the charges for the new units are comparable to the current costs of Coppice Way and may incur some savings. The cost is currently set at £950k as per the BDS estimate which includes the cost of reconfiguring Coppice Way premises back to two shop units which is an obligation of the existing lease. Councillor Sleigh held a briefing meeting today prior to the meeting on 1 July 2021 and is happy to approve the new lease however did feel that the cost of £950k was a little excessive in comparison to the cost of refurbishing the Council House. A more realistic budget could be set at £700k required from reserves.

Questions/Comments arising:

Q. Chris commented that he had submitted questions prior to the meeting but has not received a reply, £300k to knock down walls and fit out the accommodation does seem excessive, what procurement exercise have we gone through to obtain the preferred contractor?

A. BDS is part of the Council and carry out design work for the Council, they recently designed the Tanworth Lane development which is a property built to accommodate adults with dementia. As is the case with any architect they will sell the vision at optimum cost, we do not have to carry out a procurement exercise because they are part of the Council. I think we would be able to work with BDS to reduce the overall cost.

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021

C. I am content with that explanation as had not understood that BDS were part of the Council but would like to understand what the difference in impact would be between £950k and £700k.

C. My concern is that the bulk of what we are looking at keeps the status quo, we have just been through a pandemic where we did not have an office open to the public yet our KPI's have improved. I think access to services may have irreversibly changed in the last 18 months.

C. I am pleased to see the reduction in originally proposed £950k, I am concerned that the element of BDS is costing £100k, if we are reducing the budget I would like to see that reduced down a little.

The Chair asked whether we should be taking the decision now or at a later stage.

Fiona commented that although the pandemic forced us to operate in a different way which has brought about examples of good practice, we are still dealing with a very vulnerable group of people, including victims of domestic abuse, people who are homeless on the day. Some customers find it difficult to use the telephone or online services. We have liaised with the Council and as an executive team have reached the decision that we do need a front line office. We will of course continue to offer telephone appointments but we believe we can provide a better quality of service face to face for some customers. Pre-pandemic we had agreed that in order to provide excellent services in a better environment for customers and staff we needed to move out of Coppice Way. In terms of KPI's there has been an improvement nationally for those who are street homeless sleeping rough due to the Everyone In Campaign so it has not been business as usual.

The Chair asked whether the Board were content to allow the Executive Team to work through the points raised or do they want to see oversight of the cost and defer the decision.

C. I don't want to see the costs coming backwards and forwards, we have expressed our concerns about the high cost and I would like to see that we are achieving value for money.

Sam Gilbert reminded Board members that the decision was required whether or not to proceed.

The Chair asked Board members if they are content that the best way of dealing with the overview of costs would be for the Chair of the Board and the Chair of Audit and Risk Committee to have oversight of that.

There were further discussions about how the service could be run alternatively considering a mobile office, it was accepted that a mobile service would not be a solution for this particular service area given the complexity and time associated with carrying out interviews. Alongside the number of staff affected.

Sam reminded Board members that St Basil's will be vacating their accommodation within Kingshurst to make way for the regeneration and will therefore co-locate to the accommodation sourced for the Housing Options

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021

Team. The service will benefit from the synergy of services and there will be an income from rent charged to St Basil's. There is logic to £700k, basic costing is £550k for the refit with the rest being for dilapidation works for Coppice and costs of BDS.

C. In terms of staff have they been consulted on the new accommodation proposal as one of the big issues for staff was the lack of natural daylight and working in a confined space for long periods of concentration, has that issue been resolved?

A. Staff have been consulted at a high level but not in any great detail, the new options may not resolve the issue of natural daylight but there will be better layout and areas for breakout space. Apologies you have not received a response to previous questions.

The Chair thanked the Board for their excellent debate and contribution and asked for a show of hands for those that are willing to approve the recommendations at point 2 with the amendments to the overall cost from £950k to £700k and further financial oversight via the Chair of the Board and the Chair of the Audit and Risk Committee.

Six Board members voted for the proposal and 1 against. Approved as amended.

DECISION

- (i) **NOTE** the estimated revenue and capital property costs associated with the relocation of home options.
- (ii) **APPROVED** the use of up to £700k SCH reserves to fund the costs of the fit out of the two units –with oversight of the value for money and costs being presented to the Chair of the Board and the Chair of Audit and Risk Committee.
- (iii) **NOTE** the estimated revenue budget required up to £119,320 that will be met from Coppice Way current budget.

9. THE BOARD FORWARD PLAN

The Board Forward Plan was noted.

10. ANY OTHER BUSINESS

There was no other business.

11. REVIEW OF MEETING

SOLIHULL COMMUNITY HOUSING BOARD MEETING – 21 JUNE 2021

All Board Members and staff felt the meeting was positive with the right amount of discussion and challenge. They felt that the meeting was well chaired with good amount of debate in a constructive manner. All Board members wished Ben all the best and thanked him for his support. Staff reflected on Ben’s time with the Board and his courteous and respectful character.

12. NEXT MEETING DATE 27 SEPTEMBER 2021 AT 6.00PM

The meeting ended at 19.26

Signed by chair:

Date:

Solihull Community Housing Board Action Log

Green = completed and will be removed from next log and a record is kept by the Governance Team

Amber = in progress due to be completed by due date

Red = not completed or unlikely to be completed by due date

Items not yet due or put on hold due to Covid do not have a colour code

1. Actions outstanding / pending / in progress

| Ref | Action | Responsible Person | Due Date | Comments | Status |
|--------|---|---------------------------|----------|--|--------|
| 0920-1 | Board asked for some recognition of the contribution of members of the former Scrutiny Panel who will no longer be part of the SCHape Tenants Panel | Kevin Bennett | TBA | To be considered post Covid and proposals reported back to Board. No date agreed for this event. | |
| 0621-1 | Board asked for a workshop to review Risk Registers and how risk management reported to Board | Fiona Hughes/Mary Moroney | 0921 | Workshop to be jointly facilitated with Internal Audit Risk Advisor and has been arranged for early October 2021 with outcomes reported to Audit & Risk Committee initially | |
| 0621-2 | Board asked for consideration of cashable and non-cashable benefits of Digital Transformation to be considered /reported to Board (engaging with new Board member who | Kevin Bennett | 1121 | Example Cashable benefits of Digital (should we choose to pursue) 1. Transitioning organisational customer demand (high volume low complexity) into digital, automated or self-serve channels presents an opportunity to save on FTE. 2. Cost savings related to digital communications such as transitioning away from letter drops to email. | |

| | | | | | |
|--------|---|---------------------------|------|--|--|
| | has relevant experience in this area) | | | <p>3. Implementing Chat bot AI reduces cost to serve e.g. 1 Customer Advisor can deal with up to three customers at one time vs 1 call at a time, linked to point 1.</p> <p>Example Non-Cashable Benefits:</p> <ol style="list-style-type: none"> 1. Transitioning organisational customer demand (high volume low complexity) into digital, automated or self-serve channels presents the opportunity to increase resource in areas of the business that have higher levels of complexity, 2. Services that customers use the most are more accessible 24/7 3. Digital improvements such as workflow provide a consolidation of customer journeys and enable SCH to have an auditable and controlled view of customer delivery. 4. Direct link to improved customer experience and Satisfaction 5. Increased customer reach, engaging digital first customers. | |
| 0621-3 | Question raised regarding structural issues with Kinghurst High Rise blocks which give rise to refuse, and other items being left on landings | Surjit Balu /Mark Pinnell | 0921 | Response sent to Chair of Board and Chair of Housing Operations Committee 15 September 2021. | |
| 0621-4 | Board member asked for confirmation of cost of Mobysoft which will be incurred by SCH after the first two years (which are being paid by SMBC) – also wanted details of | Surjit Balu | 0921 | <p>Cost of service after the two-year period is £107,103 annually</p> <p>Return on investment is forecasted as a reduction in current tenant rent arrears of £275k after one year of operating the RentSense tool. Future years will be forecasted as the tool is embedded into the service.</p> | |

SOLIHULL COMMUNITY HOUSING

BOARD MEETING: MONDAY 27 SEPTEMBER 2021

REPORT OF THE CHIEF EXECUTIVE

Chief Executive's Update

1. Purpose of Report

- 1.1 This report sets out key areas of progress delivered through the Chief Executive since the last Board meeting and provides an update to the Board.

2. Recommendation – Item for Noting

- 2.1 The Board is recommended to:

(i) **NOTE** the content of the report.

3. Strategic Planning

- 3.1 The executive team have taken the opportunity to hold a number of discussion sessions, including an executive team away day, to discuss strategic planning in preparation for the development of the delivery plan for 22 / 23. Having considered a number of diagnostic analyses of SCH service delivery, including the recent review of the asset management service (see agenda item 7), the following new priorities emerged for our forthcoming delivery plan:

- Data quality including the need for a data baseline assessment to inform the development of a data strategy to underpin more robust performance and management information to enable service managers to improve services
- Policy and procedures framework review to ensure any policy gaps are actioned and current policies are updated alongside a review of business processes where needed to ensure procedures are followed consistently

- 3.2 A renewed commitment was agreed to our two core priorities:

- Our customers – ensuring customer satisfaction with services as well as embedding opportunity for customers to engage and influence
- Our staff – ensuring that staff feel valued and are supported to develop through a more structured approach to training to complement our leadership and mentoring programme for senior managers

3.3 The need to prioritise our ambitions and operate within our financial envelope has been a key focus for the executive team and this is ongoing. In particular, as set out further in agenda items 11 and 12, we have rising financial pressures relating to:

- Building safety requirements to employ additional staff and produce building safety cases to fulfil our anticipated obligations through the Building Safety Bill (see agenda item 9)
- Our digital strategy ambition where we are investing in our systems and processes to provide a better customer experience and efficient working.
- The cessation of funding streams currently contributing to the Home Options and Money Advice team costs.
- Application of a revised Asset Management Strategy that will review the effectiveness of the existing stock performance along with ensuring that new capital improvement works are aligned to the future requirements of the Energy and Environmental Sustainability Strategy.

4. Covid Management – Blended Working

4.1 The SCH Blended Ways of Working project is reaching conclusive stages of 'project delivery work' and roll out will start during October 2021.

4.2 Fundamentally the principle of this new way of working across the business has been part of SCH plans over the last financial year, but the onset of Covid has accelerated the delivery phase.

4.3 Aligned with SMBC, the future vision is to support our people with an enhanced level of flexibility and leverage the known benefits improved 'work life balance' has for employees and organisation productivity.

4.4 The following headlines highlight activity completed or planned in the coming weeks.

- The principles of the project align to SMBC.
- Core offering to staff of mobile phone, laptop and chair for home use.
- Policies and procedures have been completed (with SCH staff input) and are in final consultative stages with Union Partners.
- Fair treatment assessment (FTA) final sign-off stages.
- People training planned between October and Early 2022.
- Office/working environment enhancements are being established.
- Incremental rollout planned from Early October onwards.

4.5 The project overall has been successful to date, particularly with the levels of engagement across the business. The roll out planned for October coincides with the SMBC/SCH timings to start careful reintegration of teams back into offices whilst managing any Covid safety requirements that are still in place.

5. Performance Challenges

5.1 Our most significant performance challenge continues to be the management of void properties. At the end of August 2021, the number of lettable voids had unfortunately increased to 154. A focussed plan has been in place since April

2021 with a view to getting the number of voids back within target (85 lettable voids) by end of September 2021 however, this is no longer achievable by September 2021.

A key impacting factor has been the number of new voids per month; at the time of setting the adjusted target of 85 voids by end September, the number of new voids were forecasted at 55 per month. In April, there were 51 new voids however, for each of the subsequent months there have been exceptionally higher numbers of new voids as detailed below:

| Apr | May | Jun | Jul | Aug |
|-----|-----|-----|-----|-----|
| 51 | 74 | 58 | 73 | 79 |

Since April, there have been 335 new voids, compared to the forecasted 275 for the five-month period to August. The additional 60 voids have presented considerable challenge in terms of; capacity to complete void works, costs and letting of void properties.

A further challenge continues with properties that are difficult to let. This number has increased from 23 at end of June, to 31 as of 3 September. This is particularly in relation to extra care accommodation which has become less desirable, particularly when compared to newer/higher quality accommodation being offered by other housing providers.

In addition to the general needs voids, the number of temporary accommodation voids has also been significant, standing at 75 voids for Quarter 1 (up by 30% on the same quarter last year, where there were just 57 TA voids).

The reasons for new voids have varied but the majority have been due to death or moving into supported accommodation, along with a large number of transfer allocations where applicants have priority on the Housing Allocation Scheme and therefore have eligibility to move. The increase also reflects delayed demand due to Covid regulations when moving was not permitted.

Despite the challenges, and even at our current performance, SCH continue to compare favourably with peers when benchmarked via HouseMark.

For clarity, the benchmarking figures displayed below relate to year end 2020/21, not our current financial year. Current year figures are not yet available through benchmarking as data has not been submitted by many housing providers, so we are not in a position to confirm current year benchmarking position.

SCH has three KPIs around void management:

VL1 - Average re-let time of voids (days)

SCH Target = 18 days

Current year's performance to 31 August 2021 = 33 days

Our 2020/21 end of year position benchmarked against Housemark data is currently indicative as:

- HouseMark Quartile 1 – 35 Days (2020/21)
- SCH outturn – Quartile 1 performance (35 days)

Please note that not all housing provider submissions have yet been completed with HouseMark for financial year end so this is currently an indicative position for 2020/21 year end.

VL13 – Percentage of rent loss due to voids

SCH Target = 0.9%

Current year's performance to 31 August 2021 = 1.62%

Our 2020/21 end of year position benchmarked against HouseMark data is currently indicative as:

- Quartile 1 - 1.17% (2020/21)
- Median – 1.64%
- SCH outturn – Quartile 2 performance

Please note that not all housing provider submissions have yet been completed with HouseMark for financial year end so this is currently an indicative position for 2021/21 year end.

VL16 – Number of lettable voids

Target = 85

Current year's performance to 31 August 2021 = 154

- Not a HouseMark benchmark

To note, HouseMark reported that lettings activity was noted as needing to be higher than 'normal' to enable recovery, estimating that on average, clearing the backlog of empty properties could take up to 12 months.

Steps being taken to improve position

Additional resource was introduced into the Tenancy Sustainment Team through an agency member of staff for a period of six months. The new Officer started in August after a period of induction, with a sole focus on completing accompanied viewings and lettings. This Officer got off to a great start in August completing 23 viewings in a two week period and had an immediate positive impact on the number of voids. The number of fit for let voids did reduce from 64 at end of June, to 51 as of 3 September. Unfortunately, this Officer contracted Covid 19 shortly after having started with

the team and was forced to self-isolate for the defined period of time. This also coincided with another member of the same team contracting Covid 19. Interim measures were put in place for virtual viewings and it is pleasing to confirm that the team are now operating at full strength once again on viewings and lettings.

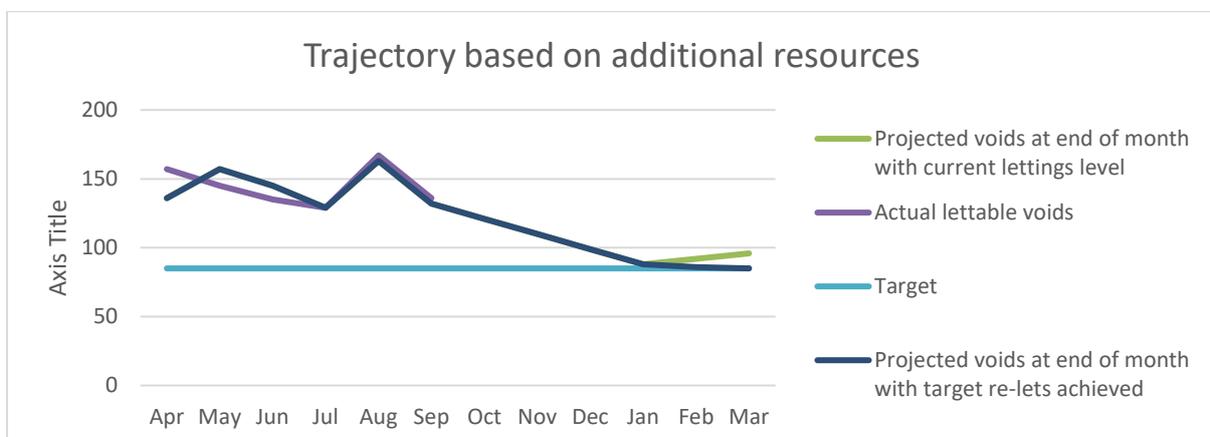
With regard to voids awaiting repairs, additional sub-contractors were introduced for a period of time to carry out void repair works. However, competing budgetary pressures have meant this approach has had to be reviewed. The Executive Director for Asset Management and Head of Service have continually reviewed the approach, however, without an additional financial allocation this will continue to be challenging due to already overspent budgets. A key point for additional noting is the increased cost of labour, agency staff, cost of materials and cost of sub-contractors which are all adding to an already challenging position.

Proposal

The priority to improve void performance is understood and shared by the Executive Team and focus remains on void performance and considerations for increasing resource/capacity on void management. However, Board are asked to recognise that this will continue to be challenging at current resource levels, to manage not only the current void levels, but the increased volumes of voids.

Board are asked to note this position and consider the recommendation (iv) in the Finance Report at item 11 on the agenda, requesting approval of additional resources to clear the backlog of voids, bringing volumes within target.

A re-profiling of the void trajectory has been completed based on additional resource being made available. If additional funding is approved under item 11, the target date for achieving 85 lettable voids is forecast by financial year end. This is based upon completion and letting of existing voids, and SCH seeing a plateau in the number of new voids received (to within original estimates of 55 new voids per month).



If additional resource is not approved, consideration would need to be given to making relevant adjustments to the void KPIs for the remainder of the financial year.

6. Asset Management Review

6.1 A review of the Asset Management Division has been undertaken and this is covered in the report under item 7.

7. Emergency Evacuation Flights from Afghanistan

7.1 Following the escalation of tensions in Afghanistan and subsequent evacuation of people, Birmingham Airport was identified as a key UK destination for Afghan arrivals. Solihull MBC took a lead role in coordinating efforts, working closely with CSW Resilience Team (Coventry, Warwickshire and Solihull), BHX airport staff, British Red Cross, SMBC staff, SCH and a number of agencies.

In addition to supporting strategic and tactical groups through ELT, headline operational support was provided by SCH in the following way:

- Volunteer Team of Drivers
 - To support with collection and delivery of essential items, food and clothes to/from SMBC Core to Birmingham airport
 - A 24 hour rota was organised and put into place. A single point of contact via SCH Out of Hours team was established enabling a smooth and efficient process for collection/distribution of goods
 - The volunteer team consisted of 3 members of the out of hours team plus, 5 volunteers from the SCH Engagement Team
- Large scale delivery of items taken at Chapelhouse Hub
 - Arrangements made over the Bank Holiday weekend to receive 12 pallets of goods at short notice at the SCH Chapelhouse Hub. Arrangements were made for a forklift driver and staff to be on-site to support the unloading and storage of goods. These goods have since been moved to a new SMBC location at Vulcan House
- Resettlement
 - Next steps and move-on for people is being worked through by SMBC and key agencies.

This was a fantastic effort from SCH with people volunteering their time and efforts to this incredibly challenging and sensitive matter.

7.2 The chair of the Board sent a personal message of thanks to the staff involved in the work to support those arriving from Afghanistan and this was appreciated.

8. Risk Register Refresh

8.1 To support our delivery plan process, ELT will be having a workshop to refresh our corporate risk register and this will be reported through to the Audit and Risk Committee on 11 October 2021.

- 8.2 The workshop will help us map out the risks to and arising out of our delivery plan and the strategic direction we wish to travel in and plan for suitable controls to manage risks and enhance outcomes for SCH. The risk register refresh will be informed by feedback from key stakeholders including senior staff, SMBC colleagues and the Board on their assessment of challenges and risks to arising out of the external and internal factors.
- 8.3 The workshop will also consider the existing recorded risks and mitigations, refresh their wording as required to enable the risk narrative to be clear and concise, and explore what steps can be taken to further strengthen our risk management approach and reporting.

9. Building Safety Capital Projects – Sprinkler Installation

- 9.1 The programme to install sprinklers is progressing well with installation of sprinklers to Phase 1 of the programme:

Woodbrooke House - Work commenced April 21, 68 properties have had work completed (89%), 4 properties on hold due to medical reasons and 4 properties have refused works. Sprinkler tank and pump installed awaiting electrical connection.

Redwood House - Work commenced May 21 and 66 properties have had work completed (100%). Pump house base and ground works completed, Pump House and Tank Works have now commenced.

Wedgewood House - Work commenced June 21 with 67 properties having had work completed (81%), 6 properties with access issues to date.

- 9.2 A bespoke engagement plan is developed for each block to ensure residents are kept informed and involved before, during and after installation.

Activities include:

- Face to face contact at least six weeks before work starts in a block to raise awareness and understand any needs of individual residents that need to be taken into account which is confirmed in writing
- Pop up events before and during work for residents to attend to ask questions and learn more about the installation process
- Individual meetings two weeks before installation to agree dates and ensure all needs are being taken into account including additional visits for residents with more complex needs
- Letter week the work starts notifying residents
- Letter updating residents on progress half way through installation
- Satisfaction survey carried out at the end of the work

General communications include:

- Regular high rise newsletter
- Dedicated pages on the website with access to installation videos, FAQ's, pictorial brochure and previous high rise newsletters
- Regular social media updates

9.3 The approach to properties that have not been accessed are being managed in two ways:

- 1) Residents that are just refusing the works are being managed through the 'no access' procedure which could ultimately lead to the application of a court injunction
- 2) Residents with further complex needs are being provided with additional support to facilitate access.

9.4 Work has commenced on Phase 2 of the programme commencing with Kingsgate House. Resident engagement has continued through the period with a newsletter being distributed to all residents. When on-site, 'pop up' events are hosted at the Block to engage with residents and explain the work that is being carried out. As well as regular social media posts.

9.5 A recent change to the British Standard informing the works for the Sprinkler Project has been introduced from July 21. The new standard has introduced further safety measures which were not required at the commencement and design of the original project which was based on BS9251:2014. The changes include:

- a) Duration of the water supply to feed activated sprinklers is now 60 minutes as opposed to 30 minutes required by the previous standard;
- b) 4 sprinkler heads are required to operate for the increased 60 minute duration in an activated area (previously 2 heads was required);
- c) Based on a) and b) above, water storage tank capacity will be quadrupled from 7m cubed to 28m cubed;
- d) An additional standby pump is required as a backup to primary pump;
- e) Sprinkler head coverage is extended to communal areas as well as the residential unit within the Block; and
- f) Additional isolation valves are required that link back to the remote alarm panel

9.6 As the changes to the British Standard are related to enhancing the safety, the project are working to alter the design so that the new requirements are incorporated into the project. Clearly this is a material change to the project that will have both budget and programme implications. The financial implications are likely to be significant and work is underway to establish the exact impact. Once known, the additional funding will be subject to financial approvals through SMBC and SCH as appropriate. These are currently being analysed and assessed.

10. Governance

10.1 The proposed dates for Board and Committee meetings in 2022 are attached as appendix 1. As highlighted in my report to Board on 7 June 2021 and in agreement with the Chair we are proposing to reduce the number of full Board meetings to four to align with quarterly reporting and to hold an Away Day in either October or November to facilitate training and strategic planning.

REPORT AUTHOR:

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Solihull Community Housing - Proposed Dates for Meetings 2022

| Date | Meeting |
|--------------|--|
| 21 February | Housing Operations Committee |
| 28 February | Full Board |
| 7 March | Audit & Risk Committee |
| 4 April | Human Resources, Equalities & Remuneration Committee |
| | |
| 23 May | Housing Operations Committee |
| 20 June | Audit & Risk Committee |
| 27 June | Full Board |
| 11 July | Human Resources, Equalities & Remuneration Committee |
| | |
| 12 September | Housing Operations Committee |
| 26 September | Full Board and AGM |
| 10 October | Audit & Risk Committee |
| 17 October | Human Resources, Equalities & Remuneration Committee |
| | |
| 14 November | Housing Operations |
| 28 November | Full Board |
| 12 December | Audit & Risk Committee |

Full Board

- **28 February** Review Q3 Data
- **27 June** Review Q4 Data and sign off accounts following external audit
- **26 September** AGM and Q1 Data
- **28 November** Review Q2 Data

Housing Operations Committee

- **21 February** Review Q3 Data
- **23 May** Review Q4 /Year End Data
- **12 September** Review Q1 Data
- **14 November** Review Q2 Data

Audit & Risk Committee

- **7 March** Scope External Audit
- **20 June** Report on External Audit
- **10 October**
- **12 December**

Human Resources, Equalities and Remuneration Committee

- **4 April**
- **11 July**
- **17 October**

Away Day - Budget /Delivery Plan /Training

- **6 or 7 October / 3 or 4 November – to be agreed by Board members**

Bank Holidays 2022

- 3 January
- 15 April
- 18 April
- 2 May
- 2 June
- 3 June
- 29 August
- 26 December
- 27 December

SOLIHULL COMMUNITY HOUSING
FULL BOARD MEETING: 27 SEPTEMBER 2021
REPORT OF THE HEALTH, SAFETY & RISK TEAM SMBC

Health and Safety Quarterly Report
April – June 2021 (Quarter 1)

1. Purpose of Report / Introduction

- 1.1. The purpose of this report is to provide SCH Board with an update on legislative changes and guidance, corporate health and safety activity, any areas of specific concern and recommendations for improvement.
- 1.2. The SCH Board, Chief Executive and Executive Leadership Team (ELT) have overall accountability and responsibility for ensuring the effective management of health and safety within SCH. The success of the Health and Safety Management System in place relies on the commitment, engagement and support from all levels of managers and employees in the organisation.
- 1.3. The SMBC Health, Safety & Risk Team's (HSRT) role is to provide health and safety competent assistance, advice and guidance in order to help the SCH Leadership Team to fulfil their health and safety responsibilities.

2. Recommendation

- 2.1. The Board is recommended to:
 - (i) **NOTE** the contents of this report.
 - (ii) **NOTE Appendix 1** - Report on SCH Compliance with the Home Standard Duty
 - (iii) **NOTE Appendix 2** - Accident/Incident Reporting Analysis Q1 2021/22

3. Regulatory Interventions

- 3.1. The Health and Safety Executive (HSE) contacted the compliance team in June 2021 regarding an asbestos disturbance event reported to them by a tenant. Cadent and their contractors were undertaking gas pipework installation work. As part of this work the contractor drilled a hole into an asbestos containing textured coating on the ceiling of the tenant's property. This work is not the responsibility of SCH, however, to help ensure the safety of tenants, further work is ongoing with Cadent and their contractors to understand their programme of work and the potential for disturbing any asbestos.

3.2. The HSE have continued to undertake Covid-19 Secure Workplace visits to review working arrangements. There were no HSE visits made to SCH at the time of writing this report.

4. Legislative / Guidance Updates

4.1. The Fire Safety Act was enacted in April 2021 and is likely to come into force at the end of the year or beginning of 2022. Further detail is given in the Fire Safety Act section of this report below.

4.2. A number of safety alerts, eBulletins and HSE weekly digests continue to be published by the HSE providing useful help and advice, mainly, but not solely, relating to keeping workplaces and staff safe during the pandemic. These have been focused more recently on measures needed in workplaces and establishments that were re-opened following the plans to relax all restrictions in July 2021 and include guidance and advice on:

- Keeping workplaces safe during coronavirus outbreak advice
- Legionella risks during Coronavirus outbreak
- Weekly digest bulletins from HSE
- Stress
- Domestic Gas safety bulletin
- Local Exhaust Ventilation (LEV) Bulletin
- Construction Bulletin May 2021
- Risk Management Bulletin
- Musculoskeletal disorders (MSD's)

4.3. The latest news, guidance and eBulletins can be accessed on the [HSE website](#).

5. Working safely during Coronavirus (Covid-19) outbreak

5.1. The pandemic situation continues, although most restrictions lifted in July 2021. This is against a backdrop of rising cases across the borough and nationally due to the more infectious Delta variant.

5.2. The vaccination programme continued at pace to ensure as many people over the age of 18 had their two vaccinations to reduce the risk of catching Covid-19 and spreading it. At the time of writing this report, the country is now moving into a phase where we will all have to learn to live with Covid, both at work and in our private lives. It is important to note that Covid has not gone away and certain workplace measures may be needed to help safeguard staff and customers alike.

- 5.3. The Incident Response Team set up in SCH to respond to this (and other major incidents) was meeting monthly; however, given the national position this group has now stood down and will meet by exception. SCH maintain a presence on the SMBC led Local Outbreak Management Board (LOMB) to review the ongoing situation and local outbreaks.
- 5.4. The HSRT has continued to support service areas in their review of their risk assessments as required during lockdown.

6. Safer Homes - Social Housing White Paper

- 6.1. The government plans to legislate to strengthen the Regulator of Social Housing's consumer regulation objectives to explicitly include safety and include:
- 6.2. A requirement for social landlords to identify a nominated person responsible for complying with their health and safety requirements.
- 6.3. A process for the effective sharing of information between the Regulator of Social Housing and the Health and Safety Executive's Building Safety Regulator.
- 6.4. A consultation on:
 - Mandating smoke and carbon monoxide alarms in social housing.
 - Measures to ensure that social housing residents are protected from harm caused by poor electrical safety.
- 6.5. Build on the work of the Social Sector (Building Safety) Engagement Best Practice Group, supporting the development of statutory and good practice guidance on engaging residents in all tenures on safety issues.
- 6.6. Further information can be [found here](#)

7. Building Safety

- 7.1. At the time of writing this report, the **Building Safety Bill** was reintroduced into the House of Commons. A news article summarising the draft bill can be [accessed here](#)
- 7.2. An update on the Building Safety Programme was provided to Full Cabinet in the Council in August 2021. This provided an overview of building safety legislation, impacts to both SCH and SMBC and the actions taken to date in response to building safety in higher risk buildings. The report updated Cabinet on fire safety related projects in high rise buildings, sprinklers and spandrel panels.
- 7.3. A separate report on the Building Safety Reform has been prepared for SCH Full Board. This will set out the role and responsibilities of SCH in meeting the requirements of the reform in their role as delivering housing management services on behalf of the Council as the landlord and stock owning body.

8. Health and Safety Working Groups

- 8.1. The Building Safety Group meets each month, and Gabriel Whitehouse, Building Safety project lead for SMBC, is now a member to provide a link between SMBC Building Safety Delivery Group and SCH Building Safety.
- 8.2. Outcomes, progress and actions are reported back to the Corporate Health and Safety Group.
- 8.3. The HSRT continue to support the Asbestos Management Working Group. The group's focus remains on updating the policy and procedures relating to asbestos management, both for SCH workplaces and tenanted properties. Regular updates and progress are reported to the Building Safety Group and the Corporate Health and Safety Group. The Head of Asset Management is the chair and lead of the Asbestos Management Working Group.
- 8.4. As part of managing health and safety within SCH the Corporate Health and Safety Group meet quarterly. This group deals with the wider aspects of health and safety across the organisation.
- 8.5. The HSRT support the ELT meeting focusing on health and safety to review performance. This is supported by the HSRT.

9. Health, Safety & Risk Support Team

- 9.1. Jane Carter, Senior Health and Safety Advisor is continuing to support SCH through the Coronavirus outbreak. A summary of some of the advice and support that has been provided this quarter is outlined below:
 - A final draft of the workplace fire safety management policy has been provided to SCH. This is to be discussed at the next Corporate Health and Safety meeting.
 - Initial feedback has been received on the managed housing service fire safety management policy. A further draft will be issued shortly.
 - Reviewed draft compliance team competency training matrix.
 - Site visits are planned from September 2021 onwards to review office working arrangements at both Endeavour, Chapelhouse Hub and potentially community centres.
 - Risk assessment has had a small trial within SCH and feedback was positive so plans continue to roll this out next quarter.
 - Mobile facility of SHE-Assure continues to be trialled – feedback required.
 - Supported the Facilities Manager with first aid and fire safety questions and advice.

- Attended monthly meetings to review asbestos working arrangements and revisions to policy.
- Review of incidents reported via the SHE-Assure system to ensure incident performance data provided is accurate. Information provided is slowly improving.
- Support provided to the Incident Response Team meetings to review Covid-secure working arrangements and issues created by the pandemic.
- Attended the monthly Building Safety Meeting held each month this quarter.
- Provided advice re working at height ladder safety e learning course to estate management via ATF platform.
- Continue to follow up the responsive repairs audit – update requested.
- The quarterly Corporate Health and Safety meeting was attended by Mark Wills, SMBC Health, Safety & Risk Manager. A revised format of plans on a page was used to present service area information in a Plan, Do, Check, Act format.
- Attended the JNCC Trade Union meeting held in April 2021.
- Continue to look at opportunities that SHE-Assure may offer for Building Safety management of information.
- Continue to update SCH on changes, progress and updates to building and fire safety legislation.

9.2. During periods of leave or other absence for Jane, the SMBC Health and Safety Support team can be contacted for support and guidance, email healthandsafetysupport@solihull.gov.uk. Mark Wills, Health, Safety & Risk Manager can also be contacted email mark.wills@solihull.gov.uk.

10. Health and Safety Audits

- 10.1. **An audit of the Estate Management Team has been undertaken** and a report outlining the findings and recommendations for improvement has been drafted and submitted to the Head of Service.
- 10.2. An update on the Responsive Repairs audit has now been received.
- 10.3. The current audit schedule is being reviewed. A revised draft schedule will be presented at Q2 ELT. This is in part due to Covid and also the increasing time spent on understanding and advising on the new building and fire safety legislative regimes.

11. The Home Standard Duty

11.1. Data on compliance with the **Home Standard Duty** for this quarter is included in **Appendix 1**.

12. SHE-Assure Health and Safety Management System

12.1. Work continues in the background by the HSRT configuring other modules that would benefit SCH, including:

- Risk assessment - initially for all activity risk assessments and Display Equipment Assessments. More risk assessment types will follow. The module will be launched during Q2 2021 – 2022. The risk module also provides an opportunity to report hazards, including those relating to property issues reported by tenants or SCH staff during their checks.
- The feasibility of using SHE-Assure as a way of storing the 'Golden Thread' building information relating to high rise blocks continues. An up to date list of properties in scope is needed to be inputted into SHE to start this process.

12.2. The incident statistics attached to this report for this quarter have been taken from the SHE-Assure system.

13. Incident Reporting Analysis

13.1. There were 20 incidents during this quarter. A detailed breakdown is provided in **Appendix 2**.

| | |
|---|-----------|
| Employee, contractor and agency accidents and near misses | 11 |
| Tenant Accidents | 9 |
| Total | 20 |

14. Reporting of near miss incidents and Incident investigations

14.1. The number of near misses reported continues to grow. Near misses are those events that happen where no damage or injury arose but could have done so. If these are reported and then investigated robustly, they may prevent an incident occurring resulting in injury or ill health. Managers are asked to re-enforce the importance of teams reporting these incidents and tenant near misses too.

15. Equality and Diversity Implications

15.1. **Equality and diversity is routinely considered by SCH** when dealing with health and safety issues, for example when inspecting communal areas so that corridors and pathways are clear to ensure safety for people with mobility issues.

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Background

To comply with the Home Standard, all social landlords and Registered Providers have a legal obligation to ensure that their properties comply with health and safety requirements. SCH are committed to working towards to a zero approach to non-compliance and to ensure all Legislative and British Standards are adhered to.

Home Standard – Key Compliance Framework



Home Standard – Current Performance (QTR 1)

| Compliance Activity | Total Number of required Inspections | Number out of compliance | Overall Compliance performance |
|---------------------------------------|--------------------------------------|--------------------------|--------------------------------|
| Gas Safety Servicing | 8151 | 12 | 99.85% |
| Annual Fire Risk Assessments | 38 | 0 | 100.00% |
| Low Rise Fire Risk Assessments | 683 | 0 | 100.00% |
| Asbestos Inspections | 701 | 8 | 98.86% |
| Legionella Monitoring | 57 | 0 | 100.00% |
| Passenger Lifts (LOLER) | 77 | 0 | 100.00% |
| Electrical Inspections - Communal | 701 | 0 | 100.00% |
| *Electrical Inspections - Residential | 9782 | 306 | 96.87% |

Other than those considered under exception reporting there were no significant issues with building compliance performance.

*Non regulatory electrical inspections (306 properties out of compliance 59 have never had an electrical inspection)

Building Safety

The Safety of our homes and our customers is a top priority and we are committed to working with our residents and other partners to make sure our homes are the safest that they can be.

A peer review has been completed by HouseMark with a particular focus on compliance and how well prepared SCH are for the forthcoming Building Safety Act

The recommendations areas are grouped below and a service improvement plan has been implemented. The key areas for improvement primarily fit under the themes of IT systems, Resources, Competencies and Policies and Procedures.

Asset Management Review

IT Systems

In order to achieve a 'golden thread' of building safety information a comprehensive and robust IT system(s) is required to be in place which is informed by reliable and high quality data. This will facilitate compliance testing to be undertaken on all required assets. Currently a number of separate software systems (Open Housing, SHE, etc.) are in use and do not provide the required level of functionality / capability to enable SCH to meet the enhanced compliance requirements of the Building Safety Act. Capita (the providers of the SCH housing management system – Open Housing) have been instructed to complete a full health check of the Open Housing system to include end user feedback and review system architecture and interface against what we require. Recommendations will then be made for improvement, training and possibly additional modules to enhance useability and system performance. This is due to be completed by end of October 2021. Overall a holistic IT system is required that enables a single view of compliance for the Solihull Housing Stock.

Resource

The existing staffing establishment has been reviewed and proposals submitted for discussion and approval that will strengthen the Safer Homes Team for now and the future. In the short term, to assist with increasing capacity the Senior Operations Manager (who was covering Repairs, Voids and Safer Homes) is now solely focussing on Building Safety and is co-ordinating the delivery of the Service Improvement Plan, whilst funding requirements are considered. The proposed structure not only considers our immediate resource requirements but also our longer term requirements to meet the obligations of the Building Safety Bill.

Training

The report identified a disparity within the team with the level of accredited training (separate from work experience) who were carrying out the similar roles and duties. A review of competency training had been identified and commissioned by the SCH Building Safety Group. This exercise has been concluded with all staff qualifications matched against their job role and the likely requirements of the Building Safety Act (although these have not yet been published). A training matrix has been completed and all identified training needs have been prioritised based on the requirements of the role.

Policies / Procedures

An area for development is a review of existing policies and procedures. While we have policies and procedures in place, there are a number of them that require updating and a central repository for all staff to have access. We are currently finalising the Asbestos policies and procedures and these will be ready for review and sign off at the SCH Building Safety Group during Quarter 2. The Fire Safety Policy is currently in draft with support from SMBC Health and Safety team.

Resident Engagement

We recognise the importance of communicating with our tenants about the safety of their homes and we have put in place additional mechanisms to engage and recruit Building Safety Advocates. With the announcement of COVID restrictions being lifted, we are in the process of arranging some 'Summer High Rise Pop Up's' during the summer holidays to consult on our approach to building safety, the Sprinkler and Spandrel Panel building safety Projects and further opportunities for engagement and involvement. We will also receive support from the West Midlands Fire and Rescue service at these events.

Compliance Exception Reporting

Gas Servicing

There was a decline in performance at the end of Q1, compared to the end of the financial year. While we continue with all efforts to access these properties, eight out of the 12 cases involve residents with complex issues and the further four are being progressed through for legal action resulting in the delay to obtaining a valid gas certificate.

Electrical Servicing

There has been a decline in performance at the end of Q1 due to increased access refusal and missed appointments. We continue to make further improvements to tighten up our approach that closely mirrors the gas process. In addition to the formal process, the Safer Homes Team have been conducting telephone calls to customers ahead of their appointments as a reminder and are utilising a Customer Liaison Officer to visit homes where access has been refused. An out of hours service is also being trialled in addition to a daily text message service introduced for those properties out of compliance as an additional measure to improve appointment conversion rates.

Asbestos Inspections

New asbestos surveys for all high blocks have been commissioned to be completed by SGS as part of the sprinkler installation project. Whilst good progress was made eight of the high rise blocks did not have a new survey completed within the 12 month period since the last re-inspections was completed. These eight blocks have been completed within the first week of July bringing compliance back to 100%.



Solihull
Community Housing
Shaping our neighbourhoods

Incident/Accident/Near Miss Reporting Statistics

**Quarter 1
2021-2022**

Introduction

The following statistics comprise of work related incidents to employees and tenant related incidents reported to **Solihull Community Housing (SCH) between 1st April 2021 – 30th June 2021 (Q1 2021-2022)**.

An accident, incident, or near miss event to an employee is considered to be 'work-related' if any of the following played a significant role;

- the way the work was carried out;
- any machinery, plant, substances or equipment used for the work or
- the condition of the site or premises where the incident occurred.

The statistics include accidents, incidents and near misses involving tenants where;

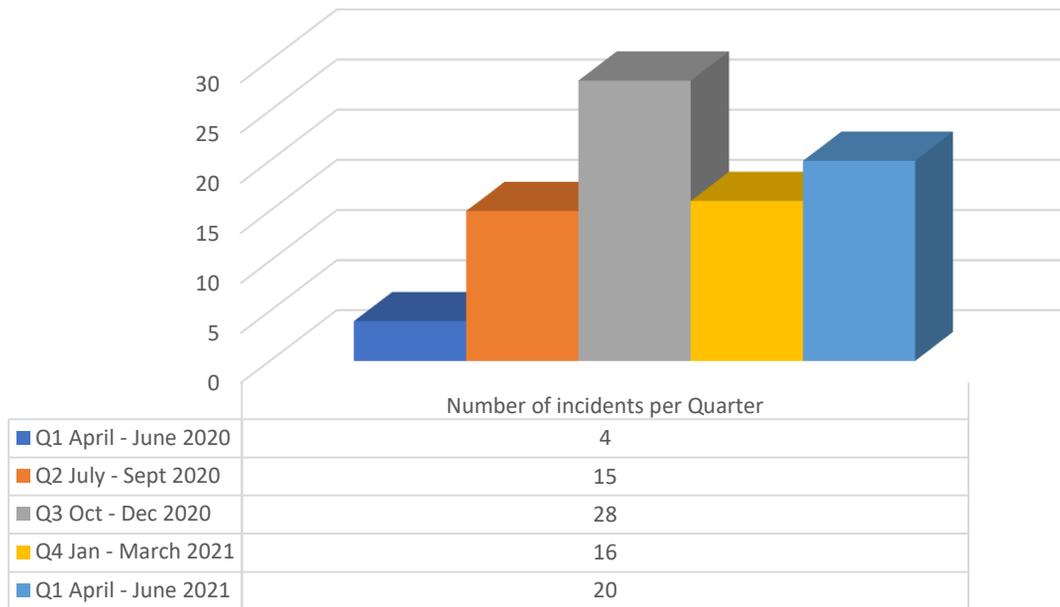
- a property defect or circumstance was the contributory factor to an injury or near miss and this was the landlords (SCH) responsibility to resolve.
- abusive and threatening behaviour was involved.

Incidents involving fires and property damage are also recorded, whether a tenant was involved or not.

Incidents is a collective term and are categorised into 6 categories. These are described in the table below;

| Type of Incident Recorded | Definition of Incident |
|--|--|
| Accidents | - Any unplanned event that results in injury or ill health to employees and tenants, where SCH has responsibility for cause of accident. |
| Near Miss Events | - Any unplanned event that did not result in injury, illness or damage but had the potential to do so whether or not as a result of compensating action. |
| Violent / Abusive / Behavioural Incidents | - Any incident in which a person is abused or threatened either physically, verbally or in writing or assaulted in circumstances relating to their work. - Any incident involving the behaviour of an adult or customer in a social housing or care setting where an employee is injured. |
| Diagnosed Occupational Diseases | - Specified Diagnosed Occupational Diseases (Reportable under RIDDOR) including confirmed cases of Covid-19 where the virus has been contracted during work related activities. |
| Fire or Property Related Incidents | - Any fire or property related incidents including security, vandalism, collapse or failure of building structure or equipment damage. - The exposure of hazardous substances / materials under COSHH (The Control of Substances Hazardous to Health Regulations) including asbestos or legionella. |
| Environmental Incidents | - Any incident which solely impacts on the environment. This includes discharge, drainage or damage to flora or fauna and spillages. |

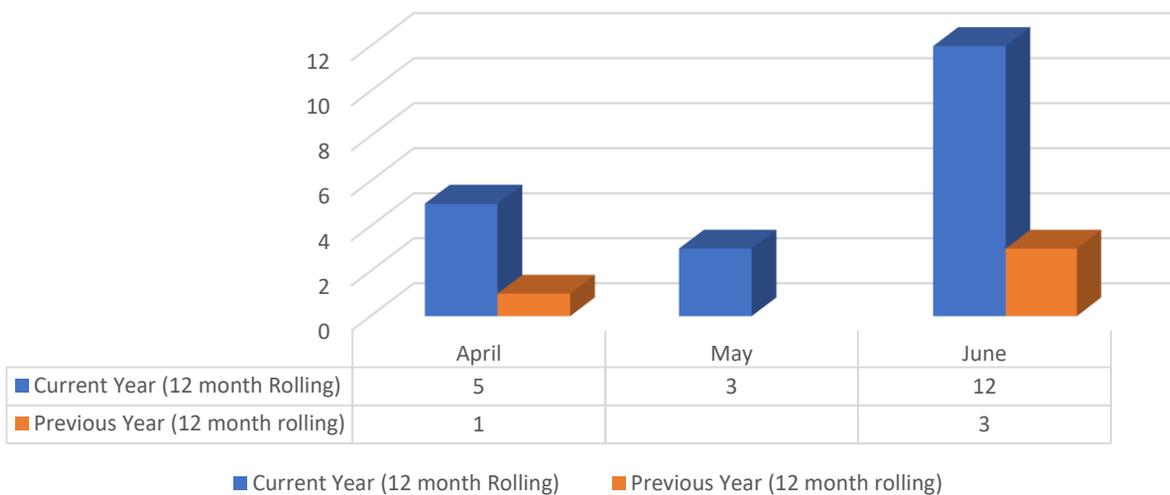
Total number of Incidents reported by quarter



Notes

Q3 2020 - 2021 remains the quarter with the highest number of incidents, this was due to the number of RIDDOR reportable Covid-19 cases in October 2020.

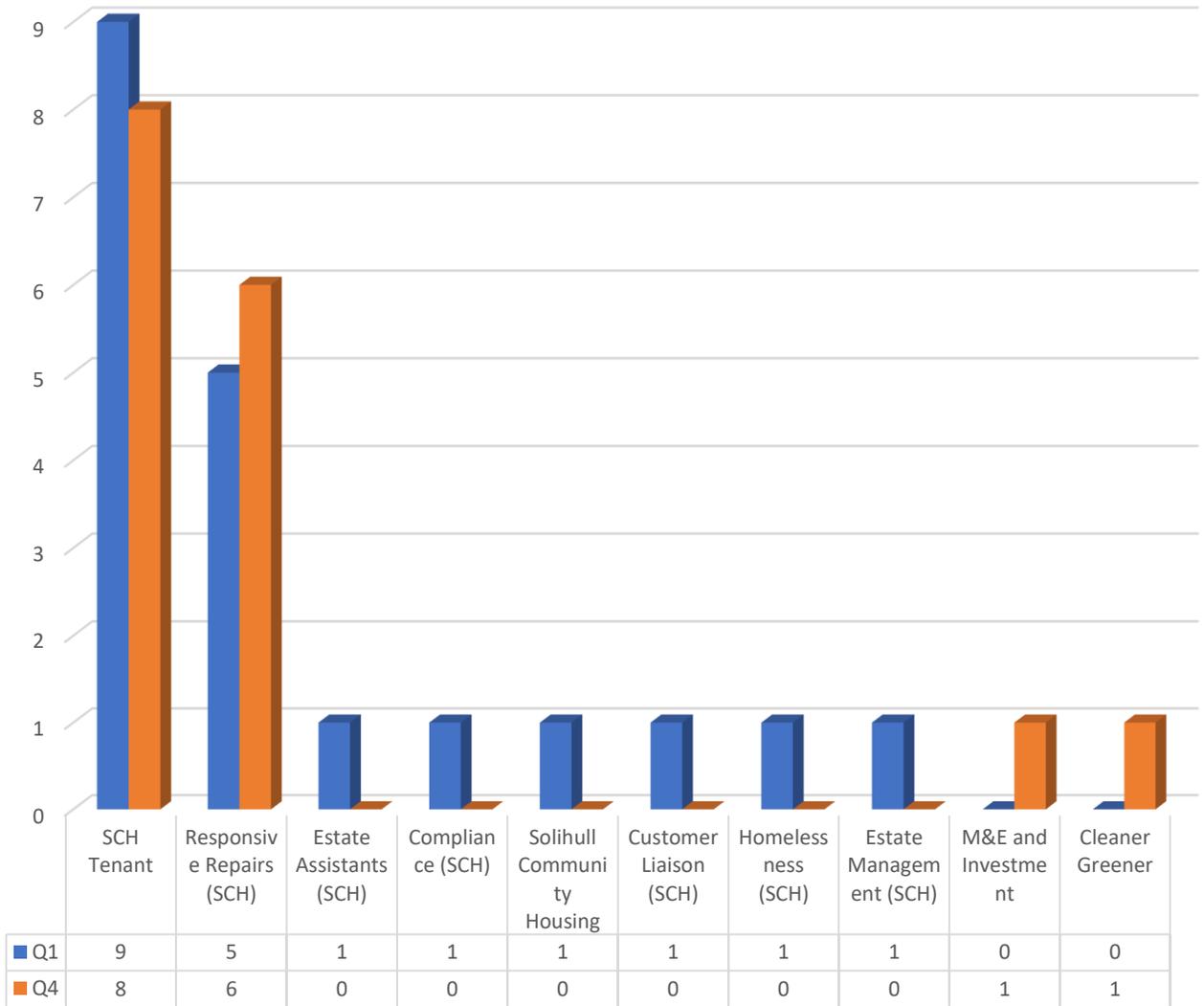
Total number of Incidents reported by month compared to previous year



Notes

Quarter 1 2021 - 2022 saw a big increase in incidents compared to Quarter 1 2020 – 2021. This increase can be attributed to increased reporting and the use of SHE-Assure which was launched in July 2020.

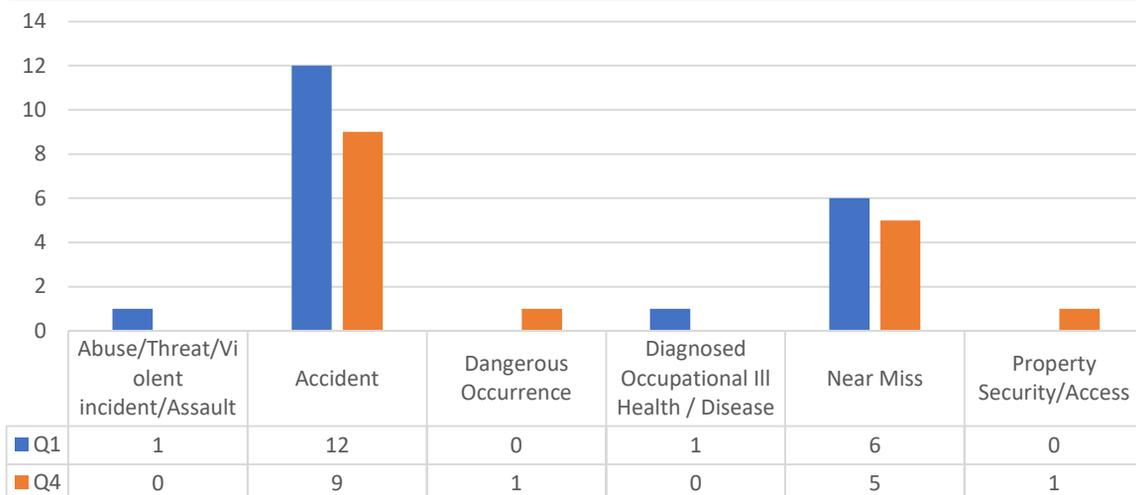
Total number of Incidents reported by Service Area/Organisation Unit



Notes

The highest number of incidents reported by employees were by Responsive Repairs. Tenant incidents make up the other significant number. This is the same for this quarter and the previous quarter.

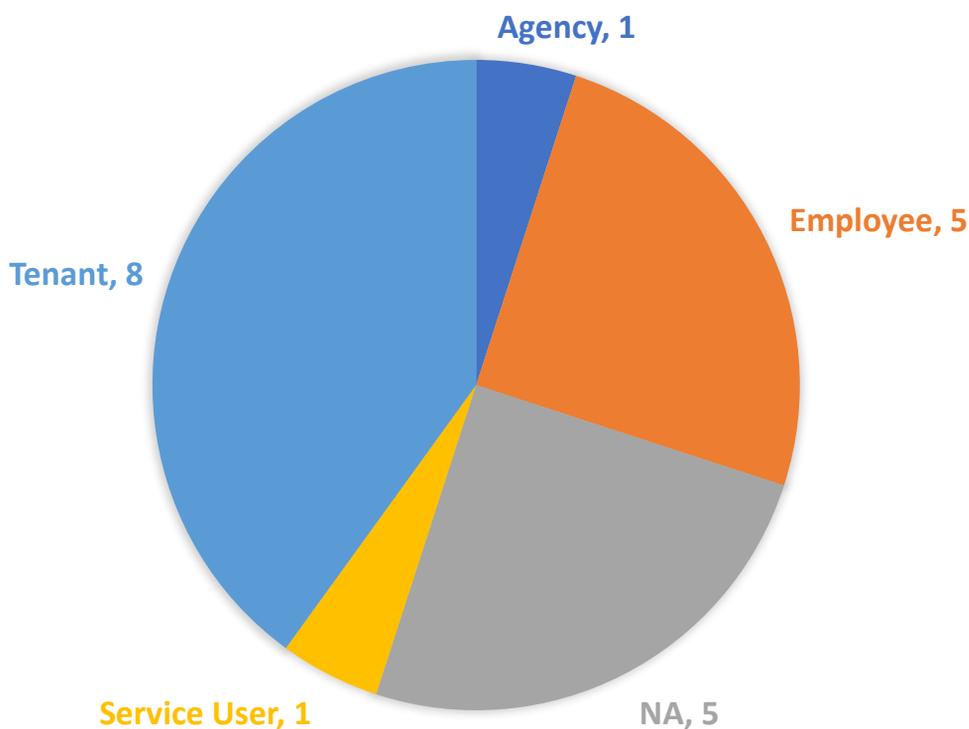
Total number of Incidents reported by type



Notes

Accidents accounted for the highest number of incidents reported during Quarter 1 2021 – 2022 and Quarter 4 2020 - 2021 followed by Near Misses.

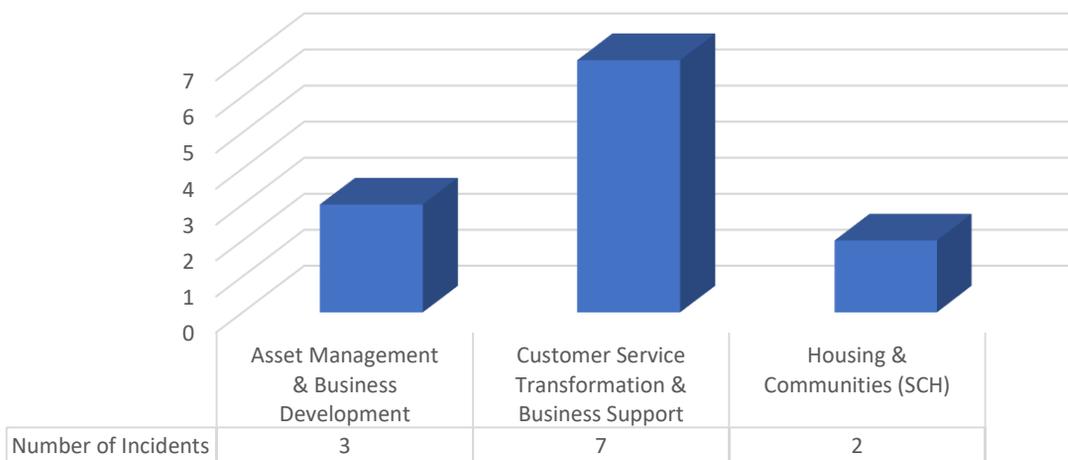
Incidents by type of person involved



Notes

Tenants were involved in the highest number of incidents reported followed by Employees.

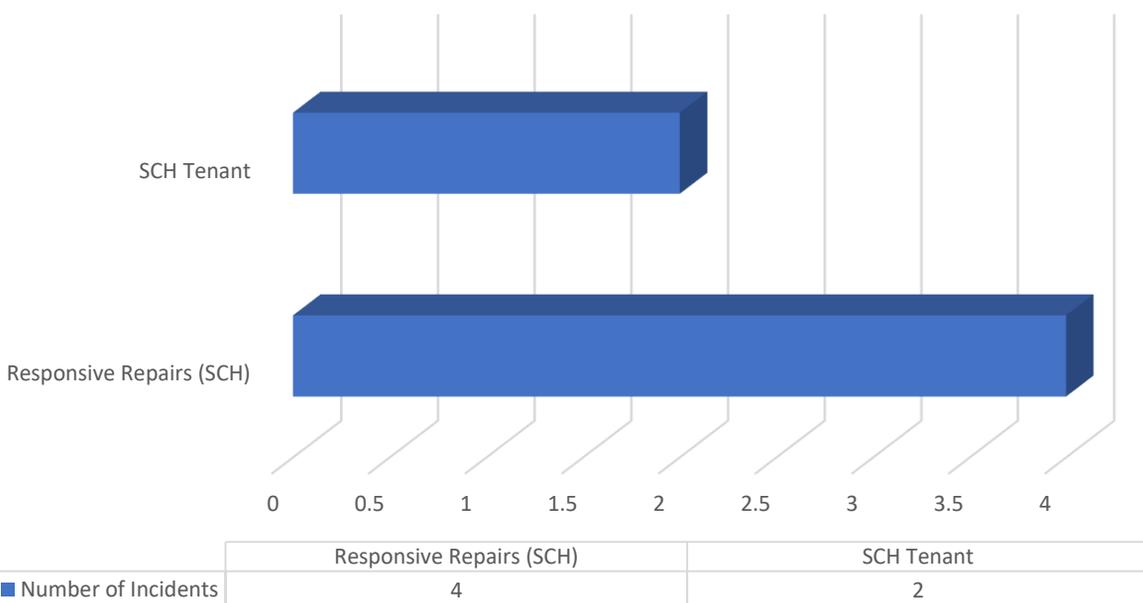
Total number of Accidents reported by Directorate



Notes

A total of 11 **Accidents** were reported during Quarter 1 2021 – 2022. The highest number of Accidents recorded against Customer Service relates to tenant accidents as they are reported through the Contact Centre.

Total Number of Near Miss Events reported

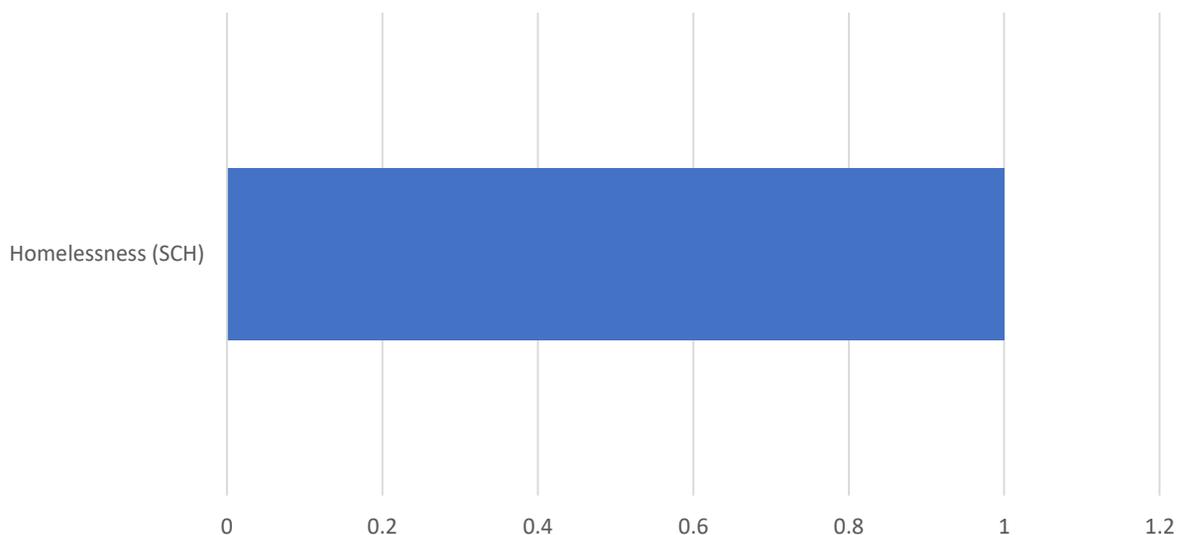


Notes

A total of 6 Near Miss events were reported during Quarter 1 2021-2022, the highest number reported was from Responsive Repairs. These mainly related to Covid.

Near miss reporting is to be encouraged to help prevent accidents by removing a potential cause before it can cause an accident.

Total number of Violent / Abusive / Behavioural Incidents reported



Notes

There was one reported case of Violent / Abusive / Behavioural Incidents reported during Quarter 1 2021-2022. There was also one reported near miss attributed to abusive behaviour.

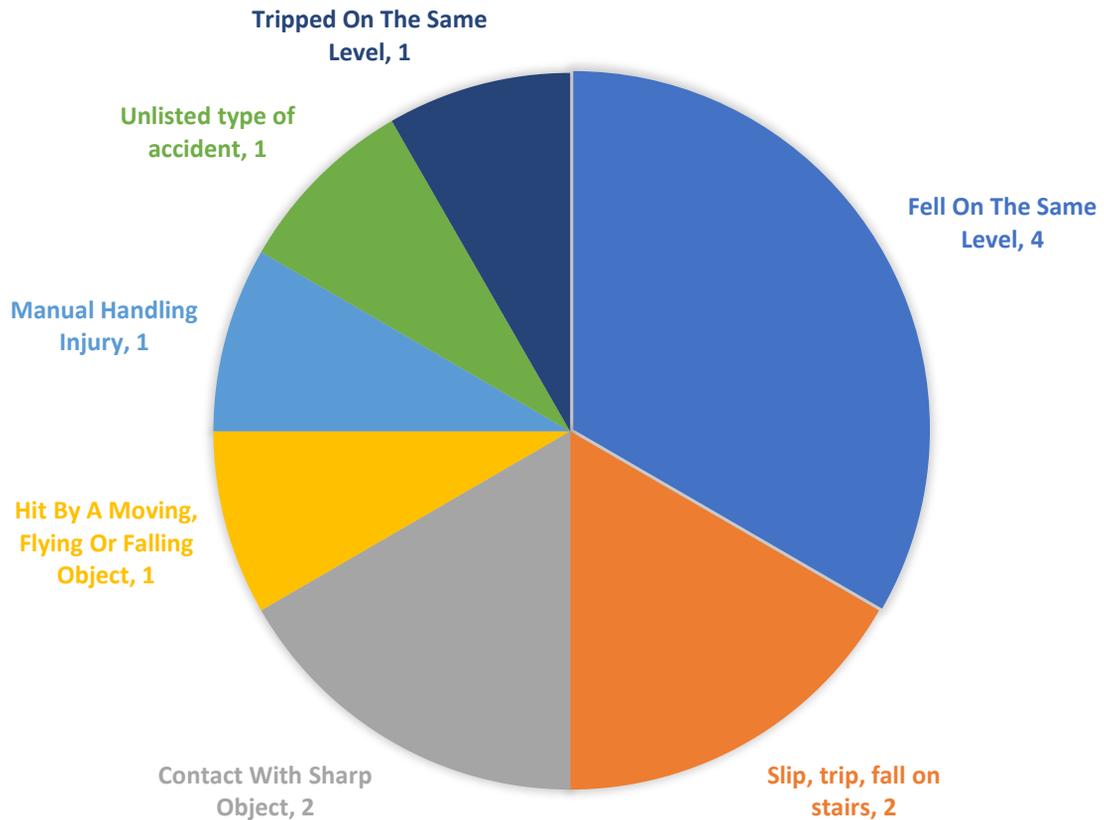
Incidents by Lost Time (days)



Notes

There was one lost time accident. This resulted in 6 days lost time during Quarter 1 2021 - 2022.

Breakdown of Accidents



Notes

This breakdown covers accidents for both Employees and Tenants for Quarter 1 2021 - 2022.

There were no cases of Occupational Disease reported this Quarter.

There were no cases of Fire or Property Related Incidents reported onto SHE Assure this Quarter.

There were no RIDDOR Reports submitted to the HSE during Q1 2021-2022

Incident Summary – Tenant Incidents

| No | Date | Service Area | Type of Incident | Summary | Management Response |
|----|----------|--------------|------------------|---|---|
| 1 | 2/4/2021 | Tenant | Tenant Accident | Tenant's mother was walking outside in the gated alley way to let the window cleaner in. The slabs were in an unsafe condition and tenant fell and bruised herself. | An essential repair was raised on 9th April to inspect and make safe the slatted areas to the rear. The gate and post were also found to be unsafe. The job to repair the rear gate and post was completed and made safe, however the slatted area requires an external contractor to complete the works which have been booked in. |
| 2 | 6/4/2021 | Tenant | Tenant Accident | Tenant bent over to pick up some mortar that had already fallen off the roof in shared area and another piece fell off and hit the tenant on the back of the neck. | An emergency repair was completed to the roof within an hour of the accident being reported. There were no previous reported issues with the roof, Residents are reminded to report repairs as soon as they occur. |
| 3 | 7/4/2021 | Tenant | Tenant Accident | Tenant was walking on communal pathway to front entrance. The path was covered in moss and was slippery - the tenant fell when she didn't see the moss, and has hurt her ankle. | SMBC Streetcare Team requested to remove moss. No moss found, however overgrown grass and weeds were found. Estate Assistant requested to visit block and check that report of there being no moss on communal pathway is correct. No signs of moss on communal entrance/pathway leading to block (photos taken). There were some weeds and the grass is growing onto the footpath and slightly narrowing the space in which residents have to walk, Streetcare team contacted and requested to remove weeds and overgrown grass. |
| 4 | 8/4/2021 | Tenant | Tenant Accident | Tenant was leaving the flat to go to work and slipped on the wet staircase following the floors being mopped by the cleaners. No wet floor signs were put in place. | Spoken with cleaning contractor to contact the tenant and speak with them and get a full statement. Ensure contractor uses wet floor signs whenever they are mopping the communal floors within all buildings |

Incident Summary – Tenant Incidents

| No | Date | Service Area | Type of Incident | Summary | Management Response |
|----|-----------|--------------|------------------|---|---|
| 5 | 8/5/2021 | Tenant | Tenant Accident | Slipped on wet stairs her foot slipped from under her and fell onto the bottom of her back/top of her bottom. | Tenant informed SCH that the floor was slippy due to condensation build up throughout the stairwell of the building of Catesby House. Tenant was visiting a friend on the floor below. Tenant informed SCH that the condensation happens regularly and always seems to be a puddle of water under the stairs when it rains. Estate Assistant, visited and couldn't find any evidence of condensation. Photos taken of first level of stairs from 3rd to 4th and 3rd to 2 nd . Block to be monitored. |
| 6 | 4/6/2021 | Tenant | Tenant Accident | Tenant's mother had gone upstairs and her foot went through the floor on the landing, up to her knee. | Carpenter advised that when the flooring was cut and lifted most likely when the central heating was fitted/ upgraded this section of flooring covering pipe work was insufficiently supported and worked loose before giving way when walked on. Carpenter attended re-supported and trimmed section of timber to the joists prior to re-fixing the floor boards/ sheet flooring back in place. Carpenter advises the issue would have been caused years ago during the upgrade. The floor boards/ sheets are now fully supported. |
| 7 | 9/6/2021 | Tenant | Tenant Accident | Tenant's grandson was playing in the back garden and a branch from the tree over hanging the garden fell and hit him on the head. The branch was a bit thicker than a broom handle. | Resident contacted on 10.6.21 and a call was made to one of the Council's Tree Officers who requested a photo of the tree branch and advised he would visit. Tree officer visited and confirmed inspection completed and outcome will be send over by email. No current H & S concerns with tree, he didn't see the fallen. There was some minor deadwood within the tree crown requiring removal. |
| 8 | 29/6/2021 | Tenant | Tenant Near Miss | Radiator leaking and hot water spurting out, narrowly missing tenant's one year old daughter. | This a private sector leased property. Repair logged for Dodds to attend to leaking radiator. Awaiting if further action needed. |
| 9 | 25/6/2021 | Tenant | Accident | Child slipped on wet floor in communal corridor | Floor had been mopped by cleaning contractor with no 'wet floor' signs displayed. Contractors re training cleaning staff. |

Incident Summary – Dangerous Occurrence

| No | Date | Service Area | Type of Incident | Summary | Management Response |
|----|----------|--------------|----------------------|--|---|
| 1 | 3/6/2021 | Compliance | Dangerous Occurrence | Tenant reported to Health and safety Executive (HSE) that Cadent's contractor had disturbed asbestos containing textured coating on the ceiling whilst installing gas pipework | <p>This is not work organised by SCH and is responsibility of Cadent. HSE were put in contact with Cadent's contractor to investigate.</p> <p>SCH are liaising with the contractors to help ensure tenant safety is not compromised during future gas pipework installations.</p> |

Incident Summary – Employee Incidents

| No | Date | Service Area | Type of Incident | Summary | Management Response |
|----|-----------|--------------------|--------------------|--|---|
| 1 | 14/4/2021 | Estate Management | Accident | IP attended site to check a fly tipping complaint and lost his footing. He thinks he fell over his own feet and fell face first down onto his front hurting his elbows and knees. IP was feeling dazed but managed to get himself up and drive home. | IP advised that he didn't fall over any trip hazard or item, he isn't sure what happened exactly and states he thinks he may have tripped over his own feet. IP states the flooring where he tripped was fine with no hazards. |
| 2 | 19/5/2021 | Responsive Repairs | Near Miss | Tenant became abusive | Tenant was abusive due to mix up re appointment time of repair. Resident eventually calmed down and repair was carried out. Appointments times to be confirmed. |
| 3 | 21/5/2021 | Responsive Repairs | Near Miss | After informing his section leader of his need to leave work due to illness a manager called and stopped from leaving. | ? Why this was reported as not felt to be a health and safety near miss. |
| 4 | 2/6/2021 | Responsive Repairs | Accident | Whilst hanging an internal door in the kitchen and chopping out the hinges IP slipped and the chisel cut IP's knee | Will look at purchasing door clamps to assist in supporting the work piece whilst chopping in hinges. These support the door vertically and enable you to work on the door without having to support it between your knees, also quick toolbox talk at the next carpenters team brief on safety whilst chopping in hinges/locks etc.. |
| 5 | 7/6/2021 | Estate Management | Accident Lost Time | After removing a door from the storage unit at Fircroft House IP did not see that there was a metal shard/hinge sticking out of the door. As IP began to lift the door, the metal went into IP's arm, resulting IP needing hospital treatment. | All the items have now been removed from this storage area which had an accumulation of old stored items in it. It is now being used to store only gardening equipment. IP have been requested to plan their work and look for hidden hazards prior to lifting. |

Incident Summary – Employee Incidents

| No | Date | Service Area | Type of Incident | Summary | Management Response |
|----|-----------|--------------------|-----------------------|---|--|
| 6 | 10/6/2021 | Compliance | Accident | IP was working in dry riser cupboard installing sheeting above head height to the fanlight of the dry riser door frame. Stretched up above head height to fix the board in position with screws and IP felt a twinge to lower back. | IP was working within the dry riser service cupboard which is a very tight space. It is access is tight inside the cupboard. There may not be enough space to use a hop up or steps. Further investigations ongoing to determine a safer way to do this task |
| 7 | 11/6/2021 | Responsive Repairs | Road Traffic Incident | Whilst getting out of van a blue BMW, registration unknown, swung around his vehicle very fast to the right hand side hitting his vehicle breaking off at least the wing mirror to the BMW. IP jumped back out of the way as he saw the vehicle coming but the mirror or something hit his right hand causing a sting. IP's vehicle was parked legally. | No further action possible |
| 8 | 18/6/2021 | Responsive Repairs | Near Miss | Sent to a property alone when should have been in pairs. | Employee was sent to complete a job. The address is no longer a visit in pairs as it has been taken off the list. Manager has spoken with employee and he has said that the tenant was not a threat and didn't show any signs of aggression. No actions need to be taken at the moment. Situation to be monitored and reviewed if the tenant needs to be put back on the list. |

Incident Summary – Employee Incidents

| No | Date | Service Area | Type of Incident | Summary | Management Response |
|----|-----------|------------------|-----------------------------------|---|--|
| 9 | 28/6/2021 | Customer Liaison | Accident potentially lost time | Whilst covering the out of hours Duty Manager role, IP attended the property at 01:00 am on 28/06/21. IP had received a call for a no response to a falls alarm trigger. When IP arrived at the property, the tenant had fallen out of bed and was lying on the floor under a duvet. As IP approached the tenant to see if they were hurt, I tripped on an unknown item that was hidden under the quilt. IP didn't want to fall on the tenant on the floor, so was forced to fall on the bed that was situated behind him twisting back in the process. | IP approached the tenant to see if he was hurt and tripped on an unknown item that was hidden under the duvet. As a result she hurt her lower back. IP did initially come to work the following day but the pain was so bad she had to take a few days off work. No immediate action has been taken as the situation was a one-off. |
| 10 | 30/6/2021 | Homelessness | Abusive and threatening behaviour | Resident became abusive on phone to employee regarding his accommodation at the Norfolk hotel coming to an end and he has not left. Police were called. Resident is | Summary – Customer is complex with alcohol and behaviour issues. Has a history of being abusive towards staff. Has threatened professionals in the past. Case has been referred to Mental Health Services and Adult Social Services to safeguard the customer. EAP/OH support offered to employee. Zero tolerance procedure to be implemented. |

SOLIHULL COMMUNITY HOUSING
BOARD MEETING: 27 SEPTEMBER 2021
REPORT OF THE CHIEF EXECUTIVE

Building Safety Reforms

1. Purpose of Report

- 1.1 The purpose of this report is to set out the role and responsibilities of SCH in meeting the requirements of the building safety reforms in our role as delivering housing management services on behalf of the Council as the landlord and stock owning body.

2. Recommendation – Item for Approval / Assurance / Information

- 2.1 The Board is recommended to:

- (i) **NOTE** the content of the report and commentary relating to the delivery of building safety, assurance, governance and financial implications.
- (ii) **NOTE** the content of the Building Safety Bill: Essential Guide as referred to in Section 3.1

3. Background

- 3.1 Board will be aware that there are two key pieces of legislation which will impact significantly on building safety management – the Building Safety Bill and Fire Safety Act 2021. Board have received a number of reports summarising both pieces of legislation and are therefore familiar with the background. However, there is a helpful guide produced by Trowers and Hamlins available through the following link: [Building Safety Bill: Essential Guide](#)
- 3.2 The diagram and accompanying narrative at **appendix 1 and 2** sets out a framework of accountability assurance and delivery with respect to building safety both under current legislation including the Fire Safety Act and anticipated new legislation, specifically the Building Safety Bill.
- 3.3 As set out in the diagram, the primary accountability for building safety as set out in the Building Safety Bill is the council body. In recognition of this accountability, SMBC have agreed that the accountable person as required in the Building Safety Bill will be the SMBC Director of Economy and Infrastructure – Mary Morrissey. SMBC have also appointed a Building Safety Programme Manager who will be overseeing and ensuring that SMBC discharge their duties under the legislation. SMBC have also established a Building Safety Delivery Group which will oversee this and SCH are represented on this board.

3.4 Also, as set out in the diagram, both in current legislation and anticipated new legislation, SCH is the primary delivery organisation for overseeing building safety relating to the occupied residential buildings specifically High Rise Residential Buildings (HRRB) and specialist housing such as Saxon Court.

4. SCH – Delivery of Building Safety

4.1 There are three core strands to the responsibilities of SCH as the delivery organisation in relation to building safety:

1. Current legislative and regulatory framework relating to ensuring homes are safe and specifically delivering on the Home Standard which is regulated by the Regulator of Social Housing. This standard sets out the 6 key areas of safety relating to gas, electric, fire, lifts, water (legionella) and asbestos
2. The Fire Safety Act which is a new piece of legislation which has been introduced but further detailed guidance is now being produced as part of the implementation of this new legislation
3. The Building Safety Bill which is not yet law and is currently subject to consultation, although there is a high degree of knowledge across the social housing sector as to the anticipated scope and requirements of the Building Safety Bill

4.2 More information is provided below about each of these three strands.

Building Safety Compliance Operations (section 1)

This is delivered through the SCH Safer Homes Team who are part of the asset management division. The team oversee our duty to comply with the Homes Standard and Health and Safety requirements relating to the following six areas:

- Gas safety management and gas servicing and inspection
- Fire safety management including the provision of fire risk assessments
- Electrical inspections
- Asbestos management and inspections
- Legionella Monitoring
- Lifts

Performance in these areas is monitored in the monthly performance report and also reported to the SMBC Corporate Health and Safety Board and QMB.

Fire Safety Act 2021

This new piece of legislation will require SCH to undertake the following

| Scope | Detail |
|--|--|
| The structure and external walls of the building | Fire risk assessments (FRA) have to evidence consideration to manage the risk of fire relating to the façade of the buildings in scope including cladding, windows and balconies. |
| Inspections of fire doors | Currently proposed as 3 monthly inspections for communal doors and every 6 months for individual flat entrance doors. Inspections to include frames, door seals, components (hinges, letterplate, locks and self-closing devices) |
| Personal evacuation plans | Detailed procedures for the provision of personal emergency evacuation plans in high rise buildings. The government are currently analysing the results of a consultation which ran during 2020. |
| Premises information boxes | Expected to become a legislative requirement for all in scope buildings. These are to include, Floor plans, site layouts, FRA, Contact details, Personal Evac information where applicable. |
| Enforcement Action | Makes enforcement action / prosecution easier by the fire service and Government. |

- 4.3 Building Safety Bill: The Building Safety Bill is currently going through consultation and has now entered Committee stage in Parliament. The Essential Guide referenced above provides an overview. In addition, the implementation map at appendix 3 provides detail of anticipated timescale.
- 4.4 The table below highlights the anticipated specific remit of SCH as the delivery organisation in meeting the requirements of the legislation:

| Scope | Detail |
|---|--|
| Building Safety Management through Building Safety Managers | -To employ a team of staff to include Building Safety Managers along with management and support capacity and to ensure all those nominated have necessary skills and knowledge to carry out their duties. |
| Building Safety Cases (BSC) | - To take responsibility for the development of an individual BSC for all in scope buildings, along with management and support capacity to understand: <ul style="list-style-type: none"> • The major hazards associated with the building • What measures are in place to manage, control and mitigate the risks from these hazards, including |

| | |
|------------------------------------|---|
| | <p>safety management systems and the physical systems and precautions in the building</p> <ul style="list-style-type: none"> • How these measures are maintained • What checks are completed to make sure the measures will work when they are needed • How we keep the safety case up to date (eg, periodic reviews, and before and after major changes, such as when the building is refurbished) <p>- The BSM will compile and manage the BSC relative to their portfolio of buildings.</p> |
| Resident Engagement Strategy (RES) | Each building in scope is required to have an individual RES in place. |
| Reporting | Reporting into a mandatory occurrence reporting regime for any structural safety or fire safety related event which is perceived to represent a significant risk to life for buildings in scope under SCH's control. |

In consideration of the above points, SCH will need to meet their obligation to create and maintain the 'golden thread' of building safety information throughout the lifecycle of high-rise residential buildings. This will relate to fire and structural safety. The Building Safety Regulator will review the golden thread at three gateway points to assess the adequacy of the information provided.

In practice, the golden thread is building information created, maintained and held digitally to ensure that the original design intent and any subsequent changes to the building are captured, preserved and used to support safety improvements.

5. Assurance

5.1 In order for SMBC to meet its accountabilities, both within the existing legislative and regulatory framework and under future additional legislation, SMBC will require assurance from SCH as the delivery organisation. This will require SCH to provide robust, auditable, accurate and relevant performance data to SMBC in a performance dashboard. This will need to include the current building safety requirements under the home standard duty compliance. In addition, SCH will need to be able to evidence process and methodology in relation to the generation of this information. SCH will also need to demonstrate and evidence the clear actions being taken to correct areas of non-compliance where required.

To provide further assurances, SCH will need to evidence to SMBC the following:

- Description and overview of building safety cases
- Assurance that those nominated and employed in the ongoing maintenance and management of building's fire and structural safety have the necessary competence requirements to carry out their role effectively
- Resident engagement and reporting regime (as detailed in the table above)
- Other areas to assure SMBC that they are fulfilling the requirements of the Building Safety Manager function.

6. Building Safety Governance

6.1 SCH Board provide the overarching governance for SCH and have responsibility for holding the executive leadership team to account for delivery of building safety. This means Board members must take time to understand and be familiar with the scope of SCH responsibilities in this regard and also provide scrutiny and challenge as well as intelligent analysis of building safety performance information. As set out in paragraph 3.2, appendices 1 and 2 provide the framework to accountability and assurance within SCH.

6.2 At the executive level, the Chief Executive has ultimate responsibility and the executive team provide support in this regard. There is a dedicated SCH Building Safety Management Group which reports into the SCH Executive Team through the Executive Director of Assets and Development. Moving forward, the scope of this group may expand. The current Terms of Reference for the group is included at appendix 4.

6.3 Policy Framework

We have a number of policies that relate to Building Safety. These include the Corporate Health and Safety Policy, Fire Safety, Gas Safety, Asbestos Management, Legionella and Electrical Testing Guidance and we are working with the SMBC Health and Safety Support Team to review and update them. The two documents which have been prioritised for completion and implementation by November 2021 are:

- Fire Safety Management Policy (Workplaces and Managed Housing Service)
- Asbestos Management Policy and Procedures

In addition, the SCH Building Safety Management Group are planning to develop an overarching Building Safety Policy document to cover and detail the broader arrangements in place to meet the Building Safety Reforms.

7. Financial Implications

- 7.1 The financial implications for the wider cost of building and fire safety will be considered as part of the budget setting process currently underway, and will form part of the budget report to the Board in November 2021.
- 7.2 There are, however, a number of items associated with building safety that require urgent implementation and therefore approval to utilise reserves has been requested within the Quarter 1 Financial report also on today's agenda. The following table details the £207k requested, as set out in the financial report under item 11.

| | £'000 |
|---|--------------|
| Support implementation of HouseMark recommendations | 17 |
| Fire Protection – monthly servicing | 46 |
| Fire Risk Assessor & Fire Co-ordinator (2021/22 part-year impact) | 26 |
| Fire Risk Assessments – High Rise Buildings | 58 |
| Additional Stock Condition Surveys | 60 |
| | 207 |

8. Equality and Diversity Implications

- 8.1 To be inclusive a Fair Treatment Assessment will be completed to ensure that SCH takes the necessary action to protect all groups equally. The overall impact of the proposals is expected to be positive because:
- The Building Safety Group within SCH is represented by both technical employees and staff responsible for overseeing service delivery. This approach will enable SCH to consider equality implications from different angles, including staff and customer safety.
 - Further safety measures are required for high-rise buildings. Anecdotal information suggests that single people, childless couples and younger people from BAME groups are over-represented in SCH's high-rise blocks.
 - SCH will continue to work in partnership with the West Midlands Fire Service. Where staff identify or perceive vulnerability, households are referred to the Fire Service who can visit the tenants to provide dedicated support.
 - Where SCH needs to employ new staff to support with this work, the recruitment and selection used will demonstrate fairness and equity.

9. Risk Management Implications

- 9.1 Risk management is at the heart of Building Safety. In addition to the corporate risk register, our capital works projects and relative contracts have individual risk registers.

9.2 Effective assessment of risk is an ongoing responsibility for all.

10. Tenant Involvement/Consultation

10.1 As detailed in this report part of the Building Safety reforms will require individual bespoke resident engagement strategies relative to all 'in scope' buildings.

10.2 Resident engagement strategies need to articulate how we will engage and communicate with residents about building safety and to ensure all residents can have a say when it comes to the safety of their home. The key aims of these strategies are expected to include:

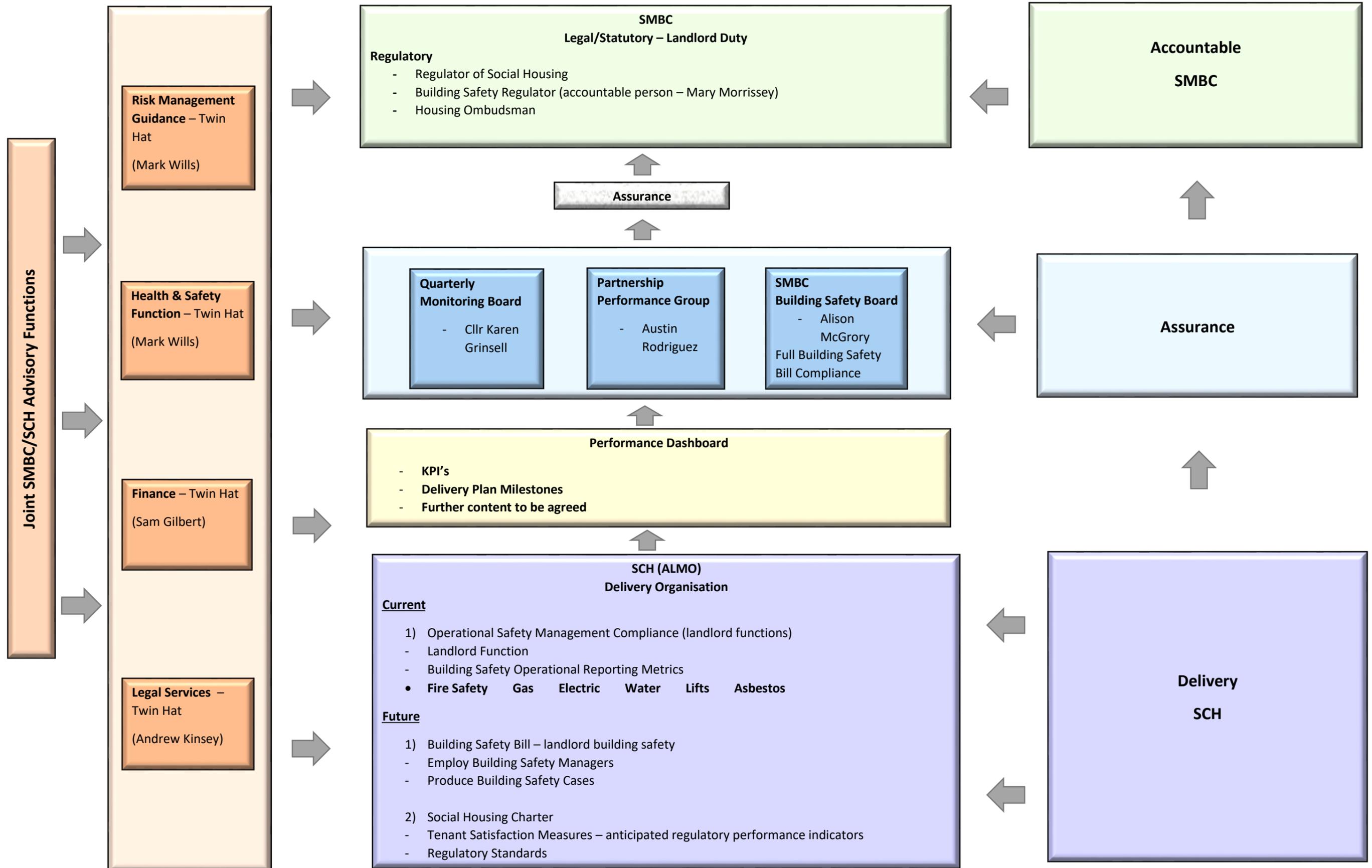
- Ensure residents are empowered to play an effective role in ensuring their building is, and continues to be, safe;
- Set out the ways residents can get involved and the benefits to them from participating in engagement on building safety;
- Identify the building safety information residents wish to be provided with;
- Identify the way in which residents wish to be provided with building safety information;
- Establish how we can improve the way we engage with residents in relation to the safety of their home;
- Engage staff with regards to residents' rights to have a say in relation to their homes;
- Clarify our responsibilities and residents' responsibilities to ensure their homes remain safe.

11. Consistent with Strategic Vision

11.1 The report is consistent with the Delivery of Strategic Objective 2: Ensure our homes are safe.

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Accountability / Assurance / Delivery Framework – Building Safety of Residential Council Housing in Solihull



Accountability / Assurance / Delivery Framework – Building Safety of Council Housing in Solihull

Narrative to accompany schematic diagram

Overview

The scope of this schematic and narrative is to set out a framework of assurance / accountability / delivery as it applies in Solihull to building safety measures in occupied residential accommodation (council housing) including preparedness for incoming building safety legislation.

As shown in the attached schematic, SMBC is overall accountable for building safety while SCH, as the ALMO, is the delivery vehicle and therefore provides assurance to enable SMBC to discharge its accountability. The detail of the full scope of responsibilities of SCH to underpin this relationship are set out in the Management Agreement. The performance framework is agreed annually in the SCH Delivery Plan which is scrutinised and approved by SMBC.

This schematic and narrative relate specifically to the area of building safety and the following key principles are to be noted:

- There is an existing framework of legal and regulatory requirements relating to building safety with which we must demonstrate compliance
- The existing legal and regulatory framework relating to social housing generally and building safety specifically is becoming more rigorous and we must prepare for this although full detail is not finalised
- A key underlying principal of the change - principally through the Building Safety Bill – is that of the golden thread connecting all aspects of building safety. This refers to the need for all organisations involved in ensuring building safety to recognise the golden thread and take responsibility for discharging actions relating to their role and scope – all to underpin a holistic approach

A particular feature of the assurance / accountability / delivery framework in Solihull is the provision of joint advisory functions to both SCH and SMBC meaning that at times, key officers are twin hatted. This does mean that officers have full insight into both organisations and are therefore able to provide comprehensive advice. However, it does require officers to apply a level of skill and judgment in applying their roles.

Accountability – SMBC

SMBC are ultimately accountable as the landlord body.

This includes accountability for:

- Legal / statutory housing duties
- Social Housing Standards (Consumer and Rent) regulated by the Social Housing Regulator

The legal and regulatory framework is becoming more robust and there are two key policy / legal threads:

Building Safety Bill

- This will require an accountable person to be identified who is ultimately accountable for the delivery of building safety – both in terms of landlord and other council duties e.g. building control. Mary Morrissey has been agreed as the accountable person. Supporting this, Alison McGrory is chairing a Building Safety Board to oversee the various elements of

the Building Safety Bill and Gabrielle Whitehouse has been appointed as a Programme Manager for SMBC to oversee the implementation of the Building Safety Bill for SMBC.

- The Building Safety Bill sets out specific matters relating to the management of occupied buildings and within that, high risk residential buildings (HRRB). Assurance for delivery with regard to occupied properties (residential) in particular High Risk Residential Buildings (mainly high rise) HRRB will be through SCH.

Charter for Social Housing Residents / Social Housing White Paper

- Greater regulation of the social housing sector is set to be introduced through legislation to follow the charter – this will involve pro-active delivery of performance information which will be overseen through the Regulator of Social Housing
- The focus of performance information to be required through the RSH will be on tenant satisfaction and there are currently a draft set of tenant satisfaction metrics being discussed across the social housing sector

Assurance

Where an ALMO is the vehicle for delivery of the housing management service, the council will clearly expect delivery assurance and evidence to be provided by the ALMO to provide assurance upon which the council body will fulfil its accountability. As part of this process, the council body will need to demonstrate due oversight, challenge and scrutiny of performance and delivery through the assurance mechanisms established.

In Solihull the overarching vehicle for assurance to SMBC is Quarterly Monitoring Board

This is supported by:

- Partnership and Performance Group
- Building Safety Board

QMB currently receive a performance dashboard which provides the basis of quarterly reporting. However, further work will be needed to ensure this is sufficiently robust and meets the additional regulatory requirements being introduced through the Building Safety Bill and the Social Housing Charter.

Delivery

SCH is the delivery organisation for all aspects of housing management relating to council housing in Solihull. The SCH annual delivery plan sets out the framework of performance metrics which SCH will deliver. The annual delivery plan is scrutinised and approved through SMBC governance processes and reporting against the delivery plan takes place through the Quarterly Monitoring Board (see assurance process above). The SMBC client function facilitates and administers SCH monitoring.

Current Position – Building Safety

Legal

The landlord function discharged by SCH on behalf of SMBC has a significant legal footprint in housing law and of course this includes the provision of a safe home.

Regulatory

There are a current set of regulatory standards (the consumer and economic standards) overseen by the Regulator of Social Housing – specifically:

- The home standard
- The tenancy standard
- The neighbourhood and community standard
- The tenant involvement and empowerment standard
- The rent standard

Specifically relevant to building safety is the home standard which includes delivery of safety in 6 key compliance areas:

- Gas safety
- Electrical safety
- Fire safety
- Asbestos safety
- Life safety
- Legionella safety

The delivery of these 6 key compliance areas is part of SCH operations – specifically the Safer Homes Team. Reporting on these 6 areas is included in the performance dashboard received by Quarterly Monitoring Board (see assurance process above). The reporting metrics will need to be further developed and future proofed for new building safety legislation – the Building Safety Bill. This work is underway.

Future Proofing

Building Safety Bill / Fire Safety Act

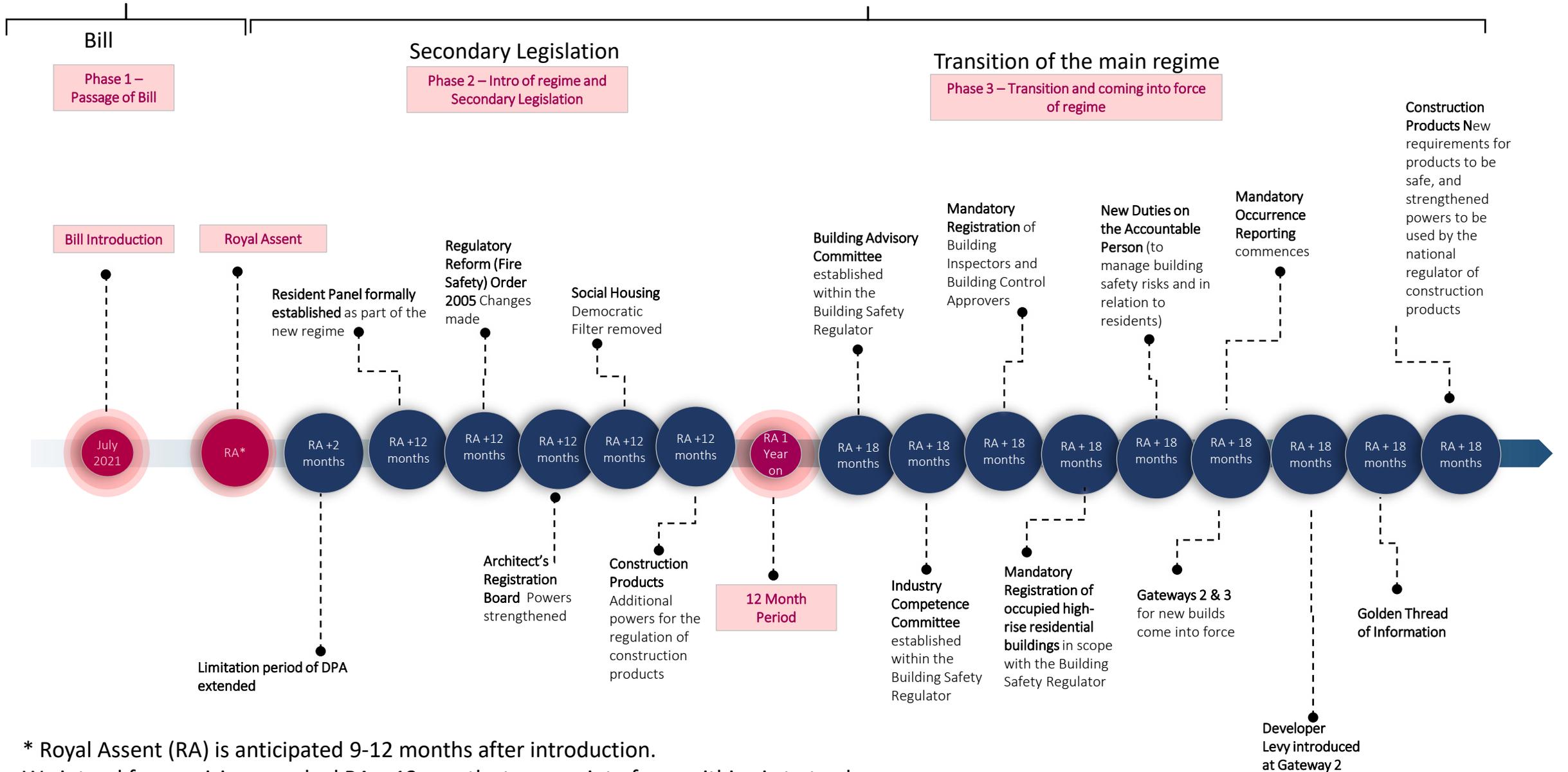
Two significant pieces of legislation are relevant – The Building Safety Bill is undergoing consultation ahead of coming into law and the Fire Safety Act has become law but further consultation is underway with regard to procedural detail. Both these pieces of legislation have been driven by findings relating to Grenfell Tower and the Hackitt review. A core principle is that of the golden thread and the importance of a holistic approach.

The Building Safety Bill will require an Accountable Person to be named as accountable for its implementation – as stated above, this will be Mary Morrissey at SMBC as the legally accountable body will be SMBC as set out in box 2. As the delivery organisation, SCH will be responsible for delivery and therefore providing assurance to SMBC. The Bill sets out that there will need to be a Building Safety Manager linked to all High Risk Residential Buildings (HRRB). As delivery organisation SCH will employ the required number of Building Safety Managers (BSM's). Also required will be a Building Safety Case for each HRRB and this will be overseen by the BSM and delivered through SCH. This framework is not yet finalised as the Bill is still in consultation phase. The detail is being worked up through the Building Safety Board (chaired by Alison McGrory) as part of the assurance process. A set of performance metrics will be needed as part of the assurance process and this is currently under discussion.

Social Housing Charter

Emerging from the Grenfell Tower tragedy has also been a white paper on Social Housing under the title A Charter for Social Housing Residents. MHCLG are progressing discussions in consultation with the social housing sector to develop the implementation of this including any associated legislative and regulatory changes. However, it is known that increased regulation of the social housing sector through a set of housing standards and performance metrics will be a feature of the implementation of the white paper. SMBC as the landlord body will be accountable for this with SCH being the delivery vehicle. A detailed set of performance metrics will be required as part of the assurance process. The performance metrics are likely to focus on tenant

satisfaction and SCH are engaged through sector discussions working on the development of this. In addition, SCH are developing a 'Voice of the Customer' dashboard which will provide a comprehensive foundation for further development of relevant performance metrics.



* Royal Assent (RA) is anticipated 9-12 months after introduction.
 We intend for provisions marked RA + 12 months to come into force within six to twelve months of Royal Assent.
 We intend for provisions marked RA + 18 months to come into force within twelve to eighteen months of Royal Assent.

SOLIHULL COMMUNITY HOUSING

BOARD MEETING: 27 SEPTEMBER 2021

REPORT OF THE CHIEF EXECUTIVE

National Federation of Housing Code of Governance Compliance

1. Purpose of Report

- 1.1 To advise members of the outcome of a self-assessment against the National Housing Federation (NHF) Code of Governance.

2. Recommendation – Item for Approval / Assurance / Information

- 2.1 The Board is recommended to:

- | | | |
|-------|----------------|--|
| (i) | NOTE | the results of the compliance against the National Housing Federation Code of Governance |
| (ii) | APPROVE | the action plan to address areas of non-compliance with the Code of Governance |
| (iii) | ADOPT | the National Housing Federation Code of Governance |

3. Background

- 3.1 In November 2020 the National Housing Federation (NHF) introduced a new Code of Governance which is designed to help housing associations achieve the highest standards of governance and board excellence. Whilst not being a mandatory requirement for ALMO's to adopt the Code of Governance it is seen as good practice and there is no ALMO specific equivalent code. Many ALMO's choose to adopt the NHF Code of Governance as a demonstration of commitment to excellence in governance.
- 3.2 Organisations and their boards in all sectors should aim to achieve a set of standards in order to be well governed. The National Housing Federation's code sets out the standards that housing associations, their boards, and the wider sector should seek to attain. The new code was designed to reflect the changing environment and emerging issues in the sector and in particular the need to protect the interests of the communities that we serve, and the increasing importance to be accountable and listen to the voice of our customers.
- 3.3 The new 2020 code requires those adopting it to make sure that:
- The views and needs of their residents are at the heart of their strategic decision-making.
 - Measures are in place to ensure that residents, other customers and staff are kept safe.

- Boards have an oversight of risk and thoroughly test the impact of potential risk scenarios on their organisation's future.
- 3.4 The code is built around the key values that good governance is based on – accountability, integrity, openness, and equality, diversity and inclusion. At its heart are four core principles which shape the content of the code, each with a set of requirements for organisations to adopt:

- Mission and values
- Strategy and delivery
- Board effectiveness
- Control and assurance

- 3.5 In collaboration with the chair of the Board we have completed a self-assessment against the Code of Governance which is attached at appendix 1 and developed an action plan to address the areas where we are not fully compliant with the code which is attached at appendix 2.

4. Financial Implications

- 4.1 There are no direct financial implications from adopting the Code of Governance.

5. Equality and Diversity Implications

- 5.1 The adoption of the Code of Governance demonstrates a commitment to being an inclusive organisation that strives to deliver best practice and recognises the need to reflect the community we serve.

6. Tenant Involvement/Consultation

- 6.1 There has been no direct customer engagement in relation to this report but listening to the views of customers is at the heart of good governance and compliance with the Code of Governance provides evidence of this commitment.

7. Consistent with Strategic Vision

- 7.1 The report is consistent with the Delivery Plan objective that good governance is essential for SCH to achieve its objectives and drive improvement, as well as to maintain legal, regulatory and ethical standards. SCH is committed to deliver robust and challenging governance.

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Code of Governance 2020: compliance checklist

| The Code of Governance | Compliance (Y/N) Comments: | Evidence: | Action needed: |
|--|---|--|--|
| Principle 1: Mission and values | | | |
| The board sets and actively drives the organisation's social purpose, mission and values and through these embeds within the organisation resident focus, inclusion, integrity, openness and accountability. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: Regular monitoring of EDI Strategy |
| | Comments: | | By whom: ELT /SLT |
| | | | By date: |
| Compliance: from principle to practice | | | |
| 1.1 Mission: the board leads the organisation in pursuit of achieving its social purpose. The board sets the organisation's mission and values, and regularly reviews and reaffirms their relevance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Delivery Plan /Board minutes Board have requested inclusion of Social Value KPI in Self-Assessment Dashboard (local employment /use of local businesses) | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| 1.2 Resident focus: the needs and safety of the organisation's current and future residents and other customers are placed at the heart of the board's decision-making. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Health & Safety Quarterly reports includes accident statistics for residents | Action needed: |
| | Comments: | | By whom: |

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| | | Fire Safety very high priority Approved retrospective fitting of sprinklers in all high rise buildings | By date: |
| (1) There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision-making. | Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: New Engagement Framework approved 2020 Implementation of the Engagement Framework SCHape Panel starting reviews | Action needed: |
| | Comments: | | By whom: |
| (2) The board has access to insight into the views and needs of the organisation's residents and other customers (including insight into their concerns and complaints) and uses this to inform decisions where appropriate. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: Regular reports to Board on complaints to be implemented in 2021 Better engagement with customers part of new Engagement Framework Board have appointed a member to be a link with the SCHape (Scrutiny) Panel | By date: |
| | Comments: Customer and staff engagement survey results reported to Board | | Action needed: |
| (3) There are policies in place which reflect that the safety of residents and other customers (as well as that of the workforce and the wider public) is an overriding | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | By whom: |
| | Comments: | | Action needed: |

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| priority, and the board receives reports annually on their operation. | | Annual review of Health & Safety Policy - approved by Board and signed by Chair of Board | By date: |
| (4) The organisation regularly reports to its residents on how its commitments to resident focus have been delivered. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly Newsletters Social Media Engagement Framework | Action needed: |
| | Comments: | | By whom: |
| 1.3 The board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition. It has policies and statements which meaningfully demonstrate this commitment, and sets priorities and objectives for the organisation to achieve. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board reports include consideration of equality and diversity impact on subjects and decision-making. The Board considers the make-up of the governing body and reflects diversity in board member recruitment procedures Board has a Committee (Human Resources, Equalities and Remuneration) to oversee implementation of Equality and Inclusion objectives | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |

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| (1) The board seeks regular assurance about how these commitments and objectives are being delivered in practice, and tracks progress against the priorities it has set. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly updates to Housing Operations Committee /Human Resource, Equalities and Remuneration Committee /Board | Action needed: |
| | Comments: | | By whom: |
| (2) The organisation annually publishes information about its work to deliver these commitments and objectives, and the progress it has made. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Public Sector Equalities Duty Report Published Gender Pay Gap Report | Action needed: |
| | Comments: | | By whom: |
| 1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Delivery Plan | Action needed: |
| | Comments: Board and staff appraisals annually with outcomes reported to Board | | By whom: |
| (1) The board leads by example and promotes the culture of the organisation. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board have agreed a Code of Conduct Board members attend staff conferences /awards ceremonies - visible in organisation | Action needed: |
| | Comments: Board appraisals | | By whom: |
| | | | By date: |

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| (2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Staff Engagement Survey results reported to Board Customer Satisfaction results reported to Board | Action needed: |
| | Comments: | | By whom: |
| 1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Declarations of Interest Declarations standard item on all meeting agendas Board Code of Conduct | Action needed: |
| | Comments: | | By whom: |
| (1) The board adopts a formal code of conduct to which all its members adhere. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: All Board members follow Code of Conduct | Action needed: |
| | Comments: | | By whom: |
| (2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Decalations Standard item on agendas Covered in Standing Orders | Action needed: |
| | Comments: | | By whom: |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: | | By whom: |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |

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| (3) There is a publicly available register for board and committee member declarations of interest which is reported on annually to the board | Comments: | Annual Governance Report to Board Register held at Head Office of Declarations of Interest | By whom: |
| | | | By date: |
| (4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board minutes show where a declaration of interest has been recorded and action taken as a result in accordance with Standing Orders | Action needed: |
| | Comments: | | By whom: |
| (5) In case of a fundamental or ongoing material conflict, the board determines whether the person concerned should cease to be a board member. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: This situation has not arisen to date but any members with such a conflict of interest would be invited to withdraw from the Board and there are provisions within Standing Orders to deal with removal of a Board member if required | By date: |
| | Comments: | | Action needed: |
| 1.6 Accountability: the board operates openly and transparently, and demonstrates accountability to key stakeholders including residents, other customers, and partner statutory bodies. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Open agendas Non confidential reports published on website | By whom: |
| | Comments: | | By date: |

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| (1) The board publishes information annually about the organisation's activities, performance and plans for future improvements which is accessible to its key stakeholders, and covers the matters referred to in this code. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Reports Quarterly Monitoring Meetings with Shareholder (SMBC) | Action needed: |
| | Comments: | | By whom: By date: |
| (2) The organisation systematically identifies and regularly communicates with its key stakeholders and receives feedback about their views. In doing so it has regard to the communication needs of the diverse groups and communities it serves. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Continuous Customer Satisfaction Surveys STAR surveys Customer Engagement Framework includes range of options for seeking views of customers | Action needed: |
| | Comments: | | By whom: By date: |
| (3) Opportunities and information are provided for residents and other customers independently to scrutinise the work of the organisation and to hold it to account, and the board reviews these arrangements regularly to ensure that they remain fit for purpose. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: SCHape Panel (Scrutiny function) - members recruited | Action needed: Panel to start work programme |
| | Comments: | | By whom: Kevin Bennett /Becci Youlden By date: 2021/22 |
| (4) The organisation publishes clear and up-to-date information about its board members, committees, and governance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Details published on webiste | Action needed: |
| | Comments: | | By whom: By date: |

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| (5) The organisation responds in a considered, open and transparent way to requests for information about its work, activities, and decisions made by the board, where it cannot provide certain information it gives clear reasons as to why this is the case. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Respond to all FOI /SAR requests within prescribed timescales for all public sector organisations | Action needed: |
| | Comments: | | By whom: |
| (6) The role of shareholders in the governance of the organisation is documented and understood. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Shareholder represented at Annual General Meeting which is documented Role of shareholder set out in the Management Agreement | Action needed: |
| | Comments: | | By whom: |
| (7) Organisations with open shareholding publish their policy for admission of shareholders. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable as Council holds 100% shares | | By whom: |
| 1.7 Reputation and trust: the board takes into account in its actions and decisions the importance of maintaining trust in the organisation and upholding its reputation. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board minutes | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |

| Principle 2: Strategy and delivery | | | |
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| The board sets ambitions, plans and strategies which enable the organisation to fulfil its social purpose and remain viable and sustainable, and exercises demonstrable and effective oversight of their delivery. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Delivery Plan Strategic Dashboard | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| Compliance: from principle to practice | | | |
| 2.1 Strategy, resources and plans: the board sets the organisation's overall direction and strategy in line with its charitable, community benefit or other constitutional purposes. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Delivery Plan Strategic Vision Strategic Dashboard | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (1) The board sets financially sustainable plans to ensure that the organisation has the resources it needs to deliver its strategy. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Four Year Budget Plan Budget Strategy Reserve Quarterly Financial Dashboards sent to all Board members Quarterly monitoring reports to full board | Action needed: |
| | Comments: SMBC Cabinet Member responsible for approving contracts valued above £2.5m or lasting longer than 5 years | | By whom: |
| | | | By date: |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Financial Plans Environmental Sustainability Strategy | Action needed: |
| | Comments: | | By whom: |
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| (2) The board gives specific consideration in setting such plans to value for money, financial sustainability; carbon neutrality and environmental sustainability; and social sustainability. | | | By date: |
| 2.2 Structures: organisational and governance structures support the delivery of the organisation's social purpose and strategic objectives. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Governance structure | Action needed: |
| | Comments: | | By whom: |
| (1) Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Committee Terms of Reference reviewed regularly | By date: |
| | Comments: | | Action needed: |
| (2) The board considers regularly whether the organisation's purpose could be better achieved through changes to its group, governance or staffing structures. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Governance reviews 2013; 2017 and 2018 Composition of Board amended with Shareholder approval and amendment to Articles in 2020 | By whom: |
| | Comments: | | By date: |

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| 2.3 Working with others: within the organisation's overall corporate strategy (or associated strategies and plans) there is consideration given to whether and how active cooperation, collaboration, joint working or partnership with other organisations could enable it to deliver its social purpose and strategies more effectively and economically. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Partnership working with SMBC /Police Locality working arrangements | Action needed: |
| | Comments: | | By whom: |
| 2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Standing Orders | Action needed: |
| | Comments: | | By whom: |
| (1) The responsibilities of, and delegations to, the chief executive are clearly set out. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Delivery Plan Management Agreement Standing Orders | Action needed: |
| | Comments: | | By whom: |
| (2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Contracts issued via SMBC Human Resources Team | Action needed: |
| | Comments: | | By whom: |
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| (3) The chief executive's remuneration package is set at a level which is proportionate to the organisation's size, complexity, level of risk, and resources; it is also aligned with the organisation's social purpose and wider reputation. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: | | By whom: |
| (4) If the chief executive's contract is to be determined, any extra contractual severance payments or benefits are approved by the board with the reasons, costs and reputational risks clearly minuted. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Human Resources, Equalities & Remuneration Committee and Chair of Board (who is a member of the HR,E and R Committee) | Action needed: |
| | Comments: | | By whom: |
| (5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Human Resources, Equalities & Remuneration Committee / Chair of Board | Action needed: |
| | Comments: | | By whom: |
| 2.5 Workforce: the board ensures that its workforce policies and practices support the success of the organisation and reflect its values and its commitments to equality, diversity and inclusion. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Minutes of meetings of Human Resources, Equalities & Remuneration Committee | Action needed: |
| | Comments: | | By whom: |
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| (1) The board has access to insight into the views of staff, such that their opinions and needs are understood, and influence the board's decisions as appropriate. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Outcomes of Staff Engagement surveys are reported to Board | Action needed: |
| | Comments: | | By whom: |
| (2) The board determines a strategy for remuneration of the workforce which is aligned to the organisation's size and complexity, and to its purpose and values. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: Pay aligned to national agreements for public sector | Action needed: |
| | Comments: ALMO - wholly owned by SMBC | | By whom: |
| (3) The board has policies on the safety and wellbeing of its workforce and reviews their effectiveness. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Health & safety Policy which is reviewed annually Human Resources & Remuneration Committee | Action needed: |
| | Comments: | | By whom: |
| 2.6 Performance: the board has demonstrable oversight of the organisation's performance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Housing Operations Committee and full Board review quarterly Strategic Dashboard | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |

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| (1) The board exercises active and regular oversight of delivery of strategies and plans. This includes scrutinising key operational and finance performance information, and information concerning resident insights and satisfaction. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly reports to Board and Housing Operations Committee /Audit & Risk Committee and Human Resources, Equalities and Remuneration Committee | Action needed: |
| | Comments: Regular performance monitoring and Internal Audit Reports | | By whom: |
| (2) The board has assurance that the reports it receives provide an accurate picture of performance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board members analyse and question data presented and cross reference results of cross cutting key performance indicators e.g. void turnover and void rent loss Board also cross reference with Internal Audit Reports | Action needed: |
| | Comments: | | By whom: |
| 2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |

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| <p>(1) Where the group parent is not a registered provider, formal arrangements are in place to ensure that any registered provider subsidiaries remain compliant with their own charitable or community benefit purposes, and with regulatory requirements.</p> | | | By date: |
| <p>(2) Where a subsidiary is to be or has been established, the benefits, risks and relationship are reviewed by the board of the parent beforehand and thereafter regularly.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | | | By date: |
| <p>(3) The board of a parent organisation in a group structure has the responsibility and the reserve powers to direct, and if necessary, intervene in the governance of its subsidiaries.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | | | By date: |
| <p>(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.</p> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | | | By date: |

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| (5) The board of the parent approved the group's plans and budgets, and holds the board of each subsidiary accountable for the delivery of its objectives. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| (6) The board of the parent considers and determines whether and how this code should apply to each of its subsidiaries. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| (7) Where, within a group, there are people who serve on more than one board, there is guidance and documentation to set out how board members must deal with their overlapping responsibilities and any resulting conflicts of interest. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| (8) Where there is, within a group, a single or common board which governs more than one organisation, the organisation has documented how its meetings will be conducted, serviced and minuted. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
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| 2.8 Joint ventures and partnerships: organisations that set up joint ventures or partnership vehicles with external counterparties ensure that these are in support of their mission and objectives. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | | | By date: |
| (1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | | | Action needed: |
| (2) The benefits and risks of such entities are reviewed annually. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | | | Action needed: |
| Principle 3: Board effectiveness | | | |
| The organisation is led by a skilled and diverse board which regularly reviews and capably manages its own performance and effectiveness, and ensures that it complies with this code. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board appraisals annually Skills matrix | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |

| Provisions | | | |
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| 3.1 Roles and responsibilities: the statutory and governance roles and responsibilities of the board, of its individual members, office holders and of others who work to the board are clearly set out. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Role descriptors in place and regularly reviewed | Action needed: |
| | Comments: | | By whom: |
| (1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Action needed: |
| | Comments: Chair recruited jointly by Shareholder and Board and facilitated by external consultant (competancy based process) | | By whom: |
| (2) The chair of the board does not chair and is not a member of the committee responsible for audit, nor does the chair of the board chair the committee responsible for remuneration. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Chair of Board does not chair any other Committee and is not a member of the Audit & Risk Committee | Action needed: |
| | Comments: | | By whom: |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |

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| (3) Where there are executive board members, the board formally records and publishes policies about the role they play on the board and committees, and makes clear those matters for which they must leave the meeting, or not participate in debate or decision-making. | | | By date: |
| (4) The roles of chair of the board and standing committees (and those of vice chair or senior independent director as applicable) are not held by an executive. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: No executives hold any positions within the Board or Committee structures | Action needed: |
| | Comments: | | By whom: |
| (5) Executives are not members of the committees responsible for nominations, remuneration or audit. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: No executives hold any positions within the Board or Committee structures | Action needed: |
| | Comments: | | By whom: |
| (6) There is a clear, documented framework setting out delegations to staff, committees and subsidiaries. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Set out in Standing Orders which are reviewed annually | Action needed: |
| | Comments: | | By whom: |
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| 3.2 Functions of the board: there is a record of the essential functions and other matters which are reserved for board decision and cannot be delegated. In addition to matters set out in law, statute, regulations and in the organisation's constitution these include as a minimum: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Articles of Association Management Agreement Standing Orders | Action needed: |
| | Comments: | | By whom: |
| (1) Setting and ensuring compliance with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Delivery Plan | Action needed: |
| | Comments: | | By whom: |
| (2) Establishing a culture that is positive, focused on the needs of current and future residents, other customers and other key stakeholders, and embeds equality, diversity and inclusion in the organisation; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Strategic Vision Delivery Plan Equalities strategy Commitment to Disability Confidence Scheme | Action needed: |
| | Comments: | | By whom: |
| (3) Ensuring the organisation operates effectively, efficiently and economically; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Financial monitoring via Board | Action needed: |
| | Comments: | | By whom: |

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| | | Performanc eManagement Framework including Self-Assessment Dashboard Annual Governance Statement | By date: |
| (4) Providing oversight, support, direction and constructive challenge to the organisation's chief executive and other executives; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board minutes 360 degree whole Board appraisal in year two of three year cycle (2020) | Action needed: |
| | Comments: | | By whom: |
| (5) Appointing and, if necessary, dismissing the chief executive; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Standing Orders include section on process for addressing disciplinary measures for Chief Executive | By date: |
| | Comments: | | Action needed: |
| (6) Satisfying itself as to the integrity of financial information, and setting and approving each year's budget, business plan and annual accounts prior to publication; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: SMBC as shareholder carries ultimate risk for fiancial stability of business but Board provide scrutiny | By whom: |
| | Comments: | | Action needed: |
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| (7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Governance report Standing Orders | Action needed: |
| | Comments: | | By whom: |
| (8) Establishing and overseeing control and risk management frameworks in order to safeguard the assets, compliance and reputation of the organisation; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly monitoring of risks via Audit & Risk Committee Annual Risk Management Report to full Board | Action needed: |
| | Comments: | | By whom: |
| (9) Holding to account the organisation's subsidiary boards, committees and senior staff for the exercise of any powers delegated to them. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Committee Chair's reports to full Board All members receive Committee reports for information | Action needed: |
| | Comments: | | By whom: |
| 3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Members appointed based on competency framework Board appraisals | Action needed: |
| | Comments: | | By whom: |
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| (1) The organisation determines, documents and regularly reviews the board composition best suited to its needs; in the case of a group subsidiary, this may be a matter for the group parent. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual appraisals 1:2:1 discussions with chair of Board Skills matrix completed on periodic basis to check ongoing skills and experience required from Board | Action needed: |
| | Comments: | | By whom: |
| (2) The board has between five and 12 members, including and co-optees and executive members. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: 10 members in total with option for maximum of 2 co-optees | Action needed: |
| | Comments: | | By whom: |
| (3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Not applicable | | By whom: |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Chair of Human Resources, Equalities & Remuneration Committee | Action needed: |
| | Comments: | | By whom: |

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| <p>(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.</p> | | | <p>By date:</p> |
| <p>3.4 Board election, selection and appointment: the board has a diverse membership with the collective skills and attributes needed to govern effectively.</p> | <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>Evidence: Diversity in terms of gender and age Skills Matrix Recruitment Task & Finish Group</p> | <p>Action needed:</p> |
| | <p>Comments:</p> | | <p>By whom:</p> |
| | | | <p>By date:</p> |
| <p>(1) The board understands, states and regularly reviews the collective skills and attributes it requires to be effective.</p> | <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>Evidence: Annual appraisals Periodic skills matrix review to identify any gaps in skills</p> | <p>Action needed:</p> |
| | <p>Comments:</p> | | <p>By whom:</p> |
| | | | <p>By date:</p> |

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| (2) Prospective board and committee members undergo an open and merit-based assessment process to establish their suitability. Where the organisation's constitution provides for one or more board members to be nominated by an external body, or directly elected, the organisation ensures that those coming forward have the necessary attributes and qualities, and that they are aware of the responsibilities of the role, including those of exercising independent judgement. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Selection process based on competency framework | Action needed: |
| | Comments: | | By whom: |
| (3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Board seeks to appoint members from a diverse range of backgrounds as far as possible | | By whom: |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: A third of membership made up of tenants /leaseholders | Action needed: |
| | Comments: | | By whom: |

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| (4) People with direct lived experience of (or particular insight into) the communities served by the organisation are meaningfully engaged in governance structures. | | Council nominees have experience of living in the area served by the ALMO and also supporting residents | By date: |
| (5) Shareholders who are not board members are supported and informed to play their proper constitutional role in the organisation's governance and in particular in the election of board members. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Shareholder appoints Board members at the Annual General Meeting SMBC Client Function to monitor performance of ALMO | Action needed: |
| | Comments: | | By whom: |
| (6) The organisation annually publishes information about the appointment of new board members, and about the diversity, skills and attributes of all the board members. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: via website AGM Agenda includes details of new member appointments and short profile of skills and experience | By date: |
| | Comments: This could be improved by including annual article in Tenants Newsletter | | Action needed: annual Update for Tenants Newsletter |
| 3.5 Committees: committees are established where the board determines that they will enable it to exercise more effective scrutiny, control or oversight of particular areas of the organisation's activity. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Committee Terms of Reference | By whom: Mary Moroney |
| | Comments: | | By date: October 2021 |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | | | By whom: |
| | | | By date: |
| | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |

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| (1) Each committee has formally recorded terms of reference approved by the board, and reports regularly to the board on its work and the exercise of any delegated authority. | Comments: | Committee Terms of Reference which are approved by full Board and reviewed on an annual basis (last review June 2021) | By whom: |
| | | | By date: |
| (2) The membership of committees is determined on the basis of the skills, attributes and diverse characteristics which the board determines are appropriate. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Committee Terms of Reference and membership reviewed annually by full Board (last review June 2021) | Action needed: |
| | Comments: | | By whom: |
| 3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is: | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | By date: |
| | Comments: Only Chair of Board is remunerated and level of remuneration agreed with shareholder | | Action needed: |
| (1) Permitted by law and by the organisation's own constitution; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | By whom: |
| | Comments: as above | | Action needed: |
| | | | By whom: |

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| | | | By date: |
| (2) Agreed by the board as being in the best interests of the organisation; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board minutes | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (3) Aligned with the organisation's social purpose and wider reputation; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (4) Proportionate to the organisation's size, complexity, level of risk and resources; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Benchmarked via Recruitment Agency who advised on level of remuneration | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (5) Linked to the role's responsibilities, against which performance is reviewed; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Benchmarked via Recruitment Agency | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |

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| (6) Regularly reviewed, drawing on external advice as necessary; | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: Agree process for reviewing remuneration package with approval of shareholder |
| | Comments: Remuneration introduced in 2018 and has not been reviewed | | By whom: Fiona Hughes/ Samantha Gilbert |
| (7) Disclosed in the organisation's annual financial statements. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Statutory Accounts | Action needed: |
| | Comments: | | By whom: |
| 3.7 Tenure and renewal: tenure for non-executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Terms of office set out in Articles | Action needed: |
| | Comments: | | By whom: |
| (1) The board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Skills matrix assessed every two years | Action needed: |
| | Comments: | | By whom: |

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| | Articles set out framework for Board succession Board Task & Finish Group set up in 2020 to oversee recruitment | Role descriptors for board members /chair of Board and Chair of Audit & Risk which set out skills required Diversity and inclusion considered as part of all Board recruitment | By date: |
| (2) Where a member is at the end of a term of office and is eligible for reappointment, this is subject to considering the member's performance and skills, and the needs of the board. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Re-appointment at end of a term of office is subject to Board and Shareholder approval based on performance /contribution Annual General Meeting | Action needed: |
| | Comments: | | By whom: |
| (3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: Articles set out maximum of three terms of three years subject to performance of Board members and approval of Board and shareholder to re-appoint a member at the end of each three year term up to a maximum of 9 years | By date: |
| | Comments: | | Action needed: Board need to formally consider whether to adopt a maximum tenure of six years or put in place a formal review at end of six years service if wish to extend length of service to 9 years and make recommendation to SMBC if change in Articles required |
| | | | By whom: Board |

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| | Charities Code of Governance sets maximum length of service for trustees as 9 years which is consistent with SCH Articles | | By date: March 2022 |
| (4) A member who has left the board is not re-appointed for at least three years. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Articles | Action needed: |
| | Comments: | | By whom: |
| (5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Articles | By date: |
| | Comments: | | Action needed: |
| 3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Board agendas /reports /minutes 360 degree appraisal of whole board effectiveness | By whom: |
| | Comments: | | Action needed: |
| | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | By date: |
| | Comments: | | Action needed: |
| | | | By whom: |

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| <p>(1) The board has appointed (and is responsible for the removal of) a company secretary who is accessible to all board and committee members and accountable to the board for advising on governance matters.</p> | | <p>Company Secretary has a dual role (which includes operational duties) and is appointed and employed as an officer and subject to the same Code of Conduct as all other employees Company Secretary is available to all Board members for advising on Governance related matters</p> | <p>By date:</p> |
| <p>(2) Board and committee meetings are quorate.</p> | <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>Evidence: Minutes Standing Orders set out rules for meetings to be quorate Committee Terms of Reference</p> | <p>Action needed:</p> |
| <p>(3) Scheduled board and committee meetings are based on agendas and documents circulated well in advance. Decisions and the main reasons for them are recorded in the minutes.</p> | <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>Evidence: Annual schedule of meetings Papers published a week before meeting Minutes Action Logs</p> | <p>Action needed:</p> |
| | <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>Evidence: Standing Orders</p> | <p>Action needed:</p> |
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| (4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements. | Comments: | Minutes | By whom: |
| | | | By date: |
| (5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Hearing loop available for office based meetings /accessible room /video conferencing | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Meetings have all been conducted remotely since start of Covid pandemic (March 2020) | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: Procedure to be developed |
| | Comments: Develop process and report to Board | | By whom: Chair of Board / Company Secretary |
| | | | By date: March 2022 |

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| 3.9 Board performance, review and learning: the board reviews and seeks to improve its performance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Appraisals Appraisal Policy reviewed 2019 | Action needed: |
| | Comments: | | By whom: |
| (1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual appraisals | Action needed: |
| | Comments: | | By whom: |
| (a) Composition, skills, experience and diversity; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Competency framework Annual Appraisals Bi-annual skills matrix Skills gaps considered as part of recruitment process | Action needed: |
| | Comments: | | By whom: |
| (b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Chair of Board role models behaviours expected of members | Action needed: |
| | Comments: | | By whom: |

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| | | 360 degree whole board appraisal in year 2 of three year appraisal cycle monitors effectiveness | By date: |
| (c) Governing instruments, delegations, regulations, standing orders, structures, systems and other formal documentation as referred to in this code; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Articles Standing Orders incorporating Rules for Contract and Financial Regulations Standing Orders published on intranet and brought to attention of all teams | Action needed: |
| | Comments: | | By whom: |
| (d) Timing and frequency of meetings; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Reviewed annually | By date: |
| | Comments: | | Action needed: |
| (e) Format of agendas, quality and scope of papers, minutes and communications; | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Reviewed and amended regularly | By whom: |
| | Comments: | | By date: |

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| (f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions; | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: SCHape Tenants Panel (Scrutiny) will be reporting on reviews of services to Housing Operations Committee | Action needed: Methodology for evidencing residents informing decision making to be developed |
| | Comments: New Engagement framework introduced 2020. Further work required to evidence views of all stakeholders including residents /customers inform decision making (methodology for capturing range of views) | | By whom: Kevin Bennett /Becci Youlden |
| (g) Compliance with this code and legal duties. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: SCH is not obliged to comply with this Code of Governance but has opted to do so as evidence of good practice for governance | Action needed: Board to sign off adoption of Code of Governance |
| | Comments: | | By whom: Board |
| (2) These matters are regularly and formally reviewed. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Minutes | Action needed: Annual Review of Compliance against this Code |
| | Comments: Will include annual review of compliance from 2022 as part of Annual Governance Report | | By whom: Mary Moroney |
| | | | By date: July 2022 |

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| (3) All new board and committee members receive a full induction. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Induction programme | Action needed: |
| | Comments: | | By whom: |
| (4) All members have an agreed programme of ongoing learning and development opportunities, including to address needs identified through the appraisal process. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Training needs identified via appraisals Access to Learning Pool Ad hoc training courses arranged | Action needed: |
| | Comments: | | By whom: |
| 3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two years. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual appraisals | Action needed: |
| | Comments: | | By whom: |
| (1) The appraisal of the board's chair is led by a senior board member, informed by the views of all board members. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Appraisal documentation | Action needed: |
| | Comments: | | By whom: |

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| | Chair of Human Resources, Equalities & Remuneration Committee and another Board member conduct appraisal with shareholder representative | | By date: |
| (2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Chair /Company Secretary responsible for identifying any under performance /breaches in attendance or under performance Individual appraisals 360 degree whole board appraisal Standing Orders | Action needed: |
| | Comments: | | By whom: |
| 3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | By date: |
| | Comments: SCH is not obliged to comply or publish a compliance statement | | Action needed: |
| | | | By whom: |
| (1) Where the formal constitution of an organisation conflicts with the code, the constitution takes precedence. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Articles take precedence | By date: |
| | Comments: | | Action needed: |
| | | | By whom: |

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| | This code conflicts with Articles in relation to maximum length of service on the Board (this code advises 6 years with ability to extend to 9 years and Articles permit up to a maximum of 9 years) | | By date: |
| (2) Where a statement of non-compliance is needed it sets out: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: | Action needed: |
| | Comments: An explanation is given for any areas of non compliance | | By whom: |
| (a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Set out in checklist | By date: |
| | Comments: | | Action needed: |
| (b) Summary plans for the achievement of compliance, if applicable. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Set out in checklist | By whom: |
| | Comments: | | Action needed: |
| (3) Where an organisation has subsidiaries which have not adopted this code, the reasons for this are given. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Evidence: | By date: |
| | Comments: Not applicable | | Action needed: |
| | | | By whom: |

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| | | | By date: |
| (4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Referral to relevant instruments of governance | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| Principle 4: Control and assurance | | | |
| The board actively manages the risks faced by the organisation, and obtains robust assurance that controls are effective, that plans and compliance obligations are being delivered, and that the organisation is financially viable. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly reports to Audit & Risk Committee Annual Report to full Board Annual Governance Statement | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| Provisions | | | |
| 4.1 Audit: the board has formal and transparent arrangements ensuring that the organisation is financially viable and maintains both a sound system of internal audit and controls and an appropriate relationship with its external auditors. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual External Audit Annual programme of Internal Audits conducted by SMBC | Action needed: |
| | Comments: Financial monitoring shared responsibility with SMBC | | By whom: |
| | | | By date: |

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| (1) The board can have confidence in the information it receives and there are robust internal controls and systems for business and control assurance in place which are reviewed annually. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Governance Statement (Statement of Internal Control) Performance monitoring cross referenced with Financial dashboards which are shared with all Board members quarterly | Action needed: |
| | Comments: | | By whom: |
| (2) There is a committee primarily responsible for audit, and there are arrangements for effective internal control assurance and audit functions. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Audit & Risk Committee | Action needed: |
| | Comments: | | By whom: |
| (3) The organisation's external auditors are independent and effective, and their appointment is reviewed at least every six years. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Contract retendered after maximum of six years | Action needed: |
| | Comments: | | By whom: |
| 4.2 Audit committee: a committee exercises independent scrutiny and challenge to provide the board with assurance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Audit & Risk Committee | Action needed: |
| | Comments: | | By whom: |

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| | | | By date: |
| (1) The committee responsible for audit meets regularly and its minutes are available to the board. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Meets quarterly Chair reports to full Board following Committee meeting Minutes of Committee meetings sent to all Board members | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (2) The committee exercises oversight of the internal and external audit functions. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Committee Terms of Reference | Action needed: |
| | Comments: | | By whom: |
| | | | By date: |
| (3) The committee annually meets with the external auditors with only non-executives present. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: Arrange annual meeting of Audit & Risk Committee and External Auditor without executives present if required by Audit & Risk Committee |
| | Comments: | | By whom: Mary Moroney |
| | | | By date: June 2022 |
| (4) The chair of the committee is a member of the board and regularly reports to it. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly reports of | Action needed: |

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| | Comments: | Committee Chair to full Board | By whom: |
| | | | By date: |
| (5) The membership of the committee includes at least one person with recent and relevant financial experience, proportionate to the size and complexity of the organisation. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Committee membership Terms of Reference for Committee sets out that ideally two of the members should have recent and relevant financial experience Plan to recruit a suitably experience independent Board member in 2021 to Chair the Audit & Risk Committee | Action needed: |
| | Comments: | | By whom: |
| 4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual report to full board on risk management | By date: |
| | Comments: | | Action needed: |
| (1) The board may delegate the detailed scrutiny and evaluation of risk to a committee. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Audit & risk Committee scrutinise risk management quarterly | By whom: |
| | Comments: | | Action needed: |
| | | | By date: |

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| (2) The board has a suitable risk management framework in place; it understands the organisation's risk profile and the effectiveness of key controls. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Risk Management Policy reviewed by Board annually | Action needed: |
| | Comments: | | By whom: |
| (3) The board establishes and documents its appetite for the risks the organisation faces in pursuit of its strategy. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: Agree risk appetite |
| | Comments: Currently in process of establishing risk appetite | | By whom: Fiona Hughes |
| (4) The board ensures that the organisation is resilient to the risks it may face, with appropriate mitigations and a suitably comprehensive, tested and up-to-date business continuity plan. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Business Continuity Plans regularly tested Staff receive regular training on Business Continuity Plans | Action needed: |
| | Comments: | | By whom: |
| (5) The board includes members with skills and experience appropriate to the level and type of risks faced by the organisation. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: skills matrix | Action needed: |
| | Comments: Relatively small board with wide range of operational functions | | By whom: |
| | | | By date: xxxxx |
| | | | By date: |
| | | | By date: |

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| (6) The board regularly reviews the risks the organisation faces and how they are being managed; this includes the risks associated with activities carried out by subsidiaries or partnership vehicles. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Quarterly reviews of risk management | Action needed: |
| | Comments: No subsidiaries or partnership vehicles | | By whom: |
| (7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: |
| | Comments: Whilst Board not formally involved in stress-testing they do review risks and mitigating actions on regular basis | | By whom: |
| (8) The organisation's annual report includes a statement about the risk management work of the board, including its understanding of principal and emerging risks and how these are being managed or mitigated. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Statutory accounts | Action needed: |
| | Comments: | | By whom: |
| 4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory, regulatory and constitutional requirements. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Statutory accounts Articles Management Agreement Annual Governance Statement | Action needed: |
| | Comments: Some statutory obligations sit with SMBC but are delivered in partnership with SCH | | By whom: |
| | | | By date: |

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| (1) The board has a robust internal control framework and has regular assurance about the effectiveness of key controls including controls to ensure compliance. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Statutory accounts Internal Audit Reports included Recommendation Tracker to give assurance on compliance Annual Governance Statement | Action needed: |
| | Comments: | | By whom: |
| (2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Annual Safeguarding Reports to Board Quarterly Health & Safety Reports including accident statistics (staff and members of the public) | Action needed: |
| | Comments: | | By whom: |
| (3) The board publishes an annual statement setting out its approach to compliance and internal control. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Evidence: Statutory accounts Annual Governance Statement | Action needed: |
| | Comments: | | By whom: |
| 4.5 Whistleblowing and confidential concerns: there are clear and well-publicised arrangements for members of staff and others associated with the | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: |
| | | | Share Whistleblowing Policy (following review in 2021) with all staff |

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| <p>organisation to raise confidential concerns with a designated non-executive member of the board (other than the chair), where these are serious concerns and cannot appropriately be raised through the usual channels, and for these to be dealt with through proportionate and independent investigation as necessary.</p> | <p>Comments: Need to publicise the Whistleblowing policy although it is referred to in the Internal Audit training on fraud</p> | | <p>By whom: Sam Gilbert</p> |
| <p>(1) The board ensures that appropriate whistleblowing policies and procedures are in place.</p> | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> | <p>Evidence:</p> | <p>Action needed: Audit & Risk Committee to review policy in 2021.</p> |
| | <p>Comments: Need to ensure that Audit & Risk Committee review policy during 2021</p> | | <p>By whom: Sam Gilbert /Mary Moroney</p> |
| | | | <p>By date: December 2021</p> |
| <p>(2) The board (or an appropriate committee) regularly receives an account of matters raised under these policies, and actions taken in response.</p> | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> | <p>Evidence: Audit & Risk Committee receive overview of number of grievances /concerns raised</p> | <p>Action needed:</p> |
| | <p>Comments: Not aware of any issues raised under the policy requiring reporting to Audit & Risk Committee although there is a section on regular report for any grievance raised.</p> | | <p>By whom:</p> |
| | | | <p>By date:</p> |

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| (3) If a board member has concerns about the board or the organisation that cannot be resolved, these concerns are shared with the board and formally recorded. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Evidence: | Action needed: Agree formal process for raising concerns |
| | Comments: No examples to demonstrate compliance. Need to establish process for raising concerns | | By whom: Chair of Board/ Chief Executive /Company Secretary |
| | | | By date: March 2022 |

This table was prepared by consultancy Campbell Tickell for the National Housing Federation. See www.campbelltickell.com for further information.

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National Housing Federation Code of Governance

Areas of Non Compliance September 2021

| Reference Page number | Statement | Action Required | Date | Explanation if non compliance |
|--------------------------|---|--|-------------------|---|
| P25 3.4 (6) | Publish annually information on the appointment of new Board members and the diversity, skills and attributes of all members | Articles in Tenants Newsletter annually | October 2021 | N/A |
| P28 3.6 (6) | Board member remuneration package reviewed regularly, drawing on external advice as necessary | Review in 2021/22 | September 2021 | |
| P29 3.7 (3) | Maximum tenure will usually be six consecutive years (2 terms of 3 years) but with Board approval that it is in the best interests of the organisation can be extended to 9 years | Board to consider adopting a maximum term of office of 6 years or of putting in place a formal review after 6 years before appointing for a final three year term of office up to maximum of 9 years | March 2022 | SCH Articles set maximum tenure on Board of 9 consecutive years but at the end of each three year term board are required to approve re-appointment. Code of Governance for Charities sets maximum tenure of 9 years which is consistent with SCH Articles. |
| P32 3.8 (7) | There is a policy in place to set out how disputes or grievances involving Board members can be raised and dealt with. | Policy to be drafted for Board approval | March 2022 | |
| P34 3.9 (f) | Effectiveness of decision making including how the views and needs of key stakeholders, including residents and other customers have informed decisions | Methodology for evidencing views and needs of stakeholders in decision making to be agreed | Date to be agreed | |
| P35 3.9 (g) | Compliance with this code adopted | To be adopted by Board | September 2021 | |

| | | | | |
|-------------|--|---|-------------------|--|
| P35 3.9 (2) | Annual report of compliance against code | Include as part of Annual Governance Review from 2022 | July 2022 | |
| P41 4.2 (3) | Audit Committee meets annually with the External Auditors with only non-executives present | Set up separate meeting if required by Audit & Risk Committee | June 2022 | |
| P42 4.3 (3) | The Board establishes and documents its appetite for the risks the organisation faces in the pursuit of its strategy | Work in progress to develop risk appetite | Date to be agreed | |
| P46 4.5 (1) | Board ensures appropriate Whistleblowing Policy and processes are in place | Policy to be reviewed by Audit & Risk Committee | December 2021 | |
| P46 4.5 (3) | If a Board member has concerns about the organisation that cannot be resolved these concerns are shared with the Board and formally recorded | Agree formal process for raising concerns | March 2022 | |

SOLIHULL COMMUNITY HOUSING
BOARD MEETING: 27 SEPTEMBER 2021
REPORT OF THE CHIEF FINANCIAL OFFICER

**REVENUE & CAPITAL FINANCIAL MONITORING AND
FORECAST 2021/22 – JUNE 2021 (QUARTER 1)**

1. Purpose of Report

- 1.1 To update the SCH Board on the financial performance for the 3 months to 30 June 2021 (Quarter 1).

2. Recommendation – Items for Noting and Approving

2.1 The Board is requested to:

- (i) **NOTE** the original forecast to the year end for the current financial year 2021/22.
- (ii) **APPROVE** the use of £421k from the Budget Strategy Reserve to address the extraordinary pressures in year for:-
 - the Covid related service recovery costs of £332k
 - the additional pressures associated with addressing fire safety legislation of £89k.
- (iii) **NOTE** the revised net current forecast of £91K overspend will be reviewed by ELT and options to mitigate the projected overspend will be formulated for the next Board meeting (subject to Board approving recommendations (ii), (iv) and (v)).
- (iv) **APPROVE** the use of £349k from the Budget Strategy Reserve to address new pressures not included in the forecast for:-
 - addressing void backlog repairs of £231k.
 - fire risk assessments £58k
 - stock condition surveys £60k
- (v) **APPROVE** the use of the Budget Strategy Reserve to fund the Local Government pay award for 2021. The actual amount to be confirmed once the award is agreed nationally.
- (vi) **NOTE** the progress on delivery of 2021/22 planned savings.
- (vii) **NOTE** the current and forecast reserves position.

3. Financial Performance 2021/22 - General

- 3.1 Appendix 1 is the new Financial Dashboard updated for 2021/22 to include graphs on the revenue and capital positions, more detail on the capital programme and some new items for information. This report summarises the Revenue and Capital financial performance for the 3 month period to 30 June 2021. Board members are reminded that the Financial Dashboard was circulated earlier via e-mail on 31 August 2021.
- 3.2 The Financial Dashboard also includes an update on rent collected and an update on the expected SCH and HRA Reserves outturn position.
- 3.3 The revenue position shows a forecast outturn position of £512k overspent (2.6%) and the detailed commentary is shown at Appendix 2.

Table 1

| | Annual Budget £'000s | Forecast Variance £'000s |
|---|---------------------------------|-------------------------------------|
| Chief Executive | 2,355 | (57) |
| Housing & Communities | 5,334 | 205 |
| Asset Management | 8,906 | 334 |
| Procurement | 83 | 10 |
| Customer Experience & Business Support | 2,992 | 20 |
| Total Revenue Spend | 19,670 | 512 |
| | | |
| Total Revenue Management Fee (inclusive of £275k from Welfare Reform Reserve) | (19,823) | (0) |
| | | |
| Transfer net revenue surplus to reserves | 176 | 0 |
| | | |
| Approved use of Budget Strategy Reserve | (23) | (0) |
| | | |
| Net Position | 0 | 512 |

- 3.4 The capital position shows a forecast outturn position of £7,095k underspent (22.98%).
- 3.5 Outstanding SCH Accounts Receivable debt features on the revised dashboard and includes the previous period's information for comparison. There are no issues for concern with this position for Quarter 1.

4. **Commentary on Revenue Financial Performance 2021/22**

- 4.1 It is a significant development that as at 30 June 2021, the Executive Directors are forecasting an overspend of £512k by the end of the financial year, some of which can be attributed to extraordinary activity primarily from Covid service recovery and addressing Building and Fire Safety.
- 4.2 Any direct costs associated with Covid are expected to be significantly lower than in 2020/21 that will be offset from the Covid Outbreak Management Fund received from SMBC in January 2021.
- 4.3 There are no additional costs included in the forecast for the emergency response related to Afghanistan flights to Birmingham in August 2021.

Covid Service Recovery costs – Voids

- 4.4 Voids have continued to remain at a higher level during the first quarter at 135 compared to a target of 85 resulting in a consequential loss of rental income, which impacts the HRA and additional repair costs, impacting on SCH.
- 4.5 Table 2 below shows a projection of the additional loss of income should the level of losses continue at the rate experienced in Quarter 1 for the remainder of the financial year when compared to the budgeted loss.

Table 2

| | 2020/21 Year-end | 2021/22 Budget | 2021/22 Period 3 Actual | Additional Loss of Income |
|-----------|-----------------------------|---------------------------|--|--|
| Dwellings | 1.31% £537,889 | 1.09% £461,000 | 1.6% £172,635 | £229,540 |
| Garages | 31.98% £546,994) | 30.5% £532,000 | 33% £148,059 | £60,236 |

- 4.6 The additional number of voids has contributed to significant additional forecast costs across void repairs of £152k, or 7.5% with a higher usage of sub-contractors than budgeted. There are also increases in Council Tax costs and higher waste disposal contract costs resulting in forecast overspends by the end of the year of £14k and £91k respectively.
- 4.7 To reduce the number of voids ELT agreed to invest in a Fixed Term Tenancy Sustainment Officer appointed to assist with letting the backlog of voids caused the pause on new lettings during the first Covid

lockdown. This is proving to be successful and has seen a reduction in voids available to let.

- 4.8 The actual number of voids is 58.8% over target as at Quarter 1 and this trend has continued not only for SCH but nationally (as evidenced through HouseMark research). This position is unlikely to improve without an injection of additional funding to surge the backlog. The Executive Director of Asset Management and Development estimates a one-off cost of £231k to reduce voids to a more manageable and target level. Board are asked to consider agreeing this one-off additional funding from the Budget Strategy Reserve.
- 4.9 Finally, there is also a net overspend of £57k on Budget Hotels after allowing for an assumed receipt of 73.5% Housing benefit included within the forecast. This is a consequence of the unavailability of property and is related to addressing the issue of voids.
- 4.10 In the event there is insufficient savings to cover these costs at the year end, approval is requested from Board to fund a total up to £332k for the fixed term post (£18k), void repairs (£152k), Council Tax costs (£14k), Waste disposal costs (£91k) and Budget Hotels (£57k) all included in the forecast. It is also recommended that the Budget Strategy Reserve provides a new cash injection of £231k to reduce the growing backlog.

Asset Management – Including Building and Fire Safety

- 4.11 A third-party review of the Asset Management service has been commissioned. Further work to ensure a successful implementation of the recommendations has been commissioned at a cost of £17k included in the forecast.
- 4.12 A fundamental requirement as part of the new Building Safety legislation is introducing monthly servicing for fire protection resulting in an overspend of £46k included in the forecast.
- 4.13 There will also be a number of posts required to meet Fire Safety legislation and it has been identified that the Fire Coordinator and Fire Risk Assessor posts need to be recruited as a matter of urgency. The part year effect will result in an additional £26k during 2021/22 included in the forecast.
- 4.14 There is a need to invest £58k in fire risk assessments for the high risk buildings. The Executive Director of Asset Management and Development has needed to award this contract as a matter of urgency to ensure this is undertaken within an annual cycle. This pressure was not included in the Quarter 1 forecast.

- 4.15 Finally, stock condition surveys are continuing to take place in this year after commencing in 2020/21 at an additional cost of £60k not included in the forecast.
- 4.16 In the event there is insufficient underspends elsewhere during the year, SCH Board are requested to approve the use of the Budget Strategy Reserve for an allocation of £89k relating to the £17k for the additional work undertaken by HouseMark, £46k for fire protection servicing and £26k part year funding for the two fire safety posts . A further £118k is requested for fire risk assessments and stock condition surveys. The table below (which was referenced at paragraph 7.2 of item 9, Building Safety) sets out the breakdown of the additional expenditure requested.

| | £'000 |
|---|--------------|
| Support implementation of HouseMark recommendations | 17 |
| Fire Protection – monthly servicing | 46 |
| Fire Risk Assessor & Fire Co-ordinator (2021/22 part-year impact) | 26 |
| Fire Risk Assessments – High Rise Buildings | 58 |
| Additional Stock Condition Surveys | 60 |
| | 207 |

Other Variations

a) Staffing Costs

- 4.17 In July Local Government employers offered a 1.75% back-dated pay award not yet agreed by unions. In the event this is agreed, it is estimated this will cost £160k for SCH in 2021/22 that was not budgeted for. Board are requested to approve the use of the Budget Strategy Reserve to fund the final accepted offer and will be kept informed through future monitoring reports.
- 4.18 It is also worth noting SCH implemented a staff workforce target some years ago and this currently expects a 3% saving or £321k on the full staffing budget across the organisation. For 2021/22, this has been allocated to each staffing budget resulting in 97% of a full budget compounding some financial pressures caused by staff sickness/ Covid isolation and agency covering posts at a higher cost.

b) Contractual Costs

- 4.19 Both the Asset Management and Capital programme budgets continue to be impacted by the national shortage of construction materials such as timber, steel, cement and roof tiles driving up prices. A combination of factors including Brexit, Covid and increased demand have led to the shortages with suppliers still struggling to catch up with demand and

prices continuing to increase. The total impact is yet to be included in the forecast.

- 4.20 Cleaning contracts are due to be re-procured as one umbrella contract serving all SCH cleaning needs is currently in the procurement process and it is so far unclear whether this will result in a saving or a pressure and no adjustment has been included in the forecast.

5. Impact on SCH Medium Term Financial Strategy (MTFS)

- 5.1 The consequences of all these issues will be considered as part of the preparation for the SCH MTFS as will the variations within the detailed monitoring.

- 5.2 In addition, the HRA budget assumptions will be reviewed as part of the 2022/23 budget preparation including those for:-

- Rents due
- Inflation
- Debt impairment
- Voids
- Plans for 1-4-1 RTB spending

- 5.3 There are also a number of projects that have recently commenced that are likely to impact on the current or future budgets. These include: -

- The outcome of the Workflow project is likely to lead to the need for a significant investment in future transformational work. Costs are a mix of revenue and capital with the split yet to be determined.
- The investment in specialist software to support improvements in rent collection and targeted financial support to vulnerable tenants. Funded for the initial 3 years from SMBC's Welfare Reform Reserve, SCH funded from 2024/25.
- The implementation of a Blended Ways of Working project will impact on investment in IT, potential modifications to accommodation and Organisational Development for staff.
- Intelligence from the Asset Management reviews on strategy and investment in carbon-saving programmes are likely to result in additional investment.
- Additional investment into Building Safety to address new legislative requirements for the Council will impact on the SCH Management Fee.
- Investment into Digital Transformation across SCH, additional posts approved by Board 7 June 2021 funded from SCH Reserves on a fixed term basis, SCH funding is required from 2023/24 onwards.
- Office accommodation to replace the Home Options office base in Chelmsley Wood.

- Money Advice posts currently funded from the Welfare Reform Reserves with staggered ends to the funding from 2021/22 to 2022/23 for the 3 posts.
- Employment skills coordinator post funded from the Welfare Reform Reserve with funding due to end in 2022/23.

5.4 The 2022/23 HRA Budget proposal is included within a separate report on the agenda.

6. Commentary on Capital Financial Performance 2021/22

6.1 There are significant underspends anticipated in the Capital Programme spend due to spend behind profile and these will be considered as part of the mid-year review reported to the Council in November 2021. Detailed commentary on the Capital schemes and their performance is attached at Appendix 2.

6.2 Changes to the Building Standards for sprinklers were made in July 2021 and have seen an unanticipated change to those identified in the 2020 consultation. The most substantial amendment was to reduce the buildings height which these would apply to over 18m. This results in an impact on the agreed sprinkler installation programme. Work is currently ongoing to assess the financial impact and Board will be kept updated.

7. SCH and HRA Reserves Position

7.1 The SCH Reserves as at 1 April 2021 were a negative balance of £11,587k, which included a negative Pensions Reserve balance of £21,884k. This is not included on the Reserves schedule within the Financial Dashboard as it is not considered repayable in the foreseeable future as the Council provides its continuing support to fund the pension's deficit on an annual basis.

7.2 The remaining positive reserves of £10,297k, includes the Budget Strategy Reserve of £2,889k generated by the 2016/17 and 2017/18 SCH surpluses, of which £1,178k is earmarked for restructure costs. The expected decrease in SCH Reserves of £74k represents the current revenue budgeted underspend of £176k, less use of reserves approved by the Board previously. The total requested use of reserves detailed in this report is £770k excluding the 2021/22 pay award.

7.3 The HRA Reserves as at 1 April 2021 were £32,338k made up of £16,155k revenue reserves and £16,223k capital reserves.

7.4 The HRA Revenue Reserves are forecast to decrease by £5,421k in 2021/22, due mainly to £1,469k match funding for use of 1-4-1 receipts, £1,118k HRA revenue contribution to the Sprinkler project and £1,000k for the DIY Shared Ownership scheme. Further use includes £655k use of the Welfare Reform Reserves, £531k contribution to the Oracle Cloud

project and £78k contribution to the Next Steps Programme. There is also a forecast deficit of £570k in the HRA 30-year plan for 2021-22.

- 7.5 The HRA Capital Reserves are forecast to increase by a net £179k in 2021/22, due primarily to the contributions of £1,545k expected from Shared Ownership sales, £864k Homes England Grants and £336k Right-to-Buy capital receipts. Also included in the HRA Capital Reserve is £1,779k use of the Sprinkler reserve and a net £787k use of the Major Repairs Allowance.
- 7.6 Any additional costs required to address the revised standard for sprinklers is not included in this forecast.

8. HRA Rent Collection and Debt Impairment (Information Items)

- 8.1 Rent collection and Debt Impairment tables have also been added to the dashboard for information although HRA rental income is paid into the Council's account and any change to rental income ultimately affects HRA funds available for future years SCH management fee. The dashboard shows that for both HRA owned properties and SCH owned properties the percentage of rent collected in relation to rent due is exceeding the 98% targeted.
- 8.2 The Debt Impairment is what was previously known as the 'Bad Debts Provision'. The Board will be aware from previous years budget reports that this figure can be difficult to estimate for the HRA properties. This provision is allocated from within HRA resources and therefore any over-estimate results in a reduction in money available within the SCH Management fee. In recent years as part of the budget setting process we have introduced more risk and reduced the HRA debt impairment. This risk is mitigated by earmarking funds within the Welfare Reform Reserve in case this approach is proven too ambitious. The dashboard shows that for Quarter 1 we have a requirement to provide for an additional £199k of HRA bad debt compared to an annual budget of £800k. This will continue to be monitored throughout the year and changes to the provision for future years will feature in the budget report also on the agenda for this Board meeting.
- 8.3 Debt impairment for the SCH owned developments is currently showing a minor reduction compared to the annual budget of £12k.

9. Savings Delivery

- 9.1 The approved capital budgets for 2021/22 included a total saving of £2,938k which has been deducted from the Capital Management fee.
- 9.2 The SCH budget was set to balance over the 4-year period 2020/21 to 2023/24 and although the budget balances over the 4-year period there are underlying budget deficits in 2022/23 of £154k and in 2023/24 of £203k. If this position continues SCH would be required to identify

compensatory savings to address this underlying deficit as part of this year's budget setting process.

| | 2021/22 £'000 | 2022/23 £'000 | 2023/24 |
|--------------|--------------------------|--------------------------|----------------|
| Red | 0 | 0 | 0 |
| Amber | 0 | 0 | 0 |
| Green | 2,938 | 0 | 0 |
| TOTAL | 2,938 | 0 | 0 |

10. Financial Implications

10.1 The financial implications are included within the content of this report.

11. Equality and Diversity Implications

11.1 None specifically arising.

12. Risk Management Implications

12.1 Financial risks are addressed in the main body of the report.

13. Value for Money and Efficiency Considerations/Implications

13.1 None specifically – this report is a monitoring report detailing the usage of available funds across the organisation.

14. Tenant Involvement/Consultation

14.1 None required.

15. Future Strategic Vision

15.1 The Strategic Vision is built on a foundation of strong financial management and the reporting of financial outturn is a key element of this.

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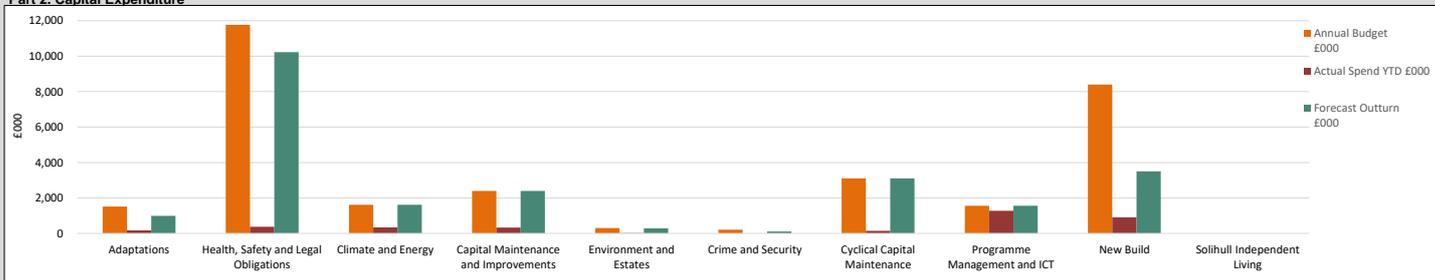
Financial Dashboard as at Jun-21 - Period 3

Part 1: Revenue Position - Current Forecast



| Service Area | Annual Budget £000 | Forecast Outturn £000 | Forecast Variance £000 | Previous Quarter Forecast Variance £000 | Movement from previous quarter £000 | Explanation of forecast variance / Explanation for movement in variance from previous quarter |
|--|--------------------|-----------------------|------------------------|---|-------------------------------------|--|
| Chief Executive | 2,355 | 2,298 | (57) | 0 | (57) | Forecast underspend due to year end annual leave/flexi leave adjustment. The balance of annual leave and flexi leave owed at year end 2020/21 was significantly higher than average therefore a credit is expected at year end 2021/22. |
| Housing & Communities | 5,334 | 5,539 | 205 | 0 | 205 | Forecast overspend on pay of £67k, most cost centres forecasting to overspend based on having a low staff turnover or recruiting to vacancies immediately. Forecast overspend on non pay predominantly due to Wellbeing Standby costs previously charged to Asset Management £31k and budget hotels with a forecast overspend net of income of £57k. Further overspends are forecast on Cesspools £20k, Laundry £15k, other minor variances £15k. |
| Asset Management | 8,906 | 9,240 | 334 | 0 | 334 | Forecast overspend on pay of £84k, the service is heavily reliant on agency to fill vacancies and to cover long term sick. The most notable forecast pay overspends are in Day to Day £40k and Safer Homes £32k. Forecast overspend on non pay of £240k, of which £152k relates to Voids and £91k relates to the waste contract. Further overspends totalling £63k are across the Safer Homes cost centre, including £46k on Fire Protection. Partly offset by underspends on Standby £31k due to Wellbeing Standby call outs now recharged to Housing and Communities, Feasibility £20k and other minor underspends of £5k. |
| Procurement | 83 | 93 | 10 | 0 | 10 | Forecast overspend due to a forecast shortfall of income. A rebate is normally received for use of the London Housing Consortium framework, however the framework was not used in 2020/21. |
| Customer Transformation & Business Support | 2,992 | 3,012 | 20 | 0 | 20 | Forecast pay overspend of £18k primarily due to a post planned to be capitalised from August onwards which is now likely to be charged to revenue in the current financial year with no funding available. Minor overspend of £2k on non pay. |
| Revenue Total | 19,670 | 20,182 | 512 | 0 | 512 | |

Part 2: Capital Expenditure



| Capital Classification | Annual Budget £000 | Forecast Outturn £000 | Forecast Variance £000 | Previous Quarter Forecast Variance £000 | Movement from previous quarter £000 | Explanation of forecast variance / Explanation for movement in variance from previous quarter |
|--------------------------------------|--------------------|-----------------------|------------------------|---|-------------------------------------|---|
| Adaptations | 1,515 | 987 | (528) | 0 | (528) | Staffing resources causing a backlog but should be resolved in July when staffing is planned to increase. |
| Health, Safety and Legal Obligations | 11,773 | 10,222 | (1,551) | 0 | (1,551) | Spandrel panel project forecast to underspend by £3,654k in year and the sprinkler project forecast to overspend by £2,103k. Both variances are due to timing differences between the profiling of the funding and revised delivery plans. Formal procurement for a contractor for the spandrel panel project has not yet commenced with the contractor likely to be in place by December 2021. The sprinkler project is further ahead of profile however any additional funding required in the current year will lead to a lower funding requirement next year. |
| Climate and Energy | 1,620 | 1,620 | 0 | 0 | 0 | |
| Capital Maintenance and Improvements | 2,400 | 2,400 | 0 | 0 | 0 | |
| Environment and Estates | 300 | 280 | (20) | 0 | (20) | Forecast to underspend by £20k. There has been no spend against this budget for 2 years and only minimal spend in 2018/19 |
| Crime and Security | 209 | 109 | (100) | 0 | (100) | CCTV forecast to underspend by £100k, there are no major programmes of work expected in year until the move of the CCTV control centre towards the end of the financial year |
| Cyclical Capital Maintenance | 3,100 | 3,100 | 0 | 0 | 0 | |
| Programme Management and ICT | 1,560 | 1,560 | 0 | 0 | 0 | |
| New Build | 8,399 | 3,503 | (4,896) | 0 | (4,896) | Forecast underspend due to DIY Shared Ownership £1,000k with only 1 enquiry received so far, Lakeside £2,628k further delays caused by the requirement to carry out a protected species survey and Property acquisitions £1,294k changes in the Pooling regulations mean that there is no longer a need to purchase 17 properties in year. The plan is now to purchase around 10 properties during the year. Further minor underspend of £34k on the other New build sites. |
| Solihull Independent Living | 0 | 0 | 0 | 0 | 0 | Expenditure is forecast to outturn £175k underspend and will be offset by a reduction in the income received from the Council to bring the forecast outturn to break even. A shortage of staffing has caused a backlog however this is likely to be resolved by the end of Quarter 2 |
| Total | 30,876 | 23,781 | (7,095) | 0 | (7,095) | |

Financial Dashboard as at Jun-21 - Period 3
Part 3. 1-4-1 Receipts

| Year | Quarter | Receipts | | Actual Spend | | Cumul.Spend Required | Cumul. Purchases Required ¹ |
|---------|---------|--------------|--------------|--------------|--------------|-------------------------|--|
| | | 1-4-1 Cumul. | Gross Cumul. | Gross Cumul. | 1-4-1 Cumul. | | |
| 2021/22 | Q1 | 368,516 | 921,290 | 1,954,017 | 608,603 | (1,032,727) | 0 |
| | Q2 | 368,516 | 921,290 | 1,954,017 | 608,603 | (1,032,727) | 0 |
| | Q3 | 368,516 | 921,290 | 1,954,017 | 608,603 | (1,032,727) | 0 |
| | Q4 | 368,516 | 921,290 | 1,954,017 | 608,603 | (1,032,727) | 0 |
| 2022/23 | Q1 | 408,852 | 1,022,130 | 1,954,017 | 608,603 | (931,887) | 0 |
| | Q2 | 408,852 | 1,022,130 | 1,954,017 | 608,603 | (931,887) | 0 |
| | Q3 | 496,435 | 1,241,088 | 1,954,017 | 608,603 | (712,929) | 0 |
| | Q4 | 516,503 | 1,291,258 | 1,954,017 | 608,603 | (662,759) | 0 |

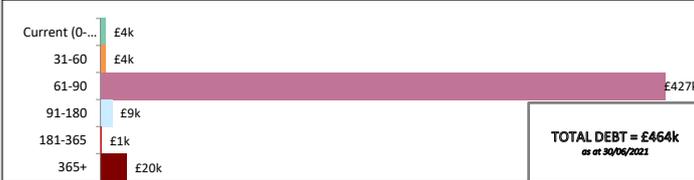
¹Based on average purchase price of £130,000

From April 2021 the Pooling regulations have changed to allow 5 years to spend the 1-4-1 receipts and to increase proportion of receipts that can fund properties from 30% to 40%. These changes have been reflected in the above Dashboard

Part 4. Reserves

| Solihull Community Housing Reserves | Balance 31/03/2021 £000 | Forecast use 2021/22 £000 | Forecast use 2022/23 £000 | Forecast use 2023/24 £000 | Forecast Balance 31/03/24 £000 | Comments |
|-------------------------------------|-------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|---|
| Minimum Working Balance | (1,500) | 0 | 0 | 0 | (1,500) | |
| Budget Strategy Reserve (BSR) | (1,711) | 250 | 154 | 0 | (1,307) | Approved use of BSR in 2021/22 includes: £150k Digital Transformation posts; £100k Apprenticeship scheme. |
| BSR: Restructure costs | (1,178) | 0 | 0 | 0 | (1,178) | |
| General Reserve | (5,908) | (176) | 0 | 0 | (6,084) | Increase to General Reserve results from the budgeted surplus in 2021/22. |
| TOTAL SCH RESERVES | (10,297) | 74 | 154 | 0 | (10,069) | |

| Housing Revenue Account Reserves (held by SMBC) | Balance 31/03/2021 £000 | Forecast use 2021/22 £000 | Forecast use 2022/23 £000 | Forecast use 2023/24 £000 | Forecast Balance 31/03/24 £000 | Comments |
|---|-------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|----------|
| Working Balances (minimum £2m) | (5,094) | 570 | (7) | (122) | (4,653) | |
| pre-2004 Reserves | 0 | 0 | 0 | 0 | 0 | |
| Welfare Reform / HRA Balances | (1,660) | 655 | 523 | 134 | (348) | |
| Earmarked: Regeneration | (212) | 0 | 0 | 0 | (212) | |
| Earmarked: Capital Investment | (3,201) | 3,078 | (816) | 0 | (939) | |
| Surplus Management fees | 0 | 0 | 0 | 0 | 0 | |
| High Rise Sprinklers Reserve | (5,948) | 1,118 | 2,897 | 1,933 | 0 | |
| sub-total HRA Revenue Reserves | (16,115) | 5,421 | 2,597 | 1,945 | (6,152) | |
| Major Repairs Reserve | (2,094) | 787 | 0 | 0 | (1,307) | |
| High Rise Sprinklers Reserve | (2,587) | 1,779 | 808 | 0 | 0 | |
| RTB Receipts Reserves | (11,542) | (336) | (1,098) | (1,098) | (14,074) | |
| Capital Receipts Unapplied | 0 | (2,409) | 0 | 0 | (2,409) | |
| sub-total HRA Capital Reserves | (16,223) | (179) | (290) | (1,098) | (17,790) | |
| TOTAL HRA RESERVES | (32,338) | 5,242 | 2,307 | 847 | (23,942) | |

Part 5. Age of Outstanding Accounts Receivable Debts
Current Quarter

Previous Quarter

Part 6: Rent Collection

| HRA Income | |
|---|-------------|
| Overall Income Due | £11,181,651 |
| HRA Income | £10,966,595 |
| Rent Roll | £10,828,046 |
| Percentage rent collected of rent due | 98.08% |
| Percentage rent collected of rent due excl. arrears b/fwd | 101.28% |

| SCH Income | |
|---------------------------------------|---------|
| Overall Income Due | £45,902 |
| Credits HB | £5,581 |
| Credit miscellaneous | £13 |
| Payments | £39,831 |
| Total Credits | £45,425 |
| Percentage rent collected of rent due | 98.96% |

Part 7. Debt Impairment

| HRA Arrears | Total HRA Debt £ | Impairment Required £ |
|---|------------------|--------------------------|
| 31-Mar-21 | 3,633,734 | 2,844,690 |
| 18-Jun-21 | 3,950,155 | 3,043,277 |
| Increase/Decrease | | 198,587 |
| Add: Net Write offs YTD | | 0 |
| TOTAL CHARGE TO DEBT IMPAIRMENT | | 198,587 |
| 2021/22 Budget | | 800,000 |
| (Under)/Overspend against Budget | | (601,413) |

| SCH Arrears | Total SCH Debt £ | Impairment Required £ |
|---|------------------|--------------------------|
| 31-Mar-21 | 126,669 | 111,761 |
| 18-Jun-21 | 125,617 | 111,733 |
| Increase/Decrease | | (28) |
| Add: Net Write offs YTD | | 0 |
| TOTAL CHARGE TO DEBT | | (28) |
| 2021/22 Budget | | 11,700 |
| (Under)/Overspend against Budget | | (11,728) |

Revenue Financial Performance 2021/22 Detail

Chief Executive

- 1.1 Central Administration – forecast to outturn £57k (5.8%) underspent. Forecast underspend mainly due to year end annual leave/flexi leave adjustment forecast to be £51k underspent. The balance of annual leave and flexi leave owed at year end 2020/21 was significantly higher than average therefore a credit is expected at year end 2021/22. Other forecast minor underspends of £6k.
- 1.2 During 2020/21 HouseMark were commissioned to work with SCH to complete a review of Asset Management with the subsequent findings delivered to SCH Board and the Executive Leadership Team in May 2021. Further work is now required to ensure successful implementation of the recommendations costing £17k.
- 1.3 Covid – forecast to outturn breakeven. Costs associated with Covid are expected to be significantly lower than 2020/21 and are expected to be offset by the remaining funding from the Covid Outbreak Management Fund received from the Council in January 2021.

Housing & Communities

- 1.4 Housing Options – forecast to outturn at £126k (24.7%) overspent.
- Net overspend of £57k on Budget Hotels after allowing for an assumed receipt of 73.5% Housing benefit.
 - £50k overspend on Wellbeing, of which £31k relates to Wellbeing standby call outs which were previously charged to Asset Management.
 - Overspend on Wellbeing equipment of £13k due to the required replacement of analogue equipment with digital equipment
 - Cost of £18k for a Fixed Term Tenancy Sustainment Officer, appointed to assist with letting the backlog of voids caused the pause on new lettings during the first Covid lockdown.
 - Other minor variances totalling £7k.
- 1.5 Rent Collection & Money Advice – forecast to outturn £6k (0.6%) underspent. The Rent Control team is forecast to overspend by £14k due primarily to the increased cost of Right to Buy valuations. This is offset by a forecast underspend on the Income Collection Team of £20k largely due to Court fees and Warrant fees with fewer standard cases going to court.
- 1.6 Neighbourhood Services – forecast to outturn £75k (2.0%) overspent. Forecast overspend on pay of £29k mainly on Neighbourhood Services and Estates Assistants due to fewer vacancies than are required to breakeven with the payroll budgets which assumes average 3% staff turnover saving across the organisation. CCTV is forecast to overspend by £11k due to higher than budgeted inflation added to the contract in the current year.

- 1.7 Forecast overspends of £15k on Laundry service and £20k on Cesspool. The service are currently assessing the feasibility of installing washing machines into the individual properties in those blocks that currently have a communal laundry as the income generated does not cover the lease costs for the machines. The Head of Service is also awaiting a response from Severn Trent regarding the feasibility of connecting the properties currently using cesspools to the main sewer system although current information from Severn Trent would suggest if possible this may happen before 2023/24.
- 1.8 SCH Developments – forecast to outturn £9k (7.5%) overspent. Minor overspends forecast.

Asset Management

- 1.9 Covid has continued to have an impact on the services provided by Asset Management throughout this year especially in and around the void service as shown by the influx of voids as confidence continues to grow. This has meant significant additional costs across void repairs, waste removal and Council Tax.
- 1.10 Day-to-Day – forecast to outturn £14k (0.5%) overspent. Standby is underspent by £2k with a credit of £31k due to the transfer of costs relating to Wellbeing out of hours call outs to Housing partly offset by an overspend on payroll costs of £29k due largely to an error in the contact centre scripts which caused a high number of jobs to be classified as 1 day emergencies. Income of £21k has been received within Day-to-day relating to an insurance claim for fire damage to a property. Pay is overspent by £40k on Day to Day, there is currently high usage of agency staff covering vacancies and sick leave. Other minor underspends of £3k.
- 1.11 Void repairs – forecast to outturn £152k (7.5%) overspent. Forecast overspend due to a drive to reduce the number of voids outstanding which has resulted in higher usage of sub-contractors than budgeted to carry out the additional work. Once the backlog of voids due to Covid has reduced the focus will be to reduce the spend related to work carried out by the SCH staff, however this is demand based and may be impacted by the lifting of the ban on evictions. There is also an overspend on voids relating to Council Tax of £14k as a direct result of properties being vacant for longer due to Covid.
- 1.12 Compliance - forecast to outturn £79k (3.3%) overspent. Safer homes are forecast to be overspent by £95k, £32k of which relates to pay, partly due to a regraded post. The non-pay forecast overspend of £63k relates to Fire Protection £46k, Gas works £13k and other minor overspends £4k. The fire protection forecast overspend is based on the cost of the monthly servicing plus a small amount for day-to-day repairs. Electrical Testing is also forecast to overspend by £35k for the same reason with testing taking place on a 10-month cycle. These overspends are partly offset by forecast underspends on Asbestos £26k due to vacancies and Health and Safety Water Risks £25k based on the annual contract value plus reactive repairs.

- 1.13 As a consequence of the Building Safety Reforms there are a number of additional staffing pressures that have been highlighted within the 'Implementation Plan for SCH report', also on today's agenda, which will form part of the ongoing budget considerations. However, there are a couple of these posts which are required during this financial year, namely the Fire Coordinator and Fire Risk Assessor posts. These posts will cost an additional £26k during 2021/22.
- 1.14 Support Services - forecast to outturn £130k (8.8%) overspent. The most significant forecast overspend is on the waste contract with a forecast of £91k over. The vast majority of this overspend relates to Covid due to additional waste arising from an increased number of voids and an increase in fly tipping across the borough as public waste sites were closed. Fleet management are forecast to overspend on vehicle costs by £36k mainly due to the change in vehicle specification for the Estates team.
- 1.15 On 30 March 2020 Board noted the additional cost incurred for stock condition surveys and the impact this could have for the 2020/21 year-end that would result in a contribution from the Budget Strategy reserve. The final contribution from the Budget Strategy reserve in 2020/21 was £3k and the remaining outstanding stock condition survey costs will be a further £80,000 in 2021/22 with only a £20,000 budget available. The additional requirement is not included in the forecast.
- 1.16 Management team – forecast to outturn £47k underspent (63.6%) due to a forecast underspend of £20k on Feasibility, a vacant post on MST Management £13k and other minor underspends of £4k.
- 1.17 Capitalised projects – forecast to outturn £4k underspent (12.4%) due to additional forecast income of £8k partly offset by additional costs of £4k.
- 1.18 Both the Asset Management and Capital programme budgets continue to be impacted by the national shortage of construction materials such as timber, steel, cement and roof tiles driving up prices. A combination of factors including Brexit, Covid and increased demand led to the shortages with suppliers still struggling to catch up with demand and prices continuing to increase.

Procurement

- 1.19 Procurement - forecast to outturn £10k (12.0%) overspent due to a forecast shortfall of income. A rebate is normally received for use of the London Housing Consortium framework, however the framework was not used in 2020/21 and is unlikely to be used in 2021/22. Alternative funding sources will be explored.

Customer Experience & Business Support

- 1.20 Governance & Board Administration – forecast to outturn £12k (7.3%) overspent, minor overspend of £4k on pay due to the team now being fully established and a further overspend of £6k on Board admin due to consultancy fees. £2k minor overspend due to employee insurance.

- 1.21 Customer Experience – forecast to outturn £23k (1.9%) underspent due to vacancies.
- 1.22 Business Support – forecast to outturn £31k (1.9%) overspent. Forecast overspend on the Policy and Performance pay of £61k, £38k of which is on pay and is due to a Project Manager post planned to be capitalised from August onwards. The cost of the post will continue to be charged to revenue for the majority of the financial year as the project is still in the early stages. The non-pay overspend of £23k relates to Grants and Subscriptions and is due to a significant increase in the required payment to the Housing Ombudsman. The forecast overspends are offset by forecast underspends of £25k on Endeavour House, various underspends across the cost centre with the most notable being copier charges £7k, stationery £6k and catering £5k. Other minor underspends of £5k.

2. Capital Financial Performance 2021/22 Detail

- 2.1 Stock Growth & Development is forecast to underspend by £4,896k (58.3%). No spend is expected this year on DIY Shared Ownership resulting in a forecast £1,000k underspent. The redevelopment of the Lakeside site has been delayed by the requirement to carry out a protected species survey causing a delay to the planning application, no costs other than planning fees are now expected to be incurred in this financial year resulting in a forecast underspend of £2,568k. Further minor underspend of £34k across other new build projects.
- 2.2 Property acquisitions are forecast to underspend by £1,294k. The budget was set based on the requirement to purchase 17 properties in 2021/22. The Pooling regulations have since been amended to increase the time allowed to spend right to buy receipts from 3 to 5 years and also to increase the percentage cost of new homes that can be funded from Right to Buy receipts from 30% to 40%. Due to these amendments there is no longer a requirement to purchase any properties this year to utilise the right to buy receipts. Acquisitions will however continue this year to ensure that the required number of purchases have taken place by the next deadline in Q1 2023/24.
- 2.3 Stock Improvement – forecast to underspend by £2,199k (9.8%). The most notable variances are on the spandrel panel project, forecast to underspend by £3,654k in year and the sprinkler project forecast to overspend by £2,103k. Both variances are due to timing differences between the profiling of the funding and revised delivery plans. Formal procurement for a contractor for the spandrel panel project has not yet commenced with the contractor likely to be in place by December 2021. The sprinkler project is further ahead of profile however any additional funding required in the current year will lead to a lower funding requirement next year.
- 2.4 Other forecast variances include:
- Public sector major adaptations forecast to underspend by £385k. A shortfall of staffing resources and the impact of Covid has caused a

backlog, however this will be resolved with a planned increase in staffing resources. The Adult Care and Support transformation board have recently agreed to fund 50% of 5 additional temporary posts directly involved in the award and installation of adaptations that meet the criteria of the Disabled Facilities Grant. The remaining 50% will be funded by the HRA capital programme as the posts will also be involved in public sector adaptations.

- CCTV forecast to underspend by £100k, there are no major programmes of work expected in year until the move of the CCTV control centre towards the end of the financial year.
- Public sector minor works forecast to be underspend £143k. As with Public sector major adaptations a shortfall of staffing resources and the impact of Covid has caused a backlog, however this will be resolved with the recruitment of agency staff.
- Environmental and Estates forecast to underspend by £20k. There has been no spend against this budget for 2 years and only minimal spend in 2018/19.

2.5 Solihull Independent Living (SIL) (private sector properties) forecast to outturn to budget. This budget out turned in 2020/21 at £989k and there is a budget for 2021/22 of £2.041m. The expenditure is forecast to outturn £826k underspent and will be offset by a reduction in the income received from the Council to bring the forecast outturn to break even. A shortage of staffing has caused a backlog however this is likely to be resolved by the end of Quarter 2.

**SOLIHULL COMMUNITY HOUSING
BOARD MEETING 27 SEPTEMBER 2021**

**REPORT OF THE EXECUTIVE DIRECTOR OF CUSTOMER SERVICE
TRANSFORMATION & BUSINESS SUPPORT**

Performance Exception Report

1. Purpose of Report

- 1.1 To give an update on performance against the Key Performance Indicators (KPIs) at end of quarter 1 – 30 June 2021) where targets have not been met.

2. Recommendation – Items for Noting / Approval

- 2.1 The Board is recommended to:

- (i) **NOTE** The overall performance outturn and the commentary, listed in Appendix A, on those KPIs where targets have not been met.

3. Performance Reporting

- 3.1 This report details achievement against the business critical KPIs where targets have not been met at end of quarter 1 2021/22.

- 3.2 This quarter there are 33 KPIs with 18 targets being met (green), 6 off target but within tolerance (amber) and 9 where target missed (red).

- 3.3 The 9 red issues are:

- WR3 – reduction in arrears MAT,
- AM1 – properties with valid gas certificate,
- AM20 – average days to complete response repairs,
- VL1 – average void re-let time,
- VL13 – void rent loss,
- VL16 – number of lettable voids,
- VL19 –satisfaction with new home,
- CR29 – satisfaction with contact centre,
- CR11 – contacts resolved at first point.

- 3.4 Transactional satisfaction (CSAT) is now being undertaken by a new contractor, the mobilisation of the contract during May and June meant there were no results available at the end of quarter1, the various transactional surveys as well as the quarterly STAR tracker are now underway results will be available at end of quarter 2.

- 3.5 A full summary of performance of the KPIs where targets have been missed is attached at Appendix A.

4. Financial Implications

- 4.1 There are no specific cost implications arising from this information report. The costs of delivering services are covered by the annual budget setting process. Although failure to collect rent due in the long term may have an impact on ability to deliver services.

5. Equality and Diversity Implications

- 5.1 There are no specific implications for SCH customers within vulnerable/ethnic groups.

6. Risk Management Implications

- 6.1 The risks arising from failing to meet specific targets such as not collecting income are included within the general risk management framework.

7. Value for Money and Efficiency Considerations/Implications

- 7.1 The expectation of SMBC is that we continue to deliver excellent services whilst delivering efficiencies.

8. Tenant Involvement/Consultation

- 8.1 There has been no specific consultation in relation to this report.

9. Consistent with Strategic Vision

- 9.1 The report is consistent with the Delivery Theme of Team 2022 “sustained focus on operational and cost performance”.

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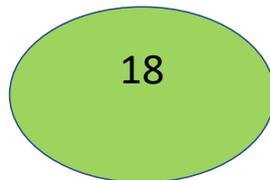
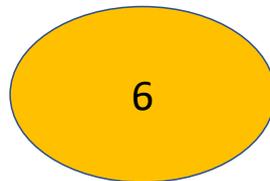
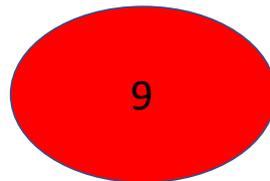


Performance Exception

report

2021/22

Quarter 1 - June 2021



Exception report

| Ref | Description | Jun-21 | | | YTD | YTD trend |
|---|--|-------------|------------|------------|-------------|------------|
| | | Target | May-21 | Jun-21 | | |
| WR3 | Reduction in arrears due to Money Advice Team intervention | £550,000.00 | £45,689.04 | £36,884.84 | £122,932.03 | -£8,949.49 |
| Headline summary: Although the reduction in arrears figure is currently slightly below the pro rata levels, we are confident that this will be realigned as we progress throughout the year. For Q1, we achieved reduction figures of £122,932.03 against a Quarter target of £137,500. The MAT Team have been operating at 50% of the workforce with two team members having recently left, and therefore the figures achieved exceed expectations against resource levels. A new caseworker has been appointed and starts with SCH on 2nd August 2021. Following a period of training the new recruit will commence in post and we expect to see significant improvements in terms of the reduction in arrears. | | | | | | |
| Action points: <ul style="list-style-type: none"> The remaining two vacancies are being advertised. There is a continued focus on accessing funds to reduce arrears. Joint working with Income Team continues as standard practice to focus on high impact/arrears cases. | | | | | | |
| AM1 | Percentage of properties with valid gas certificate | 100.00% | 99.95% | 99.85% | 99.85% | -0.10% |
| Headline summary: 12 properties outstanding at end of June, 4 appointments booked for early July, 3 NTV, 4 to be passed to legal and 1 on hold vulnerable tenant working with support worker to resolve access. | | | | | | |
| Action points: <ul style="list-style-type: none"> Maintain Regular organisational communication. | | | | | | |
| AM20 | Average number of days to complete repairs | 7.50 | 8.52 | 10.06 | 10.03 | -0.05 |
| Headline summary: Jobs that were paused due to COVID have now been completed and are included with the Q1 return. Based on the IT System parameters paused days are counted and so this will increase the figure reported. Additionally a number of additional repairs have been reported in a close proximity of time due to the opening of the repair telephone lines for new repair works. This combined with increasing staff absences due to COVID will also impact on Q1 and Q2 performance. Subcontractors have been instructed to assist with the situation. | | | | | | |
| Action points: | | | | | | |
| VL1 | Average re-let time of voids - days | 18 | 31 | 35 | 33 | 1 |
| Headline summary: The average relet time for voids remains over target but a void improvement action plan has been implemented with identified action points to improve performance. The voids performance trajectory indicates that performance will be improved and within target by September 2021. There has been a significant increase in the number of void and temporary accommodation properties that have required works and re-letting this year compared to last year. | | | | | | |
| Action points: <ul style="list-style-type: none"> Weekly meetings are held with the Asset Management Team and regular communication takes place on an ongoing basis which has resulted in an improvement in joint working and we have achieved a reduction in turnaround time in June. Agency recruitment is underway the additional resources will be used to support with a targeted focus on viewings and lettings. | | | | | | |
| VL13 | Percentage of rent loss due to voids | 0.90% | 1.60% | 1.60% | 1.60% | 0.00% |
| Headline summary: There has been a noticeable increase in void numbers, during the first quarter seeing high numbers of SMBC transfers (71), deaths (30), transfers to supported housing/residential care (26), and moves to the private rented sector (12) | | | | | | |
| Action points: <ul style="list-style-type: none"> The void improvement action plan has identified areas for performance improvement and voids rent loss trajectory is reduce this figure by September 2021 see VL16 commentary | | | | | | |
| VL16 | Number of Lettable voids | 70 | 145 | 135 | 135 | -10 |
| Headline summary: Trajectory achieved for the end of June, ending the quarter with 135 voids against our trajectory of 145. Our next significant milestone is to bring voids in at 121 by the end of July and we remain on target to achieve 85 voids by the end of September 2021. DTL voids in blocks were advertised as 'property of the week' on the website and social media in order to reduce the number of difficult to let voids; this has achieved some interest and generated bids and offers of properties. We achieved a substantial increase in number of successful lettings in June with 78 new lettings completed. | | | | | | |
| Action points: <ul style="list-style-type: none"> Dedicated work is being undertaken by TS Team increasing the volume of viewings and lettings. NS Team members have offered to support to realise a reduction in void numbers and training is to be provided to those officers who are supporting. Recruitment of a short term post to focus on viewings and lettings is close to completion with interview dates set. | | | | | | |

| Ref | Description | Target | May-21 | Jun-21 | YTD | YTD trend |
|------|---|--------|--------|--------|--------|-----------|
| CR11 | Enquiries resolved at first point of contact (Contact Centre) | 85.00% | 73.00% | 71.00% | 72.00% | 0.00% |

Headline summary: FCR has improved but remains below target - further work will be completed when resources allow to investigate data that is being captured within the reports . IT unable to support as data is drawn from keyfax

- Action points:
- All advisors are targeted on resolving the enquiry for the customer at first contact where ever possible, this is picked up in call monitoring for individuals as well as through the reports .
 - The new Satisfaction survey with Acuity will also capture customer feedback on whether they felt their query was resolved on their first call or email which will serve as a useful support/comparison for managers and advisors. This data will help us to focus on performance and will be particularly helpful if we can drill down to advisor level as expected.

| | | | | | | |
|------|----------------------------|--------|--------|---------------------------|--------|-------|
| VL19 | Satisfaction with new home | 87.00% | 70.97% | contract switch no update | 70.97% | 0.00% |
|------|----------------------------|--------|--------|---------------------------|--------|-------|

Headline summary: No update in June due to change of contractor and delay in mobilisation of contract.

- Action points:
- Action plan to improve satisfaction developed by Voids and Customer Services team has been implemented.
 - All void officers & operatives have been briefed on the Empty Homes Lettable Standard and TST to issue to customers at viewing.
 - Investigate reasons for dissatisfaction among homeless applicants (Housing Options Team).

| | | | | | | |
|------|---|--------|--------|---------------------------|--------|-------|
| CR29 | Satisfaction with customer service Contact Centre | 90.00% | 80.95% | contract switch no update | 80.95% | 0.00% |
|------|---|--------|--------|---------------------------|--------|-------|

Headline summary: No update in June due to change of contractor and delay in mobilisation of contract.

- Action points:
- Review of Satisfaction survey questions now underway with the new supplier Acuity –questions will be specifically targeted to measure the Contact Centre service alongside the customer experience. This will help managers to identify individual performance using actual customer feedback – a great incentive to advisors.
 - FAQs on the website have been improved significantly following a review of content and supports our move to promote self-serve where possible freeing up advisor resource.
 - Contact us pages are live for customers and a suite of E forms now capture an email enquiry in a more manageable and concise format.
 - Enquiries will be forwarded direct to teams where appropriate following a review of the management of emails, this will help to avoid unnecessary double handling and improve the customer experience.

| | | | | | | |
|------|---|-------|-------|-------|-------|-------|
| WR15 | Current tenant arrears as % of rent debit | 3.50% | 3.37% | 3.67% | 3.83% | 0.00% |
|------|---|-------|-------|-------|-------|-------|

Headline summary: 62 cases have migrated to Universal Credit, this month and 211 over the first quarter which is fairly comparable to normal migration levels. Our NSP's are being constantly changed to reflect Govt guidelines with the most recent now requiring 4 months notice before we can enter a case into court from 1 June 2021. A service pressure at the moment concerns the issues over forfeiture notices following the ruling in the Kalonga v Croydon case where we have agreed and started to serve notices but requesting 'on going' support from Legal Services.

- Action points:
- RentSense being implemented – significant positive impact anticipated.
 - Eviction panel resumed – 8 cases being considered and 7 approved.
 - Fortnightly conference calls with Discretionary Grants team for potential DHP awards.
 - Breathing Space now live which may impact upon enforcement action.

| | | | | | | |
|-----|--|----|----|----|----|----|
| H03 | Average stay in temporary accommodation (Budget hotels) - days | 10 | 40 | 17 | 27 | -4 |
|-----|--|----|----|----|----|----|

Headline summary: Average time spent in budget hotel has reduced significantly, attributable to being able to move customers into more suitable temporary accommodation and settled accommodation.

- Action points:
- Working through TA Plan 2021/22 commitments and improvement actions.
 - Diversification of TA portfolio.
 - Working more upstream and on the prevention agenda.

| | | | | | | |
|-----|---|--------|--------|--------|--------|-------|
| H05 | Percentage of homeless approaches where prevention or relief achieved | 50.00% | 38.96% | 55.22% | 45.58% | 4.07% |
|-----|---|--------|--------|--------|--------|-------|

Headline summary: Successful prevention and relief target exceeded in June, particularly achieving in successful preventions at 72.73%. Overall position improving.

- Action points:
- Continued work through TA Action Plan.
 - Continued work with providers to maximise support to households in supported accommodation.
 - Maximising private rented sector access/use through Solihome.

| Ref | Description | Target | May-21 | Jun-21 | YTD | YTD trend |
|-----|-------------------------------------|--------|--------|---------------------------|--------|-----------|
| NS6 | Satisfaction with ASB case handling | 87.00% | 80.00% | contract switch no update | 80.00% | 0.00% |

Headline summary: No update in June due to change of contractor and delay in mobilisation of contract.

Action points:

- Weekly team leader audits of ongoing and closed cases to ensure they are all on track and adhering to service standards.
- Focus on customer contact.
- Discussions with dissatisfied customers to review and learn and understand where we went wrong.
- Tenants and staff awareness of ASB Service Standards.

| | | | | | | |
|------|--|--------|--------|---------------------------|--------|-------|
| AM19 | Satisfaction with response repairs service | 92.00% | 90.08% | contract switch no update | 90.08% | 0.00% |
|------|--|--------|--------|---------------------------|--------|-------|

Headline summary: No update in June due to change of contractor and delay in mobilisation of contract.

Action points:

- To embed new process for Team Leader to approve 'no access'.
- To embed new process for Team Leader to approve 'follow on works'.
- Sustain increase in Production and Attendance levels.
- To trial closer working with the Contact Centre to reduce duplicate orders, improve job descriptions and diary management.

| | | | | | | |
|------|----------------------------------|--------|---------|--------|--------|--------|
| CR34 | Complaints resolved in timescale | 90.00% | 100.00% | 81.25% | 86.96% | -0.54% |
|------|----------------------------------|--------|---------|--------|--------|--------|

Headline summary: 48 stage 1 complaints resolved in Qtr1 of which 6 late. Issues identified with complaints not being accurately recorded and not being closed in ti

Action points:

- Complaints audits to be undertaken.

SOLIHULL COMMUNITY HOUSING
HOUSING OPERATIONS COMMITTEE

Chair's Report from the Meeting held on 13 September 2021

Recommendation for Full Board:

The Board is asked to:–

- (i) Note** the actions taken by the Committee

Board Members present at the meeting: Chris Williams (Chair); David Bell; April Halpin

In Attendance: Richard Hyde

Apologies: Louise Tubbs, Dave Pinwell and Fiona Hughes

Officers present: Surjit Balu, Mark Pinnell, Kevin Bennett, Carol Trappett, Becci Youlden, Dave Turton (SMBC), Phil Taylor (SMBC), Mary Moroney, Barbara Griffiths,

Summary of Committee Meeting:

1. Resident Engagement Progress Report

We noted the progress made with embedding customer engagement across all areas of the business using the new toolkit introduced and developing a forward plan around engagement to ensure all elements of the delivery plan include engagement activities.

The SCHape panel is now established and working through the TPAS training as well as scoping the first review around voids and performance. We will be inviting SCHape members to the full Board meeting on 27 September for introductions.

It was noted that the Virtual Improvement Panel (VIP) has proved to be successful allowing customers to engage when and how they prefer. There are 360 residents who use this platform to engage with most of the interest being around asset management activities. There are currently 23 advocates across the high-rise blocks working with the fire safety initiatives.

A bespoke online platform is soon to be introduced to engage the VIP participants. In the meeting, we questioned whether moving to platforms that are not commonly used could potentially lead to a drop off in engagement. Staff felt confident that this would not happen as participants would still be sought through existing methods.

Other key highlights include the work around engagement in relation to the Kingshurst development plans and the introduction of Customer Complaint

Advocates and Reviewers who can offer support and give a customer perspective to our responses to improve our complaint responses. We really liked that a tenant Building Safety Advocate will eventually be part of the wider Building Safety Group so that the tenant voice is represented at all levels on such a critical matter.

Going forwards, at our next update on tenant engagement, staff have agreed to bring back a log or a table to demonstrate the impact of the tenant engagement detailing what has changed as a result. We felt that the impact of the engagement was implicit in what we have seen but to see it listed clearly would provide full reassurance that the purpose of tenant engagement was reaping rewards.

2. Forestry Services 5-Year Plan Update

We noted that the original 5 year planned forestry programme had now stretched to 6 years and is due to conclude in March 2022.

The impact of Covid-19 has caused issues for the programme including the need for enhanced risk assessments and safe systems of work. We have also had to make changes to the staffing following recommendations made by the HSE in May 2021. Their recommendations following an incident was to increase crews from 2 staff to 3 and has had a significant impact on the programme. There have also been problems with recruiting forestry staff due to a national shortage of skilled workers, but SMBC are about to appoint an agency officer to assist with delivering the programme.

Work is currently ongoing to mobilise the new contract to start in April 2022 with an enhanced specification and capacity to handle reactive work without impacting on the planned programme to the extent it has in the past. The Committee was reassured that the forestry programme, beset by problems for four years, would be robust going forwards.

3. Homelessness and Allocations Update

Despite the pandemic, approaches remain stable with 520 approaches during Quarter 1 for last year against 540 for quarter 1 this year. There has also been a reduction in the number of on the day crisis approaches from 108 to 88. The reasons for approach remain broadly similar with 21% of cases being as a result of domestic abuse (DA).

We are starting to see a reduction in the number of people in temporary accommodation (TA) reducing to 137 this year from 200 for the same period last year. There has been an overall reduction in the use of budget hotels as a result of the diversification of temporary accommodation portfolio and the reduction in demand. As a result we are looking to return some of the HRA units used for TA back into general needs use. We were reassured that the Director and the team will continue to seek diversification of the TA portfolio so that HRA units and hotel use will be minimised.

Prevention and relief cases over the last three months are over 50% for the third month running which is very positive, in terms of lettings and allocations around 30% of lettings are to homeless applicants. This suggests that SCH may be able to meet the HO5 target, a medium term KPI that we as a Board have been keen to reach before looking at the next milestones.

There has been progress with the Housing First Scheme with 19 people being placed in suitable accommodation and provided with support against a target of 26. We also responded to 100% of Streetlink referrals.

4. Home Options Customer Contact Centre

Work is progressing on plans for the refit of office accommodation for Home Options and St Basil's staff to co-locate and provide frontline services for the homeless service. We were pleased to note the consultation with staff.

5. SCH Energy and Sustainability Strategy Progress Report

We noted the ongoing debate in the sector around the use of SAP ratings and the best way to measure thermal efficiency but at present there is no viable alternative.

We noted the complexities of the Green Home Grant and that the target to carry out work to 100 properties by December 2021 has now been extended to 31 March 2022. The additional funding will allow us to expand our external wall insulation programme.

We are looking to benefit from funding opportunities for the next round of grants and plan to use any funding obtained to improve the heating within the 5 blocks that currently have storage heaters to switch to low carbon heating.

SCH's sustainability plan will be used to focus resources and understand our baseline position. An example of that would be the need to understand our working from home arrangements and how that positively impacts on carbon emissions. We may also need to consider electric vehicle pool cars to meet the national push for reducing carbon emissions from vehicles. With West Midlands buses going electric and private companies switching to electric vehicles, we hope to see progress here in the near future.

The Committee questioned whether anything practical has changed in our approach to reducing emissions so far. It was commented that much felt like 'business as usual' which we know will not meet the SMBC climate ambitions. As a key partner, we have an obligation to meet their ambitions. The Director for Asset Management explained that SMBC was bringing in new staff to its climate change team and that SCH also would add 1.0FTE of staff time to this area of our work.

The Director for Asset Management suggested that the very early part of 2022 would be when SCH has a draft climate action plan for the Board to review.

6. Performance Report - Quarter 1 2021/22

We noted the performance reported for end of quarter 1 and discussed the need to improve our void performance but recognise that the sector as a whole is anticipating a significant recovery period following the pandemic and the pause on lettings.

Chris Williams
Chair of Housing Operations Committee
17 September 2021

Date produced – 10 August 2021

Full Board Forward Plan

| Monday 27 September 2021 – Includes AGM | | | |
|---|--|--|-----------------------------------|
| | | Chair's Report from Human Resources, Equalities and Remuneration Committee Meeting held on 12 July 2021 | Jenny Fletcher |
| | | Chair's Report from Housing Operations Committee Meeting held on 13 September 2021 | Chris Williams |
| | | Quarter 1 2021/22 Performance Exception Report | Kevin Bennett |
| | | Quarter 1 2021/22 Health and Safety Report | Mark Wills |
| | | Quarter 1 2021/22 Financial Monitoring | Sam Gilbert |
| | | Budget Report – HRA | Sam Gilbert |
| | | NHF Code of Governance | Mary Moroney |
| | | Asset Management Review | Fiona Hughes (Peter Salisbury) |
| Monday 29 November 2021 | | | |
| | | Chair's Report from Housing Operations Committee Meeting held on 15 November 2021 | Chris Williams |
| | | Chair's Report from Human Resources, Equalities and Remuneration Committee Meeting held on 18 October 2021 | Jenny Fletcher |
| | | Chair's Report from Audit and Risk Committee Meeting held on 11 October 2021 | Nigel Page |
| | | Quarter 2 2021/22 Performance Exception Report | Kevin Bennett |
| | | Quarter 2 2021/22 Health and Safety Report | Mark Wills |
| | | Quarter 2 2021/22 Financial Monitoring | Sam Gilbert |
| | | Draft Asset Management Strategy??? To be confirmed | Mark Pinnell |
| | | Budget Report - SCH | Sam Gilbert |
| | | Draft Delivery Plan /KPI's | Kevin Bennett |
| | | Energy and Environmental Strategy Update | Mark Pinnell |

Regular Items (every meeting):

- Minutes of Previous Meeting
- Chairs' reports from Committee Meetings

Quarterly Reports:

- Performance (Exception Reporting)
- Health & Safety Report (including data on accidents)