


SOLIHULL COMMUNITY HOUSING
BOARD MEETING

 Monday 19 February 2024 at 6.00 pm
 Endeavour House - Meriden Drive, Kingshust

AGENDA

Ref	Item	Purpose	Lead	Report Type	Report Classification
1	Chair's Welcome and Introduction	Information	Richard Hyde	Verbal	Open
2	Apologies for Absence	Information	Richard Hyde	Verbal	Open
3	Declarations of Interest	Information	All	Verbal	Open
4	Minutes of the last meeting held on 20 November 2023	Approval	Richard Hyde	Written	Open
5	Action Log	Information	Richard Hyde	Written	Open
Strategic Topic					
6	Chief Executives Update	Information	Fiona Hughes	Written	Closed
7	Delivery Plan 2024/25	Approval	Martyn Sargeant	Written	Open
8	Health and Safety Report: Oct-Dec 2023 (Quarter 3)	Assurance	Mark Wills	Written	Open
9	Financial Monitoring Quarter 3 2023/24 including an update on the Medium Term Financial Strategy 2024/25	Approval	Sam Gilbert	Written	Closed
10	Data, Information and Knowledge Management Strategy	Approval	Becci Youlden	Written	Open
11	Amendments to the Standing Orders	Approval	Martyn Sargeant	Written	Open
12	Annual Summary for Safeguarding Exploitation and Domestic Abuse (SEDA)	Information	Carol Trappett	Written	Open

Committee Reports					
13	Chair's Report from Housing Operations Committee on 5 February 2024	Information	Phil Hardy	Written	Closed
14	Chair's Report from Audit and Risk Committee on 11 December 2023	Information	Mark Thrasher	Written	Closed
15	Chair's Report from Building Safety Committee on 9 October 2023 and 29 January 2024	Assurance	Richard Hyde	Written	Closed
16	Chair's Report from Extra-Ordinary Building Safety Committee on 2 November 2023	Assurance	Richard Hyde	Written	Closed
Items below this line are for receipt and/or approval, without discussion					
17	Quarter 3 2023/24 Performance Report	Assurance	Becci Youlden	Written	Open
18	Board and Committee Dates for 2024	Information	Sarah Brookes	Written	Open
19	Forward Plan	Information	Richard Hyde	Written	Open
Closing Items					
20	Any Other Business	Information	All	Verbal	Open
21	Review of Meeting	Information	All	Verbal	Open

MINUTES

Present: Richard Hyde (Chair), Bernie Donnelly (Virtual), Phil Hardy, Nigel Page, Dave Pinwell, Mark Thrasher, Louise Tubbs, Councillor Mark Parker

Officers: Fiona Hughes – Chief Executive
Mary Morrissey – Director for Economy and Infrastructure
Darren Baggs – Executive Director of Operations
Martyn Sargeant – Executive Director of Customer Service, Transformation and Business Support
Becci Youlden – Head of Customer Experience
Andy Duke – Head of Assets and Development
Alison Clark-Williams – Head of Building Safety
Carol Trappett – Head of Housing and Neighbourhoods
Mark Wills - Health, Safety and Risk Manager
Sarah Brookes – Business Support Manager
Jatinder Matharu – Digital Lead (Item 12 only)

1. CHAIR'S WELCOME AND INTRODUCTION

Richard Hyde welcomed Councillor Mark Parker to the Board meeting.

Andy Duke was welcomed to the Board meeting in his new role as Interim Head of Assets and Development.

The Board acknowledged April Halpin on her role as vice chair of the NFA Tenants' Advisory Panel and the benefits this will bring to the Board.

2. APOLOGIES FOR ABSENCE

Apologies were received from April Halpin and Gail Sleigh.

3. DECLARATIONS OF INTEREST

There were no new declarations of interest.

4. MINUTES OF THE MEETING HELD ON 4 SEPTEMBER 2023

The minutes of the previous meeting were approved as a true and accurate record.

5. ACTION LOG

The action log was reviewed and approved.

6. QUARTER 2 2023/24 HEALTH AND SAFETY REPORT

Mark Wills provided an update on the legislative changes and guidance (Appendix 1) and the accident/incident reporting analysis for quarter two 2023/24. He particularly noted:

- There were no regulatory interventions during quarter two.
- The Building Safety Regulator has been renamed 'Building Control Authority' (BCA).
- Health and Safety management audits have been undertaken during quarter two, starting with the Out of Hours service, Capital projects and the Contact Centre.
- Quarter two had a similar number of incidents as the previous quarter, 21 compared to the previous quarter of 22. The range of incident type was smaller regarding tenants and no reported abuse/violence incidents or fire incidents.
- It was encouraging to see the number of near miss incidents has started to increase following a communication exercise across the business.

SCH: BOARD MEETING - 20 November 2023

DECISION

- (1) **NOTED:** the content of the report.
- (2) **NOTED:** Appendix 1 – legislative update.
- (3) **NOTED:** Appendix 2 – HSRS Health and Safety Support summary: Q2 2023/24.
- (4) **NOTED:** accident/incident reporting analysis Q2 2023/24.

Mark Wills left the meeting after this agenda item.

7. QUARTER 2 20223/24 FINANCIAL MONITORING

Sam Gilbert provided an update on the financial performance as of 30 September (quarter two). She particularly noted:

- The current forecasted overspend against the 2022/23 budget is £438k. The notable areas of overspend are within electrical and gas repairs and material costs.
- The savings tracker included within appendix A shows the RAG rating for the savings approved for the period 2023/24 to 2025/26. Details are also given of targets rated as red in the current financial year, totalling £55,000. These are included within the overall net variance position.
- The ongoing work that is being undertaken by the Executive team to identify mitigating actions to address any overspends.

Darren Baggs confirmed the positive work that is being undertaken to reduce the financial pressures with a particular focus on the repairs service overspend. The team is also working in collaboration with partner contractors to review the financial position and to agree the parameters for future work.

At its meeting on 3 May 2022, the Board approved the use of £1.392 million from SCH reserves to fund the structural surveys and associated costs. Full Cabinet will consider funding this from HRA reserves on 7 December 2023 and the SCH usable reserves have been increased to reflect the change.

Mark Thrasher provided assurance to the Board that the Audit and Risk Committee will be reviewing the re-tendering process for a new external auditor. It would be a risk if the second tendering process was unsuccessful.

DECISION

- (1) **NOTED:** the revenue and capital forecast to the year end for the current financial year 2023/24.
- (2) **NOTED:** the current and forecast reserves position.
- (3) **APPROVED:** the transfer of previously earmarked sums to the Budget Strategy Reserve.
- (4) **NOTED:** the progress of savings delivery for the next three years.
- (5) **NOTED:** the age of outstanding Accounts Receivable and Rent Debt.
- (6) **APPROVED:** the 12 month extension of the External Audit contract with RSM UK Audit LLP.

8. DRAFT DELIVERY PLAN 2024/25

Martyn Sargeant confirmed the Board reviewed and agreed the themes and organisational enablers that underpin them during the away day in October. The revisions have been incorporated into the draft Delivery Plan.

SCH: BOARD MEETING - 20 November 2023

He explained that whilst the Board drives and determines the Delivery Plan, its preparation is collaborative and more work has been completed with customers, employees and the council.

During the away day, the Board identified they would like greater clarity about how each priority will be achieved and how they will know when the objective is delivered. Appendix A summarises the objectives and answers the question posed by the Board. This will make it easier for the Board, as well as other stakeholders, to assess progress against the priorities.

DECISION

- (1) **APPROVED:** the draft themes and enablers for the 2024/25 Delivery Plan.
(2) **APPROVED:** the draft priorities for the Plan.

9. ANNUAL REVIEW OF COMPLIANCE AGAINST NHF CODE OF GUIDANCE

Martyn Sargeant explained that it is good practice, under the Housing Federation's Code of Governance (2020), to conduct an annual review against the Code to ensure compliance is maintained and any new actions that may be required are identified. The report identified the work undertaken to address the four actions that were previously reported to the Board and the actions arising to strengthen its compliance with the Code.

The Board queried the draft policy for handling complaints about Board members detailed in appendix A. The following issues were noted and will be reviewed:

- 3.4 Serious Breach – further clarification about the process for appointing a review panel.
- Clarification of the process to be undertaken if the complaint is about the Chair of the Human Resources, Equalities and Remuneration Committee.

Martyn Sargeant confirmed the removal of a Board member for a serious breach would form part of a review by an independent investigator and should the review panel recommended removal from the Board or Committee, the decision would need to be approved by the Board. This is detailed under section 3.9 of appendix A. Martyn Sargeant will incorporate the agreed amendments. [20231120-BOARD-001](#)

DECISION

- (1) **AGREED:** the actions to ensure compliance against the Code section five).
(2) **AGREED:** subject to the comments raised by Board members, the proposed policy for handling complaints about Board members (appendix A).

10. CHIEF EXECUTIVE UPDATE

There were several reports in the meeting pack that were classed as confidential and Fiona Hughes explained to the Board the reason for the confidential reports. The Committee meeting minutes shared with the Board will now be confidential so that the issues addressed within the Committees are not made available to the public. On this occasion the Chief Executive's report was confidential due to it containing commercially sensitive information.

Fiona Hughes presented the Chief Executive's update report. She particularly noted:

SCH: BOARD MEETING - 20 November 2023

- The appointment of Andy Duke as Interim Head of Assets and Development.
- The secondment for Martyn Sargeant is due to end in January and following a recruitment process, an appointment has been made for a new Executive Director (Paul Edwards). An anticipated start date has been agreed for February 2024, Martyn will complete a handover process and will be with SCH until end February/early March.
- The Housemark benchmarking data for 2022/23 indicated SCH's performance was within quartile two and three. The cost of SCH was comparable to that of its peer group, the housing management spend was below the median. An area for improvement is rent arrears and a deep dive into the arrears performance will be led by Carol Trappett. Complaints is also a challenging area, but an increase in complaints has been seen across the sector and high numbers received isn't considered negative if they are used to drive service improvement. The benchmarking report will be considered in more detail at Housing Operations Committee. Housemark will present the report and discuss the findings.
- The SCH Big Conversation has been carried out to increase SCH's visibility in our communities whilst increasing the number of engaged residents. It was an excellent piece of work and was embraced by all staff that participated.
- SCH aims to achieve the Domestic Abuse Housing Alliance (DAHA) accreditation by March 2025.
- SCH is currently acquiring properties as part of the Local Authority Housing Fund (LAHF). These will initially be used to address urgent housing needs for Ukrainian and Afghan refugees.
- The new Organisational Development and Training Manager, Carole Nock, is progressing with the people strategy priorities that had previously been slowed down by limited resources.
- Following the operational issues with the spandrel panel project, an extra ordinary Building Safety Committee meeting was held on 2 November 2023. A product has been identified that would pass an impact assessment and complies with the EN standard for fire spread. SCH has commissioned a technical note from Jensen Hughes to support the use of the EN standard as the only available standard currently obtainable. Andy Duke confirmed the note has been formally submitted to Building Control for consideration.
- The council's Resilience service ran a joint SCH/SMBC emergency plan exercise to test the response to a high-rise fire necessitating its evacuation. The learning points will be incorporated into the emergency plan process and the Board asked for this to be an agenda item on the next Building Safety Committee meeting. *20231120-BOARD-002*

Mary Morrissey clarified Building Control will take a risk based approach regarding the alignment of British and European building standards. A pragmatic decision will then be made with regards to approval and if the risk register needs to be amended.

The Board queried the testing process for the spandrel panels. Andy Duke explained that any product of this nature would not carry a British Standard and this has been confirmed by the technical expert.

Fiona Hughes explained the late paper, circulated to Board members before the meeting called '*Kingshurst 5 - FRAEW Update following special Building Safety Committee 02 November 2023*'. The report provided an update on the current position of the Fire Risk Appraisal of External Walls assessments on the Kingshurst 5.

SCH: BOARD MEETING - 20 November 2023

SCH has asked FCMS to provide a proposal to undertake the Stage 3 investigation, including timescales, costs and details of the process involved. The outcome will be shared with the Building Safety Committee.

Richard Hyde asked for acronyms to be defined in future reports. This was noted.

The Board was concerned about the piecemeal and reactive approach that is being undertaken regarding the high rise remedial works. Fiona Hughes agreed and confirmed that in the new year, once the results of the high-rise structural surveys are known, an asset management planning workshop will be convened to consider a range of competing investment priorities along with stock performance information. This will enable a more intelligent and data driven approach to investment decisions. Mary Morrissey has also asked for this information to be presented to the Building Safety Assurance Board. **20231120-BOARD-003**

SCH is governed by the Building Safety Act and it must ensure the current processes align to these requirements. The Board was satisfied with the approach that is being undertaken by SCH and were re-assured by the work that will be undertaken in the future.

The risk register for the Kingshurst 5 has been increased to a level eight because of the spandrel panel issues. SCH is working closely with residents and Building Safety advocates to support the process of removing items from the balconies.

The Board asked if other authorities have experienced similar issues with the spandrel panels. Fiona Hughes confirmed there have been similar issues however they have adopted a different approach in terms of Building Control. SCH is governed by the building control regulations of SMBC.

The Board asked about the strategy undertaken by SCH for keeping residents up to date about the building safety issues. Fiona Hughes clarified that SCH's communication needs to balance the message so that it does not cause alarm or distress in terms of the potential fire hazards. Communication is actively managed and measures have been put in place for example, a specific high-rise newsletter that provides information about the higher level building safety projects and this is duplicated in the tenants' newsletter. SCH works with the building safety advocates who are part of the SCH engagement framework and they receive more detailed briefings.

Becci Youlden explained the feedback from residents includes SCH providing transparent messages about issues that affect them. SCH is fulfilling this with the building safety communication and feedback suggests it is appreciated by the residents.

Fiona Hughes confirmed SCH will continue with its approach to communication and the TSMs on safety help to provide important feedback that is acted upon by the relevant teams across SCH.

DECISION

(1) NOTED: the content of the report.

11. MEDIUM TERM FINANCIAL STRATEGY UPDATE

The Board members acknowledged the excellent financial information presented by Sam Gilbert during the away day training on 14 November 2023.

SCH: BOARD MEETING - 20 November 2023

Sam Gilbert gave the following headlines on the medium term financial strategy (MTFS) which presents a balanced budget over the four year period from 2022/23 to 2025/26.

- There is a proposal to Cabinet for the removal of a contribution from the HRA in this three year period to the Future Capital Expenditure Reserve of £1.680 million. This will ensure a balanced HRA budget.
- The Board was asked to note the proposed rent increase on HRA properties of 7.7% in line with the maximum permitted for 2023/24. The increase will be presented to Full Cabinet on 15 February 2014 for approval and the charges for SCH rented properties which are proposed to be at the same increase.

The Board asked for any changes to the proposed financial sensitivities to be reported to them as soon as it is realised due to the impact on the management fee. Sam Gilbert confirmed the base budget included the savings targets approved as part of last year's budget setting exercise. The details are included in appendix C.

It was acknowledged that non-statutory services may need to be reviewed should additional savings be necessary.

DECISION

- (1) **NOTED:** the 2024/25 proposed HRA Budget and SCH Management Fee.
- (2) **APPROVED:** the adoption of the 2024/25 SCH Revenue Budget.
- (3) **NOTED:** the 2024/25 HRA rent proposals to be considered by the Council for dwellings, garages and ground rent.
- (4) **APPROVED:** the proposed rent increase for SCH owned affordable homes in line with HRA social and affordable rent increases agreed by the Council which are currently estimated at 7.7%.
- (5) **APPROVED:** the proposed rent increase for SCH owned part ownership properties of RPI (February 2024) + 0.5%.
- (6) **APPROVED:** the proposed schedule of fees and charges.
- (7) **NOTED:** the update on the 3-year housing capital programme and 2024/25 budget.

12. ONESCH UPDATE

Jatinder Matharu, Digital Lead, provided the Board with information about the procurement of the new integrated customer relationship management solution and the provider to support the transformation of SCH services. The Board previously approved the project in principle on 14 February 2022.

The approval to award the contract to NetCall was agreed by the One SCH Board and the report seeks Board approval for the continuation of the OneSCH programme.

Jatinder Matharu and Dave Pinwell have met to discuss the One SCH programme, its challenges and the opportunities to improve the customer contact experience. Dave Pinwell explained the current solution has changed, following the 'discovery exercise' that was undertaken, and he explained the differences. A detailed process has been undertaken and there is a solid foundation for the recommendation that is being made in the report.

SCH: BOARD MEETING - 20 November 2023

Dave Pinwell confirmed the anticipated work programme is complex and he felt it was important for the Board to recognise there is an increase in risk and the project milestones will need to be evaluated for value-for-money against the anticipated outcomes. This will be scrutinised by the Audit and Risk Committee.

It was agreed the Board should have oversight of the risk register for the programme of work. **20231120-BOARD-004**

Jatinder Matharu explained the issues raised by the Board are fundamental and the preparatory work will ensure the data duplication issue is reduced and will help to mitigate risks. Jatinder Matharu will update the development road plan.
20231120-BOARD-005

Dave Pinwell and Jatinder Matharu are scheduled to meet on 21 November 2023 to further discuss the programme of work.

Mary Morrissey asked about the financial implications of the project and if the costs will increase during the evaluation of the programme deliverables. Jatinder Matharu confirmed the costs are currently being identified and the nature and level of investment/clarity on return of investment is a high priority. Mary Morrissey explained it was important for any expenditure to be realised in service improvements and efficiencies.

The Board queried the low number of returned tenderers for the project and Jatinder Matharu explained the tender process required the supplier to have worked with Open Housing. Consequently, this specific requirement reduced the number of returned tenderers.

The OneSCH programme will be reviewed during the next Audit and Risk Committee meeting on 11 December 2023. The changes that have taken place since the project started will be reviewed however it was acknowledged that SCH needs to invest in innovative solutions and review/mitigate the risks accordingly.

Fiona Hughes confirmed the current operating environment is a risk to SCH and it is not conducive to continue with the current operating systems.

DECISION

- (1) **APPROVED:** the continuation of the OneSCH programme with the mobilisation of the preferred supplier of a new customer relationship management system.
- (2) **NOTED:** the proposed contract award to NetCall as the supplier of the SCH integration solution.

13. CHAIR'S REPORT FROM HOUSING OPERATIONS COMMITTEE HELD ON 18 SEPTEMBER AND 6 NOVEMBER 2023

Phil Hardy particularly mentioned:

- The review undertaken during the meeting to terminate the Mobysoft analytical tool 'Rentsense'. It is not without risk however the Housing Operations Committee will ensure the rent arrears performance position is reviewed accordingly.
- The Committee was keen to understand, in the context of extreme housing demand, the action being taken to ensure the council was utilising development

SCH: BOARD MEETING - 20 November 2023

opportunities. A report will be considered by the Committee following a wider review.

- The outcome of the RAAC desktop review confirmed no RAAC has been found in the SCH property types and no further work is required at this stage.

DECISION

(1) NOTED: the matters considered by the Committee.

14. CHAIR'S REPORT FROM AUDIT & RISK COMMITTEE HELD ON 25 SEPTEMBER 2023

Mark Thrasher particularly mentioned:

- The meeting welcomed the new co-opted members.
- It was the last meeting for Nigel Page and he was thanked for his contribution to the Committee.
- The internal audit progress report and internal audit programme was reviewed.
- A detailed review of SCH's risk appetite was undertaken including a review of the framework and its parameters.
- The staffing whistleblowing audit has been concluded and this will be reviewed during December 2023.

DECISION

(1) NOTED: the matters considered by the Committee.

15. CHAIR'S REPORT FROM BUILDING SAFETY COMMITTEE HELD ON 9 OCTOBER 2023

Richard Hyde confirmed a detailed review of the building safety performance was undertaken including the position of the bio mass plant rooms.

DECISION

(1) NOTED: the matters considered by the Committee.

16. CHAIR'S REPORT FROM EXTRAORDINARY BUILDING SAFETY COMMITTEE HELD ON 2 NOVEMBER 2023

An additional meeting took place to review the spandrel panel capital project. The Committee was satisfied with the approach that is being undertaken by SCH and were re-assured by the report provided.

DECISION

(1) NOTED: the matters considered by the Committee.

17. CHAIR'S REPORT FROM HR, EQUALITIES AND REMUNERATION COMMITTEE HELD ON 15 OCTOBER 2023

The progress against the equality, diversity and inclusion plan for 2022-2024 was reviewed and although SCH compares well to other ALMOs there is further work that needs to be undertaken to build on the successes.

DECISION

(1) NOTED: the matters considered by the Committee.

SCH: BOARD MEETING - 20 November 2023

18. QUARTER 2 2023/24 PERFORMANCE EXCEPTION REPORT DECISION

(1) NOTED: those indicators and the associated narrative, where the target performance has not been achieved.

19. FORWARD PLAN

The forward plan was noted.

20. REVIEW OF MEETING

SCH is working collaboratively with the Board to review the current challenges. The sustainability of the stock, particularly the high-rise remedial work, highlighted the need to review SCH's investment decisions. Councillor Parker will be kept informed of any future decisions that need to be taken forward.

Fiona Hughes thanked the Board members for their honest and transparent commentaries and how they convey these in a positive and productive manner.

21. DATE OF THE NEXT MEETING: 19 February 2024 at 6pm.

Signed by Chair:.....

Date:.....

Meeting closed at 8pm.

8.00 pm

This page is intentionally left blank

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 do not have a colour code

Actions outstanding / in progress / completed

Ref	Action	Responsible Person	Due Date	Comments	Status
20231120 -BOARD- 001	Incorporate agreed amendments from the meeting on 20.11.23	Martyn Sargeant	26.1.24	Board amendments to guidance document incorporated in final version.	Green
20231120 -BOARD- 002	Learning from the Emergency Planning exercise to be added to the agenda for the Building Safety Committee.	Martyn Sargeant	26.1.24	This will be included on the agenda for the meeting on 29 April 2024.	Green
20231120 -BOARD- 003	Arrange an asset management workshop to consider the competing investment priorities along with the stock performance information.	Darren Baggs	26.1.24	Workshop arranged for 26 February 2024 – Board Chair, Committee Chair for Housing Operations and Chair for Audit and Risk have been invited. Update to be provided to the Building Safety Assurance Board (BSAB) Chair following the workshop.	Green
20231120 -BOARD- 004	Provide the Board with a copy of the risk register for the One SCH programme.	Martyn Sargeant	26.1.24	The risk register was shared with the Audit and Risk Committee at its December meeting and will be scrutinised on an ongoing basis.	Green

20231120 -BOARD- 005	Update the One SCH development road plan.	Jatinder Matharu	26.1.24	The development road plan has been updated.	
----------------------------	---	------------------	---------	---	--

11/02/24

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Meeting of the Board



Report title:	Delivery Plan 2024/25		
Meeting date:	19 February 2024		
Report from:	Martyn Sargeant, Executive Director – Customer Service, Transformation and Business Support		
Report author/ lead officer:	Martyn Sargeant 0121 704 8667	Executive Director martynsargeant@solihullcommunityhousing.org.uk	
Report type:	Confidential Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 The report builds on the Board’s earlier discussions about the 2024/25 and provides a final draft for consideration, prior to it being submitted to the Council’s Scrutiny Board (18 March) and Cabinet member (25 March) for approval.

2. Recommendations

- 2.1 The Board is asked to:

- (1) Review the draft Delivery Plan document, making any recommendations for amendments.
- (2) Recommend the final draft of the Delivery Plan to the Council’s Scrutiny Board for consideration and to the Cabinet member for approval..

3. Background/context

- 3.1 SCH is required, under its management agreement with the Council, to produce an annual Delivery Plan setting out priorities for the year and the performance indicators against which progress and delivery will be assessed.
- 3.2 At its away day in early October, the Board had initial discussions about the content of the forthcoming Delivery Plan. At its subsequent meeting in November, the Board agreed draft themes, enablers and priorities as the basis for the Plan.

3.3 Following those discussions, the framework of the Plan was shared with the Council’s Assistant Directors’ Group, Corporate Leadership Team and Housing client team. The draft Delivery Plan attached as appendix A to this report reflects the feedback from those stakeholders.

4. Delivery Plan themes, enablers and priorities

4.1 For 2023/24, the Board decided to move to a thematic approach to the Delivery Plan. The 2024/25 themes, and associated organisational enablers that underpin them, incorporating the Council’s feedback, are set out below:



4.2 The client team also made a number of recommendations to strengthen the priorities and these are reflected in the appended Delivery Plan draft.

5. Performance indicators

5.1 Over the last year, SCH has had a particular focus on strengthening its performance management arrangements by ensuring data is robust and then making better use of that information. The draft Delivery Plan contains a number of indicators (pp22-23) to enable both the Board and the Council to monitor delivery. These continue to be focused on the statutory Tenant Satisfaction Measures, as the key regulatory performance mechanism through which SCH and the Council will be assessed. Those are supplemented by a number of key management indicators focused on particular areas of interest, including building safety, homelessness and customer satisfaction. Sitting below these headline statistics are over 100 operational indicators (not included in the Delivery Plan), used by ELT and managers to monitor activity and performance.

6. Supporting the SCH Delivery Plan

6.1 This report sets out the draft Delivery Plan for the coming year.

7. Consultation and engagement

7.1 Shaping the Delivery Plan began with consultation with customers, through the SCH Big Conversation. Further consultation took place with employees and, as set out in paragraph 3.3, wider consultation with the Council.

8. Financial implications

8.1 The Delivery Plan sets out how SCH aims to meet the responsibilities delegated to it by the Council within the available budgets. There are no direct financial implications arising from the report.

9. Legal implications

9.1 SCH has entered into a management agreement with the Council for the delivery of core housing services. The Delivery Plan, which details how SCH will meet its obligations, is a requirement of that agreement.

10. Risk implications

10.1 SCH operates a comprehensive risk management framework, recording and managing risks at both a strategic and operational level. Risk reviews are carried out on a regular basis and relevant risks amended or new risks added according to the prevailing situation. There are no direct risk implications arising from this report.

11. Equalities implications

11.1 There are no direct equalities implications arising from this report and no equalities impact assessment is required, as SCH is not proposing to change its service delivery.

11.2 It is worth noting that a specific objective of the proposed Delivery Plan is to gather and analyse increased data about customers from minority groups in order to identify any issues and help shape service delivery in a way that reflects the needs and preferences of those groups.

12. List of appendices

Appendix A: draft Delivery Plan 2024/25

13. Background documents

Report to the SCH Board, *Delivery Plan 2024/25*, 20 November 2023

This page is intentionally left blank



Solihull
Community Housing
Shaping our neighbourhoods

Delivery Plan 2024 – 2025



"The SCH Board extends its gratitude to all those who contributed to the development of this year's Delivery Plan. Special thanks go to the dedicated SCH staff team, as well as our customers, Council colleagues and partners."



Contents

1. Foreword
2. Executive summary
3. Corporate assurance
4. SCH support for the Solihull Council Plan
5. Strategic vision, values and equalities
6. Executive leadership
7. Themes and priorities for 2024/25
8. Enablers for 2024/25
9. Key performance indicators

1. Foreword

Welcome to Solihull Community Housing's Delivery Plan for 2024-25, a blueprint that outlines our priorities for the upcoming year within the framework of our overarching strategic vision: 'creating better homes and thriving communities.' Aligned with Solihull Council's commitment to ensuring equal opportunities for all residents to be healthier, happier, safer, and more prosperous, this plan represents our dedication to fostering positive change and progress in the community we serve.

Over the past year, a significant focus has been placed on building safety, reflecting our steadfast commitment to ensuring residents feel secure in their homes whether that includes sprinklers in the high-rise blocks, replacement of spandrel panels or structural surveys to identify future investment priorities. Additionally, the establishment of the Building Safety Committee by the Board strengthens building safety governance. We have also developed individual building safety strategies for each high-rise block, and achieved top quartile performance in fire, asbestos, legionella, and lift safety, while improving gas and electrical safety.

While building safety remains a key priority, our work at Solihull Community Housing extends far beyond these efforts. In the past year, we have implemented a new aids and adaptations policy to empower individuals to maintain independence in their own homes, investing an additional £500,000 to support this work. Construction has commenced at Kingshurst, where 70 new homes will eventually stand, contributing to our commitment to expanding housing opportunities. Over 250 homes have seen investments in environmental sustainability, including external wall insulation, new windows, and boiler/heating upgrades. Our positive approach to damp and mould, aiming to respond within 14 days, has enabled us to inspect and take action in nearly 1,100 homes over the last year¹, and improve thermal performance in 150 homes, supported by the Social Housing Decency Fund.

We have a focus on improving neighbourhoods and supporting vulnerable customers. This includes tackling anti-social behaviour through both mediation and enforcement, working with partners such as the Council and the Police, for example through the multi-agency Partnership Problem-Solving Panel. During the year², we have supported 3,062 families and individuals facing the fear and trauma of homelessness. This includes where people are fleeing abuse, and we have made good progress towards achieving the Domestic Abuse Housing Alliance accreditation, which will be in place by March 2025.

Recognising the importance of regulatory scrutiny in the social housing sector, we have diligently focused on meeting the highest standards for customers. This includes investments in complaint handling resources, a robust policy and strategy framework review, and the implementation of new Tenant Satisfaction Measures. Results from these indicators showcase our commitment to excellence, with over two-thirds of the measures ranking in the top quartile³. To further equip our staff, an organisational training plan has been developed aligned to new professionalisation requirements, and we are pleased to have received a positive independent review of compliance with consumer standards conducted by Savills. We are committed to supporting the most vulnerable customers and our Inclusive Services Register enables us to tailor our response to particular needs.



Richard Hyde
Chair of the SCH Board



Fiona Hughes
Chief Executive

As we look ahead to 2024/25, our focus on customer engagement remains unwavering, recognising the invaluable insights and perspectives they bring (see section 2). At the same time, we remain dedicated to ensuring the safety of homes, delivering services to the highest standards, and supporting Solihull Council's all-age prevention strategy, which emphasises early interventions to enable customers to live independently, preventing challenges from escalating into problems.

The SCH Board extends its gratitude to all those who contributed to the development of this year's Delivery Plan. Special thanks go to the dedicated SCH staff team, as well as our customers, Council colleagues and partners. Your collaborative efforts have been instrumental in shaping our strategic priorities and ensuring Solihull Community Housing continues to be a catalyst for positive change in the lives of those we serve.

"We have a focus on improving neighbourhoods and supporting vulnerable customers."

¹Dec 2022 to Nov 2023

²Oct 2022 to Sept 2023

³Based on the mid-year benchmarking undertaken by Housemark, SCH recorded 15 indicators in the top quartile, three in the second quartile and four in the third quartile. This was based on the comparator group for south/central ALMOs with fewer than 10,000 properties.

2. Executive summary

Voice of the Customer

SCH remains committed to engaging effectively with our tenants and customers, creating space for them to be heard and shape priorities. A key regular element of this is the SCHape Panel, which undertakes detailed scrutiny of specific issues – in the last year this has included damp and mould, and cleaning of communal areas. Another component is the Virtual Improvement Panel (VIP), a group of about 300 people who respond on an adhoc basis to requests for feedback.

During summer 2023, the SCH Big Conversation provided opportunities for customers to express their views through 14 pop-up and ten community events, plus 19 walkabouts. Employees from across the business chatted to over 400 residents to understand their ideas about SCH's priorities.

<p>Residents' top three priorities</p> <p>Listen to my views and concerns, and act on them (71%)</p> <p>Maintain good communication with me when you deliver services, such as repairs (59%)</p> <p>Provide me with good customer service (58%)</p>	<p>Residents' top three service priorities</p> <p>My home being safe (77%)</p> <p>A good quality and timely repairs service (63%)</p> <p>A service that responds quickly and effectively to anti-social behaviour (41%)</p>	<p>What does SCH do well?</p> <p>Repairs</p> <p>Customer service</p> <p>Overall service delivery</p>	<p>What could SCH do better?</p> <p>Maintenance – communal areas</p> <p>Repairs</p> <p>Safety/tackling anti-social behaviour</p>
--	--	---	---

"The management of communal areas is not good. Communal cleaning in blocks and the immediate area around them needs improvement and fly tipping needs to be tackled."

"I only want to tell my story once. Listen and act with compassion, own my query and deal with things in a reasonable timescale, whilst keeping me in the loop."

"You do initial repairs well, but you don't communicate with me. You don't keep me informed, I'm not sure what next steps are or the timeframe for them. Appointments are not very flexible."



"Services are efficient, SCH does lots well and delivers great services."

"Contact Centre are always helpful and you have friendly staff who want to help. SCH find solutions to problems, many go the extra mile. You treat me well and respect me and keep me informed on what is happening at SCH."

Priorities for 2024/25

In their feedback, residents identified three overarching priorities:

- Keep me safe
- Keep my home maintained
- Listen to me: act, follow-up and update

These are at the heart of the Delivery Plan themes for the year, including a new theme of **Delivering high standards**, which recognises both the priorities of customers and the regulatory backdrop.

The enablers continue to underpin the SCH approach, which includes that ongoing commitment to customer engagement. For 2024/25, this involves an aspiration to make better use of data to understand our customers and their experiences, particularly those from minority backgrounds.

Delivery Plan Themes 2024-25

Providing accessible, affordable housing solutions for those in need

<p>Getting the basics right: responding to customer priorities, and meeting the requirements of social housing regulation</p>	<p>Providing safe homes: ensuring building safety and undertaking regular compliance checks</p>	<p>Supporting people to live well: an all-age prevention-focused partnership approach that promotes financial inclusion and good health and wellbeing</p>	<p>Delivering safer neighbourhoods: investing in communities, enhancing places where people live, and tackling anti-social behaviour, domestic and other forms of abuse</p>	<p>Investing in new and existing homes: improving existing stock, reducing environmental impact and providing quality green homes by developing and acquiring new property</p>
--	--	--	--	---

Engagement: listening to the voice of our customers, so they can shape and improve services, with particular regard to understanding the experience of people from minority groups and communities

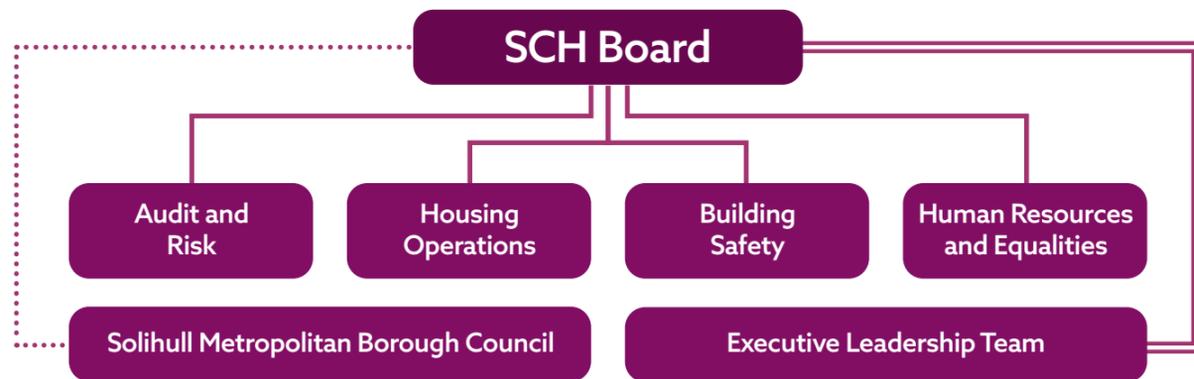
How we work: delivering efficient, customer-focused, value-for-money services, proactively adopting digital technology to enhance customer interactions, whilst using reliable data to drive evidence-led service improvement

Who we are: cultivating a great place to work, where a collaborative and compassionate team feels supported, valued, empowered and motivated, equipped with the tools to deliver excellent services

3. Corporate assurance

Company governance

SCH is an Arm's Length Management Organisation (ALMO) established in 2004 to deliver housing services on behalf of Solihull Council, the company's sole shareholder. The running of the company is overseen by the board of directors, comprising the chair plus three tenant members, three independent members and three members nominated by the Council. During 2023/24, the Board strengthened its governance arrangements by recruiting two co-opted independent members to the Audit and Risk Committee.



During the year, the Board undertook a self-assessment against the National Housing Federation's Code of Governance. The Board has produced an action plan to address areas where the assessment identified scope for strengthened governance and these will be taken forward during 2024/25.

- Dissemination of key messages and learning identified by the Solihull Children and Adults Partnerships from serious case reviews and audits to improve multi agency practice.
- Contributed to the review of multi-agency procedures and the new early help strategy.

Safeguarding, exploitation and domestic abuse

The Executive Leadership Team (ELT), reporting to the SCH Board, takes responsibility for ensuring effective safeguarding arrangements are being implemented throughout the organisation.

Safeguarding delivery in SCH is overseen by SEDA (Safeguarding, Exploitation and Domestic Abuse), an internal strategic group that has oversight and assurance responsibilities. It provides regular reporting to ELT and an annual assurance report to the SCH Board on its work and safeguarding outcomes.

Key activities undertaken during 2023/24 included:

- Oversight on organisational mandatory safeguarding training undertaken.
- Embedding SCH's relationship with the Domestic Abuse Housing Alliance (DAHA).

Key priorities for 2024/25 will focus on continuing to strengthen our safeguarding responsibilities, from recruitment through to operational business processes. Key activities will include:

- Gathering evidence in support of our ambitions for DAHA accreditation across seven key themes: governance, safeguarding policy and procedures, partnership working, staff development and training, reporting, communications and best practice.
- Achieving DAHA accreditation by the end of March 2025, to demonstrate our commitment to effectively responding to domestic abuse.
- Embedding case audits and self-assessments to support learning within single and multi-agency processes.
- Continued partnership working with the SSCP, SSAB, Exploitation Reduction and Domestic Abuse Partnership Boards.
- Reviewing our 'domestic abuse safe' accommodation.

Information governance

SCH's approach to information governance is underpinned by policy, guidance and training. This includes a full suite of policies based on the information security standard BS ISO/IEC 27002:2013.

SCH is supported by the Council's Information Governance team to ensure it meets all its obligations in relation to Freedom of Information and Subject Access Requests. There is a healthy culture of reporting any data breaches, and investigations identifying future process improvements are reviewed by both the Council and the relevant Executive Director.

Finance

The current economic backdrop and forecast for 2024/25 remains financially challenging. SCH continues to be affected by increased energy costs and inflationary pressure on wages, materials and contract prices. SCH holds reserves to cover financial risks arising from fluctuating markets and these will be utilised to deliver a balanced outturn in 2023/24.

At present both SCH and the Council have plans in place to deliver a balanced medium-term financial strategy for SCH and the Housing Revenue Account. Consultation is expected early in the financial year with regards to rent setting beyond 2024/25 which will be taken into consideration in next year's medium-term financial strategy and Delivery Plan. Savings plans for 2024/25 were agreed by the SCH Board in November 2022 and work will continue through the year to ensure the plans for 2025/26 and onwards are achievable and robust.

Long term financial planning continues to be critical and underpins SCH's approach. This continues to be vital, as the capping of housing rents by the Government in 2023/24, whilst this was important to protect the most vulnerable, has, and will, continue to put pressure on operating budgets. SCH continues to work closely with the Council to ensure financial sustainability.

Risk

During 2023/24, the Board has reviewed its risk appetite, mirroring a similar exercise conducted by the Council. This has helped identify where SCH is prepared to accept a greater level of risk and where its approach is more cautious. SCH has also adopted a revised risk assessment methodology, which allows for a more nuanced evaluation of different types of risk within the context of the overall risk appetite. The Executive Leadership Team reviews both the corporate and directorate risk registers on a quarterly basis, which is underpinned by operational monitoring of service and project risks. The Board maintains strategic oversight through the Audit and Risk Committee on a quarterly basis and its own annual risk management report. The primary focus for 2024/25 is embedding the new risk management methodology, including risk appetite.

Health and safety

SCH has two operational health and safety groups, each chaired by an Executive Director. The first focuses on occupational health and safety, and the second on buildings and residents. Those groups report to the Safety Leadership Group, chaired by the Chief Executive.

The Board receives a quarterly health and safety report from the Council's Health, Safety and Risk Manager, whose team provides professional support to SCH. During the year, the Board's Building Safety Task and Finish Group was formalised as a sub-committee, with responsibility for ensuring compliance with the Building Safety Act. This is underpinned by the operational Building and Resident Safety group and SCH contributes to the Council's Building Safety Assurance Board.





Solihull Council Plan 2020-25

Updated June 2023



Page 46

4. SCH support for the Solihull Council Plan

SCH is a key partner of the Council, so it is appropriate that our priorities are aligned to the Solihull Council Plan. At the heart of the plan is the belief that health and well-being economic development and environmental sustainability must go hand in hand. This is reflected in the six priorities at the heart of the plan (shown in the 'wheel' in the Plan on a Page below) which are intended to secure three outcomes:

- A strong economy
- Actioning the Council's Climate Change Declaration
- Healthier, happier and safer people and communities

SCH will support the delivery of the Council Plan, including specific contributions on:

- Tackling anti-social behaviour across tenures, preventing homelessness and engaging with residents contributes to improving life chances, health outcomes and promoting thriving and engaged communities.

- Helping to improve the health and wellbeing of residents through improvements to homes and the environment, with a focus on reducing carbon emissions.
- Supporting a 'prevention-based approach', where early help is offered.
- Improving neighbourhoods through partnership working in locality areas to support thriving communities.
- Participation in safeguarding arrangements and work to reduce exploitation and improve the response to domestic abuse.
- Supporting the Council to deliver its housing strategy.
- Working with the Council to deliver the regeneration of Kingshurst Village Centre.
- Helping the Council to deliver supported accommodation.
- Enabling older and disabled residents to live independently in their homes.

Children are central to our work as a Council

A Strong Economy

- People, business and the environment benefit from UKC and HS2, including increased access to good work
- More environmentally sustainable affordable and social housing is built
- Safe, welcoming town and local centres where businesses can thrive
- More visitors to the borough
- The local economy is more resilient to economic shocks
- Improve transport across the borough

Actioning our Climate Change Declaration

- Community, environment and business benefiting from actions on climate change and more resilient to its impacts
- The council is net zero carbon by 2030
- The borough is net zero carbon by 2041
- An enhanced, well connected natural environment
- More people using public transport, walking and cycling
- Air quality has improved by 2025

People and Communities

- Improvements in early childhood development and school readiness, particularly in disadvantaged communities
- Effective early help prevents issues from escalating
- Children and vulnerable adults are safeguarded
- The Council is a good corporate parent to children in care and care experienced young people
- Improvements in skills and access to good work
- Connected, resourceful communities where people find solutions to local issues

Supporting residents with cost of living pressures through coordinated and accessible information, advice and help

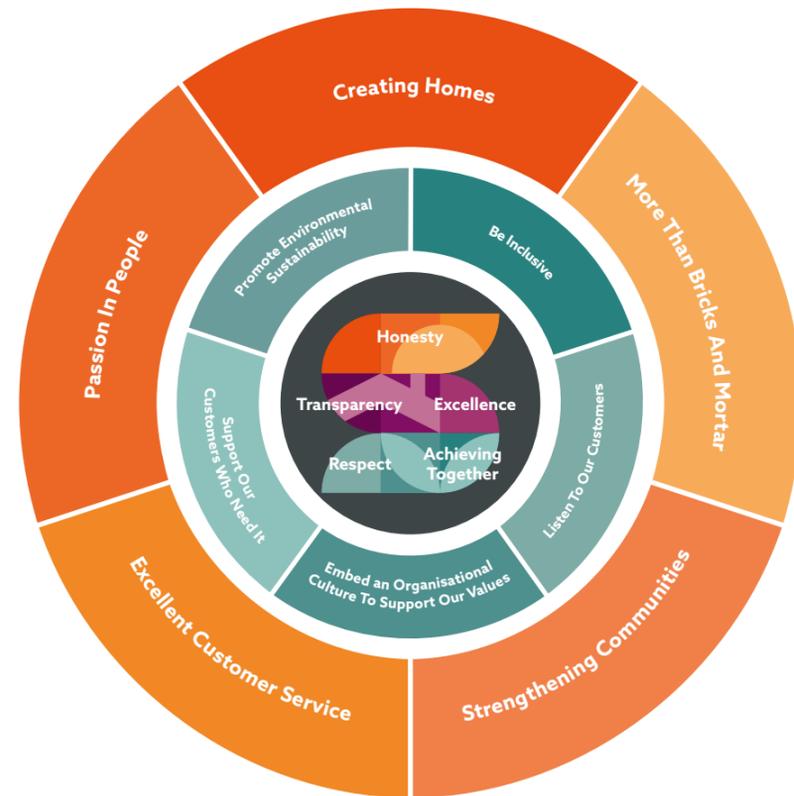
Driving inclusive growth through the Council's roles as employer, procurer, service provider and system influencer

Strong Foundations:
 Promote employee wellbeing, equality, diversity and inclusion | Enabling communities to thrive | Strong effective regional and local partnerships | Sound finance and management of assets | Digital Empowerment | Analysis and Insight

5. Strategic vision, values and equalities

Creating better homes and thriving communities

The annual Delivery Plan sits in the context of the longer term strategic vision, which sets out five strategic aims for 2020-25, underpinned by five commitments:



The five HEART values set the standard for how we work as an organisation and with our customers and partners.

- **H**onesty
- **E**xcellence
- **A**chieving together
- **R**espect
- **T**ransparency



Equality, diversity and inclusion (EDI)

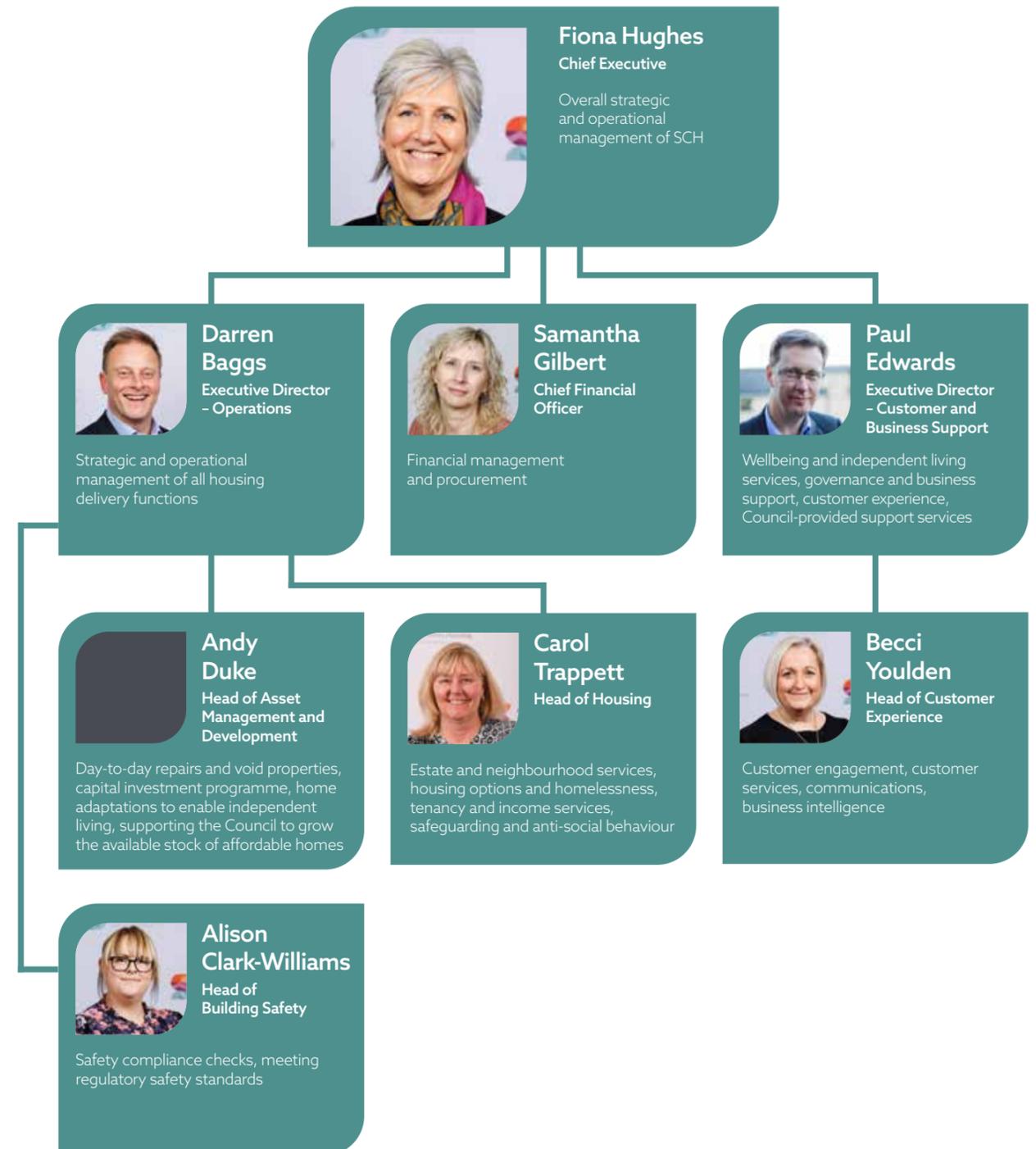
SCH has an important role in tackling inequality. Actions relating to fairness and inclusion have a direct relationship with our strategic objectives and operational priorities, whether in relation to our homes, the services we provide, how we treat colleagues, customers and partners or the difference we make in our localities. Embedding equality and diversity helps us assess our performance.

Our equality, diversity and inclusion improvement plan is structured around four priorities:

- (1) Nurture and strengthen EDI leadership
- (2) Know our residents and communities better
- (3) Ensure our employees are broadly representative of our locality and region
- (4) Enable diverse voices to shape and improve services through their views and opinions

6. Executive leadership

SCH's executive leadership team is responsible for the day-to-day management of the organisation and delivery against the priorities set out in the subsequent pages.



7. Themes and priorities for 2024/25

THEME: getting the basics right

Feedback from customers clearly demonstrates that they want SCH to 'get the basics right'. This was reflected in the recommendations arising from the Better Social Housing Review commissioned by the Chartered Institute of Housing and National Housing Federation. It is also the driving force behind the work of the Housing Ombudsman and Regulator for Social Housing. Consequently, SCH has identified this as a key priority for 2024/25.

What will we do?

How will we know it's been achieved?

Improve complaint responses.	Over 90% of complaints will receive a response within the target of ten days.
Strengthen complaint handling.	Evaluate the results of the complaints resourcing pilot and implement as appropriate.
Meet the consumer standards.	Deliver the action plan arising from Savills' independent review of SCH's compliance. Annual review of compliance against the standards.
Demonstrate how SCH learns and responds to customer feedback.	Report through the website and tenant newsletter on performance and learning twice a year.
Respond to customer feedback.	Customer input to shape service design and delivery can be evidenced.
Successfully implement the new allocations policy.	New applications to join the register are responded to promptly and on time.
Advise and support people with their housing options when their circumstances change.	The number of transfers and exchanges.



THEME: providing safe homes for our customers

The Building Safety Act 2022 clearly set out that the number one priority for housing providers should be the safety of their tenants and customers. Building safety is at the heart of everything SCH does as a housing organisation, both routinely ensuring that gas, electric and other installations meet compliance standards, but also investing in properties to improve safety, especially in protecting against fire risks.

What will we do?

How will we know it's been achieved?

Improve fire safety across high-rise accommodation.	Complete the installation of spandrel panels across all blocks identified for improvement.
Undertake regular safety compliance checks that achieve agreed performance targets.	Quarterly performance data reported to customers, the SCH Board and the council.
Reviewing investment priorities for high-rise blocks.	Complete structural surveys of all high-rise blocks and develop a ten-year investment plan with the Council.
Respond to customer feedback on building safety.	Respond to 100% of all building safety complaints within the complaint code timescales. Follow-up with all quarterly survey respondents who indicate they do not feel safe in their property. Demonstrate how feedback has shaped practice and improved safety for residents.
Improve fire safety across all accommodation types.	All fire safety remedial actions are completed to schedule. Evidence resident engagement and how understanding of fire safety has been enhanced.

THEME: people to live well

SCH recognises that its role is broader than simply as a provider of housing, and that it is well-placed to help local residents tackle health and wellbeing, financial, and employment issues. SCH works in partnership with Solihull Council and other stakeholders to provide joined-up support services that will alleviate some of the challenges and pressures faced by its residents.

What will we do?

How will we know it's been achieved?

Ensure customers are connected to relevant information, advice and support.

Ensure the effective use of data and contact with people to identify and support their needs.
Develop and implement an internal campaign, which challenges and supports employees to identify vulnerable people who need support.

Support people to live independently for longer.

Implement an integrated service offer, using technology and property adaptations or alternative housing options to improve customers' options.

Tackle homelessness and rough sleeping by supporting the council's new strategy.

Reduced reliance on budget hotels and nightly rate providers, achieved through joint working with the Council.
Early intervention offering quality advice and assistance, resulting in reduced approaches.

Sustain tenancies by supporting those most at risk.

Work with customers to maximise their income and identify up to £2m of unclaimed benefits.
Provide access to mental health support and advice, signposting to specialist teams.

THEME: delivering safer neighbourhoods

SCH's role is not just to provide accessible, affordable housing solutions but to work collaboratively with local people and organisations to enhance their neighbourhoods. This priority is reflected in the new Tenant Satisfaction Measure, assessing whether a landlord makes a positive contribution to the local area. A core component of this is tackling anti-social behaviour, domestic abuse and other safeguarding challenges, ensuring residents feel and are safe.

What will we do?

How will we know it's been achieved?

Strengthen SCH's support for those experiencing domestic abuse.

Achieve accreditation under the Domestic Abuse Housing Alliance by March 2025.
Reduction in the number of SCH tenants who are presenting as homeless because of domestic abuse.

Ensure tenants are able to inform the development of new facilities and services in Kingshurst.

Inform the development of the wider community governance model, Hub Advisory Group and Hub operating model.

Improve residents' experience in their neighbourhoods.

Implement a dedicated ASB team and improve residents' perception of SCH's interventions (TP11 and TP12).
Reductions in and changes to persistent ASB hotspots in neighbourhoods, through multi-agency working.
Appropriate action taken against perpetrators of ASB in neighbourhoods.

Improve the quality of communal area cleaning.

Residents report improved satisfaction (TP10).
Monitoring complaints about communal areas.

Improve access to housing and homelessness advice and support for local people.

SCH to have a weekly presence in each new Family Hub opened by the council.

THEME: investing in new and existing homes

Demand for homes continues to significantly exceed supply. SCH and the Council are committed to growing the available stock but also improving the quality of existing homes. A key element of this is to enhance the sustainability of those properties by improving efficiency.

What will we do?

How will we know it's been achieved?

Ensure consistent high standards of accommodation for residents.

All homes to meet existing Decent Homes standards.
Develop an implementation plan to meet Decent Homes 2 when available.

Proactively tackle damp and mould.

Respond to and address all reports of damp and mould within new legislative timescales.

Develop new net zero homes in Kingshurst.

Development of new 25 net zero homes to be delivered.

Enhance SCH's understanding of stock condition to inform improvement priorities.

Complete stock condition surveys for 80% of homes, including a representative spread of archetypes.

Improve the repairs service for customers.

Maintain high levels of performance:

- Satisfaction with repairs (TP02).
- Time taken to complete last repair (TP03).
- Repairs completed right first visit (AM7).

Improve the energy efficiency of properties.

Complete energy improvement measures to around 100 homes as part of Social Housing Decarb Fund wave 2/3.
Engage with emerging opportunities to invest in the stock through ECO and HUG2.
Reduce overall stock carbon emissions by circa 150 tonnes.
No SCH stock to have an EPC rating lower than EPC D.

Grow the net zero housing stock.

Lakeside (28 homes) – secure contractor for the development.
Middlewood House (20 homes) – secure planning permission.
Dalesford Rd/Camden Green (17 homes) – secure planning permission.

Grow the housing stock through acquisitions and investment in long-term voids to bring them back into use.

Delivery of Local Authority Housing Fund 3.

Make best use of redundant garage sites for new homes or green infrastructure.

Agreement and implementation of a small sites policy with the Council to ensure redundant garage sites are being brought back into use in some capacity.

8. Enablers for 2024/25

SCH's ability to deliver against the themes and priorities set out on the preceding pages is dependent on its ability to evolve as a strong, flexible and well-equipped organisation. The three enablers set out below identify key areas for development growth in the next year, focusing on our people, on customer engagement, and on core systems and business approach.

ENABLER: engagement

Listening to the voice of our customers, so they can shape and improve service, with particular regard to understanding the experience of minority customer groups.

What will we do?

How will we know it's been achieved?

Improve SCH's understanding of the customer experience for minority groups.

Analysis of customer experience by protected characteristic with associated initiatives to improve the inclusion of these groups and the accessibility of services.

Benchmark SCH's performance nationally.

Use TSM data to develop initiatives that improve the customer experience.

Respond proactively to customer scrutiny.

Develop and implement improvement plans arising from SCHape Panel reviews.

Create opportunities for customers to shape SCH's priorities.

Feedback from the tenant conference shapes Delivery Plan priorities for 2025/26.

Ensure tenant representation at Board level.

Recruit two new tenant Board members.

Develop a better understanding of who lives in SCH properties and their needs.

Significant improvement in the demographic, EDI and household information held.

ENABLER: how we work

Delivering efficient, customer-focused, value-for-money services, proactively adopting digital technology to enhance customer interactions, whilst using reliable data to drive evidence-led service improvement.

What will we do?

How will we know it's been achieved?

Promote a culture that is caring, considerate and understanding of the needs of our customers.

Through monitoring the feedback of customers, as well as our partners. TSM: landlord treats me fairly and with respect (TP08). Implement first year of customer experience roadmap.

Improve digital access for those customers wishing to self-serve.

Implement OneSCH customer relationship management system, including a new customer portal.

Streamline delivery of services to improve the customer experience.

Use OneSCH system to identify efficiencies in working practices that yield savings.

Improve the quality and use of data to enhance service delivery.

Improved data maturity scores. Implementation of Data Governance Board.

Improve the customer experience at first point of contact.

Increased collaborative working between SCH and Solihull Connect leads to improved customer satisfaction (TP1 and contact centre transactional survey).

Ensure there is a face-to-face service offer for vulnerable customers.

Provision of information, advice and points of contact in Connect and Family Hubs, as well as in customers' homes.

ENABLER: who we are

Cultivating a great place to work, where a collaborative team feels supported, valued, empowered and motivated, equipped with the tools to deliver excellent services.

What will we do?

How will we know it's been achieved?

Improve employment opportunities with SCH for local people.

Develop an apprenticeship pathway as the preferred route for recruitment.

Invest in staff development.

Develop and deliver an organisational training plan that meets the needs of the professionalisation agenda.

Enhance inclusivity in the workplace.

Embed the Staff Equalities Network and enable it to deliver diversity and inclusion initiatives.

Record a baseline of staff satisfaction against protected characteristics.

Improve staff wellbeing.

Staff report improved wellbeing through the staff survey.

Reduced sickness absence.

Invest in recruitment and pathways to employment.

Reduction in vacancies against critical posts (e.g. building safety).

Reduction in agency expenditure.



9. Key performance indicators

The SCH Board uses a range of key performance indicators, which are also shared with the Council, to enable it to monitor performance. These are underpinned by a larger number of operational indicators, used by managers to understand and address performance issues, and drive service improvement. The Social Housing Regulation Bill sets out measures to enhance customer engagement principles, providing for stronger regulation and improved training requirements for housing staff. SCH is well-positioned to respond to the new national Tenant Satisfaction Measures (TSMs), which are already built-in to its performance monitoring arrangements, with first formal reporting to the Regulator to commence in mid-2024.

Description	Current Target	Sector benchmark (if available)	2023/24 mid-year performance	New target	Rationale
Stage 1 complaints per 1,000 properties	n/a	12.36	22.63	n/a	TSM
Stage 2 complaints per 1,000 properties	n/a	1.22	1.73	n/a	TSM
Stage 1 complaints resolved in timescale	92%	96.3%	69.96%	85%	TSM
Stage 2 complaints resolved in timescale	92%	100.0%	92.86%	94%	TSM
ASB cases per 1,000 properties (all)	n/a	8.88	19.59	n/a	TSM
ASB cases per 1,000 properties (hate crime)	n/a	0.06	0	n/a	TSM
Homes that do not meet the Decent Homes Standard	0%	0%	0.83%	0%	TSM
Repairs completed within target timescale (emergency)	85%	99%	99.02%	97.5%	TSM
Repairs completed within target timescale (non-emergency)	85%	92.90%	94.72%	93%	TSM
Percentage of properties with valid gas certificate	100%	100.00%	99.88%	100%	TSM
Percentage non-domestic assets covered by a valid FRA	100%	100.00%	100.00%	100%	TSM
Percentage known asbestos locations re-inspected within benchmarked period (communal areas)	100%	100.00%	100.00%	100%	TSM
Percentage of relevant water installations covered by a risk assessment	100%	100.00%	100.00%	100%	TSM
Percentage communal passenger lifts that require a thorough examinations (LOLER)	100%	100.00%	100.00%	100%	TSM
Overall satisfaction with services provided by SCH	80%	79.2%	80.35%	80%	TSM
Satisfaction: repair in the last 12 months	80%	80.0%	79.90%	80%	TSM

Description	Current Target	Sector benchmark (if available)	2023/24 mid-year performance	New target	Rationale
Satisfaction: time taken to complete the last repair	75%	76.3%	75.98%	76%	TSM
Satisfaction: home is well maintained	75%	80.0%	77.62%	80%	TSM
Satisfaction: home is safe	80%	85.6%	80.50%	86%	TSM
Satisfaction: landlord listens to and acts upon tenants' views	73%	69.4%	68.56%	70%	TSM
Satisfaction: landlord keeps you informed about things that matter to you	80%	78.8%	74.29%	79%	TSM
Satisfaction: landlord treats me fairly and with respect	85%	84.6%	84.06%	85%	TSM
Satisfaction: approach to handling complaints	60%	42.0%	38.55%	42%	TSM
Satisfaction: landlord keeps communal areas clean and safe	60%	72.4%	60.47%	66%	TSM
Satisfaction: SCH makes a positive contribution to neighbourhood	75%	74.0%	77.18%	74%	TSM
Satisfaction: approach to handling ASB	60%	64.0%	58.02%	60%	TSM
Percentage domestic properties with a satisfactory Electrical Installation Condition Report	100%	92.75%	98.98%	100%	Building safety
Damp and mould live cases as % of stock	n/a	n/a	n/a	TBC	Proposed by Housemark
Average days to fix damp and mould issues	n/a	n/a	n/a	TBC	Proposed by Housemark
Fire remedial actions (all) completed within target timescale	n/a	n/a	n/a	TBC	Building safety
Percentage of rent loss due to voids	1.35%	1.99	1.1%	1.35%	KPI
Current tenant arrears as % of rent debit	3.95%	n/a	4.41%	3.95%	KPI
Average stay in temporary accommodation (all) - days	80	n/a	80	80	KPI
Average stay in budget hotels (families with children) - days	15	n/a	30	15	KPI
Percentage of homeless approaches where prevention or relief achieved	60.0%	n/a	63.4%	60%	KPI
Customer satisfaction (disabled facilities grants)	90.0%	n/a	98.3%	94%	KPI
Overall satisfaction (transactional)	87.0%	n/a	85.2%	87%	KPI
Contact centre speed of answer	210 secs	n/a	183 secs	210 secs	KPI

Get in Touch

Join us on social media:

 facebook.com/solihullcommunityhousing

 [@solihullhousing](https://twitter.com/solihullhousing)

 [solihullcommunityhousing](https://instagram.com/solihullcommunityhousing)

 [Solihull Community Housing](https://www.youtube.com/SolihullCommunityHousing)

Freepost RLSS-UEBA-RTUZ
Solihull Community Housing
Endeavour House
Meriden Drive
Solihull B37 6BX

Phone: 0121 717 1515

Typetalk: 18001 0121 717 1515

Text: 07781 474 722

Website: www.solihullcommunityhousing.org.uk



This page is intentionally left blank

Meeting of the Board



Report title: Health and Safety Quarterly Report: Oct - Dec 2023 (Quarter 3)

Meeting date: 19 February 2024

Report from: Mark Wills SMBC Health, Safety & Risk Manager

Report author/ Dan Dalton SMBC Senior Health and Safety Advisor

lead officer: 07467688389 dan.dalton@solihull.gov.uk

Report type: Open

Decision type: Assurance ~~Approval~~ Information

1. Report overview/purpose

- 1.1. The purpose of this report is to provide SCH Executive Leadership Team (ELT) and 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 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 Service (HSRS) role is to provide health and safety competent assistance, advice and guidance to help the SCH Leadership Team to fulfil their health and safety responsibilities.

2. Recommendations

The Board is recommended to:

- (i) **NOTE the contents of this report.**
- (ii) **NOTE Appendix 1 - Legislative update.**
- (iii) **NOTE Appendix 2 - Accident/Incident Reporting Analysis Q3 2023/24.**

3. Background/context

The SCH Board holds ELT accountable for the effective management of health and safety. Quarterly health and safety performance reports assist with this by providing key information on how SCH are managing health and safety for employees, agency staff and contractors, and residents. Key areas for measuring health and safety performance include accident and incident reporting data, audits, inspections and levels of training and risk assessments completed.

4. Matters for consideration

4.1 **Regulatory Interventions:** There were no Health and Safety Executive (HSE) visits made to SCH at the time of writing this report or any regulatory interventions this quarter.

4.2 **Legislative/Guidance Updates:** A legislative update has been provided in Appendix 1.

4.3 **Building Safety Compliance:** A number of health and safety working groups and committees are in place to oversee building safety compliance in SCH. This includes the Building and Resident Safety Group and Capital Project Board (Officers) and the Building Safety Committee (Board Members). SMBC also have a separate Building Safety Assurance Board in place which is led by the Director of Economy and Infrastructure who fulfils the role requirements of the Principal Accountable Person role under the Building Safety Act (on behalf of the Council as the overall accountable body).

4.4 The Head of Building Safety in SCH produces a building safety performance and assurance report to provide an update on compliance actions and adherence to the Building Safety Act (including secondary legislation being introduced).

4.5 **Health, Safety & Risk Service (HSRS) – SMBC:** The SMBC Health, Safety and Risk Service continue to provide professional health and safety support to SCH. The two principal contacts are Mark Wills, Health, Safety and Risk Manager, and Dan Dalton, Senior Health and Safety Advisor. Operational support is also provided, where required, by Bruce Joubert and Sharon McDermott, Health and Safety Advisors.

4.6 The support provided by HSRS includes:

- Providing professional health and safety competent advice
- Assisting with and reviewing risk assessments, policies and other documents.
- Attending site meetings following identification of potential health and safety issues
- Face-to-face drop-in sessions and briefings

- Support with assigned health and safety actions arising from the occupational health and safety plan, audits, accident investigations or ad-hoc.
- Attending and contributing to health and safety related meetings at all levels, both internal and external.
- Monitoring incident and accident investigations
- Carrying out health and safety inspections and audits.
- Developing and delivering training.

- 4.7 **Occupational Health and Safety Management Audits:** In Quarter 3, there were 3 audits conducted including Responsive Repairs, Facilities and Community Safety. The audits are in the final stages and the reports are likely to be drafted by the end of January/start of February. Early indications show that all three areas audited are generally satisfactory, however, require improvement in some areas. HSRS will provide support with the actions.
- 4.8 **Escalation process:** Issues and concerns raised from the relevant health and safety groups have a formal escalation process to the ELT Safety Leadership group.
- 4.9 **Accident/Incident Reporting Analysis Q3 2023/24:** The generic term incidents include all accidents, abuse, near misses, fire and any other health and safety related incident reported on the online reporting system, Assure.
- 4.10 Quarter 3 2023/24 saw a lower number of incidents reported compared to the previous quarter, 17 compared to 22. Both tenant related incidents and employee/other reported incidents were lower.
- 4.11 There were 2 RIDDOR reportable incidents. One involved a tenant treading on a screw as a result of a discarded piece of timber following fence repair works by SCH. The accident was deemed RIDDOR reportable as the tenant went immediately to hospital for treatment. The other incident involved an employee who reported he injured his shoulder whilst using a drill to complete ceiling works. The employee is no longer working for SCH and details about the incident need further investigation.
- 4.12 There were 7 reported incidents involving staff/agency/contractors/others. 6 of the 7 incidents involved employees and the other was a member of the public. 1 of the 7 incidents was work-related and it was deemed that further preventative action could have been taken to help prevent the incident. This incident was a near miss and involved a member of the public (ambulance worker) attending Saxon Court who tripped on a raised slab. No injury was sustained. Out of the 7 incidents involving staff/agency workers/contractors, there were 3 accidents, 2 near misses and 2 reports of verbal abuse/intimidation. As with the previous quarter, it was positive to see near miss incidents being reported following previous communications and this should continue to be encouraged by the management team.

- 4.13 All tenant incidents reported to SCH are recorded on the corporate online reporting system. This can mean that not all incidents reported involved a fault or were in connection with SCH's work activities. Complex incidents often need investigating to establish the root cause or to determine if the incident occurred at all. Further information is included in the accompanying appendices.
- 4.14 There were 10 tenant reported incidents this quarter, a lower figure than the previous quarter, which is encouraging. There were 9 accidents and 1 near miss. The incident recorded as a near miss involved capping to a high-rise block coming loose due to wind and falling to the ground below. Inspections were subsequently carried out of this block and others.
- 4.15 Out of the 10 tenant reported incidents this quarter, 4 incidents were deemed to be work related, as the condition of the premises where the incident happened was a result of a SCH work-related activity.
- 4.16 6 of the 10 tenant reported incidents do not appear to be a direct result of SCH work activity, including slips, trips and fall incidents, a tenant being struck by a falling kitchen drawer and a tenant being struck by a falling tree branch.
- 4.17 A full breakdown of incidents is attached in Appendix 2.

5. Supporting the SCH Delivery Plan

- 5.1 Improving health and safety compliance within SCH helps ensure staff and residents are safer and morale is improved, legal action is avoided and adverse financial implications are reduced. This enables individuals and SCH as an organisation to be more resilient and fulfil the goals of the Delivery Plan.

6. Consultation and engagement

- 6.1 This is an update report and therefore consultation is not appropriate with customers. Stakeholders are consulted regularly at scheduled SCH Health and Safety meetings at all levels and this helps shape the content and direction of this report.

7. Financial implications

- 7.1 Failure to comply with Health and Safety legislation can be costly. Direct costs include calculable costs arising from accidents or enforcement action e.g. sick pay, repairs, fines and legal fees, and indirect costs include lost time, distraction costs, reduction in productivity.

8. Legal implications

- 8.1 The Health and Safety at Work, etc. Act 1974 and regulations made under it ensure that organisations who are not compliant can face preventive, punitive and compensatory actions. This can be through criminal or civil courts, or both.

9. Risk implication

- 9.1 SCH have a risk management system which includes corporate and operational level risks, including health and safety risks. Action is taken where necessary, which along with current good practice will reduce risk in terms of safety, legal and financial.

10. Equalities implications

- 10.1 Equality and diversity are routinely considered by SCH when dealing with health and safety issues, for example when assessing suitable storage areas for mobility scooters.

11. List of appendices

Appendix 1 - Legislative/Guidance Updates

Appendix 2 - Incident/Accident/Near Miss Reporting Analysis Quarter 3 2023/24
October – December 2023.

12. Background documents

N/A

This page is intentionally left blank

Legislative / Guidance Updates – January 2024

1. **Becoming a registered building inspector or approver**

- 1.1. The registration service for building control inspectors and approvers has opened.
- 1.2. From April 2024 registration will become mandatory for anyone undertaking any type of building control work in England. After this date, if you are not registered it is a criminal offence to work as a building inspector.
- 1.3. Registered building inspectors carry out regulated building control activities, which are:
 - Assessing plans
 - inspections
 - giving advice to building control bodies that carry out regulated functions.
- 1.4. As part of the process, building inspectors will be assessed as being Class 1, 2, 3 or 4. To apply to register as a class 2, 3 or 4 Building Inspector, you will need to complete an independent competency assessment. If you apply to register without being assessed, you will be registered as a class 1 building inspector and can only work under supervision. As part of the assessment, individuals need to submit a portfolio of their work and pass an exam or an interview. Re-assessment is required at least every 4 years.
- 1.5. Information on the registration classes and building categories can be found at [Registered building inspectors - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/registered-building-inspectors).

2. **Building Safety Regulator (BSR) Enforcement Policy Statement**

- 2.1. The BSR have published an Enforcement Policy Statement, which describes the regulatory functions and enforcement approach of the BSR, which is a part of the Health and Safety Executive (HSE). The policy should be followed by all enforcement officers at BSR.
- 2.2. The statement outlines key principles that should be applied to enforcement:

- Proportionality
 - targeting of enforcement action
 - consistency of approach
 - transparency
 - accountability for actions.
- 2.3. The policy statements includes a separate section on regulating the building control profession.
- 2.4. The Enforcement Policy Statement can be found at [Building Safety Regulator Enforcement Policy Statement \(hse.gov.uk\)](https://www.hse.gov.uk/enforcement-policy-statement/).
- 2.5. In addition to the BSR Enforcement Policy Statement, there is a pre-existing overarching HSE enforcement policy statement [HSE - Enforcement policy statement](https://www.hse.gov.uk/enforcement-policy-statement/).

3. Gove announces two-and-a-half-year transition for second staircases

- 3.1. Developers will have a transitional period of two-and-a-half years before they have to put a second staircase into buildings that are 18 metres or taller, the housing secretary has announced.
- 3.2. This period will begin from the date the government publishes and confirms the changes to Approved Document B – the government’s building guidance covering fire safety.
- 3.3. In July, Mr Gove confirmed that the government will impose a requirement for second staircases on all new buildings that are 18 metres or taller, lowered from the 30 metres proposed when the initial consultation on the policy launched.
- 3.4. Further information can be found at [Inside Housing - News - Gove announces 30-month transition for second staircases](https://www.insidehousing.co.uk/news/gove-announces-30-month-transition-for-second-staircases/).

4. Lewisham Homes transfers back into Lewisham Council

- 4.1. In October 2023, Lewisham Council formally took over responsibility for managing and maintaining more than 19,000 homes across the borough,

following the transfer of staff and services from former ALMO, Lewisham Homes.

- 4.2. The move follows a survey of residents, in which 71% of respondents said they supported the proposal, 6% disagreed and 23% said they didn't know.
- 4.3. The Mayor had previously requested that the Council review its management agreement with Lewisham Homes and consider whether, in light of the changing legislative and regulatory environment, these management arrangements still best meet the needs of Lewisham Homes tenants and leaseholders. It is understood that the review was requested following councillors' concerns about how the ALMO was dealing with repairs.
- 4.4. In December, following the transfer in October, Lewisham Council referred itself to the Regulator of Social Housing, and asked if the homes it manages meet the minimum standard required. This decision was taken following concerns about the condition of its housing stock. [Lewisham Council refers itself to social housing watchdog - BBC News](#).

This page is intentionally left blank



Solihull
Community Housing
Shaping our neighbourhoods

Incident/Accident/Near Miss Reporting Statistics

**Quarter 3 2023/24
October – December 2023**

The following statistics include:

- Work related incidents to employees, agency staff and others.
- Resident safety - Incidents reported by residents.

Introduction

An incident 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.

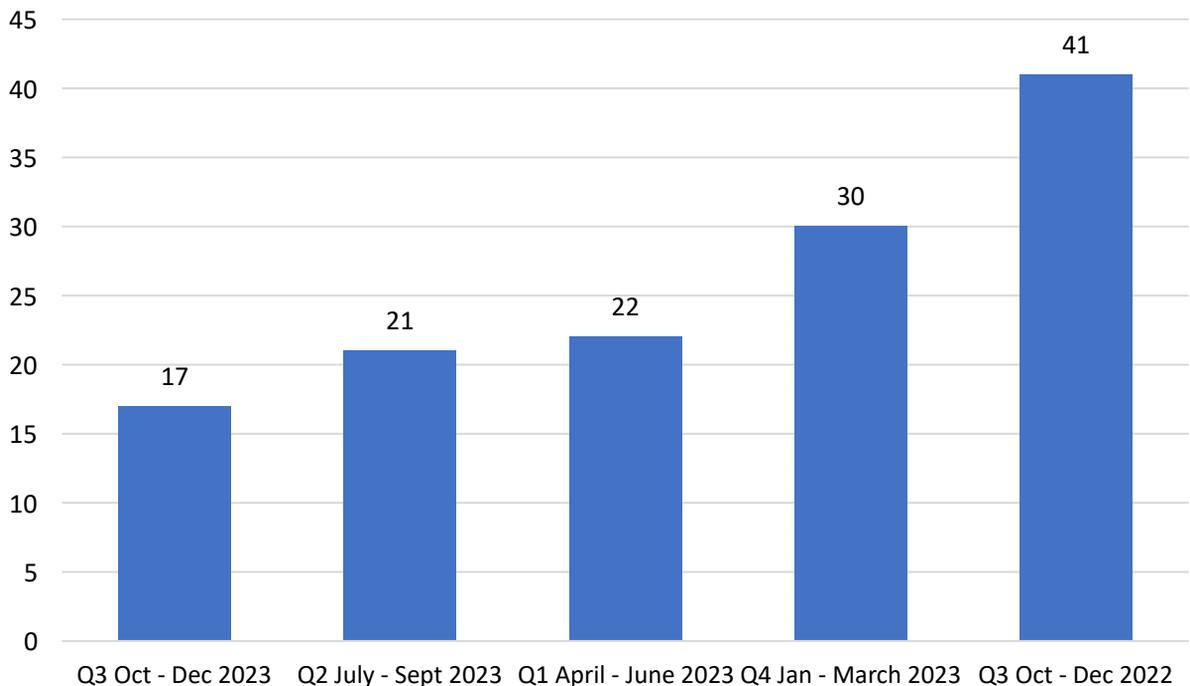
Certain types of incident are reportable to the Health and Safety Executive (HSE) under the **Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)**.

Incidents is a collective term and are categorised into 6 categories, see table below:

Type of Incident Recorded	Definition of Incident
Accidents	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Specified Diagnosed Occupational Diseases (Reportable under RIDDOR) contracted directly through work related activities.
Fire or Property Related Incidents	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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

Total Number of Incidents Per Quarter
(Staff and Residents)



Headlines Q3 2023/24:

- There was a total of 17 incidents reported this quarter, a slightly lower figure to the previous quarter and significantly lower than Q3 2022/23.
- 7 incidents involved employees, agency staff and others.
 - 3 accidents
 - 2 Abuse/Threat/Violent Incidents
 - 2 Near misses
- 10 incidents were reported by tenants, lower than the previous quarter and significantly lower than Q3 2022/23. 9 were accidents and 1 a near miss.
- 4 of the 10 tenant related incidents were deemed to be work related and that further preventative action could have been taken to help prevent these.
- 6 of the 7 employee/agency/other incidents were work related and it was deemed that SCH could have done more to prevent 2 of these.
- 2 of the incidents were deemed to be RIDDOR reportable. 1 incident involved a tenant and the other, an employee.



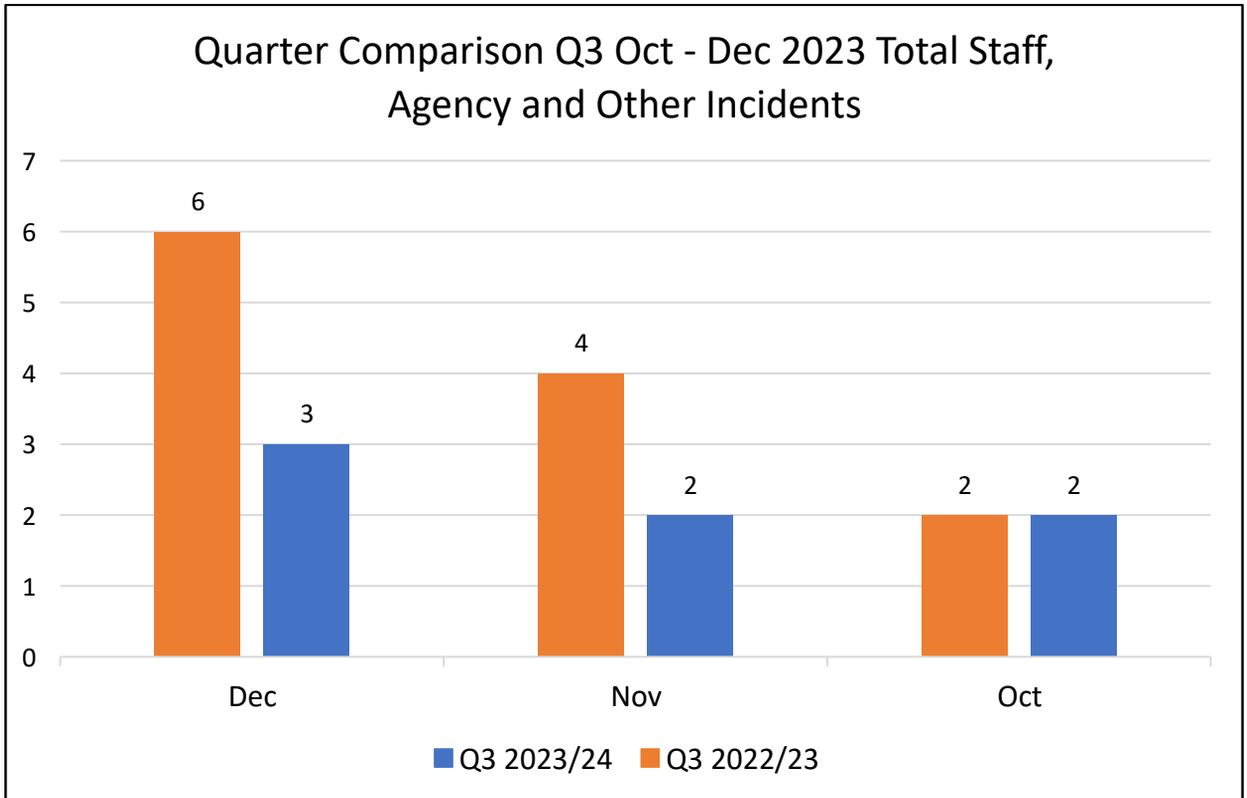
Solihull
Community Housing
Shaping our neighbourhoods

Occupational Health and Safety

**Incident Statistics for Employees, Agency Staff and
Others**

Quarter 3
October – December 2023

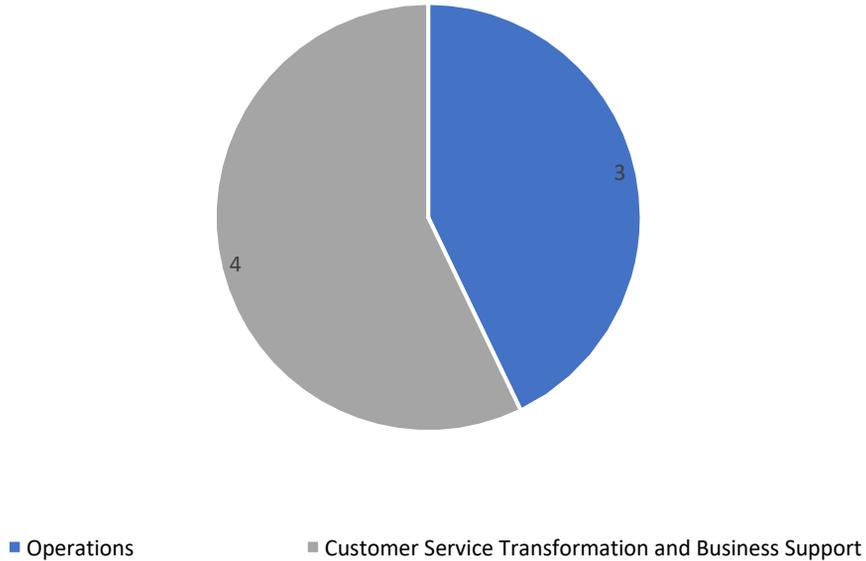
Rolling Total of Incidents



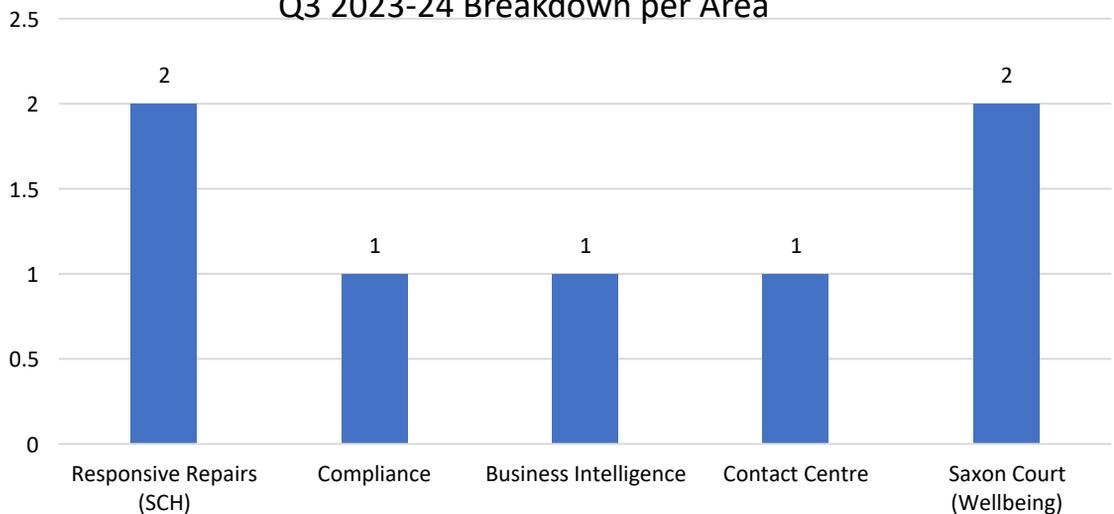
- The graph above compares this quarter with Q3 2022/2023

Employee/Agency and Other Incidents

Number of Incidents Per Service Area



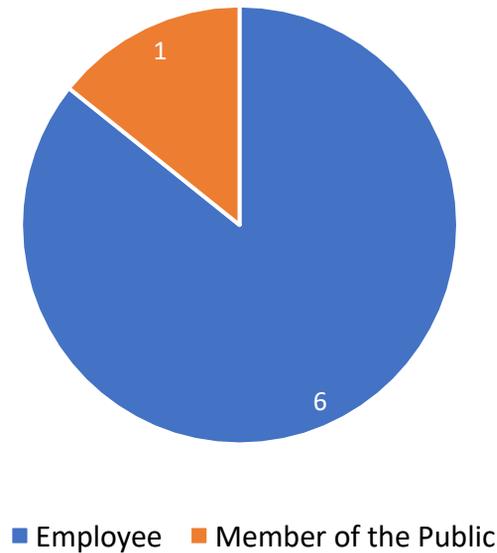
Q3 2023-24 Breakdown per Area



The above charts shows a breakdown of employee, agency staff and other incidents by Service Area/Team this Quarter. A total of 7.

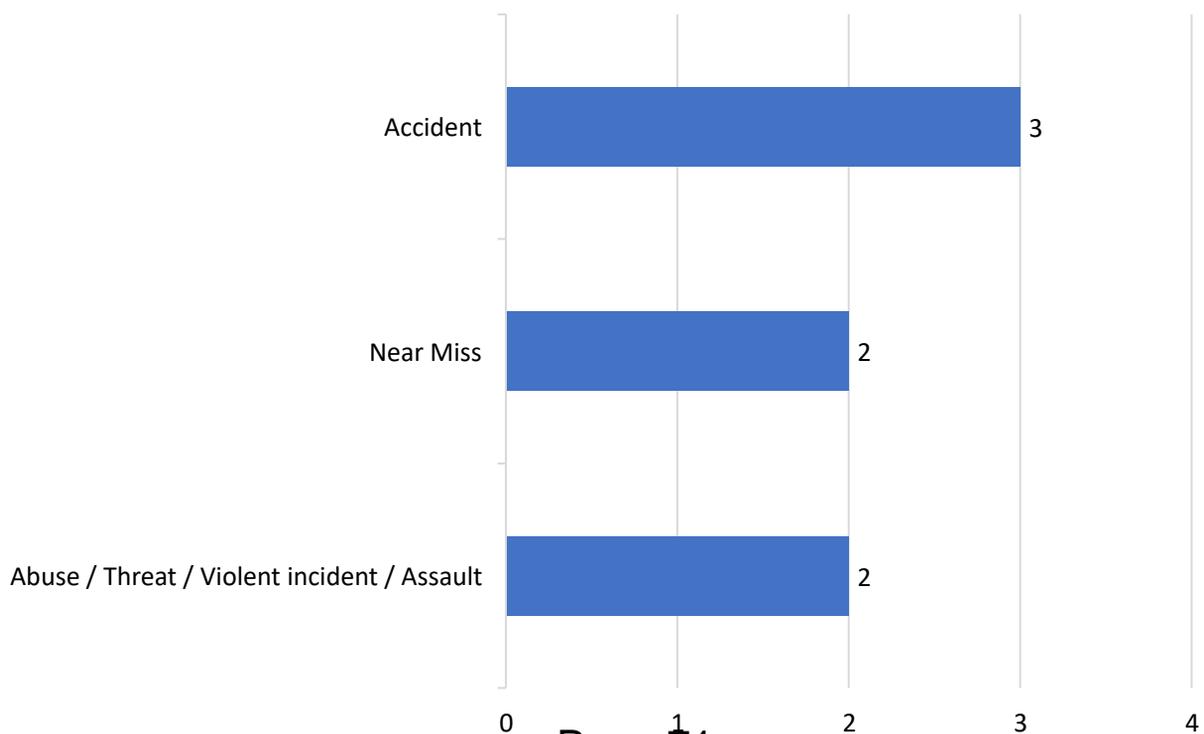
Person Involved and Type of Incident

Incidents per Person Involved



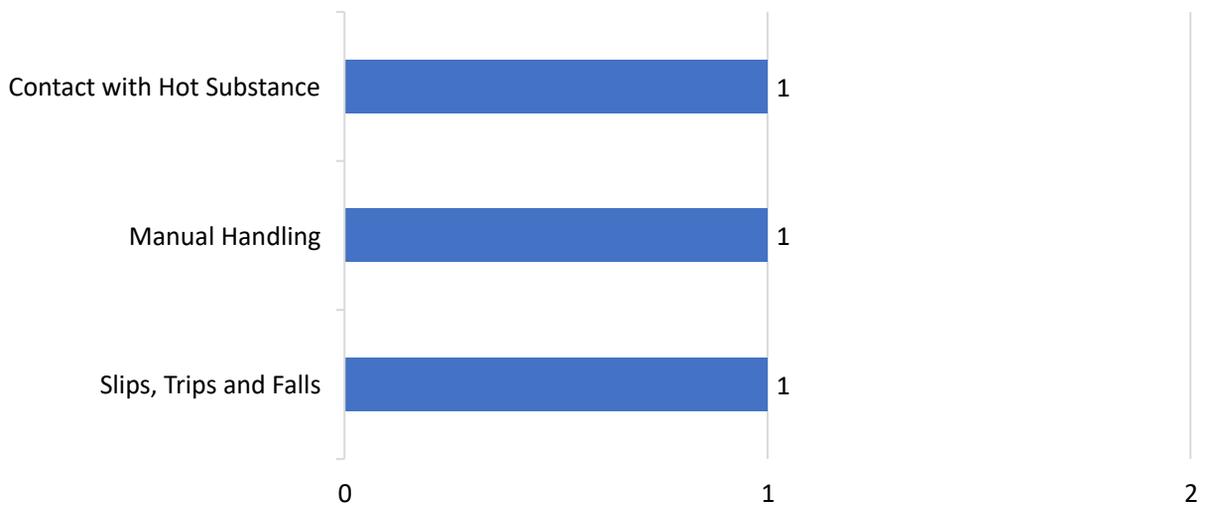
There were 7 incidents regarding employees, agency staff and contractors - 3 accidents, 2 abuse/threat/violent incident/assault and 2 near misses. One accident was RIDDOR reportable.

Reported Incident Type



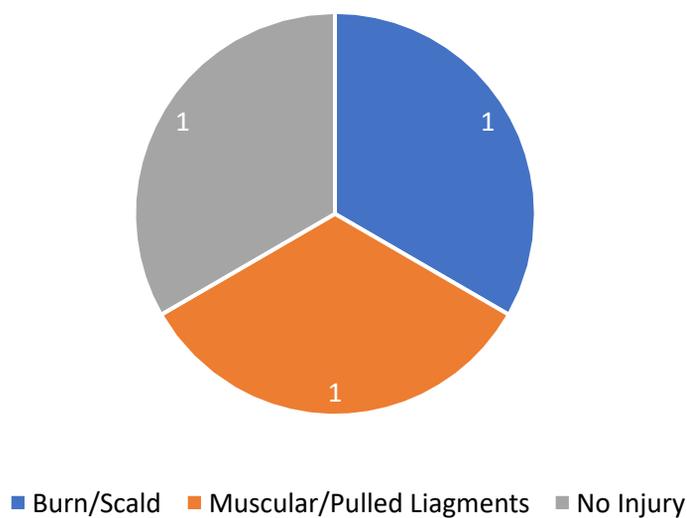
Employee/Agency/Other Accident and Injury Breakdown

Employee, Agency and Other Breakdown



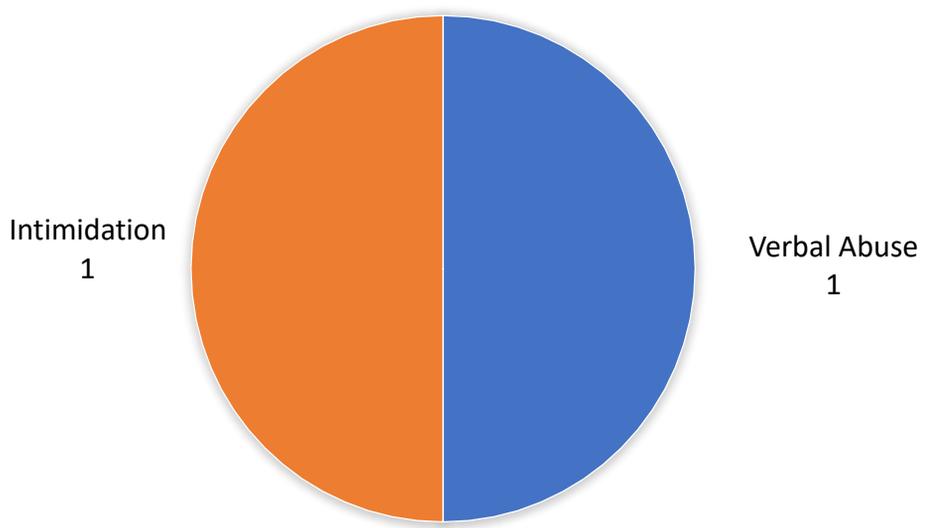
- The above chart shows a breakdown of employee/agency staff/contractor accidents by sub-category (a total of 3 accidents). Of the 3 accidents, all 3 involved an employee. The chart below shows these broken down by injury type.

Injury Type Breakdown



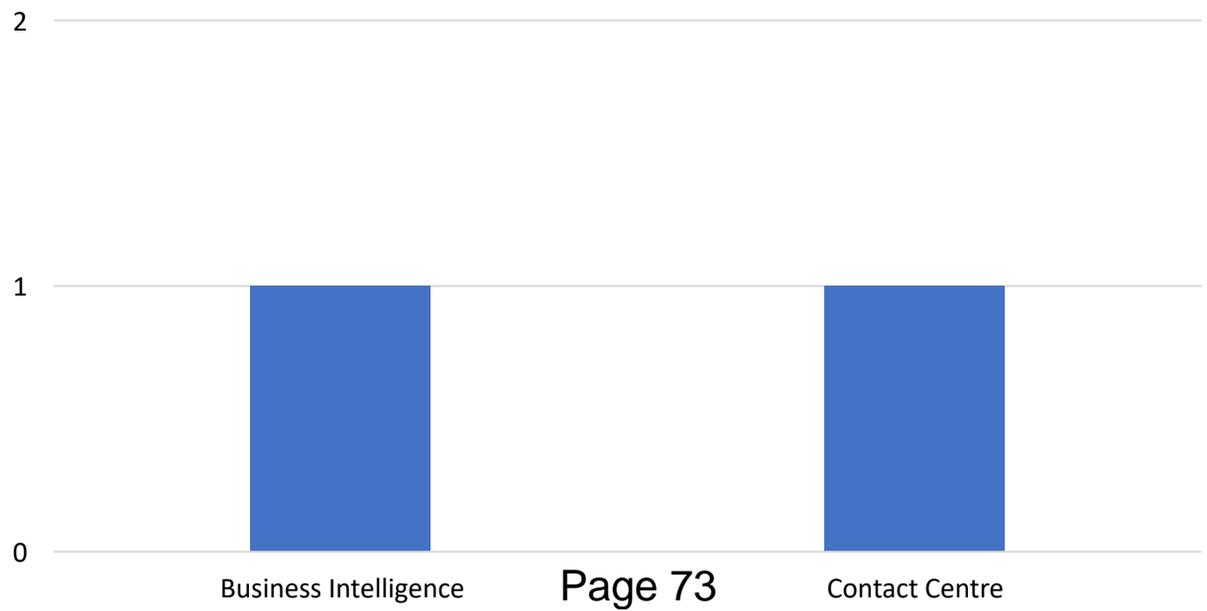
Employee/Agency Worker and Other Abuse/Threat/Violent Incident Breakdown

ABUSE/THREAT/VIOLENT INCIDENT BREAKDOWN



- The above chart shows a breakdown of abuse/threat/violent incidents (a total of 2).
- The chart below shows these broken down by Area.

Abuse / Threat / Violent Incident per Org Unit Breakdown



Employee, Agency Staff and Other Summary

Near Miss Reports

There were 2 reported near misses this quarter.

This continues a positive change following recent promotion to report near misses, including encouraging staff and residents to report more near misses to help prevent accidents by removing a potential cause before it can lead to an accident.

Abusive Incidents

There were 2 reported incidents of abusive/threatening behaviour this quarter to employees, 1 was verbal abuse and 1 was intimidation.

Accidents

There were 3 accidents reported this quarter. This is an expected level and shows that staff are reporting accidents, which is positive behaviour.

RIDDOR Reportable

There was 1 RIDDOR reportable incident involving an employee. The employee reported they injured their shoulder whilst using a drill to complete ceiling works. The employee is no longer working for SCH and details about the incident need further investigation.



Solihull
Community Housing
Shaping our neighbourhoods

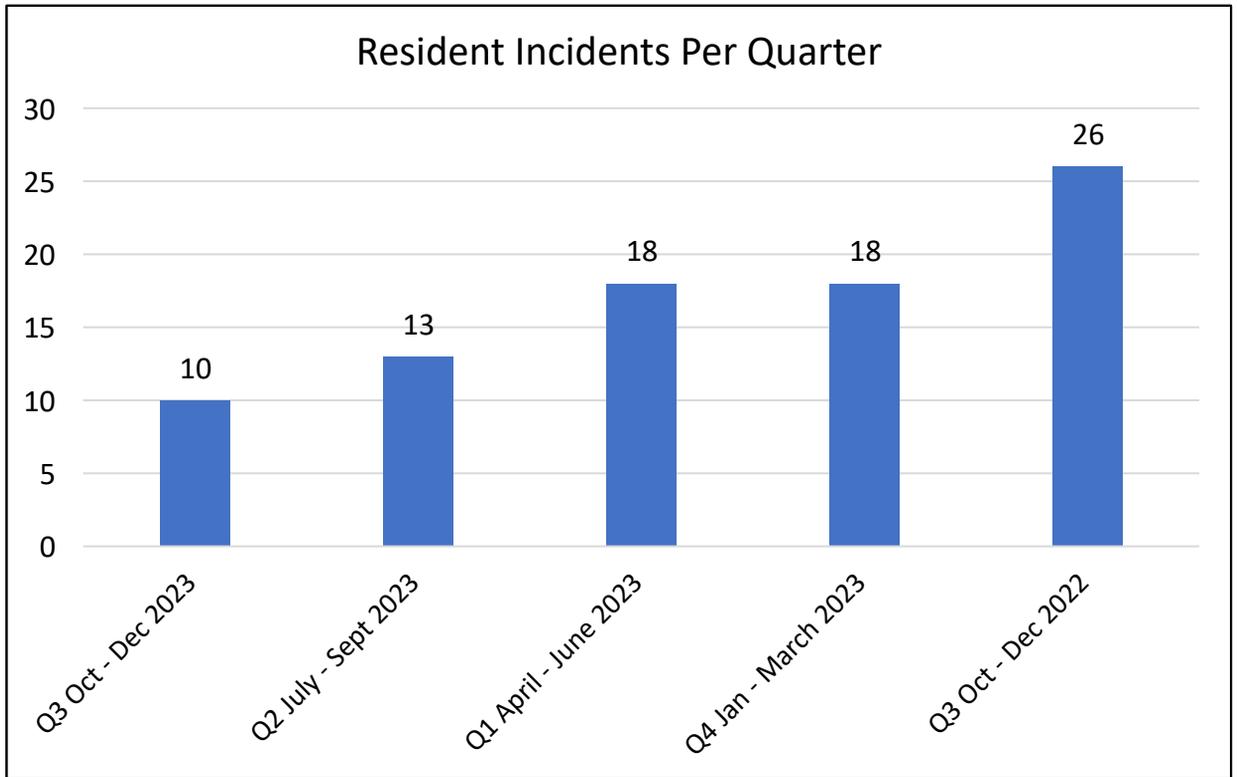
Building and Resident Safety

Incident Statistics Quarter 3 October – December 2023

This section details all incidents and near misses reported by tenants. Details are provided for all tenant reported incidents.

The data identifies incidents where a property defect or circumstance was the contributory factor to an injury or near miss and this was SCH responsibility to resolve and if the incident was work-related in some way.

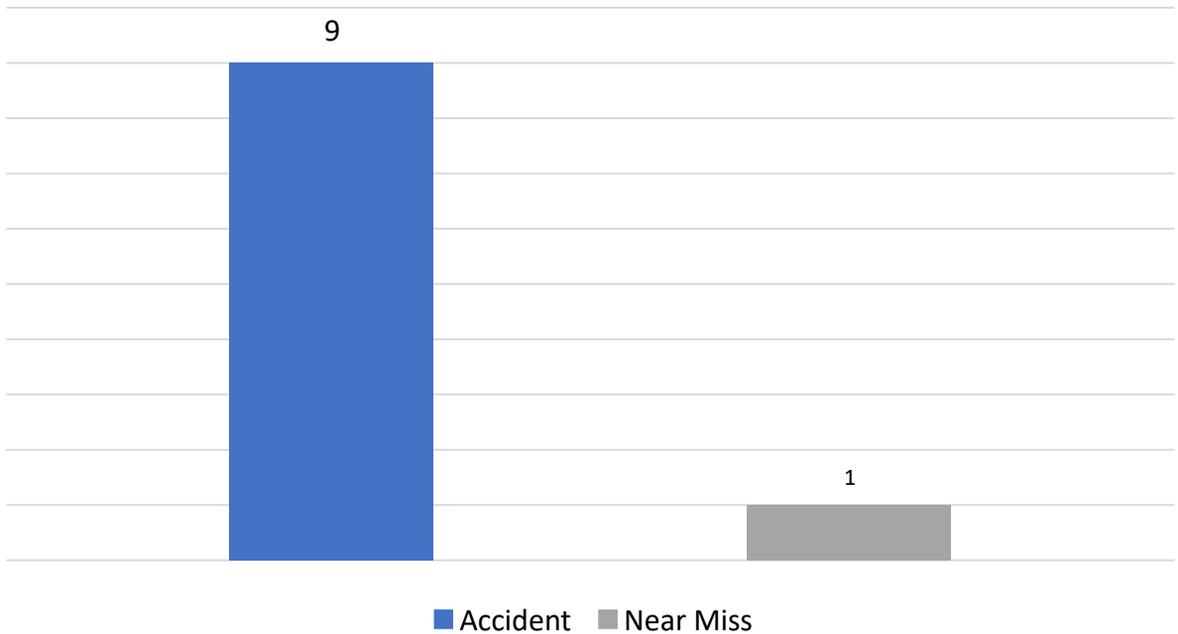
Resident Safety - Tenant Incidents



- Resident incidents reported per quarter.

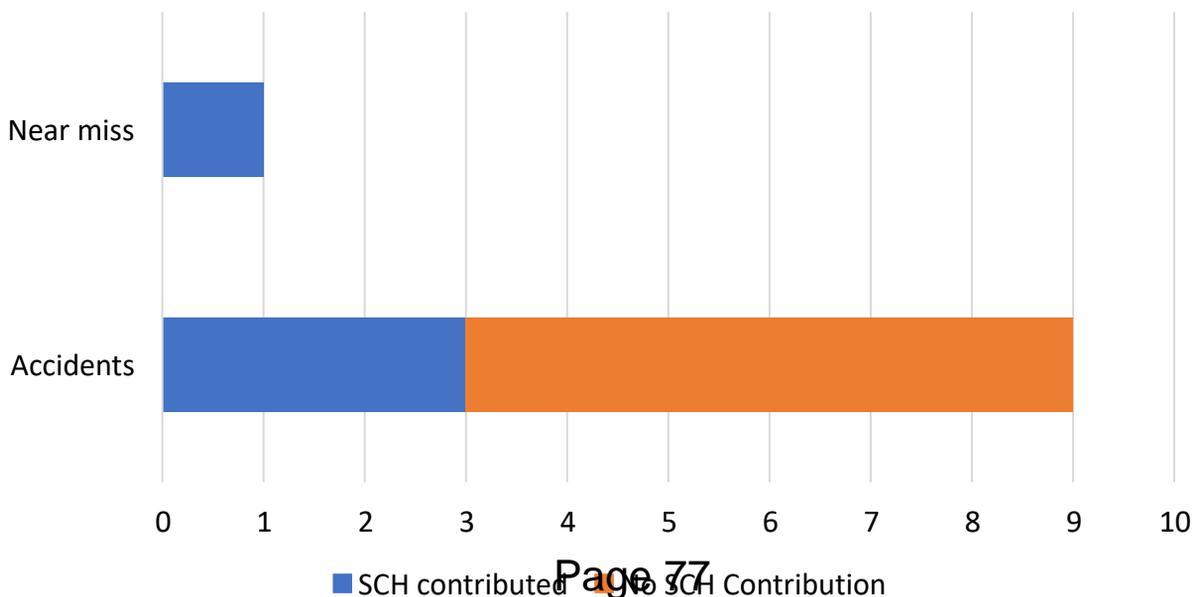
Resident Safety - Tenant Incidents

Resident Incident Breakdown By Type



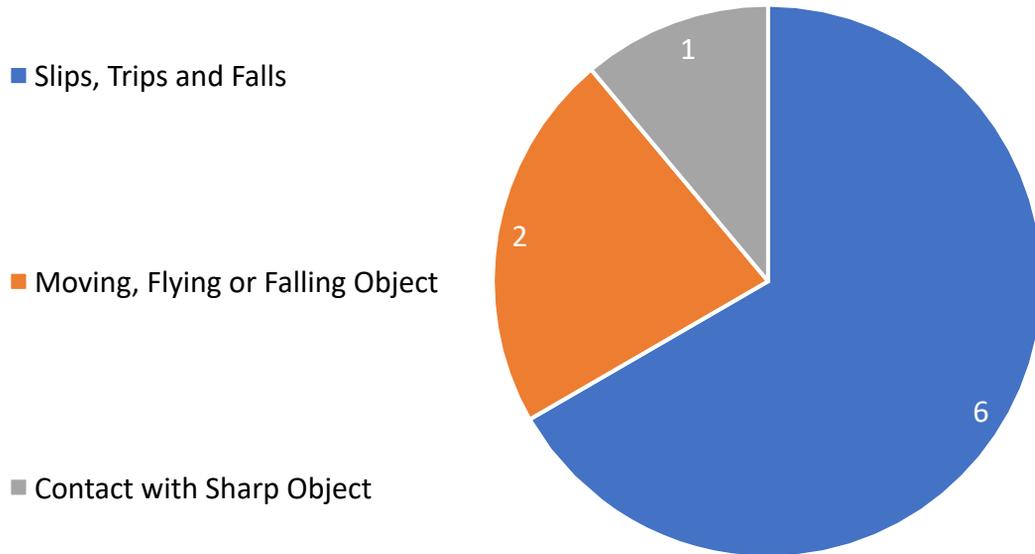
- There were 10 resident safety incidents this quarter, 9 of which were accidents and 1 was a near miss.
- There was 1 RIDDOR reportable incident this quarter, which was 1 of the 9 accidents.
- The graph below shows if the incident was caused in part by an SCH work activity.

Resident Incidents



Resident Safety - Tenant Incidents

Resident Accidents by Type



The graph above shows the accident cause, the majority being slips, trips and falls.

Resident Safety Summary Notes

Out of the 10 tenant incidents reported in Quarter 3 2023/24, 3 accidents and 1 near miss were deemed to be work related and that further preventative action could have been taken to help prevent these.

Near Miss Reports

- There was one near miss incident reported by a tenant during Quarter 3 2023/24. This involved capping to a high-rise block coming loose due to wind and falling to the ground below. Inspections were subsequently carried out of this block and others.
- Residents should continue to be encouraged to report near miss incidents as this can help prevent injuries by removing a potential cause before it can cause an accident.

Abusive Incidents

- There were no incidents of violence and abusive behaviour reported by tenants.

Tenant Accidents

Most tenant accidents this quarter continue to involve a slip, trip or fall of some description. 3 were the result of SCH work activity or failing to complete repairs.

RIDDOR Reportable

There was 1 incident reported under RIDDOR this quarter. This involved a tenant treading on a screw as a result of a discarded piece of timber following fence repair works by SCH. The accident was deemed RIDDOR reportable as the tenant went immediately to hospital for treatment.

Fire or Property Related Incidents

There were no reported fire related incidents reported.

Other incidents reported (not directly SCH work-related activity)

6 of the tenant incidents reported do not appear to involve a fault, or issue caused by SCH activity, including slips/trips/falls, being struck by a falling kitchen drawer and being struck by a tree branch.

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Meeting of the Board



Report title:	Data, Information and Knowledge Management Strategy		
Meeting date:	19 th February 2024		
Report from:	Becci Youlden – Head of Customer Experience		
Report author/ lead officer:	Katy Vincent 07787 286779	Business Intelligence Manager katyvincent@solihullcommunityhousing.org.uk	
Report type:	Confidential Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 This report outlines the contents and purpose of the proposed SCH Data, Knowledge and Information Strategy.

2. Recommendations

- 2.1 The Board is asked to:
 - (1) Review and approve the proposed strategy

3. Background

- 3.1 New legislation such as the Social Housing (Regulation) Bill 2023 and the Building Safety Act 2022 require landlords to have an unwavering commitment to data transparency and accountability.
- 3.2 The Social Housing Regulator has also implemented the new Tenant Satisfaction Measures, in addition to the existing regulatory returns. The first submission is required at the end of 2023/24, and to be compliant we need to ensure we have the ability to report in line with the technical requirements.
- 3.3 The recent Knowledge and Information Management spotlight report from the Ombudsman further emphasised the impact gaps in data and information had on service delivery and customer experience , in some cases leading to financial implications for both tenants and landlords.

- 3.4 Accurate data and record keeping is paramount in being able to respond accurately and efficiently to increasing numbers of complaints and Housing Ombudsman cases, and as evidenced in the report, the HOS see issues in the data and information available to assess in approximately two thirds of the cases they uphold.
- 3.5 The Information Commissioner's Office has also recently highlighted the importance of data protection law and the need for housing providers to have a solid understanding of this when delivering their services.
- 3.6 The importance of knowing our customer cannot be underestimated, as without having an accurate customer profile we cannot ensure that the services we are delivering meet the needs and wants of our customers. We need to ensure any data we do hold is up to date and relevant and is used to deliver great customer services.
- 3.7 Work has already been underway within SCH bolster data capabilities, and the creation of the Business Intelligence team is a key part of this.
- 3.8 With all of this in mind, we have developed our Data, Knowledge and Information Management Strategy – a roadmap aimed at leveraging the potential of data to benefit our residents, streamline our operations, and foster stronger communities whilst meeting our regulatory and legislative responsibilities.

4. Guiding Principles

- 4.1 Within the strategy we have set out our guiding principles, which have been developed to support the delivery of this strategy. They are:
- To support data-led, evidence-based decision making
 - To provide a single version of the truth of our data
 - To offer self-service and access to data as and when needed by all staff
 - To develop data confident people
 - To fully leverage existing systems and new digital technologies (e.g., AI)

5. Roadmap

- 5.1 This strategy is for five years, and four strategic themes have been agreed:
- Data management fundamentals
 - Data governance and quality
 - Using data to improve services
 - Fostering a data led culture

- 5.2 For each of these, objectives have been identified which have been grouped by their timescales for delivery creating short (1-12mths), medium (1-2yrs) and long-term (2-5yrs) goals.
- 5.3 An action plan for the short and medium term goals is detailed within the strategy and completion of these actions will see a significant improvement particularly in the maturity of SCH's data quality and data governance arrangements.

6. Supporting the SCH Delivery Plan

- 6.1 Supports the enabling theme *'How we work: delivering sustainable, value-for-money services, proactively adopting digital technology to enhance how customers interact with SCH, whilst using robust data to drive evidence-led service improvement'*.

7. Consultation and engagement

- 7.1 Housemark has reviewed the strategy and has agreed with the scope of the strategy, and provided updated target data maturity scores. Internally, workshop sessions were held with both ELT and SLT.

8. Financial implications

- 8.1 There are no specific cost implications arising from this report.

9. Legal implications

- 9.1 Accurate and timely data is required to meet our legislative and regulatory requirements.

10. Risk implications

- 10.1 Inaccurate data carries a number of risks, such as regulatory judgements for incorrect returns.

11. Equalities implications

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

12. Appendices

- A. SCH Data, Knowledge and Information Strategy

This page is intentionally left blank



Solihull
Community Housing
Shaping our neighbourhoods

Data, Information, and Knowledge Management Strategy

1. Introduction

The case for data, information, and knowledge management

The importance of data in SCH cannot be overstated. It guides our decision-making, provides insights into our performance, and serves as the driving force behind our service enhancements. It touches all colleagues within SCH, and it is essential that we all understand data is everyone's responsibility, regardless of role.

Now more than ever, it is crucial all providers of social housing consider data as one of their most valuable assets. New legislation such as the Social Housing (Regulation) Bill 2023 and the Building Safety Act 2022 will require landlords to have an unwavering commitment to data transparency and accountability. The Tenant Satisfaction Measures (TSM) were introduced by The Regulator of Social Housing (RSH), in addition to existing regulatory returns.

The Housing Ombudsman (HO) published their Knowledge and Information Management spotlight report, emphasising the impact gaps in data and information had on service delivery and customer service, which in some cases financially impacted both tenants and landlords.

The Information Commissioner's Office (ICO) recently highlighted the importance of data protection law and the need for housing providers to have a solid understanding of this when delivering their services.

All these regulatory and governing bodies are pointing towards one thing: the case for data, information, and knowledge management in ensuring we understand our customers, our properties, and our organisation's performance.

Here in lies the opportunity. By harnessing the potential of data, SCH can not only meet these regulatory demands but also:

- enhance the quality of our services
- ensure the safety of our tenants
- provide a tailored and high-quality customer experience

With this in mind, we have developed this strategy – a roadmap aimed at leveraging the potential of data to benefit our residents, streamline our operations, and foster stronger communities whilst meeting our regulatory and legislative responsibilities.

2. Current landscape at SCH

It is important to note that this is not a standing start for SCH. We are already aware of the importance of data within our organisation and as such some good progress has already been made.

Housemark provided strategic data support in 2022, and as part of this conducted a data maturity assessment, of which the headlines can be seen below.

Capability	Maturity	Score
Data Strategy	Emerging	1.3
Data Governance	Unaware	0.9
Data Architecture	Emerging	1.2
Data Engineering	Embedding	3.0
Data Operations	Establishing	2.8
Data Quality	Unaware	0.5
Analytics	Establishing	2.1
Performance Reporting	Emerging	1.8
Data Literacy	Emerging	1.1



They found that higher levels of maturity were evidenced in technology led areas such as data warehousing, report building and managing data assets. But lower levels of data maturity were found in people and process led areas such as data governance, data architecture, and data quality.

Following this, a new Business Intelligence team has been created with the responsibility of filling in gaps identified through this review and strengthening our capacity and capability for driving improvement and ensuring that decision making is evidence-led.

Recent data audits have also been conducted by Housemark across the Tenant Satisfaction Measures and Repairs KPIs and similarly, a Savills audit against the Consumer Standards has also been undertaken. Internal self-assessments are also undertaken against Housing Ombudsman spotlight reports. The recommendations resulting from all these have been taken into consideration during the development of this strategy.

Projects have also been completed to ensure we are building up a more accurate picture of our residents and tailoring our services where we know they need this. One example of this is the Inclusive Services Register which captures data about customer vulnerabilities in order to be able to provide tailored and accessible services.

There are still areas we know we need to work on, and this includes developing our reporting capabilities and where there are devolved reporting responsibilities ensuring all colleagues are working consistently.

3. Guiding Principles

Following consultation with the Wider Leadership Team, a set of guiding principles have been developed to support the long-term delivery of this strategy. They are:

1. To support data-led, evidence-based decision making
2. To provide a single version of the truth of our data
3. To offer self-service and access to data as and when needed by all staff
4. To develop data confident people
5. To fully leverage existing systems and new digital technologies (e.g., AI)

We will continue supporting Solihull Metropolitan Borough Council (SMBC) in the delivery of their plan. One of the enablers of SMBCs 2020-2025 Council Plan is 'Analysis and Insight', and this includes "aim[ing] to ensure that all of our decisions are intelligent, based on the latest analysis and insight." Implementation of this strategy will ensure alignment with their vision.

4. Our roadmap - The 5 year vision for SCH

The areas of work which need to be focussed on, have been broken down into the four strategic themes:

- **Data management fundamentals**
- **Data governance and quality**
- **Using data to improve services**
- **Fostering a data led culture**

All of these themes underpin our priorities around Building Safety and the Golden Thread, ensuring we have detailed information about the management and safety data of our buildings.

Within each of these themes we have set out below short (1 - 12 months), medium (1 - 2 years), and long term (2 – 5 years) goals of which further details can be found in the action plan included in this strategy.

4.1 Data management fundamentals

This theme is vital to ensure that we have a solid basis to effectively develop our capabilities upon. Data management is about keeping our data organised. Getting our data foundations right will allow us to have confidence in the accuracy of our data and understand how and where it is held. This then lays the groundwork for the implementation of new platforms and technologies.

Short term goals:

- Establish a baseline - produce documentation around data and processes, such as data dictionaries, business glossaries, and high-level data flows
- Enterprise data model – develop an enterprise data model at the conceptual level as a baseline to support future data architecture activities
- Establish structure - evaluate and select a data management framework

Medium term goals:

- Data architecture development – create logical and physical data models
- Data platform evaluation - understand the technology and tools we have available to us and ensure we are exploiting them to their full potential

Longer term goals:

- Standardise our data architecture – implement data standards, such as the UK Housing Data Standards from HACT which is a framework that is tailor-made for the sector, ensuring data consistency

4.2 Data governance and quality

Data governance ensures that data is managed properly, according to policies, principles, and best practice. Ensuring we have robust principles in place is necessary to keep our data secure, private, accurate, available, and usable. This theme will include the actions people must take, the processes they must follow, and the technology that supports them throughout the data life cycle. Robust data governance will allow us to have confidence in the accuracy of our data and understand how and where it is held. The data governance function sits in the Business Intelligence team.

Short term goals:

- Start the conversation – identify key stakeholders including an executive sponsor and create a Data Governance Board to have quarterly meetings and oversee data governance across SCH
- Understanding our data assets – developing a data catalogue to provide visibility of our data, as well as a key discovery activity to support the development of our data governance framework
- Identify and fix individual data quality issues – implement an organisational data quality issue log to allow colleagues or customers to raise issues to be followed up and corrected

Medium term goals:

- Structure – develop a Data Governance Framework which will establish data owners and data stewards, setting out clear expectations of how we are managing our data assets
- Wider scale data quality projects – through exception reporting identify any larger data quality issues and create projects to tackle these
- Manage what we have – develop a data/document retention schedule setting out the length of time information is retained, taking into consideration any legal requirements. Linking in with existing work around records management

Longer term goals:

- Efficiency – through improved confidence in our data processes and the implementation of a retention schedule, we can then look to implement tools which automate deletion/archiving of data as it expires in our schedule
- Continuous improvement – have data governance embedded as a business as usual function

4.3 Using data to improve services

Through data analysis we can spot trends suggesting where problems might be emerging, meaning we can proactively put in place steps to manage and improve this. Embedding a centralised function for performance management and business intelligence will ensure that this is done consistently, and improvements identified with work initiated to deliver. Accurate and timely reporting which is delivered consistently is key to ensuring SCH is able to meet this objective.

Short term goals:

- Availability and accessibility of reporting – review all current InSight reporting identifying any gaps and inconsistencies in the data surfaced

- Projects – support any ongoing projects with a dependency on data, such as “Everyone Matters” and OneSCH
- Structure – review of the Performance Framework, setting out how we deliver, monitor and report on our priorities

Medium term goals:

- Centralisation of reporting – through centralising reporting we will be able to ensure there is consistency in reporting methods, and complete an overhaul of InSight reporting
- Automate – streamline and automate reporting to allow users real time access and free analyst resource to focus on deriving greater value from our data
- Self-serve - ensure that colleagues across SCH have access to all required datasets to be able to carry out their roles effectively

Longer term goals:

- Look to the future – once we are confident we have our data basics right, we can then be more aspirational and look to implement new technologies to assist in meeting our vision

4.4 Fostering a data led culture

This means creating an environment where everyone in SCH uses data to make decisions and solve problems, and this helps make better, more informed choices in everything we do. Colleagues at all levels should understand why data is an important asset in delivering excellent customer service and optimising service delivery.

Short term goals:

- Data literacy – working with the Organisational Development Lead, review current data literacy across the organisation and identify training gaps both in terms of data tools (e.g., Excel) and processes

Medium term goals:

- Consistency – ensure change management/continuous improvement is data led, and use of data is embedded in any of these projects
- Skills – roll out organisation wide training to ensure all colleagues have the same base level of data skills necessary for all roles

Longer term goals:

- Data is everyone’s business – fully embed a culture where all colleagues across SCH understand how their role helps us to ensure we have great data



Data Strategy Road Map

2023/24

Quarter Four

- Implement Data Quality Issues log
- Identify and agree master data sources
- Performance framework review

Key

- Data management fundamentals
- Data governance and quality
- Using data to improve services
- Fostering a data led culture

2024/25

Quarter One

- Develop and initiate Data Quality Improvement programme
- Development of exception reporting to highlight data quality issues
- Identify Key Stakeholders
- Implementation of dashboard hierarchy
- Use data to identify common customer issues or complaints and support the development of business improvement projects to proactively address these issues
- Overall review of InSight reporting
- Ensure regular communications reinforcing best practice in data management

Quarter Two

- Establish Data Governance Board
- Produce data dictionaries and glossaries
- Centralise reporting services

Quarter Three

- Evaluate and select a data management framework
- Development of Data Governance Framework, including documentation of data architecture
- Develop a data catalogue
- Identify data owners and stewards
- Use the data definitions to create a common vocabulary to increase understanding across the business

Quarter Four

- Development of proactive reporting
- Create baseline of employee skills in relation to data

2025/26

Quarter Two

- Develop data governance framework

Quarter One

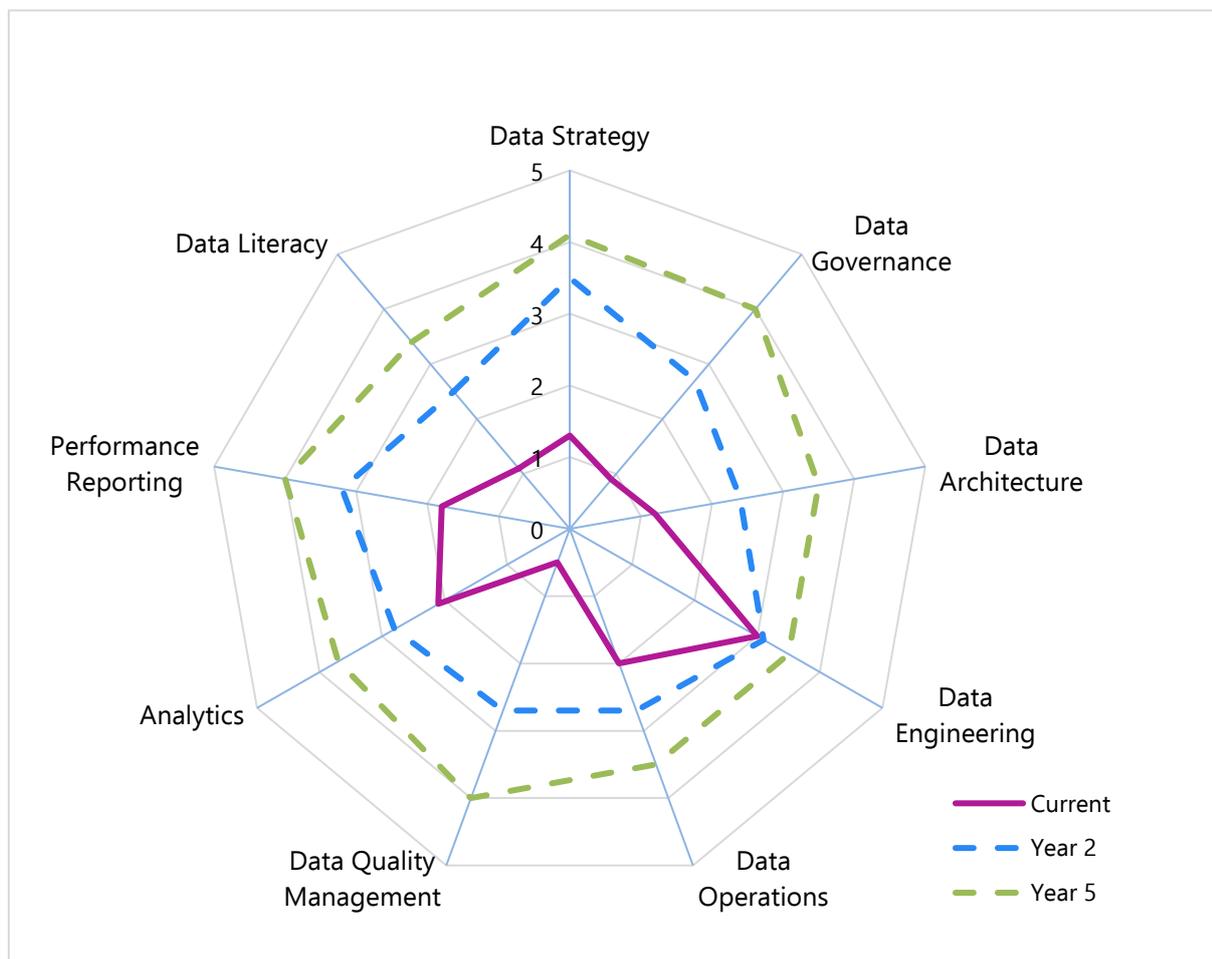
- Development of Retention Schedule
- Develop projects to maximise benefit from data, such as Customer Segmentation
- Create a Data Fundamentals course using Learning Pool

5. Success Criteria

In their review, Housemark provided target data maturity scores to aim for, and we should reassess ourselves at key milestones to ensure we are making the necessary progress.

By completing the tasks laid out in our action plan, we have set target scores for the end of this action plan, as well as longer term targets for the end date of this overall strategy.

Capability	Maturity Change	Current	End of year 2	End of year 5
Data Strategy	Emerging -> Embedding	1.3	3.5	4.1
Data Governance	Unaware -> Embedding	0.9	2.7	4.0
Data Architecture	Emerging -> Embedding	1.2	2.4	3.5
Data Engineering	Embedding	3	3.1	3.5
Data Operations	Establishing	2	2.7	3.5
Data Quality	Unaware -> Emerging	0.5	2.7	4.0
Analytics	Establishing	2.1	2.8	3.7
Performance Reporting	Emerging->Embedding	1.8	3.2	4.0
Data Literacy	Emerging->Establishing	1.1	2.5	3.4



6. Action Plan

Theme	Priorities	Outcomes/activities	Timeline
Data management fundamentals	<ul style="list-style-type: none"> • Solid foundation created for effective deployment of reporting technology and infrastructure • Ensure there is evidence of the application of good data management principles particularly with reference to GDPR 	Produce data dictionaries and glossaries	Q2, 2024/25
		Evaluate and select a data management framework	Q3, 2024/25
		Development of Data Governance Framework, including documentation of data architecture	Q3, 2024/25
		Develop information retention schedule	Q1, 2025/26
		Develop enterprise data model	Q2, 2025/26
Data governance and quality	<ul style="list-style-type: none"> • Ensure data governance principles embedded for all stages in the data life cycle • Ensure data quality is high, and processes are in place to monitor and maintain this 	Implement Data Quality Issues log	Q4, 2023/24
		Identify and agree master data sources	Q4, 2023/24
		Identify Key Stakeholders	Q1, 2024/25
		Develop and initiate Data Quality Improvement programme	Q1, 2024/25
		Development of exception reporting to highlight data quality issues	Q1, 2024/25
		Establish Data Governance Board	Q2, 2024/25
		Develop a data catalogue	Q3, 2024/25
		Development of Retention Schedule	Q1, 2025/26
		Develop Data Governance framework	Q2, 2025/26
		Identify Data Owners and Stewards	Q3, 2024/25
Using data to improve services	<ul style="list-style-type: none"> • Implement a centrally managed function overseeing performance management and business intelligence • Performance Management Framework in place to reinforce organisational responsibility for 	Performance framework review	Q4, 2023/24
		Implementation of dashboard hierarchy	Q1, 2024/25
		Use data to identify common customer issues or complaints and support the development of business improvement projects to proactively address these issues	Q1, 2024/25
		Overall review of InSight reporting	Q1, 2024/25

	business performance and assure of data quality through centralised validation of reporting	Centralise reporting services	Q2, 2024/25
		Development of proactive reporting	Q4, 2024/25
		Develop projects to maximise benefit from data, such as Customer Segmentation	Q1, 2025/26
Fostering a data led culture	<ul style="list-style-type: none"> • Improve data literacy levels throughout the organisation demonstrated by improved accountability for data • Shift in data culture to focus on the importance of data quality, accountability, and ownership 	Ensure regular communications reinforcing best practice in data management	Q1, 2024/25
		Use the data definitions to create a common vocabulary to increase understanding across the business	Q3, 2024/25
		Create baseline of employee skills in relation to data	Q4, 2024/25
		Create a Data Fundamentals course using Learning Pool	Q1, 2025/26

Appendix A

Glossary

Data Strategy	A long-term plan that defines the technology, processes, people, and rules required to manage information assets.
Data Governance	everything you do to ensure data is secure, private, accurate, available, and usable. It includes the actions people must take, the processes they must follow, and the technology that supports them throughout the data life cycle.
Data Architecture	How data is managed, from collection through to transformation, distribution, and consumption. It sets the design for data and the way it flows through data storage systems.
Data Engineering	The process of designing and building systems that let people collect and analyse raw data from multiple sources and format.
Data Operations	The practice (e.g., frameworks, methods, capabilities, resources, processes and architecture) for delivering data to create insights and analytics with greater speed, scale, consistency, reliability, governance, security and cost effectiveness.
Data Quality	Measures how well a dataset meets criteria for accuracy, completeness, validity, consistency, uniqueness, timeliness, and fitness for purpose.
Analytics	The process of discovering, interpreting, and communicating significant patterns in data. Analytics helps us see insights and meaningful data that we might not otherwise detect.
Performance Reporting	The activities, artifacts, practices, skills, and reports that allow an organisation to effectively communicate its performance to stakeholders at the appropriate level of detail. This includes KPI, management, operational and regulatory reporting.
Data Literacy	The ability for individuals at all levels of the organisation to interpret, create and analyse data so that it can be used ethically and effectively to support decision making, business activities, and objectives.
Data Model	Visual representations of data elements and the connections between them.

Get in touch

Join us on social media:



Solihull Community Housing



@solihullhousing



solihullcommunityhousing



Solihull Community Housing

Freepost RLSS-UEBA-RTUZ

Solihull Community Housing
Endeavour House
Meriden Drive
Solihull
B37 6BX

Phone: 0121 717 1515

Typetalk: 18001 0121 717 1515

Text: 07781 474 722

Website: www.solihullcommunityhousing.org.uk

Visit the contact us page on our website to complete an online form with details of your enquiry.



Meeting of the Board



Report title:	Amendments to the Standing Orders		
Meeting date:	19 February 2024		
Report from:	Martyn Sargeant, Executive Director – Customer Service, Transformation and Business Support		
Report author/ lead officer:	Martyn Sargeant	Executive Director	
	0121 704 8667	Martyn.sargeant@solihullcommunityhousing.org.uk	
Report type:	Confidential Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 To recommend minor changes to the Standing Orders to clarify responsibilities for approval of policies and strategies.

2. Recommendations

- 2.1 The Board is asked to:

(1) Agree to amend the bullet points pertaining to approval of policies and strategies (Annex 1: Matters Reserved to the Board – 1. Strategic) to read:

- *Approval of new or significantly revised strategies*
- *Approval of any new or revised policies relating to significant changes in direction for the business*

3. Background

- 3.1 The Standing Orders set out those matters reserved to the Board for decision. All other responsibilities are delegated to the Chief Executive.
- 3.2 As part of preparing for regulation, a review of SCH's policy/strategy framework has highlighted a lack of clarity in the Standing Orders that would result in any new or revised policy/strategy having to be approved by the Board. Whilst a Board retains responsibility for the strategic direction of the company, it would be unusual for it to involve itself in the detail of approving day-to-day operational policies.

4. Proposal to change Standing Orders

4.1 Annex 1 to the Standing Orders sets out those matters specifically reserved to the Board. A copy of the annex is attached to this report as appendix A. This includes provision in respect of approval of policies and strategies as follows:

- *Approval of new or significant and novel strategies and policies*
- *Approval of any new policies relating to new and/or significant changes in direction for business*

4.2 This wording would require any new policies or strategies to be approved by the Board, which potentially unintentionally involves the Board in an excessive level of operational detail. In order to clarify this and enable the Board to retain its strategic focus, the following amendments to the Standing Orders are recommended (underlined text is new):

- *Approval of new or significantly revised ~~and novel~~ strategies ~~and policies~~*
- *Approval of any new or revised policies relating to ~~new and/or~~ significant changes in direction for the business*

5. Supporting the SCH Delivery Plan

5.1 Effective governance is an important and integral part of ensuring that SCH achieves the objectives set out in the Delivery Plan. The proposals set out in this report support the maintenance of effective governance and therefore the aims of the Delivery Plan.

6. Consultation and engagement

6.1 No consultation has been undertaken in relation to this report.

7. Financial implications

7.1 There are no financial implications arising from this report.

8. Legal implications

8.1 The rules for SCH's governance are set out in the Articles of Association, supported by the Standing Orders, as well as legislation pertaining to company governance.

9. Risk implications

9.1 SCH has a specific corporate risk – 'failure to have robust governance arrangements in place' – that sets out a series of mitigating actions. The risk is reviewed periodically by the Executive Leadership Team, with the oversight of the Audit and Risk Committee.

10. Equalities implications

10.1 There are no equalities implications arising from this report.

11. List of appendices

Appendix A: Annex 1 to the Standing Orders

Annex 1 - Matters Reserved for the Board

1. Strategic

- Setting the values, vision, mission and strategic objectives of SCH
- Any extension or restriction in the scope of SCH's activities or functions
- Major matters with regard to relationships with central government, the Council, other statutory bodies and other registered social landlords
- Compliance with any legal duties and responsibilities placed on the Board as managers of the business
- Recommendation of a 3-year budget strategy to the Council
- Approval of the Delivery Plan
- Approval of new or significantly revised and novel strategies and policies
- Approval of any new or revised policies relating to new and/or significant changes in direction for the business
- Approval of major development schemes within the scope of SCH's authority
- Approval of the framework of delegation and all contracts valued in excess of £2.5m or of more than five years duration (subject to SMBC approval)
- Approval of any applications to the Council for Prudential Borrowing
- Recommendation of the Asset Management Strategy for Council approval
- Approval of Business Plan
- Approval of Risk Management Strategy
- Approval of key strategies and policies impacting on staff
- Approval of any plans or reports related to Safeguarding (as required by SMBC and legislation)
- Recommendation for the use of SCH reserves

2. Governance

- Approval of Standing Orders, Rules for Contracts and Financial Regulations
- Any item referred to it by a General Meeting

3. Finance and Control

- Approval of the SCH annual budget
- Approval of the annual statutory accounts (including the Board's Statement on Governance)
- Approval of SCH's business plans, budgets and accounts

4. Human Resources

- The appointment of the Chief Executive (this is a shared responsibility with SMBC following the agreed protocol for such appointments)
- Approval of matters relating to the pay and grading of the Chief Executive
- Approval of any significant changes to the staff pay and grading structure
- Approval of the Health and Safety Policy
- Misconduct investigations involving the Chief Executive

5. Regulation and best practice

- Recommendations for significant changes arising from reviews of efficiency and effectiveness of SCH's work and the standard and level of the services provided.

Annex 1 - Matters Reserved for the Board

1. Strategic

- Setting the values, vision, mission and strategic objectives of SCH
- Any extension or restriction in the scope of SCH's activities or functions
- Major matters with regard to relationships with central government, the Council, other statutory bodies and other registered social landlords
- Compliance with any legal duties and responsibilities placed on the Board as managers of the business
- Recommendation of a 3-year budget strategy to the Council
- Approval of the Delivery Plan
- Approval of new or significant and novel strategies and policies
- Approval of any new policies relating to new and/or significant changes in direction for business
- Approval of major development schemes within the scope of SCH's authority
- Approval of the framework of delegation and all contracts valued in excess of £2.5m or of more than five years duration (subject to SMBC approval)
- Approval of any applications to the Council for Prudential Borrowing
- Recommendation of the Asset Management Strategy for Council approval
- Approval of Business Plan
- Approval of Risk Management Strategy
- Approval of key strategies and policies impacting on staff
- Approval of any plans or reports related to Safeguarding (as required by SMBC and legislation)
- Recommendation for the use of SCH reserves

2. Governance

- Approval of Standing Orders, Rules for Contracts and Financial Regulations
- Any item referred to it by a General Meeting

3. Finance and Control

- Approval of the SCH annual budget
- Approval of the annual statutory accounts (including the Board's Statement on Governance)
- Approval of SCH's business plans, budgets and accounts

4. Human Resources

- The appointment of the Chief Executive (this is a shared responsibility with SMBC following the agreed protocol for such appointments)
- Approval of matters relating to the pay and grading of the Chief Executive
- Approval of any significant changes to the staff pay and grading structure
- Approval of the Health and Safety Policy
- Misconduct investigations involving the Chief Executive

5. Regulation and best practice

- Recommendations for significant changes arising from reviews of efficiency and effectiveness of SCH's work and the standard and level of the services provided.

This page is intentionally left blank

Meeting of the Board



Report title: Annual Summary for Safeguarding, Exploitation and Domestic Abuse (SEDA)

Meeting date: 19 February 2024

Report from: Carol Trappett, Head of Housing and Neighbourhoods

Report author/lead officer: Carol Trappett Head of Housing and Neighbourhoods
07385 423741 caroltrappett@solihullcommunityhousing.org.uk

Report type: ~~Confidential~~
Open

Decision type: ~~Assurance~~ ~~Approval~~ Information

1. Report overview/purpose

1.1 To update Board on the SEDA Action Plan for SCH.

2. Recommendations

2.1 The Board is asked to:

(1) **Note** the contents of the report.

3. Background/context

3.1 This is the second annual report to SCH Board to provide assurance on the SCH commitment to safeguard vulnerable adults and children in the borough.

3.2 The Safeguarding, Exploitation and Domestic Abuse Group (SEDA) that includes managers from across SCH has the leading strategic role for safeguarding. The Group have met bi-monthly over the past year to provide assurance on SCH's safeguarding responsibilities.

4. Key Updates since previous year's Board report

4.1 Board may recall that SCH commissioned an internal audit of our safeguarding assurance in 2022, which was a positive review with a level 3 rating awarded, and a number of recommendations to strengthen the existing assurance levels.

4.2 Over the last 12 months, SCH have progressed well with the recommendations:

- SMBC have now launched their revised Safeguarding Policy. This is being reviewed by SCH for potential adoption from March 2024.
- SCH are robustly represented on the various safeguarding boards and forums across Children, Adults, Domestic Abuse and Exploitation. Learning from various DHRs, SARs, and multi-agency audits is communicated through SEDA. From February 2024 this will also be included in the new Core Brief.
- The Community Safety Manager is now in post and work is well underway to create the new Community Safety Team.
- SEDA take responsibility for ensuring completion of mandatory safeguarding training, and the new SCH OD Lead is in post to support robust reporting of mandatory and specific post-related training undertaken.
- ELT receive a quarterly report on safeguarding assurance, with an annual assurance report to Board
- A stand-alone risk register now exists for SCH's safeguarding activity.

4.3 In addition to the audit recommendations, SCH are progressing towards accreditation with DAHA (Domestic Abuse Housing Alliance), working with a dedicated DAHA lead. During February 2024, the first meetings are scheduled with the DAHA lead to track SCH progress against the DAHA requirements. As members of DAHA, SCH have access to a range of training sessions and webinars, utilising best practice and member experience to support our own journey.

4.4 The Solihull Safeguarding Children's Partnership (SSCP) have produced their annual report. This includes reference to the All-Age Exploitation Strategy. A copy of the report is available through this link for Board Members information: [Key Reports and Documents - Solihull Safeguarding Children Partnership \(safeguardingsolihull.org.uk\)](https://safeguardingsolihull.org.uk)

5. Action Plan

5.1 SEDA have oversight of a comprehensive action plan, focusing on a range of RAG rated actions to assist SEDA's role in assurance around:

- Governance Roles and Responsibilities
- Policy and Procedures
- Partnership Working
- Staff Development and Training
- Reporting
- Communication
- Best Practice
- Risk Management
- DAHA
- All Age Exploitation

5.2 The full action plan is available at Appendix A for information.

6. Key Priorities

6.1 Key priorities for 2024/25 will focus on the following activity:

- Launch and implementation of the Safeguarding Policy and procedures
- Full implementation of the Community Safety Team
- Centralising the database of mandatory and role-specific training into Learning Pool
- Commencing a programme of single agency audits, to complement the existing multi-agency audits
- Reviewing the Contractor Code of Conduct to ensure it remains fit for purpose
- Go live of the new Safeguarding Library on the SCH intranet site
- Launch of the 'See it, Report it' initiative – ensuring everyone that goes behind the front door of a property feels confident in reporting any signs of concerns
- Progressing SCH's DAHA accreditation ambitions

6.2 It is expected that the actions outlined in this report will continue to build on the strengths within SCH to deliver effective safeguarding.

7. Supporting the SCH Delivery Plan

7.1 The actions outlined are contained within the SCH delivery Plan 2023/24.

8. Consultation and engagement

8.1 As SCH are highly likely to adopt SMBC's Safeguarding Policy, tenants have not been involved in the policy creation. However, SCH are developing their own customer Domestic Abuse Policy, which will include resident engagement.

9. Financial implications

9.1 There are no cost implications identified. SCH benefits from access to free multi agency safeguarding training through the Partnership Boards, including domestic abuse training through DAHA. The DAHA membership and accreditation is funded from existing budgets.

10. Legal implications

10.1 SCH comply with the principles and procedures set by the relevant Solihull Safeguarding Boards and participate in the full range of multi-agency audits, Domestic Homicide Reviews, National Reviews, and Rapid Reviews as and when required.

11. Risk implications

11.1 Safeguarding risks are registered on the JCAD Risk Management System and reviewed by SEDA.

12. Equalities implications

12.1 SCH is committed to protecting and promoting the welfare of children and vulnerable adults and to give assurance in how it deals with safeguarding issues. In developing its safeguarding policies and procedures a Fair Treatment Assessment will be undertaken to identify any implications across the protected characteristics.

13. List of appendices

13.1 The full action plan is available at Appendix A

14. Background documents

14.1 None

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Partnership Boards , Operational Groups & Local Problem Solving Arenas - Engagement Levels	SCH partnership reps	Ongoing	SCH partnership reps now identified. SEDA to agree oversight process re attendance levels, feedback and key tasks from these groups are actioned. 17/08/2023 - SB will develop a standard document for attendees to feedback high level detail to SEDA following thir meetings	GREEN
Partnership Task - ERDG Exploitation Delivery Plan -SCH to provide legal action commentry	Brenda Gallagher, Sherry McConville, Mark Peniket, Stuart Baxter	Ongoing in time for ERDG meetings	Update on legal action provided on 9/12/22	GREEN

Partnership Task - A&R Group. SCH to participate in Multi Agency Audits and embed any learning. Audit Sub Group (of A&R) lead on audit work.

To date SCH have participated in domestic abuse, exploitation , physical abuse & strategy audits& provided returns to requests on time. Where relevant single agency action plan completed and learning shared at SEDA. BG circulated Good Practice Guide for Strategy meetings to SEDA on 24/01/23. On 21/02/23 Audit group agreed to circulate Physical Abuse headline findings & Partnership engagement in meetings initial findings. BG will circulate when received. Schedule and themes for multi agency audits for 2023 being planned . Verity Sayers attended meeting on 13/03/23. BG provided an update from Audit Sub Group held on 28/03/23. See email to SEDA of 29/03/23. Quarterly Audits proposed for VOC, Neglect, Multi agency meetings - possibly exploitation and early intervention. Will be electronic tool. Awaiting receipt. 27/02/23 Regional Section 11 Audit tool launched. Target date

Brenda Gallagher
In line with audit schedule

GREEN

Partnership Task - Complete Annual Assurance Statements Section 11

Mar-23 for completion is 12/05/23

Brenda Gallagher

GREEN

Partnership Task. SSCP - Neglect. Identify Neglect Champions to embed neglect procedures . Framework for Reflective supervision to be embedded into operations, relevant staff trained in and use of GCP2 Neglect tool, multi agency offer to be taken up re Neglect and professional curiosity/disguised compliance, Undertake self assessment when received

Claire Albrighton

Jan-23 Neglect champion identified. Awaiting training

GREEN

Partnership Task - Supporting Families

Stuart Baxter
Andy Jones

Partnership Task - MASH Operational.
Safeguarding Referrals

New programme launched. SCH active participants in the programme and data sharing agreement signed
SEDA receives performance information on referral requests from MASH to SCH. Performance in line with target. SCH progressing MASH on referrals it receives from SCH and feed back. Reminders sent to HOS VH on 11/01/23 & 21/02/23. 01/03/23 SMBC Senior Information Analyst advised DfE require all LAs to report (as part of the statutory Children in Need Census return) source of referrals using a specific picklist of categories of which “ Housing (LA housing or housing association)” is one which includes SCH. There are no current plans to make changes to the system that would separately identify SCH as the

GREEN

GREEN

PartnershipTask SSCP- Child Protection Plans

Claire Albrighton
Tina Keen/ Verity
Sayers

ongoing

GREEN

Partnership Task - SSCP Child Protection
 Conferences - SCH to provide 100% attendance

Tina, Mark, Sherry,
 Verity, Claire, Kim,
 Carol

28/04/28

Neighbourhood Officers/Home Options Officers attend. Managers to give assurance to SEDA on attendance or issues. Process for attendance under review to be agreed by 28/02/23. on 21/02/23 BG circulated proposed process for Case Conference & Invites to relevant managers based on earlier discussions . Managers to confirm agreement. Following confirmation Naseema Ahmad & Tony McGregor advised of new procedure. This will be subject to a period of monitoring to ensure

GREEN

Page 122

Partnership Task- SSAB - Learning & Improvement
 Partnership Task SSAB - Policies & Procedures Sub Committee
 Safeguarding Adults Review - SAR

Carol Trappett

Carol Trappett

CT will be attending these meetings

CT will be attending these meetings
 Lead to report on any learning from cases. Late SCH tenant MS SAR under consideration. BG provided headline feedback from SARs Subcommittee held on 21/02/23 - see email 22/02/23. 23/03/23 MS SAR - Board Independent Chair agreed with the panel

GREEN

GREEN

Verity Sayers

ongoing

recommendation that this case does not meet the SAR criteria for a mandatory SAR, and that a discretionary SAR is not required as the learning has already been identified via the scoping work and two panel discussions. Learning from the case will be shared over the summer.

GREEN

Engage & Prevention

[Partnership Request](#)-SCH Contribution to Multi agency Procedures Reviews: Exploitation , Neglect, Right Help, Right Time Guidance Threshold

Carol Trappett,
Sherry McConville &
Neighbourhood
Service Team reps

During 2022

No outstanding actions
SCH contributions made and
procedures revised and launched.
SCH also contributed to All Age
Exploitation Workshops held during
January & February 2023

GREEN

GREEN

[Partnership Task](#)- Domestic Abuse Partnership Board - Complete Domestic Abuse Self Assessment

Brenda Gallagher

28-Feb-23

BG submitted on 28/02/23

GREEN

ongoing

NCB attended initial planning
meeting on 20/03/23 . Topics
agreed for 2023: contextual
safeguarding, financial exploitation,
exploitation exacerbated by drugs.
Conference planned for October
2023

GREEN

[Partnership Task](#) - Adult Social Care -
Exploitation Webinar

Natalia Cunningham
Brown

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Update the information in the 'Safeguarding Document Library' to ensure it supports staff and managers re their safeguarding responsibilities – Link to SCH Safeguarding policy	Stuart Baxter / Paul Castles Procedures Team	Jun-23	NCB has noticed there is irrelevant information from 2019 so is collating SMBC information and anything else relevant, with a focus on document accuracy relating to adults and children. Once it is up and running, will be disseminated via the Comms team. Close to completion for go live	RED
Identifying the roles across the SCH that require enhanced training	Carol Trappett	Completed	Ongoing	GREEN
Board members, involved customers' training	Becci Youlden/ Sarah Brookes		Objective has now been amended as only awareness required through assurance reports, not training.	GREEN
Safeguarding awareness contractors. Review Code of conduct for contractors to ensure it set out the expectations of contractors who work for or represent the organisation in their conduct with children, young people, and vulnerable adults, including the raising of safeguarding concerns.	Darren Baggs / Stuart Baxter / Carol Trappett	Feb-23	Work in progress. Confirmation received from procurement that contractors have a standard safeguarding clause within their contracts. Agreed that this could potentially be enhanced and possibility that SCH could provide the elearning safeguarding module to contractors to undertake. In progress	RED

Review the information provided to SCH customers through its various forms to enhance awareness of safeguarding and how to raise a safeguarding concern.	Brenda Gallagher/ Becci Youlden	Apr-23	There is a link available on the SCH website for any customer to report a safeguarding concern. SCH will actively support promotions of safeguarding at appropriate times through social media/newsletters
Identify SSCP multi agency training requirements for 2023/4. Training offer includes: Early Help, Child Protection, All Age Exploitation, Parental Conflict, Contextual Safeguarding, Neglect Modules, Physical, emotional & sexual abuse, managing allegations against staff	Carol Trappett		Completed
Identify any SCH training to share with partners	Carol Trappett	Jan-23	
SEDA to have oversight of SCH multi agency training attendance	SEDA	Jan-23	SEDA will use SSCP training attendance returns. Q3 information being considered at February 2023 SEDA meeting. Information used at February 23 meeting.
SEDA to have oversight of SCH mandatory safeguarding awareness and enhanced training for staff	SEDA	Ongoing	SEDA will utilise the monthly Safeguarding Compliance Report extracted from learning pool .
SEDA to ensure relevant teams take up multi agency offers	SEDA	Ongoing	Relevant SEDA managers to account for progress at SEDA meetings. Working with OD to ensure multi-agency training is uploaded to Learning Pool

GREEN

GREEN

GREEN

GREEN

GREEN

AMBER

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Implement Single Agency Case Audits schedule	Stuart Baxter	Dec-23	SEDA to agree schedule and subject of audits at February 2022 meeting . Brenda to share proposal for audits with SEDA - discussion paper circulated in advance . SEDA considered proposals. To agree on start date for Audits	AMBER
Introduce monitoring framework to enable SEDA's role in assurance around these activities.	Brenda Gallagher	Jun-23		GREEN
Introduce regular monitoring reports to ELT, which will include the work of SEDA and progress on agreed outcomes.	SEDA Chair	Nov-22	In place	GREEN
Agree a reporting timetable with ELT and SCH Board	SEDA Chair	Nov-22	In place	GREEN

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Periodic intranet ELT/SLT/SEDA safeguarding messaging	Paul Castles	Ongoing	See most recent comms info in row 4 below	GREEN
Participate /support partnership and regional and national comms as required	Paul Castles, Brenda Gallagher	Complete	As required- County Lines Awareness Campaign 27/02 – 03/03/23	GREEN
SSCP request 30 September 2022 for agencies to disseminate the following: Reflective Supervision & Voice of the Child standards, Multi agency Physical Abuse and Sexual Abuse procedures, Learning from the National Review (deaths of Arthur Labinjo-Hughes and Star Hobson) Briefing Note for practitioners, Learning from Repid Review (Alcohol & co-sleeping) and availability of the Joint Learning Resource.	Brenda Gallagher, Paul Castles	Dec-22	Comms issued to all SLT & FLMs directing them to SCH Intranet Safeguarding Home page (sharepoint comms) hosting all this new content. Disemmination and learning with the subject of SEDA audits for 2023. Comms completed	GREEN
Disseminate A& R audit findings when completed - strategy meetings and physical abuse disseminated to SEDA on 23/01/23	Brenda Gallagher	Jan-23	BG will go through this at SEDA February 2023 meeting .Will include discussion on how to embed the learning for relevant teams.	GREEN
SCH reps to attend SSCP briefing on 06/12/22 re: Right Help, Right Time, Neglect Strategy, pathway & toolkit, Early Help Guidance and arrange onward SCH dissemination of information	Brenda Gallagher, Claire Albrighton	Dec-22	Information circulated to SEDA meeting on 08/12/22. BG & AL went through areas covered. BG to arrange for information to be input onto SCH Safeguarding share point page by January 2023	GREEN

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Partnership Task: SCH to showcase best practice delivering webinars on the role of housing in tackling exploitation and enforcement against perpetrators of domestic abuse.	Sherry McConville, Mark Peniket	Oct-23	Completed	GREEN
Contributed to the review of multi- agency procedures around exploitation, neglect, and the new Thresholds Guidance	Neighbourhood Teams During 2022		Completed	GREEN
Will showcase the use of sanctuary schemes at the multi- agency Safeguarding Learning Forum in January 2023	Jordan Crawford	Jan-23	Content prepared for delivery. Delivered	GREEN
Progress the new Neighbourhood Services delivery model, incorporating operational specialisms and Champion roles to support embedding safeguarding learning and development across SCH.	Carol Trappett	Apr-23	In progress	RED

Objective	Theme/Source/Link	Action	Responsible Officer	Target Date	Progress Update	RAG Rating
Leadership / Governance / Strategic overview	Leadership PPG/DAHA	Establish SCH DAHA Domestic Abuse Project lead	Brenda Gallagher	Aug / Sept 2022	Domestic abuse Lead appointed and acting as main contact with DAHA Regional Lead & leading SCH's accreditation process.	GREEN
Leadership / Governance / Strategic overview	Leadership PPG/DAHA	Set up Strategic & Operational steering /project group	Safeguarding & Community Safety Project Manager	October 2022	SEDA are SCH's Internal Strategic Group briefed in September 2022 on their oversight and assurance role for the SCH Safeguarding Delivery Plan, which includes domestic abuse.	GREEN
Leadership / Governance / Strategic overview	Leadership PPG/DAHA	Set up Operational Steering Project Group	Brenda Gallagher	October 2022	Cross service Operational Group established with first steering group meeting in October 2022 with DAHA Regional Lead attending. 2nd meeting held 15/12/22/. TORS agreed. Subject Matters experts to attend meetings when relevant	GREEN
Leadership / Governance / Strategic overview	Leadership PPG/DAHA	Align SCH DA Plan to DAPB's Domestic & Sexual Abuse Delivery Plan 2022-2024	Brenda Gallagher/Carol Trappett	Dec-22	DAHA Accreditation Project included in Partnership Delivery Plan and progress will be reported to DAPB	GREEN
Develop DAHA Project Plan	PPG/DAHA	Undertake an Early Assessment against the DAHA standards to create a baseline for the project plan	Brenda Gallagher/Operational Group	October – December 2022	DAHA Manual circulated to operational group in advance of October 2022 steering group meeting. DAHA self assessment to be completed by operational group by 14/01/23 to enable project plan to be devised. Further extension given. Project Plan to be drafted by 28 February 2023. Self assessment completed (apart from Comms section) and project plan developed. Maja DAHA Regional rep has provided useful feedback. BG has circulated to Operational steering group.	GREEN
Produce SCH customer facing Domestic Abuse Policy	PPG/DAHA	Create relevant policies and procedures outlining SCH approach to domestic abuse, signed off and launched. Policy to align to DAPB's priorities: Prevention & Early Identification, Protection, Strengthening Accountability, Partnerships	Brenda Gallagher/Operational Group	In line with timescale to be set out in DAHA project plan	Employee Domestic Abuse Policy in place Now have access to DAHA resources /toolkit/regional best practice networks - Close This action is now part of DAHA Project Plan	GREEN

Deliver Training & Development	PPG / DAHA / Solihull DA Strategy Delivery Plan	Identified SCH teams to complete tailored domestic abuse training programme	Carol Trappett	November 2022 - Completed	Level 1, 2 and 3 Domestic Abuse training being delivered as mandatory training – positive feedback from attendees. Courses running until November 2022, externally facilitated	GREEN
Deliver Training & Development	PPG / DAHA / Solihull DA Strategy Delivery Plan	All identified SCH teams to complete mandatory safeguarding training on Learning Pool (and multi-agency safeguarding and exploitation modules for relevant staff) includes DA awareness	Carol Trappett	Sep-22	72% achieved as @ 28/9/2022. Remaining staff being progressed. January x% completed	GREEN
Deliver Training & Development	PPG / DAHA / Solihull DA Strategy Delivery Plan	All relevant staff to receive training in DASH / MARAC processes (new staff & refreshers)	Carol Trappett		SEDA group now has oversight of identification and training take up.	GREEN
Deliver Training & Development	PPG / DAHA / Solihull DA Strategy Delivery Plan	Identify and schedule case practitioners to receive free local and regional multi-agency training on relevant topics: through the LSCP and SSAB training offers / VRU, partner agency webinars, including specialist topics as appropriate e.g. honour based violence, 'child to parent' abuse, family carers. Domestic abuse & Neglect training offer in 2023. SCH request for multi agency training to be submitted to SSCP 29/01/23	Senior Leadership Team / SEDA	Jan-23	DAHA offered series of Webinars on 4 themes around Domestic Abuse in October/November 2022. Taken up by SCH staff. SCH practitioners delivering training Webinar across the Partnership on 16/11/2022 on use of legal tools DVPNs, DVPOs. SEDA to review attendance levels at February 2023 meeting Training opportunities routinely circulated to SCH teams - Multi agency and DAHA.	GREEN
Deliver Training & Development	PPG / DAHA / Solihull DA Strategy Delivery Plan	Relevant staff to be aware / receive training on the 'early help' / preventative 'offers' and the Reducing Parental Conflict initiative. SCH request for multi agency training to be submitted to SSCP 29/01/23	Carol Trappett	January 2023	Training schedule identified	GREEN
Partnership Working	Solihull DA Strategy & Action Plan	SCH DA lead to attend and provide data, update reports and compliance assurances as required (e.g. DHR actions)	Brenda Gallagher	Ongoing	Ongoing activities .	GREEN
Partnership Working	Solihull DA Strategy & Action Plan	Participate in task and finish groups as appropriate	Brenda Gallagher/Carol Trappett	Ongoing	SCH representation on the CSP Violence Against Women and Girls priority for Safer Solihull - March 2023 CSP priorities reviewed	GREEN

Partnership Working	Solihull DA Strategy & Action Plan	Provide position statement on compliance with Domestic Abuse Statutory Guidance (July 2020)	Brenda Gallagher	28/02/23	completed 28/02/23	GREEN
Domestic Homicide Reviews	PPG / DAHA / Solihull DA Strategy & Action Plan	Provide scoping information as requested and participate in full DHR if this should follow. Deliver any SCH related actions arising from review	Brenda Gallagher	Ongoing	All recent requests for scoping information provided within timescale. Update provided on combined DHR recommendations Master Document 31/10/22, Update on DHR 6 recommendations provided. DHR13 IMR report for submission by 29/01/23 . DHR panel meeting 14/02/23 and 17/03/23. Actions completed. Further meeting on 27/04/23. DHR Chair currently drafting report. Learning event being organised	GREEN
MASH	PPG / DAHA /	Contact Centre Service Support team to continue to provide information to MASH (includes DA referrals)	Claire Albrighton	Ongoing	SEDA has oversight	GREEN
Domestic Abuse Safe Accommodation Group	Solihull DA Strategy & Action Plan	Continue regular meetings with SMBC Domestic Abuse co-ordinator and strategic staff to embed. Seek to expand DA safe portfolio SCH to provide TA with IDVA support	Verity Sayers/ Carol Trappett	Ongoing	Continue to evolve and review actions for safe accommodation through the regular DA Safe Accommodation meetings with SCH and SMBC – we currently provide DA Safe Accommodation through Refuges, Sanctuary Scheme and TA. Castle Lane feasibility study in progress, other options to be discussed via DA Safe Accommodation Meetings. Future of Domestic Abuse Safe Accommodation Group under review. Options being considered	GREEN
MARAC meetings	PPG / DAHA / Solihull DA	Continued attendance and delivery on resulting actions	Verity Sayers/Sherry McConville/Mark Peniket	Fortnightly	High levels of participation from SCH staff across both Neighbourhood Services and Housing Options – attend the fortnightly MARAC meetings	GREEN
Representation at Safeguarding Children Partnership and Safeguarding Adults Board	PPG / DAHA / Solihull DA Strategy & Action Plan	SCH are represented across a number of safeguarding forums and boards, including relevant sub committees / groups	ELT/ Heads of Service/SCH Safeguarding Lead	Ongoing	To develop an overarching framework of existing Safeguarding Meetings/forums, demonstrating SCH role. Attendance at the Multi Agency Safeguarding meetings has been reviewed to ensure capacity across Board and operational groups.	GREEN

Systems, data, and reporting	PPG / DAHA / Solihull DA Strategy & Action Plan	Compile and report data (internally and to support partnership work)	Verity Sayers Sherry McConville Steve Abrahams Brenda Gallagher	Est: Spring 2023	In place (homelessness data / DA reference, ability to report on ASB where DA is the underlying cause)	GREEN
Systems, data, and reporting	PPG / DAHA / Solihull DA Strategy & Action Plan	Identify any opportunities to address difficulties with some existing IT systems (e.g. extracting detailed information or reports)	Verity Sayers / Sherry McConville	Ongoing and linked to One SCH	Ongoing - to be linked to One SCH and future reporting	AMBER
Systems, data, and reporting	PPG / DAHA / Solihull DA Strategy & Action Plan	Further work required on data analysis of repairs reports, to highlight properties with high levels or types of repairs that could identify an underlying issue of domestic abuse within the household	Claire Albrighton / Katy Vincent	Dec-23	To identify full list of potential repairs ie damage, indicators of potential domestic abuse. Timescale in line with that to be set out in DAHA project plan. Working to specific repair types and any properties that have double the average repairs per year. 17/08/2023 - Claire A will progress with Katy to see if reports can be extracted from OH that meet this criteria	AMBER
Deliver restructuring and best working practice	PPG / DAHA Solihull DA Strategy & Action Plan	Progress new Neighbourhood Services delivery model incorporating operational specialisms and safeguarding	Carol Trappett	December 2023 - in progress	In progress, new Community Safety Manager now in post. Phase 2 (managers) being progressed.	AMBER
Deliver restructuring and best working practice	PPG / DAHA Solihull DA Strategy & Action Plan	Housing Options / TS restructure / alignment	Carol Trappett	Structure design to commence April 2023 - target December 2023 - in progress	Interim structure with a designated DA Housing Options officer. Demand however will still mean casework will be distributed across members, but the specialist will be first point of call for DA case enquiries	AMBER
Deliver restructuring and best working practice	PPG / DAHA Solihull DA Strategy & Action Plan	Ensure relevant learning from DHRs and wider safeguarding learning (local and national) informs operational service delivery	Brenda Gallagher	Ongoing	Learning routinely shared with all members of SCH and via SEDA. In the revamp of SEDA there will be a requirement for service leads to demonstrate how they have utilised learning. Will be tested within the SCH schedule of audits for 2023. Opportunities for learning through DAHA networks- have been shared by DAHA Operational steering group members .	GREEN
Deliver restructuring and best working practice	PPG / DAHA Solihull DA Strategy & Action Plan	DAHA accreditation process / engagement with regional meetings Implement good practice / service changes arising	Brenda Gallagher	In line with timescales set out in DAHA Accreditation project plan	In progress. As members, we now have access to DAHA resources, such as an online tool kit, expert advice, training packages, and access to a regional group and member forums.	GREEN

Deliver restructuring and best working practice	PPG / DAHA Solihull DA Strategy & Action Plan	Use 'voice' of the customer to inform service improvement (directly or through advocates), complaints, surveys, reports	TBA	TBA	Outcomes of VOC audits routinely shared with SCH staff and senior managers. As above, will be required to demonstrate utilisation of the learning and changes to service delivery as a result. Will be tested through Schedule of audits during 2024
Communications	PPG / DAHA	Periodic intranet / ELT / SLT / safeguarding / DAPB messaging	Paul Castles – SCH Comms Team	Ongoing	Article on DAHA membership and benefits in October 2022 SCH Newsletter
Communications	PPG / DAHA	Participate / support partnership and regional / national comms	Paul Castles – SCH Comms Team	Ongoing	Work in progress - BAU

AMBER
GREEN
GREEN

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Policies & Procedures				
<p>Introduce a SCH Domestic Abuse Policy that will align with the DAPB Domestic & Sexual Abuse Delivery Plan 2022-2024 (Preventio & Early Identification, Protection, Strengthened Accountability, Partnerships)</p> <p>Review Workplace Domestic Abuse Policy 2020 with SMBC and staff</p> <p>Introduce procedures for responding to domestic abuse covering: identification, safe response, referrals, record information on management systems, sharing information, support, case closure .</p> <p>Teams to include repairs operatives, neighbourhood services, customer services and engagement staff,</p> <p>Review Procedures that underpin the staff domestic abuse policy ensure victims/survivors who are staff to have clear guidance for safe disclosure, Managers to offer guidance around safety, support, options, and benefits, Managers to respond to concerns raised about staff who may be perpetrating abuse in their relationships.</p>		Mar-24	<p>Draft DA Policy complete. Reviewed by DAHA in January 2024. Amendments to be made and will go to SEDA for initial comments in March</p> <p>Complete - in place</p>	<p>AMBER</p> <p>AMBER</p> <p>GREEN</p> <p>AMBER</p> <p>AMBER</p>
		TBC		
			TBC	

Staff Development & Support

All staff are aware of domestic abuse & its impacts on families by having provision for new employees and agency staff - Update Induction checklist to cover Domestic Abuse & refer to mandatory E learning Domestic Abuse module

TBC

Create a regular programme of role specific domestic abuse refresher training and training for new starters . This to include use of risk assessment tools, information sharing and safeguarding.

TBC

Support role specific continuous learning by for example having regular focus on domestic abuse at team meetings, sharing information and learning, introduce reflective practice for practitioners, have supportive case supervision, those having enhanced training to share knowledge and experience . Seek guidance from DA specialist provider regarding training

TBC

Identify support requirements of the Domestic Abuse lead within Neighbourhood Services to champion and co ordinate approach across the wider business Identify DA champions within the workplace and training

c 20 champions required for DAHA

Complete Resilience Training 2023 for identified staff Review Domestic Abuse workplace policy and Managers Guide to ensure they are up to date and accessible to all staff.

Partnerships & Collaboration

Escalation Procedures will be introduced within the new Domestic Abuse Policy. Consider if Operational Steering Group members should be DA

AMBER

AMBER

AMBER

AMBER

AMBER

AMBER

AMBER

Explore feasibility of enhancing case management systems and flags across practitioner teams to capture and manage DA more effectively - Will work flow assist with this. Has this been identified as a requirement.

Domestic Abuse pathways developed in Housing Options to be shared with other SCH teams .Check if on the SCH intra net

Check with commissioning if they support specialist by and for services. Do we proactively support these services, promoting them to internal teams, supporting funding where able, and supporting co-location DA specialist services.

Consider whether the links with by and for organisations can be enhanced eg Birmingham LGBT,Roshni, Panaghar

Page 136

Safety led Case Management

Undertake an assessment as to how the CMS used across Open Housing, Jigsaw and Abritas supports accurate information recording and sharing for domestic abuse cases and whether they can create reports that include demographics and tenure .

Ensure system upgrade for the Allocations Policy includes this requirement. Link to A28

In addition to service case audits , language used in cases will also be included as part of SEDA assurance audits. Include Language Matters as part of Induction Checklist and all agency staff referred to this document.

Need to ensure refresher DASH Risk Assessment is available and training available to new starters

AMBER

AMBER

AMBER

AMBER

AMBER

AMBER

AMBER

In addition to service case audits , case notes and records will also be included as part of SEDA assurance audits.

Consider what data is collected . Is recording of protected characteristics enabled for both victims and perpetrators?

Victim/Survivor Led Support

Repairs policy to include approach to DA and repairs eg adjustment to repairs service priorities to be responsive to repair issues arising from domestic abuse . Do we waiver recharges where necessary?
Arrears policy to include approach to rent arrears and DA

How do staff agree preferred safe methods of contact with victim/survivors and how do they protect and respect their confidentiality during these contacts .

Do Neighbourhood Services carry out satisfaction surveys of victim/survivors experience of our service response ? Is equality data from this collected?

Give examples of where customer feedback has influenced service delivery. Involve service users in the development of the Domestic Abuse policy.

Develop Service standards for Domestic Abuse

Intersectional & Anti Racist

Intersectionality approach to be reflected in the Domestic Abuse and DA Workplace policy

AMBER

AMBER

AMBER

AMBER

AMBER

AMBER

AMBER

Introduce staff awareness training of intersectionality and its impacts in domestic abuse . To include an understanding to barriers to disclosure and how to tailor the response to survivors with different characteristics

Explore with IT the need for case management systems (CMS) to have the capability to collect, analyse and evaluate data on all demographics and protected characteristics. Use the opportunity to do this with future system for managing allocations

Consider as part of discussions around offer re TA, Refugees etc

Ensure staff aware of support to migrant

survivors/NRPF

Ensure staff awareness of referrals to Birmingham LGBT ,Roshni, Panagar or national organisations providing specialist DA support tailored to different communities

Provide specific staff training on good practice in case recording covering non biased language, logging every communication with external/internal partner. Consider internal marker for DA that will be easily identified by staff.

Perpetrator Accountability

Domestic Abuse, Allocations Policy and ASB policy to align around the he Domestic Abuse Partnership Board's Domestic and Sexual Abuse Delivery Plan 2022-2024 which includes strengthening accountability of perpetrators

AMBER

AMBER

AMBER

AMBER

AMBER

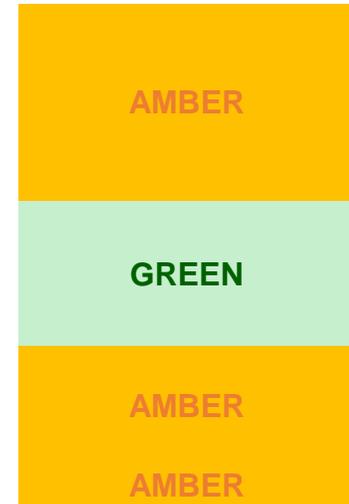
AMBER

AMBER

Explore strategic approach to identifying perpetrators of abuse , recording and sharing relevant perpetrator information through the Community Safety Partnership - Safer Solihull Executive Board Priority area - Violence against Women and Girls

Ensure neighbourhood services staff can identify DA via ASB complaints and treat DA survivors in an empathetic way- looking at ASB through a DA Work in partnership with drug and alcohol services,probation,police to engage perpetrators/hold them to account for DA
Alternative housing pathways for perpetrators?

In place



Publicity & Awareness

Publicise DA on the Internet
Publicise the DA Workplace policy on the intranet
Use different types of internal communications adapted to different learning needs and different audiences and use of social media , involvement in campaigns (16 days of activism, white Ribbon etc)

In place



Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Introduce a standalone safeguarding risk register on the JCAD Risk Management system that captures the relevant risks and actions and review risks at SEDA meetings.	Brenda Gallagher	completed November 2022	Internal audit risks to be entered onto JCAD	GREEN

Task	Responsible Officer	Target Date	Progress Update	RAG Rating
Implement All Age Exploitation Procedures and Tools	Sherry McConville, Mark Peniket	Completed	SCH NS team use the Exploitation screening tool where there is exploitation or suspected exploitation and referrals are made to the Exploitation reduction team to enable a joined up multi agency approach to tackling and reducing exploitation.	GREEN
SCH Teams to be aware of ERDG Delivery plan and contribute as relevant - Section 4	Sherry McConville, Mark Peniket, Natalia Cunningham Brown, Verity Sayers	Completed	BG circulated plan to teams, Vulnerability Tracker shared, team contribute feed back re Section 4 legal actions and provide feedback to Rachael Eaves	GREEN
SCH sharing best practice	Mark Peniket, Sherry McConville	Completed	SCH practitioners delivered a training Webinar across the Partnership on 12/10/2022 on tackling exploitation in ASB housing casework.	GREEN

Language Matters -Disseminate revised document at face to face meetings

SEDA Managers

March 2023

Some teams already gone through this at team meetings. Will also be covered at February 23 FLMs meeting Natalia & Stuart presentation to enable role specific understanding. SB proposal: Start with the teams who already have an understanding of language and who have report writing and engagement core to their roles. We can then use any external support identified later to work with those who are not so familiar. NCB & SB presented the Language Matters strategy and guide at the FLM meeting on 08/02/23. This also included an offer to introduce and support how FLMs deliver and roll out the training to their teams.

GREEN

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Document is Restricted

This page is intentionally left blank

Meeting of the Board



Report title: Quarter 3 2023/24 Performance Update
Meeting date: 19th February 2024
Report from: Becci Youlden- Head of Customer Experience
Report author/lead officer: Katy Vincent Business Intelligence Manager
 07787 286779 katyvincent@solihullcommunityhousing.org.uk
Report type: Confidential
 Open
Decision type: Assurance Approval Information

1. Report overview/purpose

1.1 To give an update on performance at the end of Quarter 3 of 2023/24 where targets have not been met.

2. Recommendations

2.1 The Board is asked to:

(1) Note those indicators, and the associated narrative, where the target performance has not been achieved.

3. Performance Summary

3.1 At the end of Q3 2023/24 there were 34 KPIs with targets. In summary, performance was:

		Trend
	Target is being met	↑
	Performance is within the tolerance range	↓
	Target is not being met	↑

3.2 Since the end of Q2 2023/24, improvements have been made against:

- **CH02a – Complaints resolved in timescale (Stage 1).** There has been an improvement in the number of stage 1 complaints which have been handled in target timescales. A new complaints pilot has commenced to centralise the management of stage 1 complaints across the business to ensure customers are informed, updated and that complaints are compliant. This will also allow more work to take place to investigate the root cause of a complaint and ensure learning is captured and acted upon.
- **AM1b - Percentage domestic properties with a satisfactory Electrical Installation Condition Report.** There has been an improvement on the number of properties without a valid EICR, and this has reduced to 95.
- **AM1g - Percentage of high rise fire safety remedial actions completed to timescale. The number of high rise FRA remedial actions completed within target timescales** has improved and are now being managed through the FRA Remedial Implementation Plan.
- **WR15 - Current tenant arrears as % of rent debit.** This indicator has improved following the rent free weeks, and we are also in a stronger position than this time last year suggesting we are on track to meet target.
- **HO3a - Average stay in budget hotels (families with children) – days.** Following successful implementation of the B&B reduction plan the average stay has continued to reduce since July 2023.

4. Performance Exceptions

4.1 There were eleven red indicators at end of Q2, which is an increase from the position at the end of Q2 2023/24. There was a further four off target but within tolerance, down from eight at the end of Q2 2023/24. The red issues were:

4.2 CH02a - Complaints resolved in timescale (Stage 1)

Whilst there was an improvement in position during December, this indicator remains below the target of 92% with 72.41% of complaints in month closed in target and 68.77% year to date.

On the 22nd January a new complaints pilot commenced to centralise the management of stage 1 complaints across the business to ensure customers are informed, updated and that the complaints are compliant. This will also allow more work to take place to investigate the root cause of a complaint and ensure learning is captured and acted upon.

4.3 RP01 – Homes that do not meet the Decent Homes Standard

At the end of December, the percentage of properties not meeting the Decent Homes Standard was 2.13%, which moves this indicator outside of the tolerance of the target of 0%.

Following the implementation of the Decent Homes module in OpenHousing, data has been reviewed to give a more accurate position. In total 213 properties failed, with 186 being component failures (a majority for bathroom or kitchen), 1 thermal comfort failure and 27 due to low EPC.

4.4 **BS01 - Percentage of properties with valid gas certificate**

At the end of December there were 10 properties outstanding, giving an outturn of 99.88%.

As at 17th January, this had increased to 12 properties. Of these, 1 had their last service in November 2022, 5 were in December 2022 and 6 were in January 2023. There were 10 properties in low rises, 1 in a flat over a garage and 1 in a high rise. 3 cases have been passed to the legal team, 3 cases are having their legal pack prepared, in 1 case the tenant has passed away, 1 is awaiting the tenant adding credit to meter (wouldn't allow capping) and 4 have a confirmed appointment.

4.5 **BS02 – Percentage non-domestic assets covered by a valid FRA**

The Q3 outturn was 99.61%, and this was due to nine low rise FRAs not being completed within their target timescale. At the time of reporting eight of these had been completed.

These were due to access issues, and a process is being implemented with FCMS to ensure access to communal spaces (without fob entry) doesn't impact on FRA delivery going forward.

4.6 **TP09 – SCH approach to handling complaints (satisfaction)**

The Q3 outturn was 33.33%, which is a decrease of 2.08% from the Q2 23/24 position giving a year-to-date position of 37.17%. Whilst this is a low level of satisfaction, the sector as a whole is reporting low scores; SCH are currently in the second quartile for the year to date position, compared to our peer group (as per the Housemark midyear benchmarking).

Follow up calls will be made with residents to understand the root cause of the dissatisfaction, and if any residents hadn't raised formal complaints we will ensure a formal complaint is raised where appropriate.

4.7 **AM1b - Percentage domestic properties with a satisfactory Electrical Installation Condition Report**

Whilst this indicator remains below target, the number of properties with a satisfactory EICR has further increased, continuing the trend of improvement since

July 2023. At the end of December, there were 95 properties with an overdue EICR compared with 112 at the end of September. This gave an outturn of 99.03%.

Included in these are the properties without a 10yr certificate, and the number of these has reduced to 14.

4.8 AM1g - Percentage of high rise fire safety remedial actions completed to timescale

Of the 8 high rise FRA actions completed in December, 5 were completed within target timescales. There are currently 37 overdue high rise FRA actions.

All of the high rise actions which are already overdue are included within the FRA remediation plan for completion. Actions and target dates have been agreed dependent on the action type.

4.9 AM1h - Overdue FRA remedials (all stock)

The number of overdue remedials arising from FRAs has seen a further increase in Q3.

As per AM1g, these actions are included within the FRA remediation plan for completion. Actions and target dates have been agreed dependent on the action type.

4.10 HO1 - Average stay (families with children) in budget hotels

The year to date outturn is an average stay of 88 days, which is within tolerance of the target of 80 days but the in month position was 129 days taking it over target.

We have seen a reduction in overall stay from the previous months position of 153 days. We will continue to closer monitor all households in temporary accommodation to identify clear and appropriate housing pathways into permanent accommodation.

A small number of households with complex needs leading to a lengthy stay have driven up the average of this KPI. Of all households currently in TA, the longest stay is 1147 days.

4.11 HO5 - Percentage of homeless approaches where prevention or relief achieved

The year to date outturn is 62.50%, which is above the target of 60% but the in month position was 47.95% taking it below target.

Whilst overall this position was below target, our prevention figures alone were over the 60% target which is positive and where we should be achieving the majority of housing outcomes.

We continue to work on our relief housing outcomes by rehousing households via our Solihome scheme and assisting clients to access supported accommodation. We are continually seeking to increase our access to accommodation internally and with partners.

4. CR36 – Contact Centre ASA (Average Seconds to Answer)

The year to date outturn is 208 seconds, which is below the target of 210 seconds but the in month position is 359 seconds taking it above target.

The ASA increased significantly in December; this can be partly attributed to the increased calls due to adverse weather. The shortened month meant there was not sufficient time to recover from the peaks in calls. The Contact Centre continue to carry vacancies, however absence has reduced compared to the previous three months.

The Contact Centre management team are in the process of recruiting & a recent new starter is now live on the calls.

5. Tenant Satisfaction Measures

During Q3, the next round of quarterly tenant satisfaction measures surveys was undertaken. Of the twelve measures, one was below target (Complaints satisfaction, as detailed above), three were below target but within tolerance, and eight were above target. This is an improvement in comparison with our TSM results from Q2 2023/24.

Overall satisfaction with SCH however has increased to 83.92%, which is our highest result since conducting these surveys.

Additional analysis collating previous quarters data is underway, and a satisfaction action log is updated to monitor progress against actions identified through this.

6. Supporting the SCH Delivery Plan

- 6.1 Supports the enabling theme *'How we work: delivering sustainable, value-for-money services, proactively adopting digital technology to enhance how customers interact with SCH, whilst using robust data to drive evidence-led service improvement'*.

7. Consultation and engagement

7.1 TSMs are directly reportable from residents. The SCHAPE panel will consider the summary of performance and the TSMs are a direct

8. Financial implications

8.1 There are no specific cost implications arising from this information report. The costs of delivering services are covered by the annual budget setting process.

9. Legal implications

9.1 TSM management and perception indicators are a regulatory requirement.

10. Risk implications

10.1 Not calculating the TSMs accurately in line with the technical requirements could lead to a regulatory judgement.

11. Equalities implications

11.1 There are no equalities implications arising from this report.

12. Appendices

None



Board Forward Plan

Monday 19 February 2024		
Brought forward from:	Agenda Item	Owner
	Quarter 3 2023/24 Performance Exception Report	Martyn Sargeant
	Quarter 3 2023/24 Health and Safety Report	Mark Wills
	Quarter 3 2023/24 Financial Monitoring	Sam Gilbert
	Data Information and Knowledge Management Strategy	Becci Youlden
	Annual Summary for Safeguarding Exploitation Domestic Abuse (SEDA) Update	Carol Trappett
	Chair's Report from Audit and Risk Committee 11 December 2023	Mark Thrasher
	Chair's Report from Building Safety Committee 9 October 2024 and 29 January 2024	Richard Hyde
	Chair's Report from Extra Ordinary Building Safety Committee 2 November 2023	
	Chair's Report from Housing Operations Committee on 5 February 2024	Phil Hardy
	Board and Committee Dates for 2024	Sarah Brookes
Monday 20 May 2024		
Brought forward from:	Agenda Item	Owner
	Quarter 4 2023/24 Performance Exception Report	Becci Youlden
	Quarter 4 2023/24 Health and Safety Report	Mark Wills
	Quarter 4 2023/24 Financial Monitoring (March 2023)	Sam Gilbert
	Financial Outturn 2023/24	Sam Gilbert
B/F as per FH email 15/1/24	SCH/SMBC Management Agreement	Paul Edwards
	Customer Experience Strategy	Becci Youlden
	Chair's Report from Audit and Risk Committee 4 March 2024	Mark Thrasher
	Chair's Report from Building Safety Task and Finish Group 29 April 2024	Richard Hyde
	Chair's Report from Human Resources, Equalities and Remuneration Committee on 11 March 2024	Louise Tubbs
	Chair's Report from Housing Operations Committee on 9 May 2024	Phil Hardy

Regular Items (every meeting):

- Minutes of Previous Meeting
- Action Log
- Declarations of Interest
- Minutes from Committee Meetings

Quarterly Reports:

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

Annual reports:

- Delivery Plan 24/25 (Paul Edwards – January 24)
- Governance/SO Review (Paul Edwards – Sept 24)
- Corporate Risk review (Mark Wills – Sept 24)
- Review against Code of Governance for Complaints (Becci Youlden – Sept 24)

11/02/24