



Solihull Community Housing

SCH: Board Meeting

Tuesday 24 February 2026 - 6.00 pm at Endeavour House - Meriden Drive, Kingshurst

Agenda

Ref	Item	Purpose	Lead	Report Type	Report classification
1.	Chair's Welcome and Introduction	Information	Simon Wilson	Verbal	Open
2.	Apologies for Absence	Verbal	Open	Verbal	Open
3.	Declarations of Interest	Verbal	Open	Verbal	Open
4.	Minutes of the Meeting held on 17 November 2025	Approval	Simon Wilson	Written	Open
5.	Action Log	Approval	Simon Wilson	Written	Open
6.	Chief Executive's Update	Information	Lee Sugden	Written	Open
7.	Strategic Performance Report Quarter 3 2025/26	Assurance	Becci Youlden	Written	Open
8.	Corporate and Joint Risk Management Report	Approval	Mark Wills/ Paul Edwards	Written	Open
9.	Health and Safety Quarterly Report: Q3	Assurance	Mark Wills	Written	Open
10.	Corporate Assurance Dashboard	Approval	Paul Edwards	Written	Open
11.	Biomass Heating System Update - Tariff Setting 2026/27	Approval	Simon Wilson/ Darren Baggs	Written	<i>Closed</i>
12.	Board Governance and Structure	Approval	Paul Edwards	Written	Open
13.	SCH/SMBC Management Agreement	Information	Paul Edwards	Written	Open
14.	Strategic Vision and Delivery Plan 2026-31	Approval	Paul Edwards	Written	Open
15.	Financial Monitoring and Forecast - Q3 2025/26	Approval	Sam Gilbert	Written	Open

16.	Chair's Report from Audit & Risk Committee Meeting held on 28 January 2026	Assurance	Mark Thrasher	Written	<i>Closed</i>
17.	Chair's Report from Building Safety Committee held on 2 February 2026	Assurance	Simon Wilson	Written	<i>Closed</i>
18.	Chair's Report from Housing Operations Committee Meeting on 9 February 2026	Assurance	Phil Hardy	Written	<i>Closed</i>
19.	Forward Plan	Information	Simon Wilson	Written	Open
20.	Any Other Business	Information	Simon Wilson	Written	Open
21.	Review of Meeting	Information	Simon Wilson	Written	Open

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MINUTES

Present: Simon Wilson, Bernie Donnelly, Phil Hardy, Mark Parker, Dave Pinwell, Gail Sleigh and Mark Thrasher

Officers: Fiona Hughes – Chief Executive
Sarah Brookes – Business Support Manager
Martin Clayton - Head of Investment and Commercial Partnerships
Andy Duke – Head of Assets and Development
Paul Edwards – Executive Director of Customer Experience and Corporate Support
Satnam Kaur – Assistant Director for Housing (SMBC)
Abel Phiri – Head of Building Safety
Carol Trappett – Head of Housing and Neighbourhoods
Perry Wardle - Director of Economy and Infrastructure
Mark Wills - Health, Safety and Risk Manager

1. CHAIR'S WELCOME AND INTRODUCTION

The Chair welcomed both in person and remote attendees to the meeting which commenced after the AGM at 18:02. Phil Hardy and Bernie Donnelly attended virtually.

2. APOLOGIES FOR ABSENCE

Apologies were received from Susan Buckley, Darren Baggs, Sam Gilbert and Becci Youlden.

3. DECLARATIONS OF INTEREST

There were no general declarations of interest. The Chair reminded the Board that declarations should be made at the point each agenda item is discussed.

4. MINUTES OF THE LAST MEETING HELD ON 15 SEPTEMBER 2025

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

5. ACTION LOG

The action log was reviewed and noted. Fiona Hughes advised that there were no outstanding actions requiring escalation or special attention. No questions were raised by Board members.

DECISION

(1) **APPROVED:** the action log.

6. CHIEF EXECUTIVE'S UPDATE

Fiona Hughes presented the CEO report and highlighted several key areas:

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- **Governance:** Fiona reported that the format of the Quarterly Monitoring Board (QMB) meeting had changed to include housing spokespersons from opposition groups. The first meeting in the revised format had taken place and the pack had been circulated to all Board Members.
- **Joint Executive Delivery Group:** Fiona confirmed that the Joint Executive Delivery Group, proposed in the governance review, had now been formalised. It will be jointly chaired by Fiona and Perry Wardle and will ensure alignment across shared areas of business. It will inform the QMB and address issues arising from monitoring activity.
- **Inspection Preparation:** Work was progressing on preparations for inspection. Campbell Tickell were supporting SCH and the Council in developing an assurance framework. The Chair had also contributed to this work.
- **Board Structure and Recruitment:** Fiona advised that a further discussion on the Board structure and future recruitment would take place under item 10. She welcomed the progress made in developing the proposals.
- **Committee Chairs Coordinating Group:** Fiona reported on the introduction of the new meeting to ensure alignment of Committee business. Following consultation, the Board meeting times would remain at 18.00 for the time being.
- **Executive Team:** A restructure has taken place within the Operations division. The building safety and repairs functions have been brought together under a single Head of Service, and recruitment for a separate Head of Asset Management and Development is under way.
- **Staff Accommodation:** Fiona advised that refurbishment work at Endeavour House was taking place following approval of reserves. SCH had also committed in principle to taking office accommodation within the future Kingshurst Health and Wellbeing Centre. Further detailed planning would follow. Perry Wardle provided clarification that formal Cabinet decisions were still required and that funding and operational planning were not yet finalised.
- **Regulatory Engagement:** Fiona noted that feedback from Campbell Tickell (CT) following their observation of the previous Board meeting was generally positive, with some areas for improvement identified.
- **Finance:** SCH was currently in a stronger position, with a balanced year end outcome now forecast. Requests for additional reserves had been prepared for consideration later in the meeting under item 11.
- **Building Safety:** The Council had been asked by the Building Safety Regulator to apply for building safety certificates. Four reports had been submitted by the deadline and three further reports were in preparation.
- **Housing Operations:** Fiona drew attention to partnership work with the police, particularly in relation to anti-social behaviour and preventative activity.
- **Staff Conference:** Fiona informed the Board that the next Staff Conference would take place on 22 April and that invitations would be issued shortly.

A Board member sought clarification regarding an item in the CT feedback relating to confusion over governance boundaries. Fiona and the Chair explained that this related to the discussion on biomass at the previous meeting and the need for clearer delineation of where final decisions should be taken between SCH and the Council. The new process of pre meeting discussions with Perry Wardle and Sam Gilbert had been introduced to avoid future issues.

The Board commended the team on Ombudsman determinations that recorded no maladministration and noted the positive annual report.

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A Board member sought assurance regarding the proposed relocation to the new Health and Wellbeing centre, expressing concern about risks associated with inflexible office developments. Fiona Hughes confirmed that the building was a multi partner facility and was not being built specifically for SCH. Perry Wardle added further detail on the decision-making process, confirming that Cabinet had not yet considered the proposal and that significant planning and formal approvals were still required. A Board member asked whether all staff would move to the new office accommodation. Fiona confirmed that detailed planning, including desk numbers and occupancy arrangements, had not yet been undertaken and would follow later approval stages.

A Board member raised points about organisational development and staff survey response rates. Fiona responded that while higher response rates were always desirable, the rate achieved was reasonable and work was under way to demonstrate responsiveness to staff feedback, support cultural development and maintain staff engagement.

DECISION

(1) NOTED: the content of the report.

7. STRATEGIC PERFORMANCE REPORT QUARTER 2 2025/26

Paul Edwards introduced the quarterly performance report and provided a detailed narrative on several key themes. He highlighted SCH's strong performance against sector benchmarks, explaining that SCH continued to perform above average in most measures and was placed within the top quartile for more than half of the indicators assessed against local authority peers.

He addressed the damp and mould performance, acknowledging that the annual target would not be met due to the volume of unresolved cases in the first half of the year. Paul emphasised that performance had improved since the introduction of Awaab's Law and that ongoing work was expected to further strengthen compliance. Performance would therefore be reported in two parts, distinguishing activity prior to and following the implementation of the new requirements.

Paul then commented on the measure relating to average length of stay in temporary accommodation, explaining that the data was recorded at the point individuals exited temporary accommodation. As a result, where residents with long-standing placements were being successfully moved on, performance indicators could appear to move adversely despite positive operational progress. He concluded with an update on fire safety remedial actions. Although performance remained below the target for timely completion, the number of overdue items had reduced significantly. The remaining open actions were more complex in nature, but teams were working towards completing them before year end (quarter 4).

The Board noted that these matters had also been considered at the recent Housing Operations Meeting. It was reported that the drop in Tenant Satisfaction Measures (TSMs) highlighted at the previous meeting had largely reversed in quarter two. The TSM results for 2024/25 when compared with the local authority peer group showed 86% performing better than the median and 59% in the top quartile. The quarter two position compared with the national local authority benchmark showed a similar picture with 56% of measures in the top quartile.

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During questions, the Chair asked whether early themes had emerged from sentiment analysis linked to customer satisfaction. Paul explained that initial findings indicated dissatisfaction was often linked to perceptions of poor communication, particularly regarding repairs and follow-on works. He noted that dissatisfaction tended to cascade across multiple survey areas when customers felt poorly informed. A Board member queried the reliability of the quarterly satisfaction results given their small sample sizes. Paul outlined the regulatory framework for sampling and confirmed that while quarterly results carried a wider margin of error, the annual consolidated data provided a robust position.

The Board referred to page 96 of the pack '6.2 Measures' and requested a breakdown of the figures. Paul Edwards advised that the report provided an overview only and confirmed that a breakdown of the figures would be provided following the meeting.

ACTION: 20251117-BOARD-001

Voice of the Customer and Service Standards - The Board considered the Voice of the Customer report, and members commented positively on its clarity and structure. A question was raised about the lower satisfaction levels reported in the aids and adaptations and the well-being service, specifically whether steps were being taken to encourage a higher volume of customer responses. Paul acknowledged the issue and explained that the volatility of small sample sizes was a recognised challenge. SCH would continue to review quarterly data for early warning purposes while using cumulative annual data to provide a more accurate indication of performance.

DECISION

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| (1) REVIEWED: | the progress against the component elements of the Strategic Performance report including the key performance indicators. |
| (2) NOTED: | the action being taken where performance targets are not being met. |

8. CORPORATE AND JOINT RISK MANAGEMENT REPORT

Mark Wills presented the corporate risk report and confirmed that there had been no significant changes to the overall risk scores or the direction of travel since the previous report in September. He advised that the Audit and Risk Committee had met during the previous week and had undertaken a detailed review of the risk register. Mark outlined the current risk profile, explaining that SCH continue to manage seven corporate risks and three shared risks with the Council. One operational risk relating to spandrel panels had been escalated for corporate oversight.

Mark Thrasher highlighted that the forthcoming Risk Management Workshop scheduled for 12 December would involve Audit and Risk Committee members and Committee Chairs. The workshop will focus on sector risk profiles, regulatory expectations and opportunities to strengthen SCH's approach to risk governance.

Mark Wills reported that Amanda McGivern would be attending the December Risk Management Workshop to lead a focused session on cyber risk, recognising its increasing prominence across the sector.

The Committee asked whether cyber risk should now be designated as a joint risk, noting that this had been discussed at the last meeting. Paul Edwards advised that the

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December workshop would provide the appropriate forum for this discussion and would enable constructive debate before any recommendation was brought forward.

The Chair raised a concern regarding the Voice of the Customer section of the report format, noting that the development of risk thinking might benefit from greater engagement with stakeholders and customers. He cautioned that the current approach risked becoming too internally focused. Paul Edwards responded that, subject to decisions later in the meeting about the Board governance, there may be an opportunity to explore an appropriate mechanism for broader stakeholder involvement.

DECISION

(1) NOTED: the content of the report.

9. CORPORATE ASSURANCE DASHBOARD

Paul Edwards presented an early draft of the new Corporate Assurance Dashboard. The Board had been receiving detailed performance reports that focus on service outcomes, but there is less visibility of the organisation's overall "health", such as governance, risk management and how well internal processes are working. The new dashboard is intended to fill this gap.

Paul explained that the final approach is likely to have two main parts:

1. Operational performance – how services are performing.
2. Corporate assurance – how well the organisation itself is functioning.

Over time these could be combined into a single high-level overview for the Board and other stakeholders. Paul stressed that the version shown was only a prototype to stimulate discussion and gather feedback from Board members.

The Board supported the dashboard and said it gave a clearer picture of the organisation. However, it was missing an important area of the customer voice, such as satisfaction results and complaints learning. Another Board Member agreed and said a dashboard would be easier to digest than lengthy written reports. They supported having a performance dashboard, an assurance dashboard and a short summary that combines the key points.

The Board suggested that, in the future, an online version could allow Board members to click into sections for more detail. A further comment was made that dashboards help the Board identify trends over time, but they must be supported by access to the detailed information behind them. This prevents discussions becoming superficial. One member noted that the mock-up included targets for areas such as Finance and Health and Safety and suggested adding similar targets for areas like sickness absence to show whether performance is on track.

Paul confirmed that the design shown was an initial draft and that targets, thresholds and customer-focused indicators could all be added as part of the next stage of development. He agreed that more work was needed to decide where Voice of the Customer best fits within the framework.

The Board agreed that development should continue with focus on:

- including suitable Voice of the Customer indicators,

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- adding appropriate targets to show expected performance levels, and
- exploring longer-term options for more interactive digital versions.

Paul will bring back a revised version to a future meeting. **ACTION: 20251117-BOARD-002**

DECISION

(1) CONSIDERED: the proposed contents of the dashboard.

10. BOARD GOVERNANCE AND STRUCTURE

The Chair introduced the report, noting that the proposals followed the Board Away Day in October, where members had reflected on the effectiveness of the current governance and committee structure as well as the overall composition of the Board. The purpose of the paper was to present formal recommendations for approval. Paul Edwards explained that this report built on earlier governance work. He confirmed that Section 4 set out a preferred option to retain the existing constituency model, while seeking the Council's agreement to increase the number of Independent Board Members. This reflected the Away Day discussion and would strengthen the range of expertise available without losing the benefits of constituency representation. He drew attention to Section 5, which summarised the drivers for change and the options considered. The analysis informed the recommendations.

A member noted that a constituency model and a skills model are not mutually exclusive and that both approaches could work together, as tenant and Council appointed members could still be recruited with reference to identified skills gaps. The Board agreed that maintaining and using a skills matrix remained essential.

Paul and Fiona Hughes agreed, noting that constituency roles brought inherent strengths, particularly tenant experience, but that the proposed changes would increase flexibility to recruit Independent Members with targeted expertise, such as in asset management or building safety. Given the increasingly complex operating environment and rising regulatory expectations, the Board agreed that access to additional technical skills was important. It was also noted that only six Members were present at this meeting, highlighting the need for greater resilience in Board capacity. Fiona confirmed that Board recruitment had been paused because of three vacancies. If the new model was approved, SCH would move quickly to recruit.

The Chair stressed that disbanding the HR Committee did not reduce the importance of HR or EDI matters, which would instead be reported directly to the Board.

The Chair observed that the Articles of Association are currently highly specific about Board composition and suggested that a more flexible approach may be preferable. He proposed raising this with SMBC, and Fiona added that it would be helpful to consult with Andrew Kinsey on the best way to progress this discussion. **ACTION: 20251117-BOARD-002**

A member asked whether the new committee structure would require updated Terms of Reference. Paul confirmed revised Terms of Reference would be presented to the Board in February. **ACTION: 20251117-BOARD-003**

It was noted that the Articles already allow up to three co-opted members, and that SCH currently has two co-opted members without voting rights.

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The Board discussed the recommendations in detail and agreed that the proposed governance changes offered a balanced and effective model, retaining the strengths of the constituency approach while enabling broader access to specialist expertise. The Chair confirmed that the report had been shared with Phil Hardy and Susan Buckley, who were supportive.

The Board approved the recommendation to begin discussions with SMBC regarding potential changes to Board composition. The Board delegated authority to the Chair to agree the final wording for this recommendation.

The Board noted the need to move at pace. Any amendment to the Articles would require a general meeting, and the intention was to bring proposals to the February Board meeting, subject to discussions with SMBC and statutory notice requirements.

DECISION

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| (1) TO COMBINE: | Housing Operations and Building Safety to create a Performance and Safety Committee. Create a Customer Committee with a customer experience remit (Option 2 below) |
| (2) TO DISBAND: | HR, Equalities and Remuneration Committee, to absorb strategic elements of the role at Board level and to create a standalone Remuneration Committee to meet on an ad hoc basis when and if required (Option B below). |
| (3) TO CREATE: | a Finance Working Group or similar. |
| (4) TO RECOMMEND: | to SMBC that the Articles of Association be amended to increase the number of independent Board members from 3 to 4 and to recruit to the independent vacancies. |

11. ANNUAL GOVERNANCE REVIEW OF COMPLIANCE AGAINST THE NHF CODE OF GOVERNANCE

Paul Edwards presented the report and explained that it outlined SCH's compliance with the National Housing Federation Code of Governance, together with Committee memberships, Board Member attendance and related governance information.

Paul advised that there were two minor corrections, at Sections 1.1 and 2.1.2, where the papers should ask the Board to note the current Committee memberships, rather than approve them. He explained that, subject to decisions from the previous agenda item, a revised Committee structure would be implemented for the next financial year.

An update was provided on actions arising from last year's governance review, and a new set of actions had been proposed for the current year based on the latest assessment.

DECISION

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| (1) AGREED: | the actions to strengthen compliance against the code (section five). |
| (2) NOTED: | the Committee membership and agreed the proposed changes. |

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(3) NOTED:

the record of Board members' meeting attendance, declaration of interest and expenses claimed for 2024/25 (appendix A).

12. BIOMASS HEATING SYSTEM UPDATE REPORT

Fiona Hughes presented the report, noting that it was provided for information only, with no decisions required at this stage. The report set out several elements for the Board to formally note, as summarised in Section 2.1. She reported that Phase One of the Heat Network Efficiency Scheme had now been completed, covering three energy centres and eight blocks.

Early outcomes from the completed works included:

- Zero unplanned outages
- Improved performance of heat interface units and heating circuits
- Significantly greater control of heat network performance enabled by the replacement of the Building Management Systems (BMS), allowing greater optimisation and operational efficiency

Fiona confirmed that a bid for Phase Two was currently submitted, with an outcome expected in January. If successful, Phase Two would cover five plant rooms/energy centres and ten further blocks. A final phase would then be required for the remaining five plant rooms and five blocks, subject to future funding availability.

Fiona reminded the Board that the biomass tariff decision is delegated to the SCH Board, and a tariff proposal would be brought to the February meeting. She explained that the tariff is based on two factors:

1. The forecast cost of running the system
2. The forecast income based on customer consumption

The tariff assumption of 1,900 kWh per household was proving optimistic. Current projections suggested that consumption may be closer to 990 kWh, although winter usage may raise this estimate. The Board noted that this variance could have implications for the 2026/27 tariff, but no decision was required at this stage.

The Board noted that while SCH sets the tariff, investment decisions relating to plant and system maintenance fall within the remit of the Council. A report had been presented to the Economic Development, Managed Growth and Skills Scrutiny Board recommending the replacement of all BMS units. Scrutiny supported this recommendation, which would now progress to Cabinet on 11 December.

Scrutiny also agreed to establish a Task and Finish Group. SCH would provide information to support the group's work, and any relevant findings would be reported to the Board.

During the discussion, Board Members raised several points requiring clarification or further work by SCH:

- **Winter usage forecasting** - A Board Member queried whether the projected end-of-year consumption figure adequately reflected the expected rise in usage over the winter period. Fiona confirmed that some seasonal adjustment had been factored in, although the forecast still relied on assumptions that may change as cold weather usage becomes clearer. The Board noted the need for SCH to refine consumption modelling ahead of the February tariff decision.

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- **Energy tariff comparability** - Members asked how the proposed biomass tariff could be meaningfully compared with electricity and gas prices, given the differences in efficiency and energy conversion. Officers explained that while comparison based on price per kWh is possible, the differing energy sources and system efficiencies limit direct comparison. SCH agreed to revisit this issue and provide a clearer, customer-friendly explanation, including indicative annual heating costs, within the February tariff paper.
- **Long-term viability and environmental position of biomass** – The Board queried whether biomass remained an environmentally sound option, noting that sector views had changed over the last decade. Fiona acknowledged that the Council would need to consider this as part of its wider investment strategy and agreed to provide updated information on the current environmental position of biomass for Board consideration.
- **Financial support for residents** - A Board Member asked how many residents had sought financial assistance. Fiona confirmed that SCH works closely with Act on Energy and Satnam Kaur confirmed that the data on the number of households accessing the Household Support Fund is included within the Scrutiny Board report.

Actions for SCH *ACTION: 20251117-BOARD-004:*

1. **Refine consumption modelling**
Update the winter-adjusted consumption forecast and incorporate improved modelling into the February tariff report.
2. **Provide clearer tariff comparability information**
Include an explanation of how biomass costs compare with other heating sources, supported by annual cost estimates for a typical property, and recirculate previous comparative analysis.
3. **Provide updated environmental information**
Supply an up-to-date summary of the environmental performance and sustainability position of biomass as part of the wider strategic context.

DECISION

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| (1) NOTED: | the progress in various areas of activity as set out in the report |
| (2) NOTED: | the progress and positive impact following investment in the district heating system infrastructure through HNES funding and the imminent submission of a further application for round 10 HNES funding. |
| (3) NOTED: | the recommendations to be made by SMBC Economic Development, Managed Growth and Skill Scrutiny Board to SMBC's December Cabinet meeting as set out in 7.3. |
| (4) NOTED: | that this report to SCH Board along with meeting decisions will be shared with SMBC so that, where appropriate, there is alignment with SMBC reporting on this issue. |
| (5) NOTED: | Board will receive revised 2026/27 Biomass Tariff proposals at its February 2026 meeting, informed by works as identified in 6.5. |

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- (6) NOTED:** the legal implications associated with heat networks as set out in 10.1 and the steps being taken to review SCH operations in line with these new regulations, and to note the alignment of any improvement works with regulatory standards.

13. STRATEGIC VISION AND DELIVERY PLAN 2026-31

The Board received an update on the Strategic Vision and Delivery Plan. The Chair noted that this item had been discussed previously at the September Board meeting and further explored at the October Away Day.

Paul Edwards reported that the framework had since been reviewed by the Council's Scrutiny Board, which made a small number of suggested amendments, referenced at section 3.6 of the report. A draft of the Strategic Vision and Delivery Plan had been included at Appendix 1, along with an initial set of annual deliverables and KPIs. Paul stressed that these KPIs and indicative targets were subject to refinement now that regulatory benchmark information was available and discussions had taken place with Council colleagues.

Paul confirmed that the intention was to develop a five year plan, supported by an annual schedule of deliverables and KPIs that would be updated each year. He explained that, at this stage, the Board was being asked only to approve the current draft as the basis for wider stakeholder consultation.

No questions were raised and Board Members commented that the document appeared to be in good shape and ready for external engagement.

DECISION:

- (1) COMMENTED:** on the draft documents
(2) APPROVED: the contents as a basis for wider consultation with stakeholders

14. SCH BUDGET STRATEGY 2026/27 TO 2028/29

Martin Clayton presented the SCH Budget Strategy, explaining that it updated the financial assumptions report to the Board in September, including revised CPI forecasts.

The updated 10 year Housing Revenue Account (HRA) shows a balanced financial position over the four years from 2025/26 to 2028/29. For 2025/26, SCH is proposing a management fee of £26.4 million, which represents a £534,000 (2.1%) increase. The Board was asked to note this figure, which will go forward to Cabinet in February.

Martin took the Board through the proposed SCH revenue budget for 2026/27, including key changes set out in Section 4.2.1 and Appendix B. The supporting pressures and savings were summarised in Appendices C and D. The Board was asked to consider and approve the revenue budget.

Martin confirmed the proposed rent changes for 2026/27, based on assumptions contained in the 10 year MTFS forecast:

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- Social rents: CPI + 1 per cent = 4.8% Increase, subject to Cabinet approval.
- SCH-owned properties (36 units): 4.8% increase, consistent with the above.
- Part-ownership properties: Rent increase of RPI + 0.5 per cent, in line with policy.

The updated Schedule of Fees and Charges (Appendix F) was presented for approval and appendix G provided an update on the three year Housing Capital Programme, together with the emerging budget for 2026/27.

A Board Member asked about the position on rent convergence, noting it was not referenced in detail in the report. Martin explained that SCH had not yet approached the Council formally because national guidance is still awaited. Government announcements in the upcoming Budget may clarify available options. The Board acknowledged that rent convergence would ultimately be a political decision but agreed it should be revisited once national and local guidance is available. Martin confirmed that some early modelling had already been completed in preparation.

The Board asked why rents were proposed to increase by 4.8% while the SCH management fee would rise by only 2.1% and what the difference meant for future surpluses. Martin explained that the financial plan had been constructed to achieve a balanced position over the medium term. Although the coming year was expected to show a surplus, later years were forecast to move into deficit, and the approach taken smooths the financial position across the full four year period.

The Chair noted that the proposed rent increases reflected pressures across the housing sector. He highlighted the wider challenge of balancing the need for additional income to maintain and improve services with the financial pressures faced by tenants.

DECISION

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| (1) PROVIDED: | an update to the SCH Board on the draft financial plan for SCH to deliver financial sustainability and the draft HRA MTFS for the years 2026/27 to 2028/29. |
| (2) NOTED: | the 2026/27 HRA budget, SCH Management Fee and proposed rents for note. |
| (3) APPROVED: | rental proposals for SCH owned properties. |
| (4) APPROVED: | SCH's detailed operating budget for 2026/27 for review and approval. |
| (5) REVIEWED: | an update on the 3-year housing capital programme (incorporating the 2026/27 capital budget) for review prior to Council approval. |

15. FINANCIAL MONITORING AND FORECAST - Q2 2025/26

Martin Clayton presented the latest financial monitoring position, reporting on the forecast outturn for the year based on the Quarter 2 figures.

- **Revenue Position** - Martin explained that the position of the SCH revenue account had improved since the Quarter 1 report. The forecast now showed a £289,000 improvement, which, if delivered, would reduce the planned use of

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reserves by £135,000. The Board noted this as a positive development, although several months of the financial year remained.

- **Capital Programme** - The Board was informed that the capital programme was forecasting a £2.8 million underspend. As these funds are ring-fenced within the HRA, it was proposed that the underspend is carried forward into 2026/27.

Martin also drew attention to the latest forecast reserves position, which was expected to be:

- £3.3 million in SCH reserves
- £16 million within the HRA

Martin outlined two proposals requiring Board approval:

1. £160,000 return to the Council - this relates to a Council savings target linked to closer collaboration with SCH. The original agreed fee for the maintenance of small homes was higher than the amount spent over 2023/24 and 2024/25. The unspent £160,000 is therefore proposed to be returned to the Council from SCH reserves.
2. £140,000 for a Safeguarding Co-ordinator post - a two-year fixed-term post to support neighbourhood-based work. After the two-year period, SCH would assess whether the post should become part of the base budget.

The Board commented that while the monitoring report clearly sets out what variances had occurred, additional commentary clarifying why they had occurred would assist future reporting. **ACTION: 20251117-BOARD-005**

The Board asked whether the movement of £160,000 to the Council could raise compliance concerns, referencing issues experienced elsewhere in the sector. Martin provided reassurance that there was no such risk, as:

- The original funding related to work not held within the HRA,
- Actual spend had been less than the fee provided, and
- Returning the unspent amount was fully compliant with the ring-fencing requirements.

Martin further explained that the funding originated from the general fund, not the HRA, and therefore did not raise any of the risks discussed in national cases.

DECISION

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| (1) NOTED: | the revenue and capital forecast to the year end for the current financial year 2025/26. |
| (2) NOTED: | the current and forecast reserves position. |
| (3) NOTED | the progress of savings delivery for the next three years. |
| (4) NOTED: | the age of outstanding Accounts Receivable and Rent Debt. |
| (5) APPROVED: | the use of £160,000 SCH reserves to refund the Council the 2024/25 surplus for maintaining small homes. |
| (6) APPROVED: | the use of up to £140,000 SCH reserves to fund a Safeguarding Coordinator post for a two-year period with effect from 1 April 2026. |

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16. HEALTH AND SAFETY QUARTERLY REPORT: QUARTER 2

Mark Wills provided an update on health and safety performance for quarter two. He reported that SCH had achieved its seventh consecutive quarter with no red or reportable incidents under RIDDOR, which the Board recognised as a significant achievement.

A total of 41 health and safety incidents had been recorded during the quarter, compared with 53 in the previous quarter. Although higher than the same quarter in the previous year, Mark explained that the increase was primarily due to improved reporting levels, particularly within the Housing Options team, rather than an actual rise in incident rates.

A small issue had been identified relating to stock condition surveys in communal areas, where a possible link to slips, trips and falls had been observed. Mark confirmed that this was being addressed with the relevant operational team.

The Board also received a summary of the health and safety management audit completed with the customer engagement team. The audit findings were positive overall, though several recommendations had been made to strengthen procedures and improve the consistency of risk assessments. These actions would be monitored through the Occupational Health and Safety Working Group.

The Chair thanked officers for the clarity of the report and reiterated that achieving another quarter with no reportable incidents was highly encouraging.

DECISION

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| (1) NOTED | the contents of this report. |
| (2) NOTED | Appendix 1 – Legislative/guidance update. |
| (3) NOTED | Appendix 2 - Accident/Incident Reporting Analysis Q2 2025/26. |

17. CHAIR'S REPORT FROM HUMAN RESOURCES, EQUALITIES AND REMUNERATION COMMITTEE HELD ON 29 SEPTEMBER 2025

The Chair provided a brief update from the HR Committee meeting held on 29 September. He highlighted that the Committee had received a particularly strong and informative report on equality, diversity and inclusion (EDI). The Committee considered that the subject warranted broader Board engagement and therefore agreed to take the discussion forward to the next Board Training scheduled for 26 November 2025.

DECISION

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

18. CHAIR'S REPORT FROM BUILDING SAFETY COMMITTEE HELD ON 27 OCTOBER 2025

The Board received an update from the recent meeting of the Building Safety Committee. The Chair noted that the Committee had considered a comprehensive set of reports and expressed thanks to officers for the quality and clarity of the information presented.

SCH: BOARD MEETING - 17 November 2025

The Chair highlighted one issue in particular for the Board's attention: the position regarding Building Assessment Certification. He explained that the certification process is inherently complex and largely dependent on the timescales and procedures of the Building Safety regulator (BSR). Officers were continuing to engage with the BSR to move the process forward as efficiently as possible.

The Chair also confirmed that Awaab's Law compliance had been reviewed at the Committee and was similarly considered under the Housing Operations Committee, reflecting its importance as a core organisational priority.

DECISION

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

19. CHAIR'S REPORT FROM HOUSING OPERATIONS COMMITTEE MEETING ON 3 NOVEMBER 2025

Phil Hardy provided an update on recent activity. He highlighted several key points from the meeting. The Committee had received the annual Housemark benchmarking presentation, which compared SCH's performance and costs against sector peers. While the Board had already discussed Tenant Satisfaction Measures earlier in the meeting, the cost benchmarking was noted as particularly informative. The analysis again demonstrated that SCH continues to deliver highly competitive and efficient housing management costs per property, a positive trend observed consistently over recent years.

The benchmarking also illustrated that, as an ALMO, SCH naturally carries higher overhead costs per property than many traditional registered providers, a structural factor reflected in national comparisons.

The Committee also undertook a detailed discussion on Awaab's Law, reviewing current compliance arrangements and the steps being taken to ensure timely responses to damp and mould issues. The Committee was satisfied that this remained a priority area with strong organisational focus.

Officers additionally provided assurance on the progress being made through the Repairs Continuous Improvement Plan. Improvements were noted both in workflow management and, in particular, in reducing overdue work-in-progress jobs, which had been a significant focus for the service.

DECISION

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

20. CHAIR'S REPORT FROM AUDIT & RISK COMMITTEE MEETING HELD ON 10 NOVEMBER 2025

Mark Thrasher provided an update following the Committee meeting held the previous Monday. He reported that the meeting had been constructive and that the relationship with Internal Audit continued to strengthen, with improved communication and engagement now evident.

A significant item considered by the Committee was a substantial internal audit report on Contract Management. Previous audits in this area had received lower assurance

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ratings, but the most recent review demonstrated progress, with assurance levels increasing.

The Committee also reviewed progress on completing the internal audit plan for the current year. Ensuring that all planned audits are completed in-year is a priority, as this underpins the robustness of the year-end assurance opinion. A further area of focus was risk management. The Committee discussed the corporate risk register and endorsed the proposal for the Risk Management Workshop in December.

The Committee additionally received an update on the One SCH Programme, the organisation-wide transformation programme aimed at improving systems, processes and data integration. The Committee noted that, after several years of development, the programme is now beginning to deliver tangible benefits across the organisation.

DECISION

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

21. FORWARD PLAN

The February meeting is expected to be particularly substantial, with a high volume of regular annual items scheduled. In addition, the Board will be required to approve the biomass tariff.

22. BOARD AND COMMITTEE DATES 2026

The Chair explained that the timetable would need to be updated once the Board had agreed the proposed changes to the governance and committee structure. Further revisions would therefore be brought forward in due course.

23. ANY OTHER BUSINESS

There were no items.

The meeting closed at 19.55

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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
20250916-BOARD-004	Include narrative in future performance reports on non-recoverable indicators, risk appetite, and impact on tenants.	Paul Edwards / Becci Youlden	From Q2 report onwards	Narrative on non-recoverable indicators/impact on customers now included. Further work on risk appetite indicators and how we relate them to the strategic performance report is being explored with Jahnavi Jagadish from SMBC. This will be introduced from Q1 2026/27.	Amber
20250916-BOARD-007	Provide 10 year financial assessment comparing district heating vs. individual systems; prepare business case for Cabinet.	Lee Sugden/ Darren Baggs	Before Cabinet meeting (15 Dec 2025)	Information provided to EDMGSB, who then subsequently recommended to Cabinet investment of £760k for the replacement of Building Management Systems to the remaining 10 energy centres. Investment was supported and works are in progress.	Green
20251117-BOARD-001	Strategic Performance report - provide a breakdown of the figures on page 96 by survey ('6.2 Measures').	Paul Edwards	Following the meeting	Circulated following the meeting	Green

Page 20

	<table><tr><td>6.2 Measures</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td><td></td></tr><tr><td>Number of residents actively engaged with SCH</td><td>From Q2</td><td>947</td><td></td><td></td><td></td></tr><tr><td>Number of survey responses</td><td>769</td><td>822</td><td></td><td></td><td></td></tr><tr><td>SCHape Panel recommendations</td><td>0</td><td>31</td><td></td><td></td><td></td></tr><tr><td>Satisfaction that SCH listens to and acts upon tenants' views</td><td>66.37%</td><td>63.48%</td><td></td><td></td><td></td></tr><tr><td>Impact assessments completed</td><td>12</td><td>10</td><td></td><td></td><td></td></tr></table>	6.2 Measures							Q1	Q2	Q3	Q4		Number of residents actively engaged with SCH	From Q2	947				Number of survey responses	769	822				SCHape Panel recommendations	0	31				Satisfaction that SCH listens to and acts upon tenants' views	66.37%	63.48%				Impact assessments completed	12	10							
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20251117-BOARD-002	Produce and report on a revised version of the Corporate Assurance Dashboard including Voice of the Customer and targets.	Paul Edwards	Future Board meeting	To be presented under Item 10 of the Board meeting on 24 February.																																											
20251117-BOARD-003	Discussions with SMBC re Articles amendments	Chair/Fiona Hughes	Before Feb Board meeting	The current status of the discussions with SMBC Legal has been provided in the report under item 12.																																											
20251117-BOARD-004	Present a revised Committee Terms of Reference	Paul Edwards	24 Feb 2026 Board meeting	To be presented under Item 12 of the Board meeting on 24 February.																																											
20251117-BOARD-005	Refine consumption modelling; tariff comparability and environmental information.	Darren Baggs	24 Feb 2026 Board meeting	To be presented under Item 11 of the Board meeting on 24 February.																																											
20251117-BOARD-006	Financial monitoring report - add clearer commentary on why variances had occurred.	Sam Gilbert	24 Feb Board meeting	To be presented on future performance reports.																																											

Meeting of the Board



Report title: Chief Executive's Update

Meeting date: 24 February 2026

Report from: Lee Sugden, Interim Chief Executive

Report author/ lead officer: Lee Sugden Interim Chief Executive
07736 693132 leesugden@solihullcommunityhousing.org.uk

Report type: ~~Confidential~~
Open

Decision type: Assurance Approval Information

1. Report overview/purpose

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

2. Recommendations

- 2.1 The Board is asked to:
- (1) NOTE** the content of the report.

3. Chief Executive

- 3.1 Board members will be aware that since the last Board meeting, Fiona Hughes, former Chief Executive has left SCH.
- 3.2 Fiona was pleased to be able to see Board members before her departure and would like to formally pass on her thanks to all Board members for their commitment to SCH and support for her during her time at SCH.
- 3.3 Lee Sugden has been appointed as Interim CEO and started work with SCH on 9th February 2026. Lee will be with SCH until a permanent CEO is recruited and to ensure an effective and seamless handover.

4. SMBC/SCH Governance

- 4.1 Strategic governance across SCH and SMBC provides the foundation for setting and maintaining appropriate assurance, challenge and collaboration across the two organisations and this has been an important area of work in recent months.

- 4.2 Board will be aware of the key threads of activity in relation to this:
1. Revision to the structure of the Quarterly Monitoring Board (QMB) to widen political representation and strengthen oversight.
 2. Establishment of the Joint Executive Group bringing together Executive Directors at SCH and SMBC Assistant Director Housing along with the Chief Executive of SCH and the Director of Economy and Infrastructure.
 3. Proposed refresh of the SCH / SMBC Management Agreement.
 4. Revision to SCH Board to reset Committee structure, strengthen the tenant voice and skills base of the Board in order to underpin good governance of the housing service.
 5. The work of Campbell Tickell to develop an Assurance Framework to provide a structured and jointly agreed mechanism to evidence assurance.
- 4.3 Reports later on the SCH Board agenda for 24th February set out more detail on elements 3 and 4 above. With regard to item 2 above, it is positive to report that the Joint Executive Group is becoming more embedded and enabling important issues to be discussed and resolved in a collaborative way.
- 4.4 Work is ongoing to provide feedback and comment on the draft Assurance Framework and it is anticipated it will be in place ahead of the next QMB in early March.
- 4.5 Board is asked to note that, following an appropriate procurement exercise, Campbell Tickell have been appointed to support SCH with the recruitment of Independent Board members and TPAS has been appointed to support with the recruitment of tenant board members as well as the establishment of the Tenant Committee.

5. Regulatory Inspection

- 5.1 This has been a key priority and the executive team has prioritised work to support SMBC as we jointly prepare for this. SCH has established an Improvement and Inspection Steering Group which is led by the Chief Executive and supports the wider work of SMBC to prepare for inspection.
- 5.2 The work through this group is focussed on those areas of service performance where we need to make improvements to our performance indicators and where our customers have given us feedback on where we could improve.
- 5.3 In summary, the key priorities are:
- Improving performance in domestic electrical compliance
 - Improving performance and service delivery in repairs, including overdue work in progress
 - Improving completion of the stock condition surveys
 - Ensuring preparedness for next phase of Awaab's Law
- 5.4 Board members may find it helpful to note the recent sector wide analysis produced by Savills covering inspection judgements between July 2025 and January 2026. The publication highlights continued regulatory focus on stock condition intelligence, health and safety compliance, repairs performance, tenant engagement, data integrity and board assurance. It also identifies increasing

scrutiny of governance, risk appetite alignment, internal controls and the quality of assurance frameworks. A copy of the summary document is attached at Appendix 1 for information.

6. Finance

- 6.1 As set out in the finance report on the agenda, following a more focussed approach to cost control across SCH as well as additional unexpected revenue into the HRA, SCH is set to balance its budget this year with the call on reserves expected to be lower than anticipated.

7. Management of Change

- 7.1 The Board will recall previous presentations relating to the Operations Directorate structures and the changes identified to meet the significant challenges facing the housing sector, alongside increasing scrutiny of our work on behalf of customers.

Consultations with all staff withing Housing & Communities, Asset Management & Development, and Property Services & Building Safety commenced in November 2025. View and feedback were considered January 2026, and final amendments were made where required.

Implementation through assimilation and recruitment is underway with a target implementation date of April 2026. Appendices 2,3 and 4 illustrate the revised structures.

8. *Property Services and Building Safety*

8.1 *Building Assessment Certificates (BAC)*

- 8.1.1 SMBC received advance notice from the Building Safety Regulator (BSR) in August 2025 that it would be directed to apply for Building Assessment Certificates (BACs) for seven of the Council's High Rise Buildings (HRBs). Applying for a BAC is one of the key duties placed on the Principal Accountable Person (PAP) under the Building Safety Act 2022.

- 8.1.2 The certification process is intended to ensure that residents living in HRBs are safe. The BSR assesses the PAP's management of building safety risks and compliance with the relevant legislation. For each HRB, the PAP is required to submit evidence demonstrating compliance with their duties in the form of the following documents:

- Building Safety Case Report
- Building Safety Resident Engagement Strategy and
- Mandatory Occurrence Reporting Procedure

- 8.1.3 SMBC has since received six directives to apply for BACs for Wedgewood House, Keele House, Bangor House, Westham House, Pembroke House and Clare House. The expected directive to apply for a BAC for Woodbroke House was not received as expected in January 2026. SMBC has since engaged with the BSR to understand the reason for the delay.

8.1.4 Applications for all six HRBs for which directives were received were submitted within the deadlines set by the BSR. SMBC has also received confirmation from the BSR acknowledging receipt of all submissions and the required documentation. At this stage, it is not possible to provide a time frame for receiving the outcomes of the applications. All stakeholders will continue to be kept informed through the established reporting process.

8.2 *Implementation of Awaab's Law*

8.2.1 The Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025, commonly known as Awaab's Law, came into force on 27 October 2025. SCH's adoption of the new framework has been successful.

8.2.2 Policies and procedures setting out the regulatory framework and its implementation have been established to support our compliance. Performance metrics for inspections and associated works have been aligned with the new requirements and targets within the organisation's suite of KPIs.

8.2.3 Work is ongoing to validate the data relating to the provision of inspection reports to customers. This is to ensure that methodologies are accurate and that KPI data can be reported reliably. The current system currently records all reported Damp, Mould and Condensation (DMC) cases on the assumption that an inspection report is required in every instance. As this is not always the case, the data currently held would present an inaccurate picture of performance. This issue will be addressed and reflected in future reporting.

8.2.4 Through data analysis, customer reports, findings from stock condition surveys and general/routine visits to customer homes, a number of architectural design issues have been identified across specific property archetypes. Targeted planned preventative works, delivered through capital investment, could mitigate and prevent DMC related issues. The areas identified include:

- Properties with concrete box gutters
- Properties with narrow sections of sloped bedroom ceilings
- HRB properties where issues are linked to internal stairwell walls

8.2.5 Specifications and programmes of works are currently being developed by the Capital Improvement team for consideration and potential inclusion within capital investment works commencing 2026/27.

9. *Asset Management and Development*

9.1 *Capital Programme*

9.1.1 The Capital Programme funds improvement works to SCH's property assets. This includes decent homes work, compliance and other identified improvements, and is progressing towards completion by end of March 2026. Generally, works are on track, although some works have been re-prioritised to 2026/27 such as replacement of electrical submains to high-rise blocks and fewer structural issues identified for rectification during the year. Delivery of energy efficiency improvements, fire door improvements, spandrels and biomass are programmes spanning more than one year and have been detailed below. Additional

expenditure has been undertaken through replacement of central heating boilers, helping to facilitate a reduction in revenue expenditure and resolving issues with the high number of old and obsolete boilers.

- 9.1.2 Energy efficiency improvement works relate to the Warm Homes Social Housing Fund improvements through West Midlands Combined Authority. This programme of work includes various measures to 246 properties including external wall insulation and high heat retention storage heaters. Delivery of this programme is over the period 2025-28.

9.2 *Spandrel Panels*

- 9.2.1 This project involves replacing historic materials used to infill balconies and communal drying areas on landings across 16 high-rise residential buildings. The programme has experienced delays, initially due to difficulties in identifying suitable replacement products and subsequently as a result of legislative changes introduced by the Building Safety Regulator.

Despite these challenges, good progress has been made over the past 12 months. For clarity and effective management, the project has been divided into three phases.

9.2.2 *Spandrel Phase 1 (5x Louvre Towers)*

These five blocks did not require BSR Gateway approval due to the project timelines, as works had already commenced on site. As a result, they fell under the jurisdiction of SMBC Building Control. All works to the communal drying areas across the five HRBs have now been completed and fully signed off by SMBC Building Control through a suitably qualified Class 3 approved Registered Building Inspector (RBI).

9.2.3 *Spandrel Phase 2a (5x Louvre Towers)*

The remaining five louvre HRBs requiring Gateway 2 approval have now been submitted to the BSR, which has set an extended determination date of March 2026. Following a positive determination, there will be a period to agree and execute a construction contract with Elhance, the original Phase 1 louvre contractor.

A start on site is currently anticipated for 27 April 2026, with an estimated construction cost of circa £1,400,000.

9.2.4 *Spandrel Phase 2b (Winter Gardens)*

This phase of the project is more complex in terms of design, construction and BSR approvals than the earlier louvre replacement works. It involves the replacement of spandrel panels to the balcony enclosures (architecturally referred to as winter gardens) at the Kingshurst 5 and Redwood House HRBs. The works are currently within a Pre-Construction Services Agreement (PCSA) phase with Dodd Group.

The project team meets fortnightly with Dodd Group and their design consultants to maintain progress. Royal Institute of British Architects (RIBA) Stage 4 design work is underway and will inform the final Contract Sum Analysis (CSA). All design activities are programmed for completion by February 2026.

In their role as Principal Designer (Building Regulations), RG+P will review all design information prior to submission to the BSR at Gateway 2. The submission for the remaining six towers is expected in March 2026.

The estimated construction cost is £6,000,000–£6,500,000.

9.2.5 *Cladding Safety Scheme*

We are currently exploring opportunities to access Cladding Safety Scheme (CSS) grant funding to support the proposed spandrel panel remediation works. Applications were submitted in December 2025 for the Phase 2a and 2b HRBs, as well as retrospectively for the Phase 1 HRBs, covering a total of 16 blocks.

10. Housing and Neighbourhoods

10.1 *Tenancy Agreement*

10.1.1 SCH is progressing the proposed changes to the tenancy agreement with colleagues in SMBC. The changes are being reviewed by Legal Services and Counsel, and a report will be produced for SMBC's Economic Development and Managed Growth Scrutiny Board (anticipated for the July 2026 meeting). This will be followed by extensive consultation with tenants over the summer/early autumn period with expected implementation from April 2027.

10.2 *Tenancy Fraud*

10.2.1 In November 2025, a former SMBC tenant pleaded guilty in Birmingham Magistrates' Court for fraud by false representation. This followed extensive collaborative investigative work by SMBC and SCH for sub-letting of a council home. This was one of 10 properties recovered since April 2025 for fraudulent activities.

11. Customer Experience and Corporate Support

11.1 *Customer Engagement*

11.1.1 At the meeting in November, Board will recall the approval of a new Board governance and committee structure. As part of the structure, a new Customer Experience Committee will be introduced.

11.1.2 Work has continued to develop the Terms of Reference (TOR) of the Committee and recruitment is now underway. This is being done in conjunction with Tpas. The recruitment campaign also includes recruitment to the vacant Tenant Board member positions. It is envisaged that the Committee will be recruited to by the end of March, after which will follow an onboarding programme.

11.1.3 Housing Operations Committee considered the TOR and recruitment plan in more detail at their meeting on the 9th of February.

11.2 *Team SCH*

11.2.1 This year's Staff Conference will take place on Wednesday 22 April 2026 at the [Renewal Christian Centre, Lode Lane, Solihull, B91 2JR](#). The event brings together

all staff and Board members for a day of insight, celebration and opportunities to connect with colleagues from across the organisation.

11.2.2 The Chair of the Board has been invited to open the conference with a welcome and introduction. The Staff Engagement Group is playing a key role in supporting the event to ensure employees' voices are heard and help shape the conference experience.

11.3 *National Policy Update – Housing Sector*

11.3.1 The key policy developments since the Board met in November are:

- The Ministry of Housing Communities and Local Government (MHCLG) has published guidance for the electrical safety testing regime which requires social landlords to have electrical installations tested at least every five years.
- In December, the Government published a national plan to end homelessness.
- The Regulator of Social Housing has launched a consultation on revisions to the Transparency, Influence and Accountability (TIA) Standard and Code of Practice, and other requirements relating to the TSMs. This will see proposals in relation to competence and conduct incorporated into the TIA Standard. It also introduces a new Tenant Satisfaction Measure on electrical safety checks which will measure the 'proportion of homes for which all required electrical safety checks have been carried out'.
- The Government has announced the new regime for rent convergence. Providers will be able to increase weekly rents by up to an additional £1 above CPI +1% in April 2027, and an additional £2 above CPI+1% from April 2028 until formula rent is reached
- MHCLG has published detail on the new Decent Homes Standard (DHS) for the social and private rented sectors which will apply from 2035; and on Minimum Energy Efficiency Standards, which will apply from 2030.
- In January, the Building Safety Regulator moved from the Health and Safety Executive to become a standalone arm's length body to MHCLG.

11.3.2 The full update of the National Federation of ALMOs (NFA) Policy Update, January 2026, is attached at Appendix 3 for information.

11.4 *Housing Ombudsman Service (HOS) Determinations*

11.4.1 Since the Board last met, SMBC has received one determination from HOS. The complaint was about the handling of the resident's:

- request for a move to a 3-bedroom house.
- reports of ASB and harassment.
- complaint.

11.4.2 The HOS found:

- The resident's request for a move to a 3-bedroom house was outside of their jurisdiction.
- There was maladministration in the handling of the resident's reports of ASB and harassment (delayed action plan).

- There was maladministration in the landlord's complaint handling (not recognising a stage 2 request).

11.4.3 The HOS ordered:

- An apology be made
- Compensation paid as follows:
 - £200 for the distress, upset and inconvenience caused by the handling of the resident's reports of ASB and harassment.
 - £200 for the distress, upset and inconvenience caused by the complaint handling

11.4.4 We have requested a review of the decision re. ASB. HOS has accepted the review, and it is underway. In the meantime, they have requested we complete the orders for the complaint handling.

11.4.5 The apology has been made and the compensation for the complaint handling maladministration has been paid.

12. QMB Papers

12.1 The next QMB meeting will be held on 2 March 2026. The timing of these meetings has been amended so that the Chair of the Board can provide up-to-date feedback from the Board meeting during the session.

13. List of Appendices

13.1 [Appendix 1](#) - Savills Governance, Risk and Regulation: Inspection Judgements – Key Takeaways (July 2025 to January 2026)

13.2 Appendix 2 – Asset Management Structure Chart

13.3 Appendix 3 - Property Services & Building Safety Structure Chart

13.4 Appendix 4 – Housing and Communities Structure Chart

13.5 Appendix 5 - NFA Policy Update, Issue 1, January 2026

July 2025 to January 2026 Inspection judgements – key takeaways

Welcome to this round up of publications from July – January 2026, comprising 73 publications from inspections and responsive engagement. This summary includes details of key judgements, and some of the more novel aspects driving governance and consumer judgements.

July – January 2026 gradings:

Engagement route	Consumer				Governance			Viability		
	C1	C2	C3	C4	G1	G2	G3	V1	V2	V3
Inspection	14	31	10	3	23 (4 ↑)	5 (2 ↓)	1 (1 ↓)	9 (1 ↑)	20 (2 ↓)	-
Responsive engagement	3 (3 ↑)	2 (1 ↓)	1	-	7	1 (1 ↓)	2 (1 ↓)	1 (1 ↑)	8 (3 ↓)	1 (1 ↓)

Key: ↑ ↓ indicates the number of upgrades/downgrades to a particular grade over the seven-month period

Key provider headlines

- Local authorities continue to dominate C3/C4 judgements (10 C3, 3 C4), driven by historic underinvestment in existing stock, core data and systems, failures to complete required H&S compliance checks and address remedial actions in a timely manner, competing corporate priorities, and gaps in oversight.
- However, three London local authorities achieved C1 judgements, with narratives highlighting sustained investment in stock condition data, strong member scrutiny, and genuine tenant engagement that shaped priorities and assurance.
- Sparrow became the first for-profit registered provider to secure a C1 judgement (alongside G1/V1), while Grainger and M&G Shared Ownership received C2 judgements (alongside G2/V1) with the regulator citing underdeveloped approaches to resident engagement.
- GreenSquareAccord and L&Q were downgraded to G2 (alongside C2/V2 judgements), with GreenSquareAccord cited for prolonged losses and inadequate operational oversight, and L&Q for the board not being sufficiently sighted on consumer issues and risks.
- Phoenix was downgraded to G3 after weaknesses in financial controls and governance capacity, including issues that nearly resulted in a covenant breach, an under-resourced board, and a failure to implement previously identified recommendations.
- Great Places, North East Derbyshire DC and Together were upgraded to C1 following responsive engagement, having improved their understanding of stock condition and reporting of health and safety risks.



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July 2025 to January 2026 Inspection judgements– **key** **takeaways**

Key provider headlines (continued)

- **Ocean Housing has been downgraded from G1 to G2** following weaknesses in oversight of its unregistered subsidiary Gilbert and Goode, and failures in procurement, contract management and budgetary control within its repairs service that resulted in unknown budget overspends.
- The regulator is considering **de-registering Pivotal Housing Association** following failure to resolve longstanding governance and viability concerns despite an enforcement notice (April 2025) and regulatory notice (March 2021).

Drivers of consumer judgements

- **Stock condition & decency evidence:** The dominant driver of C3/C4 outcomes remains weak stock condition intelligence – survey gaps, missing Housing Health and Safety Rating System (HHSRS) assessments, and/or poor data integrity – meaning providers cannot evidence Decent Homes Standard and statutory safety obligations compliance at an individual property level.
- **Repairs service delivery:** Delivering against stated repairs targets is a key factor in consumer judgements. Where improvements are underway but “further time is required to show sustained improvements”, this can be the differentiator between C1 and C2 outcomes.
- **Diverse needs & equality:** “Diverse needs” has become a core regulatory expectation and a clear grading differentiator, with providers now expected not only to hold insights into tenant protected characteristics and vulnerabilities, but to demonstrate they are actively used to shape services and influence prioritisation.
- **Complaints, transparency & tenant experience:** Consumer judgements increasingly reflect whether providers are open and accountable with residents, including through transparent complaints handling, clear performance information, and accessible engagement. Over-reliance on digital channels (and failure to address digital exclusion) is repeatedly cited as undermining fairness, access, and trust.
- **Oversight of delivery models & third parties:** Where services are delivered through PFI/partners/contractors, failures in providers’ grip – such as reliance on exception reporting and lack of routine scrutiny of underlying performance/compliance information – are treated as fundamental weaknesses in the landlord’s ability to assure standards are being met and residents protected.
- **Documentary evidence & record-keeping:** A recurring theme is that providers may have undertaken work historically (e.g., surveys) but cannot produce records and/or have not updated datasets, leaving them unable to evidence compliance and effectively manage risk.
- **Culture, courtesy and organisational behaviour** is starting to feature as a visible (though still largely qualitative) factor in consumer judgement narratives. Explicit cultural failings are still rare, judgements are increasingly reflecting whether organisational language and behaviours demonstrate courtesy and respect. Positive observations appear more frequently, particularly where staff and members demonstrate a respectful, fair and tenant-focused approach, tenants report feeling listened to, and where providers have invested in training to reinforce fairness and respect.

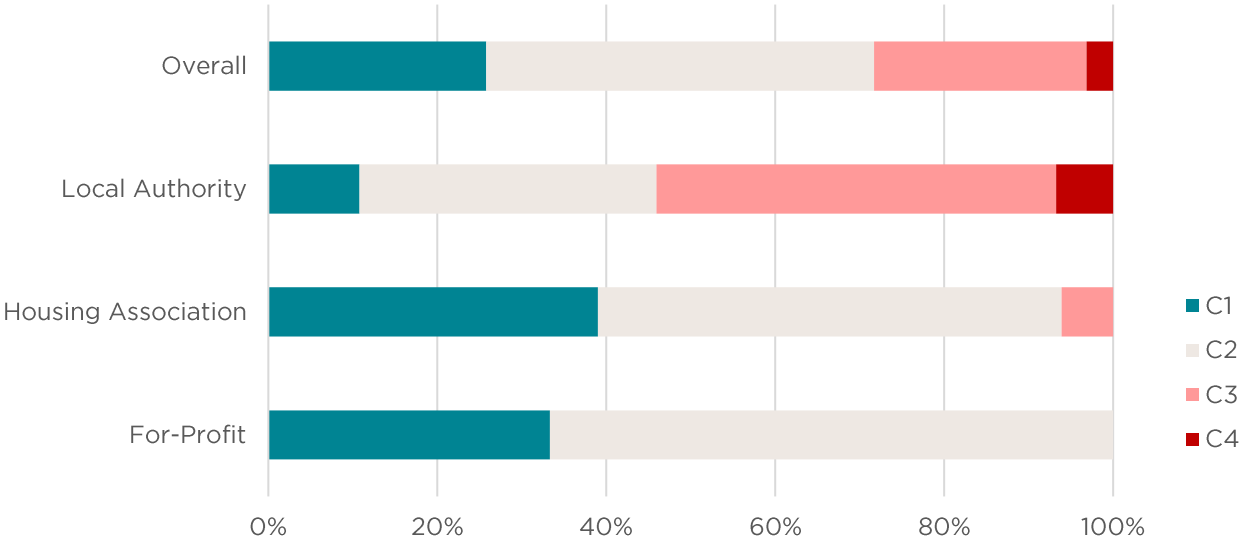
July 2025 to January 2026

Inspection judgements– **key takeaways**

Drivers of governance judgements

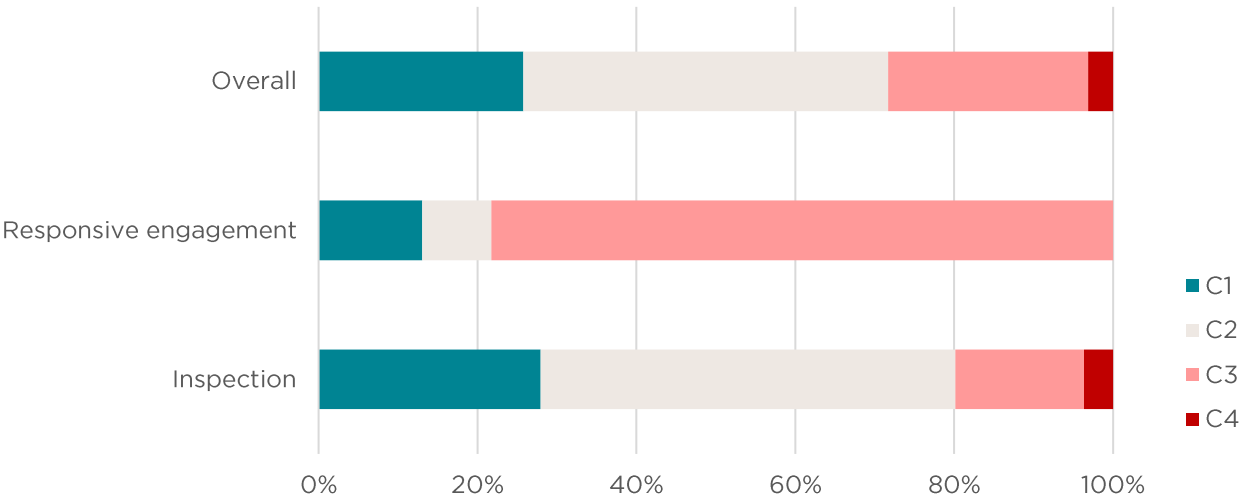
- **Governance grip over persistent underperformance:** Downgrades often follow prolonged underperformance where known issues persist without effective resolution, leading to performance deterioration becoming normalised and a lack of demonstrable learning and continuous improvement. This includes failure to act on prior regulatory feedback.
- **Board oversight, assurance and risk alignment:** Where boards lack sufficient scrutiny of operations and internal controls — particularly when reporting is shallow, poorly triangulated, misaligned to risk appetite, or fails to surface emerging risks — the regulator's confidence in governance effectiveness is undermined.
- **Board effectiveness and self-awareness:** Weaknesses are commonly identified where boards lack structured effectiveness reviews, or rely on narrow/superficial external reviews without clear action plans, tracking and evidence of improvement, suggesting limited self-awareness and challenge.
- **Risk appetite and treasury discipline:** Failure to set a clear risk appetite and demonstrate consistent adherence to it — including compliance with treasury policies and financial golden rules — is treated as a key weakness in risk management and control.
- **Systems, data and operational control environment:** Inadequate systems, heavy manual workarounds and poor data quality are increasingly viewed as governance failings because they create unmanaged operational risk and limit boards' ability to obtain reliable assurance.
- **Building safety assurance and internal audit:** Gaps in safety records, weak assurance frameworks and the absence (or ineffectiveness) of internal audit/independent assurance are framed as fundamental governance and compliance failures, particularly in high-risk areas.
- **Skills, succession and timely governance action:** Failure to address skills gaps, succession planning and board/committee composition in a timely way is treated as a governance issue in itself, with delayed decisions and inaction seen as indicators of weak leadership and control.

Consumer Standard Judgements Summary - RP type



	For-Profit	Housing Association	Local Authority	Overall
C1	1	32	8	41
C2	2	45	26	73
C3	0	5	35	40
C4	0	0	5	5

Consumer Standard Judgements Summary - Engagement process

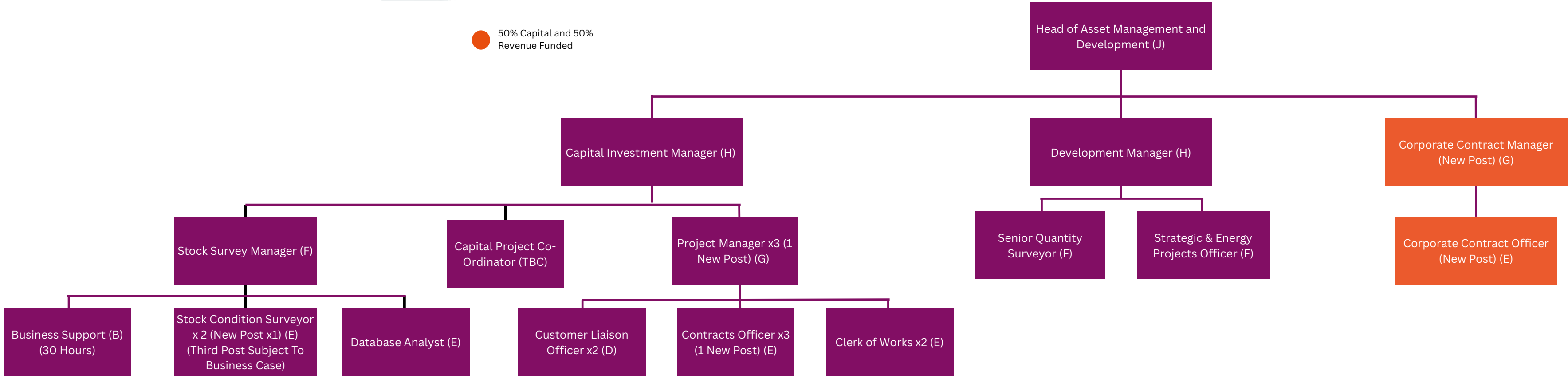


	Inspection	Responsive engagement	Overall
C1	38	3	41
C2	71	2	73
C3	22	18	40
C4	5	0	5



50% Capital and 50% Revenue Funded

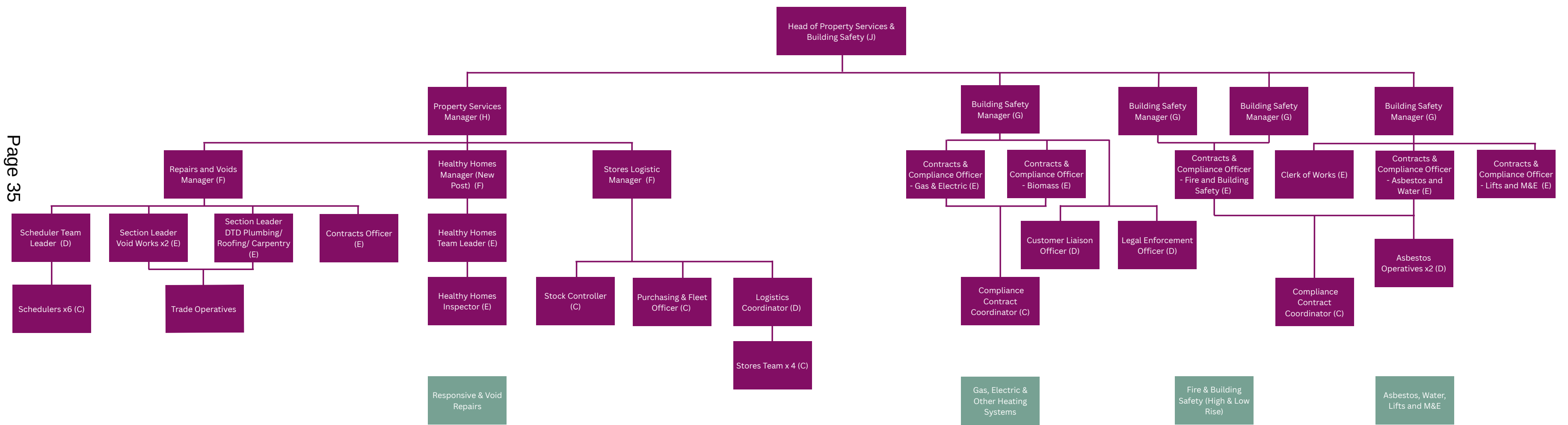
Asset Management Structure Chart



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Property Services & Building Safety Structure Chart

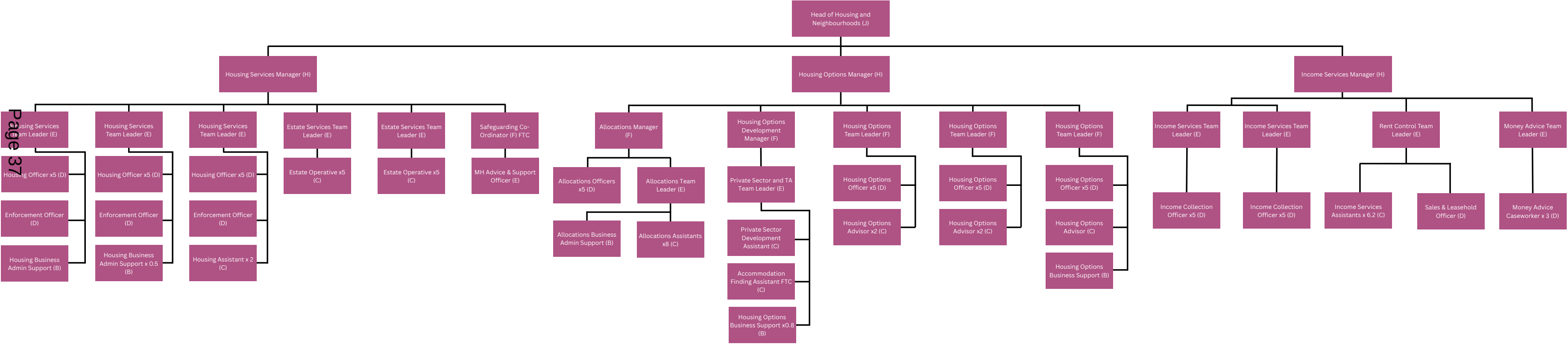


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Proposed Housing and Communities Structure Chart

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Policy Update

NEWS AND VIEWS OF THE HOUSING WORLD

Issue #1 • January 2026



Championing
better homes and
communities

Government News

Ministry for Housing, Communities and Local Government (MHCLG)

MHCLG has published a package of reforms to increase social housing supply and standards, summarised in its [progress update on its five-step plan for a decade of renewal in social and affordable housing](#) and [written ministerial statement](#).

- MHCLG has [confirmed](#) that providers will be able to increase weekly rents by up to an additional £1 above CPI +1% in April 2027, and an additional £2 above CPI+1% from April 2028 until formula rent is reached
- MHCLG has also confirmed that it will be launching a full review of the statutory Right to Manage framework for Tenant Management Organisations (TMOs) (following the call for evidence on TMOs and ALMOs).
- And confirmed the preferential Public Works Loan Board (PWLB) rate for Housing Revenue Account housebuilding will be extended until the end of March 2027.
- MHCLG will work with sector bodies to agree a compact overseen by a taskforce, intended to link longer-term funding and regulatory certainty to delivery commitments and shared accountability metrics.
- MHCLG has published detail on the new [Decent Homes Standard \(DHS\)](#) for the social and private rented sectors which will apply from 2035; and on [Minimum Energy Efficiency Standards](#), which will apply from 2030.
- A further £3.5m has been allocated to the Council Housebuilding Support Fund.

MHCLG has published [a summary of guidance for landlords and letting agents](#) in relation to the Renters Rights Act.

MHCLG has published [a policy statement roadmap for Section 106 delivery in England](#).

MHCLG has published the draft [Commonhold and Leasehold Reform Bill](#). Detail on the bill is available [here](#).

MHCLG has published [new design guidance for new build developments](#).

The Housing Ombudsman Service (HOS)

HOS has published [a learning from severe maladministration report on how landlords approach compensation](#), and [new statutory-style guidance](#) (which will take effect from April 2026).

The Regulator of Social Housing (RSH)

The RSH has published [fees guidance 2026](#) and a [letter to registered providers](#).

The RSH has published [the Rent Standard 2026](#) and [associated guidance](#).

The Building Safety Regulator

The BSR has [officially become a separate arms-length body in MHCLG](#), moving from the HSE. There is a new gov.uk page for all information relating to the BSR which can be accessed [here](#).

Other Government and related

DWP has published guidance for local authorities on [the Crisis and Resilience Fund](#) which replaces the Household Support Fund.

Shelter has established an [All Party Parliamentary Group \(APPG\) looking at council and social housing](#).

The House of Commons Library has published a briefing on [the high cost of living and the impact on households](#).

[The Heat networks regulation](#), regulated by Ofgem, is now live.

Dept for Energy Security and Net Zero (DESNZ)

DESNZ has published [the Warm Homes Plan](#) and [the Fuel Poverty Strategy for England](#). It has also established [a Warm Homes Plan Workforce Taskforce](#).

DESNZ and MHCLG have published a joint partial response to [the consultation on reforms to the Energy performance of buildings regime](#).

Research and useful information

- The Fabian Society has published [Beyond Numbers](#), looking at what makes somewhere a great place to live.
- The CIH has published [the Winter 2025/26 Housing Rights Newsletter](#).
- The Joseph Rowntree Foundation has published its [annual report on poverty in the UK](#).

Consultations

MHCLG has requested feedback on preparations for Residential Personal Emergency Evacuation Plans (RPEEPs). Please send this by 13 February to firesafetypolicy@communities.gov.uk

DESNZ and MHCLG are consulting on [the Home Energy Model: Energy Performance Certificates](#), looking at the new methodology underpinning EPCs. The consultation closes on 18 March 2026.

Statistics

MHCLG has published [housing supply statistics](#) in England (July – September 2025).

MHCLG has published [headline findings from the English Housing Survey focused on housing quality and energy efficiency](#).

NFA UPDATE

Publications

Inside Housing Management has published a [CPD module](#) on No Access based on the HQN research, commissioned by the NFA and partners (please note this is behind a paywall).

Member update

Congratulations to our member, Wolverhampton Homes, whose council was awarded C2 by the Regulator of Social Housing in its recent inspection.

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Meeting of the Board



Report title:	Strategic Performance Report		
Meeting date:	24 February 2025		
Report from:	Becci Youlden- Head of Customer Experience		
Report author/ lead officer:	Becci Youlden	becciyoulden@solihullcommunityhousing.org.uk	
Report type:	~~Confidential~~ Open		
Decision type:	Assurance	~~Approval~~	Information

1. Report overview/purpose

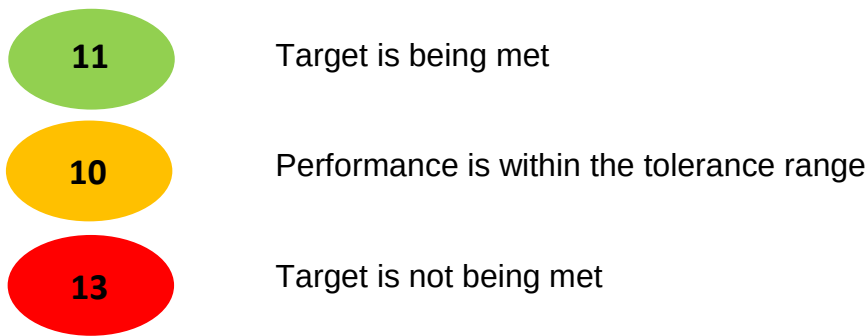
- 1.1 This report provides an update on progress against the component elements of the SCH Strategic Performance Report at the end of December 2025 (quarter 3).

2. Recommendations

- 2.1 Board is recommended to:
- Review progress against the component elements of the Strategic Performance Report including key performance indicators.
 - Note and comment on the action being taken where performance targets are not being met.

3. Background

- 3.1 The Strategic Performance Report is a key element of the SCH Performance Framework.
- 3.2 The main SCH Strategic Performance Report is a consolidation of individual dashboards and includes a dashboard for Asset Management, Building Safety and Compliance, Housing Services and Customer and Corporate Services. The dashboards include regulatory indicators (such as Tenant Satisfaction Measures) and other high level KPIs which support the Delivery Plan. The report is attached at **Appendix 1**.
- 3.3 The SCH Strategic Performance Report incorporates a Voice of the Customer report and complaints dashboard, and service standards compliance report. These are included within the Strategic Performance Report suite of documents.
- 3.4 Targets have been set for 34 Key Performance Indicators (KPIs) across the dashboards. At the end of December 2025, 68% of these KPIs were on target or within tolerance. The RAG ratings for these metrics were:



3.5 Key issues for Committee to note are:

- 3.5.1 **Tenant Satisfaction Measures (TSMs)** - the general downward trend in our perception-based TSMs noted at the end of quarter 1 compared to our 2024/25 outturn results has largely reversed in quarter 2 and 3. We have seen a slight decrease across repairs satisfaction indicators. An initial deep dive has been undertaken to understand key drivers which has shown communication as the largest source of dissatisfaction. A review of repairs communications is scheduled for March 2026.
- 3.5.2 **Damp & mould inspections and remedial action** – as previously reported, we will not achieve our year end targets for delivering inspections and remedial actions within timescale. We have implemented changes to ensure that we are compliant with Awaab's Law and we continue to track performance over the second half of the year to reflect the period after the legislative changes take effect. In December, 85.34% of inspections were carried out within the required timeframes.
- 3.5.3 **Average stay in temporary accommodation (all and families with children)** – these metrics remain above target due to the challenge of finding permanent accommodation – particularly for families with children. Changes to the allocations policy will assist in moving long stayers in temporary accommodation into permanent accommodation as they have increased priority. Whilst this is positive, it will impact negatively on this metric as the average stay is only included in the metric at the point of move on.
- 3.5.4 **Percentage of fire safety remedial actions completed to timescale** – all 13 actions completed in December were completed past the action due date. While a number of actions were completed after their original due dates, there has been a continued reduction in the overall volume of open and overdue remedial actions on the risk register. This indicates progress in risk reduction.

The Building Safety Team has completed a performance review of fire actions. The review has highlighted that the timescales provided for completing actions do not allow sufficient time for the recommendation to be carried out. A set of pragmatic timescales has been proposed, together with processes that provide assurance that residents are not put at risk.

- 3.6 Further information on the measures can be found on the cover page of the Strategic Performance Report.
- 3.7 **The VOC report (Appendix 2)** - this is a new report, designed to bring together the four main areas where we hear the customer voice:
- Satisfaction surveys
 - Complaints
 - Engagement activity
 - Other customer feedback such as compliments and councillor enquiries.

It is written for the customer so we can illustrate what they have told us, and how we have used that feedback and insight to identify and action improvements.

Page 3 provides a quick overview of the report content.

- 3.8 **Complaints Dashboard (Appendix 3)** - the quarterly operational dashboard provides more detail on the performance of our complaints handling at SCH. It also provides a breakdown of learning from the quarter, and an update on the complaints action plan. Key takeaways from the report include:
- Slight decrease in the performance in the timeliness of our complaint handling, which coincides with a significant increase in the number received (28% increase from November).
 - Over half of complaints have been upheld.
 - Two Housing Ombudsman Service (HOS) determinations have been made this quarter. Two service failures and two maladministrations were found. All orders have been complied with.
 - Six key themes have been identified, all of which have actions against them.
 - All actions on the action plan are on track.
- 3.9 **Service standard compliance report (Appendix 4)** - the third addition to the suite of quarterly reporting is the service standard compliance report. This provides an overview of SCH's key service standards, and where metrics exist, a breakdown of how we are performing against them.

4. **Supporting the SCH Delivery Plan**

- 4.1 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'*.

5. **Consultation and engagement**

- 5.1 Residents have contributed to the reports via engagement activity, complaints and completion of satisfaction surveys.

6. **Financial implications**

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

7. Legal implications

7.1 TSM management and perception indicators are a regulatory requirement.

8. Risk implications

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

9. Equalities implications

9.1 There are no equalities implications arising directly from this report.

10. List of appendices

1. SCH Strategic Performance Report December 2025 (Q3)
2. VOC Report
3. Complaints Dashboard
4. Service Standards Compliance Report

SCH Strategic Performance Report - December 2025

	13	Recoverable:	Commentary	Relevant to Regulation
		Percentage of properties with valid gas certificate	Access remains a challenge, team is working towards improving the performance by the end of Q3	x
		Percentage of properties with valid EICR	Access remains a challenge. Additional resource has been put in place to assist in gaining access by end of March.	x
		Non recoverable:		
		Repairs completed within target (non-emergency)	Due to performance being below target across the first three quarters, this KPI is not recoverable	x
		Repairs completed within target timescale (emergency)	Due to performance being below target across the first three quarters, this KPI is not recoverable	x
		Contact Centre ASA	Due to the change in the system, and the way ASA is measured (to include call back facility) ASA will not meet target. Target will need to be revisited for 2026/27 to reflect new process.	
		Satisfaction that SCH keeps you informed about things that matter to you	Due to the lower than target levels of satisfaction noted in the first 6 months of the year, it is not anticipated that this indicator will recover in this financial year.	x
		Satisfaction with SCH's approach to handling complaints	Due to the lower than target levels of satisfaction noted in the first 6 months of the year, it is not anticipated that this indicator will recover in this financial year.	x
		Satisfaction that home is well maintained	Due to the lower than target levels of satisfaction noted in the first 6 months of the year, it is not anticipated that this indicator will recover in this financial year.	x
		Average stay in temporary accommodation	Because of the ongoing movement of long stayers, this KPI will not be recoverable in this financial year.	
		Average stay in temporary accommodation (families with children)	Because of the ongoing movement of long stayers, this KPI will not be recoverable in this financial year.	
		Percentage of damp and mould inspections completed within timescale	Process in place to ensure compliance with Awaab's Law, and this will be reflected in performance from end of October onwards. However, target will not achieved because of performance in the first 6 months of the year	x
		Percentage of damp and mould remedials completed within timescale	Process in place to ensure compliance with Awaab's Law, and this will be reflected in performance from end of October onwards. However, target will not achieved because of performance in the first 6 months of the year	x
		Percentage of fire safety remedial actions completed to timescale	Due to performance being below target across the first three quarters, this KPI is not recoverable	x
	10	Downward trend:		x
		Complaints resolved in timescale (stage 2)	Significant increase in complaints impacted on complaints completed by target. If January performance is maintained, the target will be achieved.	
		Satisfaction with repair in the last 12 months	If a positive response is received in Q4, then the indicator may recover and meet target.	
	11	Items to note:		x
		Homes that do not meet the Decent Homes Standard	Continued reduction in percentage of homes that do not meet Decent Homes Standard	
		Current tenant arrears as % of rent debit	Above target for first time in 2025/26	

CH02a/b - Complaints resolved in timescale (Stage 1) - Reporting methodology has been reviewed, and for monthly dashboards this indicator will be calculated based on complaints closed during the month.

* Descriptions for headers included on definitions page at end of report

Customer & Corporate Services Dashboard

			Oct-25	Nov-25	Dec-25		YTD		Target	Previous Year	Benchmark*	DoT**	Comment
CH01a	Stage 1 complaints per 1,000 properties	TSM MI	3.49	4.83	6.16		36.87		N/A	43.02	46.30	N/A	The number of complaints has incrementally increased over the last three months. In December There were 60 stage 1 complaints closed. This is an increase from 47 in November and 34 in October. This follows a seasonal trend, where we see more complaints over the winter. The majority of complaints relate to repairs both DLO and External contractors, which is expected.
CH01b	Stage 2 complaints per 1,000 properties	TSM MI	1.33	0.82	1.13		6.98		N/A	5.43	7.70	N/A	There were 11 stage 2 complaints during in December.
CH02a	Complaints resolved in timescale (Stage 1)	TSM MI	94.44%	86.67%	84.78%		88.20%		85.00%	73.57%	85.90%	↓	Issue: Complaint volumes in Q3 have significantly increased, as a result slightly more complaints have gone out of service. In December, 7 complaints went out of compliance; 3 legacy complaints went out of compliance from across the business and the complaints team had 4 out of service. Of the 4 late by the complaints team, the longest period was 5 days late and the average was 2 days late. Moving into closed complaints in January, we are running at 100% on time and all efforts are focused on achieving 100% despite the significant volume. Mitigation: Additional resource is in place from late December onwards. Timeframe: In place Forecast: If January performance is maintained, the target will be achieved. It should be noted that previously reported figures have been slightly amended as a result of a quality review of data held in the complaints spreadsheets. The launch of complaints in Netcall is due at the end of February 2025, this will reduce the risk of error in the spreadsheets and therefore the need for retrospective change. Quality checks will continue to take place.
CH02b	Complaints resolved in timescale (Stage 2)	TSM MI	100.00%	100.00%	83.33%		92.31%		96.00%	86.79%	85.00%	↓	Two complaints were not completed .within timescale in December.
TP01	Overall satisfaction with services provided by SCH	TSM P	80.00%	-	79.73%		77.85%		80.00%	77.18%	71.10%	↔	Issue: The Overall satisfaction performance has stayed stable in Q2 and Q3 at around 80%, and showing improvement from Q1 (73.79 %.) Repairs is the main driver of satisfaction (and dissatisfaction). Satisfaction was analysed by protected characteristics; It was identified that most dissatisfied varied by age, where younger customers were more dissatisfied than older customers. There was no difference in satisfaction by other protected characteristics. Mitigation: a full, deeper dive analysis will be undertaken at the end of Q4 to analyse the full years data. Timeframe: April 2026. Forecast: If current levels of data are maintained it will be possible to recover the indicator to within tolerance.

TP06	Satisfaction that SCH listens to and acts upon tenants' views	TSM P	64.04%	-	69.44%	66.57%	71.00%	67.18%	59.10%	↑	Issue: Satisfaction has increased from the previous quarter and whilst it is below target, both Q3 and YTD are within tolerance. Sentiment analysis indicated that dissatisfaction predominantly relates to communication and follow-up with repairs Mitigation: This has been noted as part of the VOC work, and a task and finish group will be reviewing repairs communication. Timeframe: April 2026 Forecast: It is not anticipated that this indicator will recover in this financial year, but if performance is maintained, it should be within tolerance.
TP07	Satisfaction that SCH keeps you informed about things that matter to you	TSM P	72.44%	-	76.72%	73.89%	79.00%	76.58%	68.50%	↑	Issue: Satisfaction has increased since last quarter. Whilst this quarter is within tolerance, the YTD figure is still off target. Sentiment analysis shows that the key driver for the dissatisfaction is around communication and follow-up in the repairs service. Mitigation: This has been noted as part of the VOC work, and a task and finish group will be reviewing repairs communication. Timeframe: April 2026 Forecast: Due to the lower levels of satisfaction noted in the first 6 months of the year, it is not anticipated that this indicator will recover in this financial year.
TP08	Satisfaction that SCH treats me fairly and with respect	TSM P	85.93%	-	82.71%	82.83%	85.00%	83.85%	77.00%	↓	Issue: Q3 has seen a slight decrease from Q2 (85.93%). However, it has seen a significant improvement from Q1, (79.69%) Q3 and the YTD is with tolerance. Forecast: If current levels of data are maintained it will be possible to maintain the indicator within tolerance.
TP09	Satisfaction with SCH's approach to handling complaints	TSM P	45.83%	-	37.04%	34.12%	45.00%	37.84%	34.10%	↓	Issue: In Q3, we have seen a reduction in satisfaction since Q2. both Q3 and YTD are out of target. Survey commentary analysis indicates that the main areas of customer dissatisfaction is ineffective resolutions for anti-social behaviour, noisy neighbours or maintenance issues. This highlights the problem of the KPI measuring satisfaction with other services, other than complaints. Mitigation: Continued calls to all residents who note dissatisfaction to understand issues. The customers identified so far have not raised a formal complaint. Timeframe: Ongoing Forecast: Due to the lower level of satisfaction noted in the first quarter of the year, it is not anticipated that this indicator will recover in this financial year.
WB13	Customer satisfaction (disabled facilities grants)	SCH KPI	100.00%	90.91%	92.86%	90.11%	94.00%	95.28%	N/A	↑	Issue: Significant waiting times for caseworker visits and assessments contribute to delays in service delivery. The average wait for a caseworker to visit a standard priority case is 6 months, and the average wait for an occupational therapy (OT) assessment is about 12 weeks. Additionally, customers often have heightened expectations that exceed the limitations of the Disabled Facilities Grant (DFG), leading to frequent refusals of requests that do not align with the DFG priorities. Mitigation: Community OT service are calling customers every 3 months to assess if their circumstances have changed and if they need to be reprioritised. Urgent cases are being dealt with immediately. Work is continuing with the OT service to ensure OTs are not recommending work that does not meet the DFG criteria and that they are not raising customer's expectations. Money that had been ring fenced for a number of complex children's cases has been made available as these adaptations will not take place in 25/26. This means we will be able to increase the number of DFG applications being approved and completed in Q4. Timeframe: Quarter 4 25/26 Forecast: The current waiting list for DFGs should be reduced over Q4. This should improve satisfaction regarding waiting times. Customer expectations remain high as some customers feel the DFG should be a solution to all needs in the home. Customers will therefore be less satisfied with the adaptations we can provide.

CR2	Overall satisfaction (transactional)	SCH KPI	84.19%	88.41%	86.16%	87.60%	87.00%	85.69%	N/A		Issue: The performance has decreased from November , mainly due to a decrease in responsive repairs satisfaction. The contact centre has shown the highest satisfaction % this year and has the highest satisfaction performance in December. Mitigation Actions : Monitor the performance and key drivers. Timeframe: Forecast: Q4 results will need to be around 87% in order to meet the target by year end. This is achievable
CR36	Contact centre ASA	SCH KPI	364	570	520	327	210	273	185		Issue: The ASA has decreased slightly in December but remains well above the target. Whilst the wait time has increased, the customer experience has improved with call backs, queue position information and clear IVR's. This is evident in the higher level of satisfaction noted in December. The contact centre are carrying a number of vacancies that have been difficult to recruit to. All calls: 520 seconds Queued calls: 234 seconds Callbacks: 1001 seconds (Increased since November significantly) Mitigating actions . A recruitment plan is in place to recruit to permanent roles. Also exploring apprentices and other similar schemes. Timeframe: recruitment- March 2026 Forecast: KPI is not recoverable. The volume and the pattern of call arrival (such as Monday AM) mean that it's not possible to consistently underachieve the ASA and therefore achieve the YTD target.

*Benchmark based on median performance from 2024/25 RSH local authority and ALMO and benchmarking

**Direction of Travel - an up arrow indicates improving performance, and a down arrow represents worsening performance between the previous two months.

Housing Services Dashboard

			Oct-25	Nov-25	Dec-25		YTD		Target	Previous Year	Benchmark*	DoT**	Comment
NM01	ASB cases per 1,000 properties	TSM MI	2.98	1.34	2.67		24.24		N/A	22.84	43.40	N/A	Issue:ASB cases have increased compared to the previous month. Overall, the YTD figure is at 21.51, which is close to last year's total figure of 22.84. (for context, at the end of quarter 3, 197 cases have been logged compared to 128 at the same point last year. A full analysis of ASB cases and service delivery is underway, and will be reported in March.
NM01	ASB cases per 1,000 properties (Hate Crime)	TSM MI	0.00	0.00	0.00		0.31		N/A	0.41	0.50	N/A	There was zero Hate Crimes recorded during quarter Q3 .
TP10	Satisfaction that SCH keeps communal areas clean and safe	TSM P	77.78%	-	73.85%		72.08%		70.00%	66.67%	65.80%	↓	Whilst there has been a slight decrease in satisfaction this quarter from the previous quarter, the indicator is still in target.
TP11	Satisfaction that SCH makes a positive contribution to the neighbourhood	TSM P	69.47%	-	74.71%		69.89%		74.00%	74.74%	63.70%	↑	Issue: Satisfaction has increased from last quarter and is in target. However the YTD figure is not at target, but is within tolerance. Mitigation: Further analysis has shown that the majority of issues raised relate to landscape maintenance, which is not provided by SCH. It was also noted that more communication on the services should be provided. SCH will promote the new service standard more frequently. Timeframe: Ongoing Forecast: meets target for Q3. However, due to the lower levels of satisfaction noted in the first 6 months of the
TP12	Satisfaction with SCH's approach to handling ASB	TSM P	49.28%	-	60.38%		55.26%		60.00%	59.58%	58.00%	↑	Issue: Satisfaction has shown an improvement from Q2 and is above target, in month, but is below target for YTD (but within tolerance). Where dissatisfaction is noted, Key drivers include: -perceived lack of responsiveness -reliance on police intervention -feelings of being dismissed when reporting issues. Residents expressed a strong desire for a more proactive approach, advocating for increased patrols, better engagement, and enhanced collaboration between SCH and police to ensure timely and effective interventions. Additionally, confusion over responsibility for ASB management points to the need for clearer delineation of roles between SCH and police. Mitigation actions : A full analysis of ASB cases and service delivery is underway, and will be reported in March. Timeframe: Ongoing Forecast: Due to the lower levels of satisfaction noted in the first 6 months of the year, it is not anticipated that this indicator will recover in this financial year, but may be within tolerance.
VL13	Percentage of rent loss due to voids	SCH KPI	1.13%	1.15%	1.12%		1.12%		1.25%	1.28%	2.34%	↔	The number of voids has remained fairly stable across this financial year, and remains above target.
WR15	Current tenant arrears as % of rent debit	SCH KPI	4.27%	4.49%	3.40%		3.40%		3.50%	2.75%	2.37%	↑	Issue: December's arrears figure stands at 3.40%, representing an improvement of 1.09% compared to the previous month and currently 0.10% ahead of the year-end target of 3.50%. Additionally, performance at the end of Q3 is 0.36% better than the same point in 2024/25 (3.76%). As noted in previous reports, Q1 and Q2 were subject to seasonal volatility and external factors. The rent-free week in December contributed to a reduction to more favourable levels. Mitigation: The ongoing Universal Credit (UC) migration continues to impact arrears. The Department for Work and Pensions (DWP) has confirmed migration for all working-age claimants will conclude by 31 March 2026. Current patterns indicate that tenants with previously clear or credit balances are entering arrears due to the UC waiting period. Despite utilising Discretionary Housing Payments (DHP), this trend is continued to persist until the seasonal arrears reduction in December. We have also seen that migration slowed to approximately 10 new claimants per week in December, but volumes are expected to return to normal, or slightly increase, from January onwards. It is important to note that arrears increases are being observed across the West Midlands, indicating a regional trend rather than an isolated issue. Timeframe: ongoing Forecast: Based on the pattern of arrears compared to the previous years, this indicator will be below target.

HO1	Average stay in temporary accommodation (all) - days	SCH KPI	162	153	238	190	80	143	N/A	↓	Issue: The average stay in TA has shown an increase in December 2025 to 238 from 153 days in November. This is to be expected given the push for move-on into long term housing solutions. Given the change in priority afforded to homeless households in the new Housing Allocation Scheme, we can now move people on from temporary accommodation more successfully. This will steady in the future but given the length of stay for some in TA, they are in the best position to secure suitable Housing, and this in turn has an adverse effect on the KPI. The average stays are very long, but to add context to that a lot of long stayers were rehoused in December, with two over 4 years, another one almost 4 years, one 2 years and 6 over 1 year. Mitigation: The new Housing Allocations policy will enable more long stayers to move into permanent accommodation more quickly as they now have an increased priority. The team continue to work to seek outcomes in the prevention and relief duty wherever possible to avoid long stays. Timeframe: Ongoing Forecast: Due to the number of long stayers in the pipeline, this KPI is not recoverable by year end.
HO1a	Average stay in temporary accommodation (families with children) - days	SCH KPI	167	195	321	252	95	183	N/A	↓	HO1 is an indicator reflective of all households, whereby this KPI is targeting the average days spent in TA for families. This remains well astray of the 95-day target at 321 days and demonstrates an increase from the 195 days in November. As this KPI is representative of families, who are in the main awaiting larger properties and a large proportion owed a full duty, will be waiting for social housing allocation. They will account for the long stays outlined in HO1. Several households have been prevented from moving on due to arrears, which we are working to address and successfully move them on from TA. We continue to work with key partners in income and awards to remove barriers to do this which is having a direct positive income.
HO5	Percentage of homeless approaches where prevention or relief achieved	SCH KPI	57.00%	52.73%	58.43%	57.22%	60.00%	49.06%	N/A	↑	Issue: The team achieved a prevention or relief outcome in 57.22% of cases during December, which is a 5.7% increase from the previous month, and is within tolerance of the target. November, which is a November was 52.73% and outside of tolerance, but December is positive with the prevention and relief standing at 58.43% which is a fantastic achievement and marginally below the KPI. The year to date, is within tolerance at 57.22%. Prevention outcomes remain the highest with 32 (78.05%) prevention cases having positive outcomes in the month. This remains consistent with the year so far in general and the YTD is at 72.26%. The relief outcomes this month are up on last month where there were 17 successful relief cases, in December this increased to 20 cases (41.67%). It is notably more difficult to move people on in the relief period so is positive to see. Solihome outcomes have contributed to this with 3 privately rented properties secured in December – 1 of those in prevention and 2 in the relief period. So far this year, there has been 39 PRS outcomes through Solihome. It should be noted that the SMBC target for prevention and relief includes St Basils. Mitigation: The push is for early notification from our wider partners and public bodies to provide better opportunities to prevent homelessness wherever possible. We are consistent in the message that we do all we can to secure earlier outcomes, and this is being applied in case reviews and staff training. This is important to avoid the subsequent burden that comes with main duty decisions. Timeframe: Ongoing Forecast: Recoverable

*Benchmark based on median performance from 2023/24 Housemark benchmarking

**Direction of Travel - an up arrow indicates improving performance, and a down arrow represents worsening performance between the previous two months.

Asset Management Dashboard

			<u>Oct-25</u>	<u>Nov-25</u>	<u>Dec-25</u>	<u>YTD</u>	<u>Target</u>	<u>Previous Year</u>	<u>Benchmark*</u>	<u>DoT**</u>	<u>Comment</u>
RP01	Homes that do not meet the Decent Homes Standard	TSM MI	1.91%	1.89%	1.73%	1.73%	2.00%	2.36%	1.74%	↑	Issue: Performance is currently exceeding target with the total number of homes not meeting decent homes currently at 168. This KPI is based upon a snapshot in time and hence can vary month on month. Forecast: Target will be met by end of Financial Year
RP02a	Repairs completed within target timescale (emergency)	TSM MI	93.05%	87.88%	90.50%	91.94%	95.50%	91.83%	95.00%	↑	Issue: Emergency performance has improved from previous month. contractor performance shows 85% completed on time ,internal 98.00%. Non-emergency : The performance has improved from the previous month , completion of the backlog is affecting this figure due to old works being out of date. There are issues with the interface between the SCH and Dodd systems. This is impacting the flow of information between parties, and impacting on the data provided. This is being investigated and resolutions being explored with MRI. Mitigation: Ongoing performance is being reviewed through the SPMP contract. Repairs continuous improvement plan is in now in place. Interface resolution in train. Timeframe: Ongoing. Forecast: It is not anticipated that the KPI is recoverable
RP02b	Repairs completed within target timescale (non-emergency)	TSM MI	80.45%	80.23%	82.73%	81.41%	85.00%	81.61%	84.80%	↑	
TP02	Satisfaction with repair in the last 12 months	TSM P	83.52%	-	75.53%	79.06%	80.00%	77.90%	72.80%	↓	Issue: Satisfaction recorded in Q3 has shown a decrease in satisfaction compare to Q2 and Q1 , but shows similar results to 2024/25 Q3 results. Customer sentiment shows positive feedback centred on the promptness and professionalism of staff, quick emergency repairs and the courteous staff. Dissatisfaction stemmed from communication issues, delays in scheduling, a lack of follow-up, and unresolved problems. Mitigation Action : Full Analysis of the TSMs will be undertaken in Q4 Forecast: If a positive response is received in Q4, then the indicator may recover and meet target.
TP03	Satisfaction with time taken to complete the last repair	TSM P	84.44%	-	76.34%	80.22%	76.00%	80.17%	68.30%	↓	Above target. However, there is a downward trend evident over the last 3 quarters. This will be explored in the full analysis of the TSMs at the year end.
TP04	Satisfaction that home is well maintained	TSM P	76.06%	-	75.17%	73.72%	80.00%	74.10%	71.00%	↓	Issue: This indicator has remained fairly stable over the last two quarters. Mitigation: Full Analysis of the TSMs will be undertaken in Q4 Timeframe: April 2026 Forecast: Due to the lower levels of satisfaction noted in the first 6 months of the year, it is not anticipated that this indicator will recover in this financial year.

*Benchmark based on median performance from 2023/24 Housemark benchmarking

**Direction of Travel - an up arrow indicates improving performance, and a down arrow represents worsening performance between the previous two months.

Building Safety & Compliance Dashboard

			<u>Oct-25</u>	<u>Nov-25</u>	<u>Dec-25</u>	<u>YTD</u>	<u>Target</u>	Previous Year	Benchmark*	DoT	Comment
BS01	Percentage of properties with valid gas certificate	TSM MI	100.00%	99.86%	99.96%	99.96%	100.00%	99.90%	99.97%	↑	Status - The no access process has been followed. The report issued on the 21/01/26 shows 100% compliance
BS02	Percentage non-domestic assets covered by a valid FRA	TSM MI	100.00%	99.41%	100.00%	100.00%	100.00%	100.00%	100.00%	↑	Meets target.
BS03	Percentage known asbestos locations re-inspected within benchmarked period (communal areas)	TSM MI	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		Meets target.
BS04	Percentage of relevant water installations covered by a risk assessment	TSM MI	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		Meets target.
BS05	Percentage communal passenger lifts that require a thorough examinations (LOLER)	TSM MI	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		Meets target.
TP05	Satisfaction that home is safe	TSM P	80.00%	-	82.27%	79.15%	81.00%	80.07%	77.30%		Issue: Uptrend in satisfaction continued from Q2 Mitigation: We continue to follow up with all residents who not dissatisfaction. Any issues are raised with the building safety team. There have been no trends identified. Timeframe: Ongoing Forecast: If current levels of data are maintained it will be possible to recover the indicator to within tolerance.
AM1b	Percentage domestic properties with a satisfactory Electrical Installation Condition Report	SCH KPI	98.69%	98.58%	98.28%	98.28%	100.00%	100.00%	95.40%	↓	Status: 167 properties without a valid EICR at the time of reporting. Mitigating Actions: All EICRs which are beyond the 5 year re-inspection requirement are part of performance improvement plan overseen by the Building Safety Manager, and follow the same access procedures used for gas compliance. An interface fix was put in place in November. While this seems to have stabilised the interface, there is still missing data which requires manual intervention to rectify. A process review is also underway to ensure current process is robust and aligns with best practice. Implementation of this process is started in December. Customer Engagement are supporting to reduce outstanding cases. Timeframe: On-going Forecast: No access remains a challenge, however the team are confident that all EICRs due beyond the 10 year statutory requirement will be completed by Q4. This is amended from initial target of Q2.

DM1	Percentage Damp and Mould inspections completed within timescale	Awaab's Law	97.70%	90.83%	89.06%	90.38%	100.00%	79.86%	N/A	Issue: Inspections - Performance for damp and mould inspections was at 89.06% at the end of December. Performance was impacted by staffing issues during the month of December. The team is now at full capacity and is working on completing inspections Remedials - Performance for Damp and mould remedial works raised post introduction of Awaab's law remains 100%. Performance for remedial works raised pre-Awaab's Law remains below KPI with 59.68% being completed within timescales. Performance was impacted mainly due to access issues. Mitigating Actions: The team is now at full capacity which will improve performance. Forecast: The target of 100% for inspections will not be achieved by the end of the financial year; we are confident it will be in the high 90%. Performance against remedial actions remains affected by cases raised pre-October 2025 and access issues. Plans are in place to address the backlog and improve overall performance.
DM2	Percentage Damp and Mould remedials completed within timescales	Awaab's Law	82.39%	79.34%	85.34%	51.75%	100.00%	32.30%	N/A	
AM1k	Percentage of fire safety remedial actions completed to timescale	SCH KPI	72.73%	71.70%	0.00%	45.87%	80.00%	68.21%	N/A	Issue: All 13 actions completed in December were completed past the action due date. While a number of actions were completed after their original due dates, there has been a continued reduction in the overall volume of open and overdue remedial actions on the risk register. This indicates progress in risk reduction. Mitigating Actions: The Building Safety Team has completed a performance review of fire actions. The review has highlighted that the timescales provided for completing actions do not allow sufficient time for the recommendation to be carried out. A set of pragmatic timescales have been proposed alongside processes which provides assurance that residents are not put at risk. Forecast: These changes are expected to stabilise action due dates, reduce late completions, and support delivery of all overdue actions by the end of Q4, alongside a clearer and more robust forward programme.

*Benchmark based on median performance from 2024/25 Housemark benchmarking
**Direction of Travel - an up arrow indicates improving performance, and a down arrow represents worsening performance between the previous two months.

Definitions



Recoverable		Front page	Indicators where it is anticipated target can be met by the end of financial year
Non Recoverable		Front page	Indicators where it is not anticipated target can be met by the end of financial year
Downward trend		Front page	Indicators which are within tolerance of target, and performance is worsening
Upward trend		Front page	Indicators which may or may not be meeting target, but are seeing a positive improvement in performance
CH01a	Stage 1 complaints per 1,000 properties	TSM	Number of stage 1 complaints which meet the TSM definition received in month, scaled by stock number
CH01b	Stage 2 complaints per 1,000 properties	TSM	Number of stage 2 complaints which meet the TSM definition received in month, scaled by stock number
CH02a	Complaints resolved in timescale (Stage 1)	TSM	Percentage of stage 1 complaints meeting the TSM definition received in month completed in target timescale
CH02b	Complaints resolved in timescale (Stage 2)	TSM	Percentage of stage 2 complaints meeting the TSM definition received in month completed in target timescale
MM01	ASB cases per 1,000 properties	TSM	Number of Public ASB cases received in month, scaled by stock number
RP01	Homes that do not meet the Decent Homes Standard	TSM	Percentage of stock which fails Decent Homes Standard
RP02a	Repairs completed within target timescale (emergency)	TSM	Percentage of emergency responsive repairs completed in month which have met their target timescale
RP02b	Repairs completed within target timescale (non-emergency)	TSM	Percentage of non-emergency responsive repairs completed in month which have met their target timescale
BS01	Percentage of properties with valid gas certificate (AM1a)	TSM	Percentage of properties on the gas contract which had a valid gas certificate at the end of reporting month
BS02	Percentage non-domestic assets covered by a valid FRA (AM1c)	TSM	Percentage of properties which require an FRA which have a valid assessment at the end of reporting month
BS03	Percentage known asbestos locations re-inspected within benchmarked period (communal areas) (AM1d)	TSM	Percentage of properties which require an asbestos inspection which have a valid inspection at the end of reporting month
BS04	Percentage of relevant water installations covered by a risk assessment (AM1e)	TSM	Percentage of properties which require a legionella check which have a valid assessment at the end of reporting month
BS05	Percentage communal passenger lifts that require a thorough examinations (LOLER) (AM1f)	TSM	Percentage of properties with use of a passenger lift which have a valid examination at the end of reporting month
TP01	Overall satisfaction with services provided by SCH	TSM	Quarterly satisfaction survey completed by Acuity

TP02	Repair in the last 12 months	TSM	Quarterly satisfaction survey completed by Acuity
TP03	Time taken to complete the last repair	TSM	Quarterly satisfaction survey completed by Acuity
TP04	Home is well maintained	TSM	Quarterly satisfaction survey completed by Acuity
TP05	Home is safe	TSM	Quarterly satisfaction survey completed by Acuity
TP06	Landlord listens to and acts upon tenants' views	TSM	Quarterly satisfaction survey completed by Acuity
TP07	Landlord keeps you informed about things that matter to you	TSM	Quarterly satisfaction survey completed by Acuity
TP08	Landlord treats me fairly and with respect	TSM	Quarterly satisfaction survey completed by Acuity
TP09	SCH approach to handling complaints	TSM	Quarterly satisfaction survey completed by Acuity
TP10	Landlord keeps communal areas clean and safe	TSM	Quarterly satisfaction survey completed by Acuity
TP11	SCH makes a positive contribution to neighbourhood	TSM	Quarterly satisfaction survey completed by Acuity
TP12	SCH approach to handling ASB	TSM	Quarterly satisfaction survey completed by Acuity
AM1b	Percentage domestic properties with a satisfactory Electrical Installation Condition Report	SCH KPI	Percentage of properties which have a valid 5 year test certificate at the end of reporting month
AM1k	Percentage of fire safety remedial actions completed to timescale	SCH KPI	Percentage of remedial actions completed in month, within their target timescale
AM1	Percentage Damp and Mould inspections completed within timescale	Awaab's Law	Percentage of damp inspections completed in month which have met their target timescale
AM2	Percentage Damp and Mould remedials completed within timescales	Awaabs Law	
VL13	Percentage of rent loss due to voids	SCH KPI	Percentage of rent loss from void properties, excluding non lettable properties
WR15	Current tenant arrears as % of rent debit	SCH KPI	Snapshot position at the end of the month of current tenant arrears of total rent debit
HO1	Average stay in temporary accommodation (all) - days	SCH KPI	Average stay in TA for households which have left during reporting month
HO1a	Average stay in temporary accommodation (families with children) - days	SCH KPI	Average stay in TA for households with dependents which have left during reporting month
HO5	Percentage of homeless approaches where prevention or relief achieved	SCH KPI	Percentage of relief and prevention cases which have ended in month with a successful outcome
WB13	Customer satisfaction (disabled facilities grants)	SCH KPI	From transactional wellbeing survey
CR2	Overall satisfaction (transactional)	SCH KPI	From all transactional surveys completed in month, overall satisfaction with service provided by SCH
CR36	Contact centre ASA	SCH KPI	Average seconds to answer incoming calls to contact centre

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Solihull
Community Housing
Shaping our neighbourhoods

Voice of the Customer

Quarter 3 2025/26

Welcome to the third edition of our Voice of the Customer report.

In this update, we share what's going well, what you've told us, and how your feedback is helping us make meaningful improvements. Your insights continue to be invaluable – they highlight what matters most, guide our decisions, and support us in enhancing our services to boost satisfaction.

At SCH, we remain dedicated to putting our customers first. Listening to you is central to delivering excellent experiences, and we work hard to make sure your voice directly influences the changes we make. Every comment you provide helps us shape our services so we can better meet your needs.



Quick Overview



Key themes identified this quarter

Communication when carrying out your repairs. We are in the process of reviewing our processes to identify how we can improve.



Customer Satisfaction

Our Tenant Satisfaction Measures (TSM) have remained stable this quarter. We have seen a slight decrease in your perception of the repairs service and your satisfaction when you have a repair. We are carrying out a full review of repairs communication to look at how we can make improvements.



Engagement Activity

You told us what your priorities are during the SCH Big Conversation. Your priorities have been reflected into the new SCH 5-year vision and delivery plan. This sets out what we will be focused on in terms of service delivery and improvements over the next 5 years.



Complaints

We received more complaints this quarter, compared to the previous 12 months. Top themes identified this quarter include identifying stage 2 complaints, delayed works and issues with follow on works. We have identified actions to tackle these issues.



Other customer contact

We receive lots of compliments as well as complaints. They are really helpful as they tell us where we are doing a good job.



What did we learn and what did we do?

You told us ease of access is a priority, and that sometimes waiting time can be longer on the phone. We have changed our telephone system, and you are much happier with the service being provided.

Customer Satisfaction

The Regulator of Social Housing (RSH) assesses how well social housing landlords in England are performing in providing quality homes and services. This includes the Tenant Satisfaction Measures (TSMs). We regularly ask a sample of residents what they think of the services. This is what you told us this quarter:

TSM Question	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Overall service provided by Solihull Community Housing (SCH)	78.38%	74.32%	73.79%	80.00%	79.73%
SCH provides a home that is well maintained	74.13%	73.10%	69.93%	76.06%	75.17%
SCH provides a home that is safe	81.12%	77.40%	75.18%	80.00%	82.27%
SCH keeps these communal areas clean and well-maintained	65.63%	62.32%	65.22%	77.78%	73.85%
Overall repairs service from SCH over the last 12 months	76.14%	77.01%	78.26%	83.52%	75.53%
Time taken to complete your most recent repair after you reported it	79.55%	77.53%	80.00%	84.44%	76.34%
SCH listens to your views and acts upon them	70.80%	58.82%	66.37%	64.04%	69.44%
SCH keeps you informed about things that matter to you	77.24%	73.39%	72.65%	72.44%	76.72%
SCH treats me fairly and with respect	84.96%	81.16%	79.69%	85.93%	82.71%
SCH's approach to complaints handling	24.00%	38.46%	23.53%	45.83%	37.04%
SCH makes a positive contribution to your neighbourhood	69.15%	70.41%	65.26%	69.47%	74.71%
SCH's approach to handling anti-social behaviour	63.49%	60.81%	57.35%	49.28%	60.38%

We also ask you about your particular experience when we deliver services, such as repairs, when you speak to our customer contact advisors, or if you are a new

tenant. These are called transactional surveys. This is what you told us about your overall satisfaction with specific services, this quarter:

Area of Service	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Repairs	89.68%	95.72%	92.92%	87.16%
New tenants	92.00%	81.25%	94.29%	85.71%
Contact centre	79.10%	81.14%	85.23%	84.17%
Homelessness service	64.29%	70.73%	65.91%	71.11%
Building safety and compliance	85%	95%	87.50%	98.28%
Aids and adaptations	100%	90.91%	82.61%	94.29%
Money advice	100%	90%	100.00%	90.91%
Wellbeing service	95%	93.75%	92.31%	100.00%

What did we learn?	What have we done?
We have seen most Tenant Satisfaction Measures remain stable this quarter. This is great to hear! However, that doesn't mean we won't continue identifying where we could do better.	Continue to monitor what you tell us and act on it. We have a new analytical tool to help us use the comments you provide to really understand the underlying reasons for why you have a good or a bad experience. This will help us better focus on areas of concern.
We have seen a slight decrease in your perception of the repairs service and your satisfaction when you have a repair. When we looked at this in more detail it related largely to communication.	We are carrying out a full review of the repair service communications.
There has been an increase in the satisfaction with Aids and Adaptations and the Wellbeing service. This is great news!	We will continue to monitor responses.

Engagement Activities

In each edition of this report, we will highlight some of the feedback you have given us, or outcomes from the SCHape Panel reviews. **In this edition, the spotlight is on ease of access to services.**



You told us easy of access is a priority. Sometimes waiting times on the phone can be longer than expected.



We implemented a new telephone system, including a callback facility.



Satisfaction with the contact centre improved by over 5% compared to Q1.

As previously reported, the SCHape Panel have recently concluded their review of the repairs service, focusing on:

- **Communication**
- **Meeting the needs of vulnerable residents**
- **Categories and types of repairs**

They made 31 recommendations to the Housing Operations Committee.

Key actions underway include:

- Implementation of a single point of contact for multi-trade or complex jobs to improve communication.
- A full review of repairs communication.
- Roll out of a 'needs on the day approach' - tailoring services to individuals needs.

The Panel are currently reviewing SCH's compliance with the Consumer Standards. More on this in the next edition!

The Panel will also be developing their forward plan for the new financial year. If you have any thoughts on areas you would like them to review, please email engagement@solihullcommunityhousing.org.uk

The **Virtual Improvement Panel (VIP)** is a group of over 500 residents that regularly work with SCH. The VIP act as a sounding board, test ideas, review changes, get involved in 'Task and Finish' groups and much more. Activities and outcomes this quarter include:





VIP activity	Outputs and Outcomes
Review of Gas Safety Letters	- Confirmed letters were clear and jargon free. - Bold all references to legal action. - Consensus that tone and escalation of action was appropriate and necessary.
Review of the Winter Newsletter	- Damp and mould feature noted, after request from previous editorial group. - Article on Independent Living service was interesting. - More human-interest stories in next edition.
Review of performance section on website	- Highlight current performance at top of page. - Include the Building Safety Reports. - Give residents the opportunity to feedback via a form. All suggestions actioned and new performance pages developed: Performance - Solihull Community Housing
Codesign of new Customer Experience Committee	Development of Terms of Reference (TOR): - Focus on customer experience – oversight of key policies, Voice of the Customer, complaints, procurement and contract management - Training is key. Recruit for behaviour, train for skill - Lots of recruitment events - Independent support such as Tpas All included in the TOR and recruitment plan,
Review of Pet Policy	No amends necessary,
Empty homes inspectors	Identifying any issues where empty homes are not to the agreed standards, before homes are let. They have reported cleaning issues which have been rectified. Satisfaction with cleaning is high.

SCH Big Conversation

The SCH Big conversation was held during August and September 2025. We knocked on over 3,000 doors and spoke to 838 of you about the proposals for SCH's priorities for the next 5 years.



You told us your top priorities were:

- Continually improve the repairs and maintenance service
- Easy access to services
- Protect vulnerable children and adults
- Respond promptly to safety concerns
- Comply with legal and regulatory building safety requirements (i.e. gas servicing)

When asked what SCH did well, you said:

- Repairs were quick and responsive, especially in emergencies
- You appreciate the polite and helpful staff, particularly in the contact centre
- Support for vulnerable tenants is good

You also told us about things you thought we could improve:

What you said	What are we doing as a result?
Some of you told us that non-urgent repairs can be delayed or require multiple follow-ups.	We have a Repairs Continuous Improvement Plan, which will address how we prioritise jobs and improve our performance with completing repairs to timescales.
Damp and mould issues persist for some customers.	Enhanced the way you can report damp and mould to us, and how staff identify damp and mould when they are in your home. We have also enhanced our processes to make sure damp and mould is dealt with within the new timeframes set out in Awaab's Law. Our performance in dealing with damp and mould has improved.
There are communication gaps, especially around repair follow-ups.	Reviewing repairs communications. This is currently being carried out.
Fly-tipping and ASB are recurring concerns in communal areas.	Continue to carry out weekly inspections in the blocks to identify any issues.

Contact centre wait times and appointment flexibility need attention.	Introduced a new telephone system to improve your experience when you call SCH. This includes a call back facility which means you do not need to wait on the line. Since this was introduced, your satisfaction with the contact centre has improved.
Some tenants felt unsupported or unheard, especially in complex cases.	We have implemented a new process where one point of contact is allocated for complex repairs cases. This will ensure communication is improved. We will be monitoring the impact of the new process over the coming months through customer feedback and complaints.

What else have we done in response to your feedback?

Your priorities have been reflected into the new SCH 5-year vision and delivery plan. This sets out what we will be focused on in terms of service delivery and improvements over the next 5 years. This will be available for you to read in early April 2026.

Other engagement activities this quarter include:

- Three estate walkabouts - identifying a number of issues such as fly tipping, communal cleaning issues and graffiti. All of the issues have been actioned.
- Building Safety Advocates reported over 13 issues in high-rises, in-between officer inspections. All of them have been actioned.
- 27 drop-in sessions held at family hubs across the Borough. Assisted 39 residents to access services or support around homelessness and allocations, repairs and mental health.



Complaints

Complaints are one of the most valuable sources of feedback from our customers. When we get things wrong, we want to put it right. We also want to learn from complaints; they help us to make changes to the way we do things, so we can continually improve what we do.

In quarter 3 2025/26, we investigated 149 complaints. The biggest area of complaints was reactive repairs. This is not surprising as we undertake over 30,000 repairs a year.

Complaints handling is an area of focus for improvement at SCH, and we are working on being a better listening and learning organisation. We have seen an improvement to our performance when looking at completion within timeframes over the last 9 months, and we are working to make further improvements over the coming months.

Indicator	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of Stage 1 closed	115	121	149
percentage Stage 1 completed on time	89.57%	93.39%	89.26%
percentage Stage 1 upheld	47.83%	52.07%	51.39%
Number of Stage 2 closed	11	32	50
percentage Stage 2 completed on time	85.71%	96.67%	92%
percentage Stage 2 upheld	21.43%	50.00%	29.27%

Housing Ombudsman

The Housing Ombudsman Service (HOS) investigate complaints when a tenant escalates their concerns to them after receiving a Stage 2 outcome. In Quarter 3 2025/26, SCH received 2 Housing Ombudsman determinations. They related to complaint handling and the management of ASB.

The outcomes were as follows:

- 2 maladministration findings
- 2 service failures
- 4 no maladministration findings

Listening and Learning

When you make a complaint, or the Housing Ombudsman finds failings, we use the information to identify any themes or areas for improvement. This quarter, we have found:

Theme	Service area	Action
Not all staff recognise when a customer is making a Stage 2 complaint.	Across service areas	Core Brief issued to all staff to remind of the need to consider if a Stage 2 is required.
Communal boiler works - process between day to day and capital unclear, leads to lack of clarity.	Asset Management	Review with Heads of Service and new process being developed.
Follow on work not completed.	Repairs and Compliance	All complaint actions to be monitored through complaints team to ensure compliance with agreed actions
Record keeping not as good as it should be.	Across service areas	Briefing to staff.

Other customer contact

Compliments

Compliments are a great source of feedback. It shows us where we are doing a good job and where we're making a real difference to your experience as a customer. Most compliments are received via our satisfaction surveys, and as with complaints, the biggest source of compliments is for our repairs service. Some examples of the great feedback you have sent to us include:



"The repairs people are always so lovely and take care of my things."



"I was very happy when I moved in as a new tenant. Support as a new tenant was brilliant."



"[The] contact centre are amazing, things are done fast."



"My daughter is really poorly and so you came and fixed my boiler within hours. I can't thank you enough."

Councillor and MP enquiries

During the third quarter, we received 148 Councillor and MP enquiries. A small number of these were converted to a complaint and the others were either service requests or asking for clarification on behalf of customers.

If you would like this report in any other format or language, please scan the QR code or telephone us on **0121 717 1515**



Complaints

2025/26

Indicator		Q1	Q2	Q3	Q4	YTD	Commentary
Stage 1	Number of complaints received	129	124	167			The number of complaints has incrementally increased over the last three months. In December There were 60 stage 1 complaints closed. This is an increase from 47 in November and 34 in October. This follows a seasonal trend, where we see more complaints over the winter. The majority of complaints relate to repairs for both the DLO and External contractors, which is expected.
	Number of complaints refused	29	47	42			Throughout Q3 42 complaints have been refused, the main reasons for refusals have been because it's a first approach for service. All refusals have been received via our online form therefore a review of the form and how it supports customers with their request is currently being undertaken.
	Number closed	115	121	149			
	Number of complaints per 1000 properties	11.59	11.15	15.01			
	Number completed on time	103	113	133			
	percentage completed on time	89.57%	93.39%	89.26%			
	percentage upheld	48.25%	52.94%	51.39%			Includes partially upheld
Complaints by service area	Responsive Repairs	46	41	59			The majority of complaints relate to repairs both DLO and external contractors, which is expected.
	Building Safety	21	17	30			The majority of complaints relate to repairs both DLO and external contractors, which is expected.
	Biomass	3	1	1			
	Damp and Mould	1	1	8			
	Capital programmes	3	4	0			
	Concierge	1	3	0			
	ASB/Neighbourhoods	6	10	5			
Stage 1							

	Estates/Neighbourhoods	16	16	16		
	Tenancy management	1	2	1		
	Arrears/Rent Control	1	4	6		
	Homelessness	16	7	13		
	Tenancy Sustainment	3	5	2		
	Contact Centre	1	1	7		
	Leaseholder	4	1	1		
	Aids and Adaptations	2	6	9		
	Engagement	0	0	0		
	Wellbeing	1	1	1		
	Out of Hours	0	1	2		
	Other	3	4	5		
	Crosscutting/multiple service areas	0	0	1		
Stage 2 performance	Number of complaints refused	3	0	1		
	Number accepted	25	35	48		
	Number closed	11	32	50		
	Number of complaints per 1000 properties	2.25	3.15	4.31		
	Number completed on time	9	31	46		
	percentage completed on time	81.82%	96.88%	92.00%		
	percentage upheld	21.43%	50.00%	29.27%		

Complaints by
service area

Stage 2

Number of stage 2 as a percentage of stage 1	8.53%	25.81%	29.94%			
Responsive Repairs	6	15	15			
building safety	2	3	6			
Biomass	1	0	0			
damp and mould	0	0	4			
Capital programmes	0	2	1			
Concierge	0	0	1			
ASB/community safety	1	9	15			
Estates	3	2	0			
Tenancy management	0	1	1			
Arrears/Rent Control	2	0	0			
Homelessness	3	2	1			
Tenancy Sustainment	0	1	0			
Contact Centre	0	0	0			
Leaseholder	1	0	0			
Aids and Adaps	1	0	3			
Engagement	0	0	0			
Wellbeing	0	0	0			
Out of Hours	0	0	0			
Crosscutting/multiple service areas	0	0	1			

	Other	5	0	0			
Housing Ombudsman	Number of cases determined	0	0	2			
	Number of severe mal administration	0	0	0			
	Number of mal administration	0	0	2*			A request for a review of the malad relating to ASB has been accepted by HOS, they have advised this will take 12 weeks and requested that the orders not relating to ASB are completed. This number may change, however it is unlikely.
	Number of service failures	0	0	2			
	Number no maladministration	0	0	4			
	Number of orders made	0	0	4*			4 orders have been made, as above 2 are under review
	Number of orders completed on time	N/A	N/A	3			As above, 2 orders are on hold whilst a review is undertaken by HOS
	Number of cases with ombudsman for determination		6	8			1. Repairs- Mouse infestation 2. ASB case- Neighbour dispute 3. Aids and Adaptations- shower installation 4. Aids and adaptations - Toilet installation 5. Building safety (sprinkler installation) 6. ASB Case - Neighbour dispute 7. ASB Case - Noise nuisance 8. Tenancy - Lodger in Occ
	Maladministration rate	0	0	50%			50% based on no change from pending review, could need amending
LSGO	Number of cases determined	0	0	1			1 draft decision has been received by the LGSCO in the period, the final outcome is pending therefore detail will be included in the Q4 report.

Compensation	amount of compensation paid in quarter		£4,203	£4,861			28 payments were made in the quarter, the highest amount paid was £600 in 2 different cases. 6 of the complaints have been through Stage 2, 2 of the 6 have been through HOS and orders have been made to compensate. 15 of the 28 payments related to Repairs, and the value of £3141, 6 relate to Dodds and total £825 The highest payment made in the period was £450 13 of the 30 payments relate to complaints that have been through a Stage 2 complaint
Adjustments	percentage of communication adjustments adhered to	100%	100%	100%			

Complaints learning

quarter	stage	Theme	service area	Action	responsible person	by when	PROGRESS
Q 2 2025/26	All	inconsistencies with communications where: follow-on works needed between DLO and contractor	repairs and compliance	Task and finish group to review communication	Becci Youlden	Feb-26	Started
Q 2 2025/26	1	Delayed responses	across service areas	Development of workflow though Netcall, across service areas to ensure all customer contact can be tracked	Jatinder Matharu	Jun-26	Pending
Q 2 2025/25	1	Follow on work not completed	repairs and compliance	All complaint actions to be monitored through complaints team to ensure compliance with agreed actions	Claire Albrighton	Nov-25	Started
Q 2 2025/25	2	Customers with complex needing focused support	repairs and compliance	Introduction of process to ensure one point of contact	Steve Stone	Nov-25	Completed
Q 2 2025/25	LGSCO	record keeping re homelessness advice advice given	Homelessness	Briefing to staff	Wendy Booth	Nov-25	Completed
Q2 2025/26	All	sharing more information with service areas	complaints team	Introduce 'Learning summaries' to SLT representative to encourage service improvement	Claire Albrighton	Nov-25	Started
Q3 2025/2026	HOS	Complaint Handling - all staff recognising a Stage 2 complaint	across service areas	Core Brief issued to all staff to remind of the need to consider if a Stage 2 is required	Claire Albrighton	Dec-25	Completed
Q3 2025/2025	0 & 2 multiple	Communal boiler works - process between day to day and capital unclear, leads to lack of clarity	repairs and compliance	Review with Heads of Service and request for owner of issue at Ipswich House.	Claire Albrighton	Nov-25	Completed
Q3 2025/2026	1 & 2 multiple	Communal boiler works - process between day to day and capital unclear, leads to lack of clarity	repairs and compliance	Request review of process	Claire Albrighton	Dec-25	Started
Q3 2025/2026	1 & 2	Follow on work not completed, in BAU and complaint outcomes	repairs and compliance	Case studies presented to ELT for further consideration Additional development in Netcall to improve oversight	Claire Albrighton	Feb-26	Pending
Q3 2025/2026	1 & 2	Policy adherence is measure of failure for both Ombudsman	across service areas	SLT update regarding policy adherence, Complaint team training on Policy adherence link to service failure	Claire Albrighton	Feb-26	Pending

Complaints action plan tracker

Date Last Updated: January 2026

Ref	ACTION		SOURCE	Due date	responsible person	PROGRESS	STATUS
A001	Complaint Timescales	Customers should receive a response to their complaint within the timelines of the Housing Ombudsman Code	Self-Assessment Noncompliance	Mar-26	Claire Albrighton	Stage 1 complaints- Q3 performance (85.91%) met KPI target of 85%.	On track
A002	Satisfaction	Improve customer satisfaction with regards to complaint handling, increase the feedback received	Annual report	Mar-26	Claire Albrighton	Awaiting TSM end of year figure	On track
A003	Communication	Identify key areas where customers are frustrated by lack of communication	Annual Report	Mar-26	Claire Albrighton	Identified following areas within in repairs: Follow up work complex cases consistency between DLO and Contractors Task and finish group to review	On track
A004	Winter ready	Review factors that contribute to stretch in service delivery and plan for such demand	Annual Report	Mar-26	Claire Albrighton	Decision to utilise spare 28 hours for 9 month contract at Stage 1, Recruitment completed. One point of contact via Dodd via contract manager.	On track
A005	Vulnerable complainants	drill down into the link between vulnerabilities and complaints following EDI analysis in Annual Report	Annual Report	Jan-26	Becci Youlden	Underway. Data analysis undertaken and audit of complaints is underway	On track

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Solihull
Community Housing
Shaping our neighbourhoods

Performance Against Service Standards Q3 2025-26



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1. Empty Homes

[SCH Empty Homes Service Standard Leaflet.pdf](#)

1.1 The agreed lettable standard

Transactional survey	Q1	Q2	Q3	Q4
% of customers that agreed the home met the lettable standard	90%	54%	47%	

Empty homes inspectors	Q1	Q2	Q3	Q4
% of empty homes inspectors that agreed the home met the lettable standard	100%	90%	100%	

1.2 Information customers should be provided with for their new home

Information	Provided?	Comments
Asbestos report	✓	Asbestos report is left in the property for the tenant. A project is on going to set this up on C365 which will enable electronic copies to be downloaded and provided to tenants at sign up
Guidance of gas safety, energy saving, fire safety in the home	✓	Energy saving not provided
Gas safety inspection certificate	✗	
Electrical test certificate	✗	
Preventing and reporting DMC	✓	
Any appliance and equipment manuals and instruction leaflets where available	✗	
Location of services e.g. stop tap, fuse board, electric and gas meters	✓	Provided verbally

Information provision	Q1	Q2	Q3	Q4
Satisfaction with the information provided before you moved in	81%	92%	85%	



1.3 Actions

- Currently the gas is capped off at re let. The customer raises a request with Dodds for recommissioning of the appliance. The new certificate is sent via post. We are in the process of changing process whereby void works will include a full gas safety check. The certificate will be given to the tenant at sign up. Lettings team will have access to download both on C365.
- Percentage of customers that agreed the home met the lettable standard has reduced over the last nine months. A piece of work will be undertaken by the business intelligence and engagement teams to understand customer experience in more depth.

2. Estate services

[Estates Service Standards 2024.pdf](#)

2.1 Cleaning

High rise	Q1	Q2	Q3	Q4
Number of inspections completed	107	111	105	
% of scheduled inspections completed	100%	100%	100%	
% of inspections passed	100%	100%	100%	
% of bin chutes/biohazard removed in 24 hours	Not recorded	Not recorded	Not recorded	
% of customers satisfied with communal areas management	78%	89%	84%	

Low rise	Q1	Q2	Q3	Q4
Number of inspections completed	569	609	557	
% of scheduled inspections completed	100%	98.96%	100%	
% of inspections passed	97.7%	99.52%	98.38%	
% of customers satisfied with communal areas management	59%	68%	66%	

2.2 Safety

	Q1	Q2	Q3	Q4
% of scheduled fire safety inspections completed on target	100%	100%	100%	
% of evacuation route inspections completed on target	100%	100%	100%	
% of key fobs provided within 24 hour of payment	Not recorded	Not Recorded	Not recorded	

2.3 Wider improvements

	Q1	Q2	Q3	Q4
% of scheduled estate inspections completed	100%	100%	79.36%	

2.4 Actions

- Introduce recording for bin chutes/biohazard removed in 24 hours.
- Discuss % of key fobs indicator. This is difficult to measure.
- Estate inspections reduced during Q3 because of staff shortages, so safety inspections were prioritised. This will be kept under review.

3. Home Options (homelessness and temporary accommodation)

[SCH Home Options Service Standard Leaflet.pdf](#)

[SCH Temporary Accommodation Service Standard Leaflet.pdf](#)

3.1 Information and advice

Information	Provided?	Comments
Provide information about our homelessness service on our SCH website, which you can access anytime at your convenience	✓	Homelessness - Solihull Community Housing

	Q1	Q2	Q3	Q4
Support and guidance from Solihome Team (CSAT)	76%	61%	60%	

3.2 Initial assessment

	Q1	Q2	Q3	Q4
Contact made within 5 days to complete initial assessment	Not recorded	Not recorded	Not recorded	
Contact on the day to complete initial assessment	88%	93%	78%	
Satisfaction with initial triage	77%	72%	84%	
Satisfaction with Housing Needs Assessment	76%	87%	77%	

3.3 Homeless or threatened with homelessness

	Q1	Q2	Q3	Q4
% of duty cases with a Personalised Housing Plan (PHP)	68%	67%	63%	

3.4 Access to the service

	Q1	Q2	Q3	Q4
Ease of access (CSAT)	77%	87%	84%	

3.5 When offering accommodation

	Q1	Q2	Q3	Q4
Number of households in budget hotels for more than 6 weeks (all)	0	0	1	

3.6 Temporary accommodation

	Q1	Q2	Q3	Q4
Average stays in temporary accommodation below 80 days	226	174	187	
Keep average stays in temporary accommodation below 95 days for families	311	218	230	
Average stay in temporary accommodation (budget hotels) no longer than 15 days	2	3	4	
Satisfaction with temporary accommodation	81%	64%	63%	

3.7 Monitoring of standards and service performance

	Q1	Q2	Q3	Q4
Number of case work audits completed	60	62	70	
% of plan audits completed	83%	82.67%	92.86%	
Average audit score	89%	90%	89%	
Achieve prevention or relief for 60% of households who approach us	59.7%	55.85%	56.19%	
Satisfaction with the overall service	71%	67%	70%	

3.8 Actions

- Recording of contact made within 5 days to complete initial assessment.

4. Repairs

[SCH Repairs Service Standard Leaflet.pdf](#)

4.1 Prior to attending you home

	Q1	Q2	Q3	Q4
Make it easy to report a repair (CSAT)	92%	92%	93%	
Make and keep an appointment (CSAT)	97%	96%	98%	

4.2 When attending your home

	Q1	Q2	Q3	Q4
Complete emergency jobs within 24 hours	93.32%	92.30%	90.27%	
Complete urgent jobs with 5 working days	89.52%	85.22%	83.96%	
Be polite and courteous (CSAT)	99%	98%	95%	
Aim to complete 95% of jobs right first time (performance data)	78.07%	79.19%	82.58%	
Aim to complete 95% of jobs right first time (CSAT)	86%	82%	82%	
Keep you informed (CSAT)	92%	93%	91%	

4.3 After the repair

	Q1	Q2	Q3	Q4
Survey a sample of residents - aim for 92% transactional satisfaction	96%	93%	89%	
Carry out quality audits of 10% of completed repairs	-	Not available	Not available	

4.4 Actions

Process is in place within day-to-day repairs to complete quality audits. A process is currently being put in place to report on building safety related repairs. This will be provided from Q4 onwards.

5. Safer Homes

[SCH Safer Homes Service Standard Leaflet.pdf](#)

5.1 Information and engagement

Information	Provided?	Comments
Online access to tenancy agreement	✗	
Provide health and safety information on our website	✓	Safety in your home - Solihull Community Housing
Provide information on the whereabouts of asbestos (if any) within your home. Asbestos reports can be downloaded from the website	✗	
Provide a gas safety certificate at the start of your tenancy, and within 28 days of your annual safety check, if there is gas installation	✗	
Create opportunities for you to be involved in our safety activities for our high rise and low rise buildings	✓	Building safety advocates High rise newsletters Block advocates Pop ups Editorial team SCHape VIP

5.2 Carrying out a repair or compliance check

	Q1	Q2	Q3	Q4
Make it easy to report a building safety repair (CSAT)	95%	86%	93%	
Make and keep an appointment (CSAT)	98%	93%	100%	
Be polite and courteous (CSAT)	97%	95%	98%	
Keep you informed (CSAT)	Not measured	Not measured	Not measured	
Leave your home in a safe, secure and clean condition following completion of any work (CSAT)	99%	98%	100%	



Survey a sample of residents (Overall transactional satisfaction)	95%	90%	100%	
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5.3 Compliance

	Q1	Q2	Q3	Q4
Carry out electrical inspection every 5 years	98.81%	97.98%	98.29%	
Carry out annual fire risk assessments to our high rise buildings (more than three storeys)	100%	100%	100%	
Carry out fire risk assessments to our low rise buildings every 3 years	100%	100%	100%	
Monitor and manage water supplies at homes with more than three storeys and with communal areas	100%	100%	100%	
Check that our lifts are in safe working order	100%	100%	100%	

5.4 Actions

- Currently the gas is capped off at re let. The customer raises a request with Dodds for recommissioning of the appliance. The new certificate is sent via post. We are in the process of changing process whereby void works will include a full gas safety check. The certificate will be given to the tenant at sign up. Lettings team will have access to download both on C365.

6. Resident Engagement

[SCH Resident Engagement Service Standard Leaflet.pdf](#)

6.1 Service provision

Standard	Provided?	Comments
We will not make any decisions about the services we provide or change the way we do things without giving you the opportunity to voice your ideas, concerns or opinions. Our approach is simple - 'nothing about you, without you'	✓	Engagement-Framework-October-2023.pdf Customer engagement - Solihull Community Housing VOC report (from Q2 2025)
We will make it as easy as possible for you to get involved with us and within your local community; engagement opportunities are flexible and designed to suit the amount of time you have spare at any one time and to reflect your areas of interest or skill	✓	
We welcome residents from diverse backgrounds and with a mix of interests to talk to and work with us	✓	VIP and SCHape demographic profiles
We will provide support and resources to help you engage with us effectively. This includes supporting you to become digitally included through training that you may find useful to develop your skills and knowledge. You will also have access to a dedicated area on the website for our involved residents to access useful information	✗	No dedicated area on the website
We will provide regular feedback to you after engagement events to keep you up to date with how your involvement has impacted on our services	✓	VIP monthly update Newsletter

6.2 Measures

	Q1	Q2	Q3	Q4
Number of residents actively engaged with SCH	From Q2	947	473	
Number of survey responses	769	822	722	
SCHape Panel recommendations	0	31	0	
Satisfaction that SCH listens to and acts upon tenants' views	66.37%	64.08%	69.44%	
Impact assessments completed	12	10	11	

6.3 Actions

- Revise standard as dedicated platform on the website is not currently feasible.
- Use VOC report to promote impact of engagement to all residents.



7 ASB

Service standard currently being revised following policy update. To be included from Q4 onwards.

Meeting of the Board



Report title:	Corporate and Joint Risk Management Report		
Meeting date:	24 February 2026		
Report from:	Lee Sugden, Interim Chief Executive Officer		
Report author/ lead officer:	Mark Wills	Health, Safety and Risk Manager mark.wills@solihull.gov.uk	
Report type:	~~Confidential~~ Open		
Decision type:	Assurance	Approval	Information

1. Report overview

- 1.1 The report seeks to provide the Board assurance that the current risk management arrangements are effective and fit for purpose in compliance with the agreed risk management policy.

2. Recommendations

- 2.1 The Board is asked to:
- (1) NOTE the contents of the report.
 - (2) APPROVE the inclusion of three draft risks recommended by Audit and Risk Committee into the Corporate Risk Register.

3. Background/context

- 3.1 SCH has an agreed Risk Management Policy which includes criteria for assessing the likelihood and impact of identified risks to prioritise risks for action. For information, the agreed criteria are provided in Appendix A. Risk management advice is provided by SMBC as part of our back-office services and our business leads are Mark Wills, Health, Safety and Risk Manager and Jahnvi Jagadish, Governance and Risk Management Advisor, within the Audit Services Division.
- 3.2 The Audit and Risk Committee monitor these arrangements through regular reports.

4. Matters for consideration

- 4.1 The Chair of the SCH Board, members of the Audit and Risk Committee, the Chief Executive, Executive Directors and the Corporate Risk Management Team participated in a half-day risk workshop in December 2025 to consider risks to the achievement of SCH objectives and the appropriateness of the organisation's risk appetite in light of sector-wide challenges and internal constraints.
- 4.2 The review of the Corporate Risk Register identified new risks relating to financial and resourcing pressures, sub-optimal use of capital funding, failure of strategic partners and weaknesses in business continuity arrangements. The Audit and Risk Committee has recommended these risks should be added to the Corporate Risk Register. The proposed risks are presented at Appendix C for Board approval and inclusion in the register.
- 4.3 The session considered the growing threat of cyber incidents, noting a significant increase in breaches across local authorities with implications for SCH as it shares IT systems with the Council. Common vulnerabilities including phishing, human error, and supply chain risks were considered including controls SCH needs to put in place to help prevent a cyber incident to supplement defensive measures such as email protection, firewalls, penetration testing, and phishing tests. It was agreed that the risk business continuity arrangements would consider the preparedness for a cyber incident alongside the cyber incident response process. The corporate cyber risk will be stood down, instead SCH risk report will track the SMBC cyber security risk for information and action.
- 4.4 The discussion emphasised that strategic aims and delivery objectives should align with the organisation's risk appetite, which guides decision-making, resource allocation, and resilience planning. The workshop revisited the distinction between risk appetite and tolerance, their application in strategic and operational decisions, and the need to align appetite with organisational capacity and stakeholder expectations. The risk summary report (Appendix B) has been updated to show how out-of-appetite risks are managed. An annual review of risk appetite is being undertaken to assess if the current risk appetite continues to meet the organisation's needs.

5. Supporting the SCH Delivery Plan

- 5.1 The information provided in the report details the arrangements in place to manage any identified risks to the achievement of the objectives set out in the current Delivery Plan as well as its wider goals. The development and regular review of the risk register is one of the controls that supports the governance arrangements at SCH.

6. Voice of the Customer

- 6.1 There has been no specific customer or stakeholder involvement or consultation in developing the reported risk register, however the registers record any key risks that may affect its stakeholders. SCH works closely with its SMBC stakeholders and has detailed governance arrangements in place. The SCH Audit and Risk Committee has arrangements in place to review the risk reports each quarter and comment on any additional risks to be considered or controls to be put in place.

7. Financial implications

- 7.1 There are no financial implications as a direct consequence of this report. However, there are potential cost implications if an identified risk were to occur and this forms part of the net risk level assessment.

8. Legal implications

- 8.1 There are no legal implications as a direct consequence of this report.

9. Risk implications

- 9.1 This report updates the Board on the management of risk within SCH; there are no risks arising specifically from the content of this report.

10. Equalities implications

- 10.1 There are no specific implications arising from this report with regard to equality and diversity, however, the risk management approach considers any equality and diversity implications before approving any decisions.

11. Data

- 11.1 Data used to inform this report is mainly recorded in JCAD risk management software which is used by SCH officers to record, mitigate and monitor risks to agreed objectives. In addition, data about risks that are below the corporate threshold for reporting are maintained by risk owners in agreed excel templates and a process is in place to review and escalate those risks into JCAD in case of a change in risk profile.

12. List of appendices

- 12.1 Appendix A: Risk likelihood and impact scales.
- 12.2 Appendix B: Summary of corporate and joint risk register.
- 12.3 Appendix C: Draft corporate risks

13. Background documents

- 13.1 In case the board wishes to access any background documents, please contact Jahnvi Jagadish, Governance and Risk Management Advisor (jahnvi.jagadish@solihull.gov.uk)

APPENDIX A- MEASURES OF LIKELIHOOD AND IMPACT

RISK SCORING MARTIX

I M P A C T	5. Very High	5	10	15	20	25
	4. High	4	8	12	16	20
	3. Medium	3	6	9	12	15
	2. Low	2	4	6	8	10
	1. Very Low	1	2	3	4	5
		1. Very Low	2. Low	3. Medium	4. High	5. Very High
LIKELIHOOD						

RISK LIKELIHOOD SCALE

Likelihood Scale	1. Very low	2. Low	3. Medium	4. High	5. Very high
Probability the risk will materialise	<20%	Between 20-40%	Between 40- 60%	Between 60-80%	Above 80%
Consider - Has this risk occurred in the past/ likely to happen in the future	The risk may materialise in 5+ years	The risk may materialise in the next 3-5 years	A similar incident occurred in the past 2-3 years/ the risk may materialise in the next 2-3 years	A similar incident occurred in the past 2 years/ the risk is highly likely to materialise in the next 2 years.	A similar incident occurred in the past year/ it is nearly certain the risk will materialise in the next year.
Consider - External events	There are no external events that increase this likelihood	There are some external events on the horizon that may increase this likelihood	There are developing events that increase this likelihood	There are anticipated external events that will make this risk likely in the next 2 years	There are significant external events making the risk near certain

RISK IMPACT SCALE

Impact Scale	1. <u>Very low</u>	2. <u>Low</u>	3. <u>Medium</u>	4. <u>High</u>	5. <u>Very high</u>
Health and Safety	Near miss/ Minor injury or ill-health. No time off work required.	Moderate injury or ill health. No long-term effects, less than 7 days' time off.	Dangerous occurrence or moderate/ temporary injury or ill health requiring professional treatment, inability to perform normal work duties.	Serious injury or ill health with long term but reversible/non-life changing impact.	Fatality or life threatening/ irreversible injury or health condition.
Cost (value) impact	Between £0 - £50,000	Between £50,000-£100,000	Between £100,001 - £500,000	Between £500,001-£1,000,000	More than £1,000,000
Budget overrun %	< 5%	5% - 10%	10% - 25%	25% - 50%	>50%
Legal / Regulatory Impact	All compliance requirements have been met. No recourse for legal action.	Non-compliance/ non-conformance with agreed good practice Legal action and/or fines unlikely. Any impact will be internal.	Non-prosecution legal action likely, i.e., cost claims, reprimands and sanctions (e.g., improvement notice)	Legal action highly likely, with significant cost claims, reprimands and sanctions (e.g., Prohibition notice) or anticipated employee court prosecution "Low level action"	Legal action certain (e.g., Criminal offence, possible imprisonment, judicial review, permanent loss of licence to operate, employee prosecution, corporate prosecution)
Service Impact	Minimal/ no service disruption	Minor disruption of non-core service	Significant but not widespread service disruption of key service affecting one business area	Service failure directly affecting multiple customers/ Council operations	Serious service failure directly affecting vulnerable groups
Project Delivery	Minimal/ no impact on project delivery Delays within project thresholds/ quality and cost within parameters	Minor impact on project delivery Delay of up to 1 month, quality and value for money not impacted	Delays to project delivery. Delay of up to 1 quarter, project scope modified/ impact on value for money	Significant delays to project delivery impacting multiple deliverables, impact on benefits realised/ poor value for money	Complete project failure impacting Council-wide performance and stakeholders.
Objective delivery (excluding safeguarding)	Failure to meet objectives but negligible impact on customer/ resident	Failure to meet objectives minor inconvenience/ impact on customer/ resident	Failure to meet key objectives with significant impact on customer	Failure to meet objectives with life altering impact on customer, low number of people (≤ 50) affected	Failure to meet objectives with life altering impact on customer, high number of people (> 50) affected

<u>Impact Scale</u>	1. <u>Very low</u>	2. <u>Low</u>	3. <u>Medium</u>	4. <u>High</u>	5. <u>Very high</u>
Safeguarding	Minor unexpected harm	Preventable minor harm requiring short term intervention	Preventable moderate harm requiring medical treatment and over 6-months of intervention	Preventable serious harm with long term but reversible/ non-life changing impact, requiring long term intervention	Preventable fatality or life threatening/ irreversible injury or health condition requiring lifelong support and intervention
Reputation	One-off local media story	Short-term local media attention for a week	Sustained local media attention for 2 weeks or more	Sustained multiple local media stories for a month or more	National media attention (print/ broadcast/ social), highly damaging or potential Public Interest Report
Staff	Rare incidents of staff being impacted	Minor impact on staff engagement and morale and wellbeing, lasting less than 3 months	Considerable negative impact on staff engagement and morale with high level of sickness absence, occupational stress	Extensive negative impact on significant numbers of staff on engagement and morale with high level of sickness absence, occupational stress.	Extensive negative impact on majority of workforce, poor staff engagement and morale with high level of sickness absence, occupational stress or high numbers of staff leaving.
Environment	Near miss. No environmental impact. Sustainable activity	Minor environmental impact likely to be remedied by simple means within 1 week. Negligible supply chain environmental impact	Moderate environmental impact. Quality of environment restored within 1 month. Minor to moderate supply chain environmental impact	Serious environmental damage which is expected to last longer than 4 weeks. Unsustainable supply chain	Serious, persistent or extensive environmental impact that cannot be resolved and therefore causes long term harm

Appendix B - SCH - Corporate Risk Register											
Risk Reference	Risk Title	Gross Risk Rating	Net Risk Rating	Appetite Status	Detail from last Review	Risk Travel (look like audit committee report graph)	Risk Owner	Tolerance	Narrative (including target date)	Appetite Statement	Next Review Date
SCH0207	Inability to prevent or respond effectively to a cyber security incident or ransomware attack.	25	20	-12	There is regular patching of software and hardware and monitoring and feedback of systems for suspicious activity. Regular phishing tests increase user awareness and all staff are required to undergo mandatory cyber security training. ICT systems and support are provided by SMBC which has a detailed cyber security mitigation plan in its corporate risk register. The Digital Transformation Board has oversight of all systems and approves changes to systems or new systems.		Paul Edwards	Tolerate	Risk level stays the same and expected to increase with higher investment required for increased defences against AI attacks. Cyber events conducted to increase awareness. The council has established business continuity forums to liaise with business continuity plan owners to encourage them to regularly review and update plans. Details of SCH approach to the risk are provided in section 4.4 of the Risk Management Information Report.	Compliance and Reputation	27/02/2026
SCH0201	Resourcing pressures undermine SCH's ability to meet operational commitments.	25	12	-4	FR reviewed 23/11/25 - a comprehensive suite of financial controls are in place along with good governance and clear prioritisation of reserves spending.		Fiona Hughes	Treat (Action in progress)	Action in progress. Strong financial controls are in place along with clear prioritization of reserves spending. 28/02/2026	Finance	25/02/2026
SCH0205	Failure to have robust systems and process for all data management	15	12	-4	5 year Data Strategy strengthens our approach to Data, includes a 2 year road map that sets out a work plan to address issues. Identification of priority system investment is done through the Digital & ICT Programme Board. There have been issues in terms of interface between various supplier systems - work continues to progress with Corporate IT to resolve the issue.		Fiona Hughes	Treat (Action in progress)	Action in progress. Work continues to progress with Corporate IT to resolve the issue. 30/04/2026	Compliance and Reputation - Governance	08/02/2026
SCH0198	Failure to meet regulatory obligations (excluding Building Safety/ Health and Safety compliance)	25	9	-1	A comprehensive action plan is in place which captures areas for improvement against the Consumer Standards. Progress is overseen by the Joint Executive Group. SCH has its own Improvement & Inspection Steering Group which drives priority areas for improvement. Updates on regulatory and inspection activity are reported to the SCH Housing Operations Committee. Updates are also reported to SMBC forums such as the Quarterly Monitoring Board.		Fiona Hughes	Treat (Action in progress)	Action in progress. Ready for regulation action plan being progressed which will bring the risk within appetite. 31/03/2026	Compliance and Reputation	25/05/2026
SCH0200	Failure to have robust governance arrangements and internal assurance in place.	20	9	-1	A number of enhancements have been made to strengthen our internal assurance arrangements including revised executive oversight arrangements and a new performance management framework.		Fiona Hughes	Treat (Action in progress)	Action in progress. Implementation of agreed changes arising from governance review. 31/07/2025	Compliance and Reputation	18/02/2026
SCH0204	Failure to develop organisation and its staff to meet sector and local challenges.	15	9	-1	SCH continues to fund dedicated organisational development resource to underpin organisational development activity across the organisation, and this is enabling clear progress. In addition SCH is reviewing its People Strategy with aims and objectives being adjusted to align with available resource and delivery. Overall, the above provides confidence that SCH is meeting sector and local challenges.		Fiona Hughes	Treat (Action in progress)	Action in progress. Organisational structures are currently being progressed which should result in a reduction in risk score once the new structures are stabilised.	People	10/02/2026
SCH0202	Failure to ensure health and safety of customers, employees and contractors.	20	9	Within	There is dedicated support from the SMBC Health and Safety Support Team to provide advice and support develop a robust health and safety culture. Residents receive regular H&S information updates via social media and resident news letters. Comprehensive suite of health and safety policies and procedures, including investigation of incidents and accidents is in place.		Fiona Hughes			Building Safety and Standards	10/05/2026
SCH - Escalated Risks											
Risk Reference	Risk Title	Gross Risk Rating	Net Risk Rating		Detail from last Review	Change since last quarter	Risk Owner			Appetite Statement	Next Review w Date
SCHAM0013	Failure to deliver remediation works on spandrel panels	25	8	Within	Projects progressing through ESR GW2 (Ioures) and PCSA (Balcony) prior to GW2 submission		Andy Duke			Compliance and Reputation	19/02/2026
SMBC and SCH - Joint Risks											
Risk Reference	Risk Title	Gross Risk Rating	Net Risk Rating		Detail from last Review	Change since last quarter	Risk Owner			Appetite Statement	Next Review Date
JHR0001	Failure to manage and evidence compliance with building safety obligations for Council housing	25	12	-4	Risk has been reviewed to consider the latest progress on spandrel panel works and to record updates to building safety team staffing/recruitment.		Perry Wardle	Treat (Action in progress)	Actions being progressed including replacement of spandrel panels upon the 16 HRRB. 30/06/2027	Building Safety and Standards	14/11/2025
JHR0002	The Council is unable to meet or evidence its obligations under the H&S Consumer Standards (April 2024)	15	9	-1	SCH and SMBC are working collaboratively to ensure we are well prepared for regulation and the inspection process. We will continue to review our mitigating actions and ensure we are making the progress we would expect		Perry Wardle	Treat (Action in progress)	Action in progress including data strategy to address data triangulation issues and third party support which is now in place. Expected reduction in risk score by 31/03/2026	Compliance and Reputation	18/02/2026
JHR0003	Insufficient funding to maintain and manage the Council's housing stock to meet the Council's ambition and regulatory responsibilities as a landlord	20	8	Within	SCH and SMBC are revising the HRA MTF5 for 2026-27 in preparation for setting the next 3 year HRA budget and rents in February 2026, which will be taken to Cabinet for approval		Sam Gilbert			Compliance and Reputation	08/02/2026

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Caused By

- Lack of or appropriate approval of a Business Continuity Plan
- Inadequate risk assessment of critical services (e.g. repairs, rent collection, safeguarding)
- Lack of staff awareness, training or resilience
- IT systems not backed up
- Dependence on single suppliers or single points of failure
- Critical processes not documented or prioritised
- Failure to test continuity plans through exercises or simulations

Risk - SCH0211

Failure to have appropriate business continuity arrangements in place to maintain critical functions during a business disruption

Assigned to : Paul Edwards
Review Date : 21/04/2026

Net Rating: 15
Gross Rating: 20
Movement:
Risk Impact: Objective Delivery
Appetite Status: exceeding

Internal Risk Driver:
External Risk Driver:

Leads To

- Inability to deliver essential services
- Negative impact on tenant wellbeing, health and safety
- Reputational damage
- Loss of income &/or increased costs
- Breach of legal or regulatory standards

Completed Mitigation Action(s)

Mitigating Action	Status	Assigned To	Effectiveness
Business Continuity Plan in place	In Place	Paul Edwards	
Disaster recovery systems for core IT systems	In Place	Paul Edwards	
Clear incident management and escalation procedures	In Place	Paul Edwards	

In Progress Mitigation Action(s)

Mitigating Action	Status		Target Date	Assigned To	Effectiveness
Training session for WLT	Planned	0%	30/06/2026	Paul Edwards	
<i>Added in last Quarter</i>					
Business Continuity Plan scenario exercise	Planned	0%	31/12/2026	Paul Edwards	
<i>Added in last Quarter</i>					
Critical service recovery plans	In progress	80%	31/03/2026	Paul Edwards	
<i>Added in last Quarter</i>					
Clear processes / procedures supporting Critical Service Recovery Plans including when no IT systems are available	In progress	50%	30/06/2026	Paul Edwards	
<i>Added in last Quarter</i>					

Risk Summary

Review Comments	Last Reviewed By	Last Review Date
Failure to have appropriate business continuity arrangements in place to maintain critical functions during a business disruption	Paul Edwards	21/01/2026

Risk on a Page - Monthly

Caused By

- Inadequate prioritisation and allocation of funding
- Poor quality data
- Poor contract management/ programme delivery
- Lack of clear assumptions for capital investment decision making
- Wrong balance between capital & revenue funding

Risk - SCH0209

Sub-optimal prioritisation/ use of capital funding to maintain housing stock

Assigned to : Darren Baggs
Review Date : 21/04/2026

Net Rating: 12
Gross Rating: 16
Movement:
Risk Impact: Objective Delivery
Appetite Status: exceeding

Internal Risk Driver:
External Risk Driver:

Leads To

- Poorer quality assets
- Increased future revenue or capital costs
- Impact on safety standards
- Lower quality of accommodation for residents

Completed Mitigation Action(s)

Mitigating Action	Status	Assigned To	Effectiveness
Contract management	Complete	Darren Baggs	
Regular programme of stock condition surveys	In Place	Darren Baggs	
Asset Management Strategy	In Place	Darren Baggs	
Capital programme	In Place	Darren Baggs	

In Progress Mitigation Action(s)

Mitigating Action	Status	Target Date	Assigned To	Effectiveness
Utilisation of data on asset condition from multiple sources	In progress	50%	30/09/2026	Darren Baggs
<i>Added in last Quarter</i>				
Scenario planning	In progress	50%		Darren Baggs
<i>Added in last Quarter</i>				

Risk Summary

Review Comments	Last Reviewed By	Last Review Date
This a new risk which has been identified. It reflects the need to ensure that the capital programme is delivered effectively and underpinned by a number of sources of evidence to ensure optimal use of resources	Paul Edwards	21/01/2026

Risk on a Page - Monthly

Caused By

- Financial instability or insolvency
- Poor contractor performance
- Weak procurement and contract management
- Governance or compliance failures by the strategic partner/ contractor

Risk - SCH0210

Failure to optimise strategic partnership arrangements or failure of strategic partner or contractor leading to disruption in service delivery

Assigned to : Darren Baggs
Review Date : 21/07/2026

Net Rating: 8
Gross Rating: 12
Movement:
Risk Impact: Service Impact
Appetite Status: within

Internal Risk Driver:
External Risk Driver:

Leads To

- Service disruption
- Health and safety risks
- Breach of legal or regulatory standards
- Additional costs
- Reputational damage
- Organisational capacity impact
- Strategic delivery risks

Completed Mitigation Action(s)

Mitigating Action	Status	Assigned To	Effectiveness
Contract management	In Place	Darren Baggs	
Due diligence	In Place	Darren Baggs	
Regular financial health checks	In Place	Darren Baggs	
Strategic partnership management	In Place	Darren Baggs	
Quarterly strategic core group meetings	In Place	Darren Baggs	

Risk Summary

Review Comments	Last Reviewed By	Last Review Date
This is a new risk arising from the potential consequences of the failure of a strategic partner	Paul Edwards	21/01/2026

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Meeting of the Board



Report title:	Health and Safety Quarterly Report: Oct - Dec 2025 (Quarter 3)		
Meeting date:	24 February 2026		
Report from:	Mark Wills	SMBC Health, Safety & Risk Manager	
	On behalf of the Executive Leadership team		
Report author/lead officer:	Dan Dalton	SMBC Senior Health and Safety Advisor	
	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. Executive Summary

- 2.1. The key areas of note from this quarterly health and safety report are:
- 2.2. The occupational health and safety and building and resident safety groups meet quarterly with representation from service managers and staff. Progress of these groups are reported to the Safety Leadership Group (ELT) including any matters that require escalation. The Building Safety Committee attended by Board Members also meets quarterly, which includes reviewing the latest building safety and performance assurance report and action plan.
- 2.3. Health and safety inspections were carried out at Endeavour House and Chapelhouse Depot with key actions including ensuring damaged equipment is disposed of or locked away to prevent unsafe use, and the requirement for racking

inspections by an external competent person. Key actions have been addressed and good progress noted overall.

- 2.4. There was a total of 43 incidents reported this quarter, a similar figure to the previous quarter (41) and slightly higher than Q3 2024/25 (38).
- 2.5. Three of the 43 incidents were deemed to be SCH work related and that further preventative action could have been taken to help prevent the occurrence. Action was taken accordingly to prevent recurrences. Further detail is provided in the main section of the report.

3. Recommendations

The Board is recommended to:

- (i) **NOTE the contents of this report.**
- (ii) **NOTE Appendix 1 and 2 – Legislative / Industry Guidance Updates (Building Safety).**
- (iii) **NOTE Appendix 3 - Accident/Incident Reporting Analysis Q3 2025/26.**

4. Background/context

- 4.1 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 is 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.

5. Matters for consideration

- 5.1 **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.
- 5.2 **Legislative / Industry Guidance Updates (Building Safety):** A summary of the key legislative/industry guidance updates has been provided in Appendix 1 and 2 for noting. These updates are considered by ELT with actions being taken in day-to-day service planning as appropriate.
- 5.3 **Building Safety Compliance:** A number of health and safety working groups and committees are in place to oversee building safety compliance at SCH. This includes the Building and Resident Safety Group (Officers) and the Building Safety Committee (Board Members). SMBC also has a separate Joint Executive Delivery Group for building safety assurance which is led by the Director of Economy and Infrastructure who is the SMBC single point of contact for the Building Safety Regulator (BSR).
- 5.4 The Building Safety and Compliance team with support from the Business Intelligence team produce a building safety performance and assurance report to provide an update on compliance actions and adherence to the Building Safety Act and subordinate legislation.

- 5.5 **Health, Safety & Risk Service (HSRS) – SMBC:** The SMBC Health, Safety and Risk Service continues 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.
- 5.6 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.
 - Producing health and safety performance reports in conjunction with the management teams and making recommendations for improvement where necessary.
 - Support with assigned health and safety actions arising from the occupational health and safety action 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 management audits.
 - Developing and delivering training.
 - Promoting a proactive and positive health and safety culture and investigating ways of improving health and safety performance across the organisation.
- 5.7 A Health and Safety Management Audit and Assurance Visit Schedule is in place, which is maintained by HSRS and details which teams/service areas are due to be audited along with which quarter these are planned for. It should be noted that Health and Safety Audits are a different format to internal audits and are intended to be a supportive process for continuous improvement. The schedule also details other assurance visits, e.g. inspections and annual reviews. A two-year schedule of audits has been completed, which has included all the main service areas of SCH and a review is now being carried out to agree a new strategy for monitoring health and safety compliance.
- 5.8 **Occupational Health and Safety Management Audits and Inspections:** Health and safety inspections were carried out at Endeavour House and Chapelhouse Depot. Key actions included ensuring damaged equipment is disposed of or locked away to prevent unsafe use, and the requirement for racking inspections by an external competent person. Key actions have been addressed and good progress noted overall. A review of the actions is scheduled for February 2026. Ongoing support has been provided or offered to teams who have an existing audit or inspection action plan. HSRS will support with these going forward. Audit action progress is monitored by the Occupational Health and Safety Group, with escalations to the Safety Leadership Group. SCH managers have generally made good progress with previous audit action plans and this quarter there were no escalations to Safety Leadership Group.
- 5.9 An Occupational Health and Safety Action Plan is in place, which is a requirement of the Corporate Health and Safety Policy. Actions included in the plan are mainly

determined by changes in legislation or industry guidance, accident investigation findings, audits/inspection findings, or other employee, enforcing authority or stakeholder input. Six workshops were scheduled, promoted and delivered to assist managers with completing key actions.

- 5.10 **Escalation process:** Issues and concerns raised from the relevant health and safety groups have a formal escalation process to the ELT Safety Leadership group.

6. Accident/Incident Reporting Analysis Q3 2025/26

- 6.1 The generic term of incidents includes all accidents, abuse, near misses, fire and any other health and safety related incidents reported on the online corporate reporting system, Assure. Key findings from Quarter 3 2025-26 are noted below.
- 6.2 There was a total of 43 incidents reported this quarter, a similar figure to the previous quarter (41) and slightly higher than Q3 2024/25 (38).
- 6.3 Key findings noted this quarter include:
- Three of the 43 incidents were deemed to be SCH work related and that further preventative action could have been taken to help prevent them, this is lower than the previous quarter. All three were employee/agency/contractor incidents. Actions have been taken to prevent recurrences, including risk assessment development and a review of stock condition arrangements.
 - Numbers of reported incidents for Tenant and Building Safety related incidents appear to have stabilised when compared with the previous quarter, following a spell of increased reporting.
 - It was not deemed reasonable for SCH to have done more to prevent any of the tenant-related incidents, which is positive.
 - There continues to be significant numbers of employee/contractor/agency/other incidents appearing to be abuse related, the majority involving the Housing Options Team. This highlights personal safety and members of the public/tenants as a key risk, although it is deemed that existing controls to mitigate the risk are adequate. SCH should continue to monitor the risk and the effectiveness of controls. There was one fire which occurred during September 2026, however, this was reported in Q3 and will therefore be included in Q3 statistics.
 - There has been a notable number of reported incidents allegedly involving kitchen units e.g. doors falling off and causing injury. Typically, it is not deemed reasonable for SCH to prevent these incidents unless the tenant reports defects prior to an incident. However, given the increase in these incidents over the previous 12 months, appropriate managers have reviewed SCH management of kitchen units and taken action accordingly to prevent a recurrence, including resolving an issue with a contractor.

Refer to Appendix 3 for details.

- 6.4 During this quarter, one incident was reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The incident involved a manual handling injury, however, it was not deemed that further preventative action could have been taken to help prevent the incident.
- 6.5 All tenant and employee/agency worker/contractor/other 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. Attention should be focused on incidents where preventative action could have been taken to help prevent them.

7. Supporting the SCH Delivery Plan

- 7.1 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.

8. Voice of the Customer

- 8.1 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.

9. Financial implications

- 9.1 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.

10. Legal implications

- 10.1 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.

11. Risk implications

- 11.1 SCH has 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.

12. Equalities implications

- 12.1 Equality and diversity are routinely considered by SCH when dealing with health and safety issues, for example ensuring information is available in different formats and ensuring there are multiple means of communication.

13. Data

- 13.1 Key data sources used to inform the report include incident reports and management information.

14. List of appendices

- 14.1 **Appendix 1 and 2** - Legislative / Industry Guidance Updates (Building Safety)
- 14.2 **Appendix 3** - Incident/Accident/Near Miss Reporting Analysis Quarter 3 2025/26
October - December 2025.

15. Background documents

- 15.1 N/A

Building Safety Legislative / Industry Updates – Oct-Dec 2025

Note: This update is produced following a review of industry-related publications from authoritative sources including the Health and Safety Executive (HSE), the Building Safety Regulator (BSR), GOV.UK, trade associations and subscription organisations. Updates deemed to be relevant and significant are included but the inclusions are not exhaustive. Managers should ensure they maintain industry knowledge in their own professional areas of work.

1. Awaab's Law will come into force for the social rented sector from 27 October 2025

- 1.1. Non-statutory guidance has been published in draft and relates to the 'Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025', also known as Awaab's Law, which were laid in Parliament on 25 June 2025. [Awaab's Law: Draft guidance for social landlords - GOV.UK](#).
- 1.2. It is the government's intention to bring Regulations into force on 27 October 2025 and finalised guidance will be published ahead of Awaab's Law coming into force.
- 1.3. From 27 October 2025, social landlords will have to address all emergency hazards and all damp and mould hazards that present a significant risk of harm to tenants to fixed timeframes.
- 1.4. In 2026 regulations will be extended to include the following hazards where they present a significant risk of harm:
 - excess cold and excess heat
 - falls associated with baths etc., on level surfaces, on stairs and between levels
 - structural collapse, and explosions
 - fire, and electrical hazards
 - domestic and personal hygiene and food safety

- 1.5. In 2027, regulations will be extended to all remaining HHSRS hazards (apart from overcrowding) where they present a significant risk of harm.
- 1.6. The Housing Ombudsman set out key learning around emergencies ahead of Awaab's Law by producing a 'learning from severe maladministration' report back in May: [Learning from severe maladministration report | May](#).
- 1.7. The Housing Ombudsman has stressed the need to avoid "Frankenstein procedures", which would see Awaab's Law "bolted on" to landlords' other policies. This implies new policies should be put into place.
2. **Electrical safety in the social rented sector - proposals to extend regulations**
 - 2.1. In England, Electrical Installation Condition Reports (EICRs) are now a mandatory requirement for social housing providers, bringing them in line with regulations for the private rented sector.
 - 2.2. These new rules have been introduced through the Electrical Safety Standards in the Private Rented Sector (England) (Amendment) (Extension to the Social Rented Sector) Regulations 2025. These requirements will become mandatory for new tenancies from November 2025 and for existing tenancies from May 2026.
 - 2.3. Social landlords will be obliged to:
 - inspect and test electrical installations in their homes at least every five years
 - issue a copy of the Electrical Installation Condition report (EICR) to social tenants within 28 days of an inspection, or to any new tenant before they occupy the property
 - undertake in-service inspection and testing of electrical equipment provided as part of a tenancy
 - complete any remedial works following an inspection, within 28 days
 - 2.4. Non-compliance can result in fines of up to £40,000

3. Competence and Conduct Standard (2026–2029)

- 3.1. On Tuesday 30 September 2025 the government published their directions to the Regulator of Social Housing (RSH). They advised that the Competence and Conduct Standard will come into force in October 2026: [Direction on the Regulatory Standards \(Competence and Conduct\) 2025 - GOV.UK](#)
- 3.2. Offering more flexibility around course content, it will give registered social housing providers greater flexibility to tailor qualifications for different job roles and seniority levels.
- 3.3. From October 2026, senior housing association staff will be required to hold, or be working towards, a recognised housing management qualification. Senior housing managers or executives, with partially compliant qualifications, can complete additional training modules to cover any missing course content. This will be a permanent arrangement beyond the transition period.
- 3.4. All new staff, including temporary and interim staff, must enrol in qualifications within 12 months of starting a new role. There are exceptions for volunteer staff.
- 3.5. Contractors too are mostly exempt from the qualification requirements, except when delivering the bulk, or all of, housing management services.
- 3.6. Larger registered providers and their service providers will have three years to transition to the new standards, and smaller registered providers and their service providers will have four years.

4. British Standards Institution publishes BS 8674 for fire risk assessors

- 4.1. The British Standards Institution (BSI) has now published BS 8674:2025, the new British Standard that sets out a framework for assessing and assuring the competence of individual fire risk assessors operating in the built environment.
- 4.2. The document outlines performance-based criteria that can be used to determine whether an individual is suitably competent to carry out fire risk assessments in a wide range of occupied buildings.
- 4.3. This British Standard supports the professionalisation of fire risk assessors by establishing three defined levels of competence – i.e. Foundation, Intermediate

and Advanced – in order to reflect the complexity and degree of risk associated with different building types and occupancy levels:

- Foundation (appropriate for new entrants to the discipline who are assessing simple, low-risk buildings such as small offices or shops with minimal occupancy)
- Intermediate (aimed at assessors tasked with looking at buildings of moderate complexity and broader usage types including public venues or mid-rise residential properties)
- Advanced (intended for highly experienced professionals working on high-risk and complex environments such as large residential tower blocks, care facilities and public entertainment venues)

4.4. The scope of this British Standard is limited to individual competence and does not extend to invasive or destructive inspections that may be required for more detailed evaluations. It also excludes fire engineering activities and the design of specialised fire safety systems.

4.5. Additionally, the British Standard does not address the competence of organisations, nor does it provide criteria for performing conformity audits or compliance assessments related to building design or maintenance procedures.

4.6. For clarity, another area outside of its scope is the fire risk appraisal of external wall constructions, which is comprehensively covered in PAS 9980.

5. The Institute of Fire Safety Managers (IFSM) launches National Fire Risk Assessors Register

5.1. IFSM has announced that the Tiered Fire Risk Assessors Register has now officially transitioned to the Institute's National Fire Risk Assessors Register (NFRAR): [National Fire Risk Assessors Register \(NFRAR\)](#).

5.2. The NFRAR is purpose-designed to provide building safety professionals, duty holders and the broader community with the necessary confidence in selecting qualified fire risk assessors who met today's enhanced standards.

6. BSR sees record Gateway 2 determinations to November 2025

6.1. BSR's latest building control Gateway 2 (GW2) update demonstrates the sustained positive impact of the pilot processes for high-rise residential building control applications. Highlights to 24 November 2025:

- a record 272 decisions were made during October 2025
- 76% of all decisions related to London cases
- determinations had a 73% approval rate with many utilising the recently enhanced 'approval with requirements' route
- 40 historic applications were closed between August and November 2025
- 167 new build applications, comprising 36,023 housing units across England are currently progressing

6.2. To 24 November 2025, a further 9 historic determinations have been made and now assessed as ready for 'approval with requirements'. The majority of the remaining 54 historic applications are still projected to follow by the new year.

[Read more about the latest data](#)

7. BSR governance changes

7.1. On 11 November 2025, draft regulations were laid before the house to move functions of BSR out of HSE. They will move to an Executive Non-Departmental Public Body sponsored by the Ministry of Housing, Communities and Local Government. This change will:

- position BSR for the coming years
- strengthen lines of accountability
- give a dedicated focus to BSR operations

- 7.2 The move will also be an important step towards establishing a single construction regulator. This was the lead recommendation of the Grenfell Tower Inquiry Phase 2 report. [Read Minister for Building Safety, Fire and Democracy, Samantha Dixon's written statement.](#)

8. Engagement statement puts resident safety at forefront

- 8.1. BSR recently published their annual statement of resident engagement for 2024/2025. This was a year where BSR became fully operational under the Building Safety Act 2022, placing resident safety at the forefront.
- 8.2. Over 20,000 enquiries were processed, including 1,300 high-risk safety concerns from residents. These were thoroughly investigated, often resulting in necessary remedial actions, or in some cases further enforcement action.
- 8.3. BSR's statutory Residents' Panel provided crucial insight to inform their work, including contributions to our 'Your Home, Your Safety' campaign and research to improve engagement with all high-rise residents.

[Read BSR's annual statement of resident engagement](#)

9. Consultation on changes to consumer standards and requirements

- 9.1 The Regulator of Social Housing is consulting on revisions to Tenant Satisfaction Measures (TSM's) and consumer standards from December 2025 to March 2026. Proposed changes include embedding competence requirements and updating the TSM's with revised standards taking effect on or around October 2026.

10. Managing lithium-ion battery fire risk: A mandate for housing providers

- 10.1. The Housing Quality Network (HQN) have published a briefing note on the management of lithium-ion battery fire risks. This is included as a separate document on the following pages.

Managing lithium-ion battery fire risk: A mandate for housing providers

If you work in estates or housing management, the urgency surrounding lithium-ion battery safety should be impossible to ignore. The relentless growth of e-mobility devices has brought significant benefits but has also introduced a rapidly escalating fire risk, particularly within high-density residential properties.

The [statistics](#) from the [London Fire Brigade \(LFB\)](#) paint a sobering picture. By the end of September this year, London had already recorded 165 e-mobility device fires, including 134 e-bike incidents. At the current rate, the capital is on track to exceed 200 incidents by the end of the year, making 2025 the worst year on record for e-mobility device battery fires.

These statistics include fires which led to serious injury and fatalities, such as the tragic fire in Wood Green in June, which claimed the life of a 30 year old woman, caused by a charging e-bike battery pack failure.

Understanding the behavioural risk

The cause of these fires is often rooted in systemic issues. LFB reports consistently link serious e-battery fire incidents to two primary factors:

- 1 **Non-compliant devices:** many fires originate from [modified or low-cost devices](#), often purchased online without meeting critical UK safety standards. This is particularly prevalent in the gig economy, where riders rely on aftermarket batteries and chargers to increase range and reduce operational costs.
- 2 **Inadequate infrastructure:** the rapid adoption of e-mobility has not been matched by the provision of appropriate storage and charging facilities, especially in social housing. Residents are forced to store and charge devices with powerful and explosive batteries inside individual homes, communal areas or stairwells. Charging indoors turns a potential equipment failure into a direct threat to life, while devices stored in shared escape routes compromise vital means of evacuation in the event of a fire.

Infrastructure solutions

To effectively manage the risks associated with lithium battery devices, housing providers must acknowledge that secure, external charging facilities are now a vital element of fire safety strategy. These designated enclosures serve two critical purposes: isolating the charging activity to reduce the impact of potential battery failure and encouraging safe, responsible use by providing a clearly designated space.

This strategic approach is now being formally adopted across the sector. The [National Fire Chiefs Council \(NFCC\)](#) has recently released updated mobility scooter in residential buildings guidance for consultation, reflecting advances in battery technology and lessons learned from recent incidents. This guidance, which will shape future policy and design standards, underscores the professional responsibility landlords have to provide safe infrastructure.

Implications for landlords and compliance

With the frequency and severity of lithium battery fires rising, housing providers face increasing responsibility to manage this risk proactively. The legal and financial implications are significant. Landlords must undertake policy reviews, examining tenancy agreements, risk assessment and resident communication to ensure compliance with emerging fire safety guidance.

Insurers and fire authorities are also placing greater emphasis on demonstrable control measures, making the provision of designated, compliant storage and charging facilities a non-negotiable requirement. Taking early action to implement secure infrastructure reduces liability, strengthens compliance and provides the necessary physical support for safe resident behaviour.

At [metroSTOR](#), we work closely with landlords to reduce risk through infrastructure design. [E-mobility storage and charging](#) product solutions, ranging from individual lockers to communal hubs, incorporate fire-resistant construction, energy metering and access control. These design features support housing providers in meeting their compliance obligations, while also making safe storage and charging the easiest option for all residents.

The physical environment, particularly in densely populated areas, must be adapted with purpose-built infrastructure to eliminate the catastrophic risks associated with indoor charging and storage. This must be supported by coordinated policy review and effective resident education to address the risks that lithium-ion battery devices can pose.



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Incident/Accident/Near Miss Reporting Statistics

Quarter 3 2025/26
October – December 2025

The following statistics include:

- Incidents to employees, agency staff and others.
- Resident safety - Incidents reported by or involving residents and/or their visitors, including building safety incidents.

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.

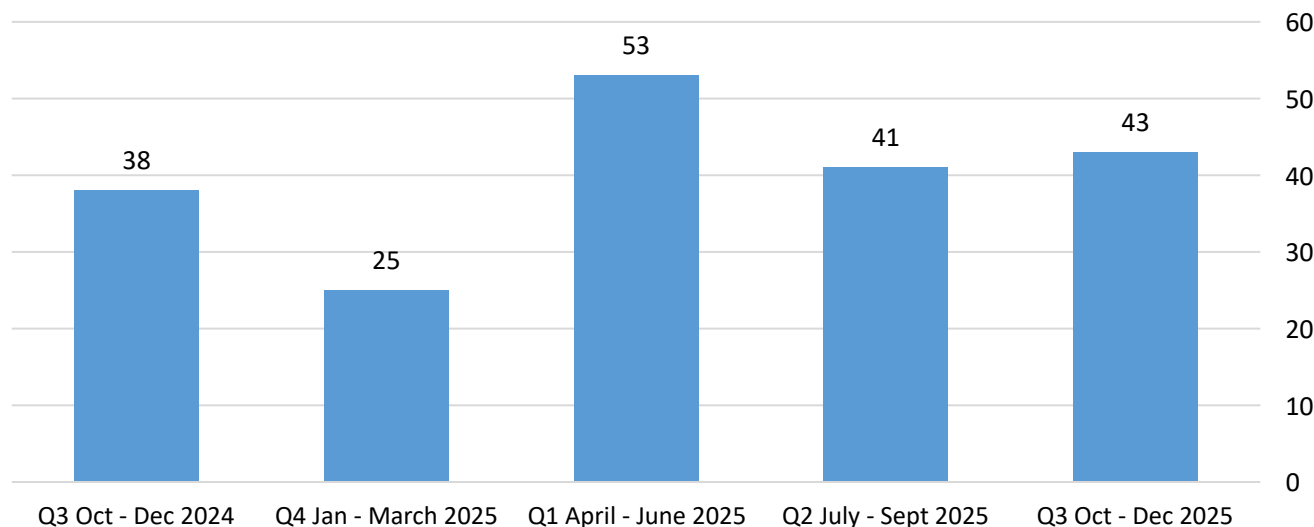
Certain types of incident are reportable to the Health and Safety Executive (HSE) under the **Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)**.

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

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

Total number of Incidents Reported by Quarter

Total Number of Incidents Reported Per Quarter
(Staff/Others and Residents)



Incident Statistics Q3 2025/26:

- There was a total of 43 incidents reported this quarter, a similar figure to the previous quarter (41) and slightly higher than Q3 2024/25 (38).
- 15 incidents involved employees, agency staff, contractors and others. Eight of these were 'Abuse/Threat/Violent Incidents', four were 'Accidents', one 'Witnessing a Distressing Event', one 'Property/Security Access' and one 'Dangerous Occurrence'.
- 28 incidents were Resident and Building Safety related. There were 25 'Accidents', two 'Fire Incidents' and one 'Near Miss' incident.
- None of the 28 tenant related incidents were deemed to be work related and that further preventative action could have been taken to help prevent this.
- Three of the 15 employee/agency/contractor/other incidents have been deemed to be work related and that further preventative action could have been taken to help prevent them.
- One of the incidents was deemed to be RIDDOR reportable, however, it was not deemed that further preventative action could have been taken to help prevent the incident.

Key Findings and Trends

Following a review of the incidents, the key findings and trends are:

- There continues to be a significant number of employee/contractor/agency/other incidents appearing to be abuse related, the majority involving the Housing Options Team. This highlights personal safety and members of the public/tenants as a key risk, although it is deemed that existing controls to mitigate the risk are adequate. SCH should continue to monitor the risk and the effectiveness of controls.
- It was deemed reasonable that SCH could have done more to prevent three of the employee/contractor/agency/other incidents. The reasons were:
 - not including a full scope of hazards in a risk assessment.
 - not disseminating risk assessment findings to employees.
 - not completing condition monitoring for external garages.

Managers have been supported by HSRS to improve risk assessments and their dissemination, and managers have been tasked to assess condition monitoring in communal areas and areas not currently included in stock condition surveys.

- Numbers of reported incidents for Tenant and Building Safety related incidents appear to have stabilised when compared with the previous quarter, following a spell of increased reporting.
- It was not deemed reasonable for SCH to have done more to prevent any of the tenant-related incidents, which is positive.
- There has been a notable number of reported incidents allegedly involving kitchen units e.g. doors falling off and causing injury. Typically, it is not deemed reasonable for SCH to prevent these incidents unless the tenant reports defects prior to an incident. However, given the increase in these incidents over the previous 12 months, appropriate managers have been advised to review SCH management of kitchen units and ensure SCH are taking adequate measures to prevent such occurrences.



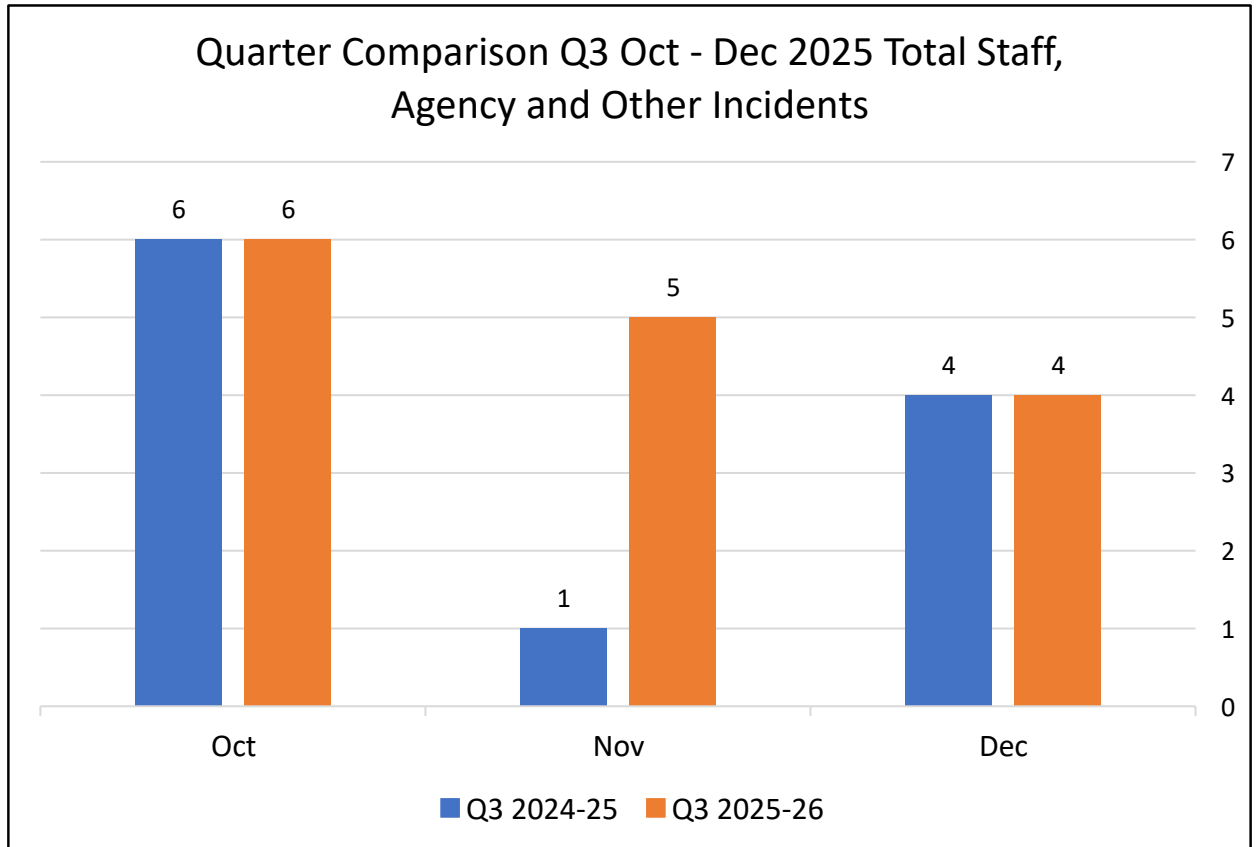
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Occupational Health and Safety

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

Quarter 3
October – December 2025

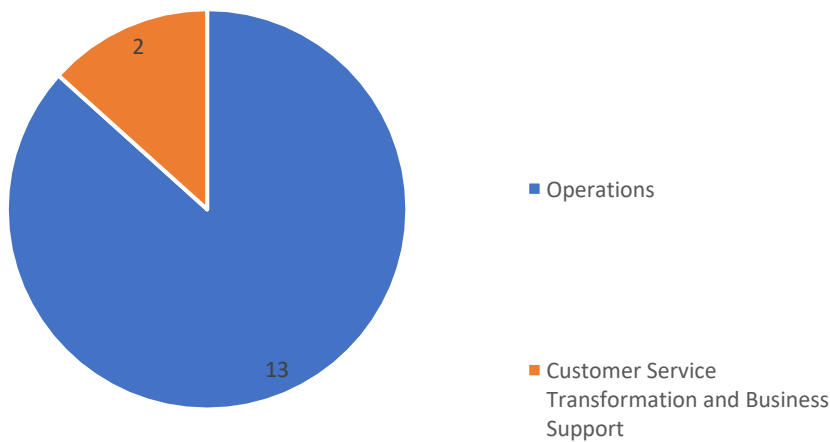
Rolling Total of Incidents



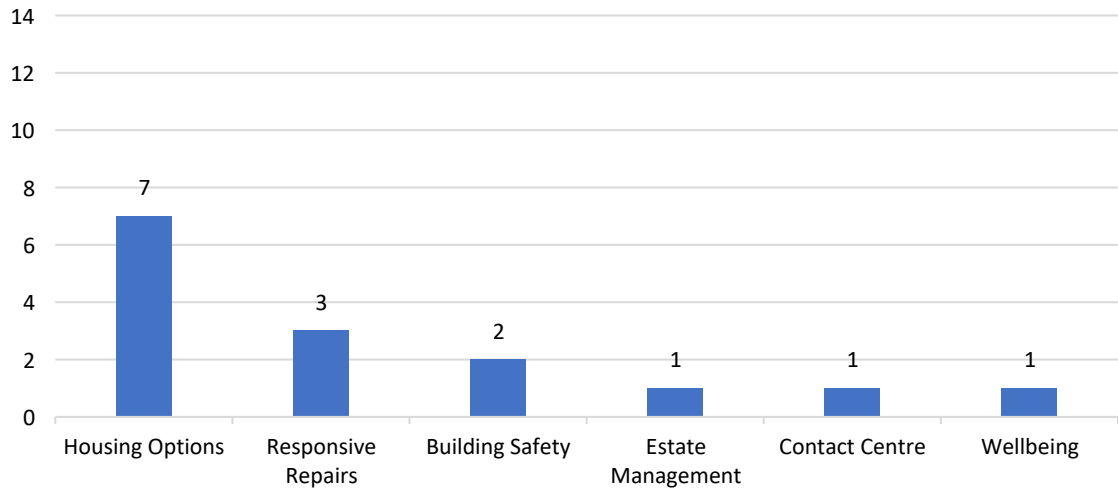
- The graph above compares monthly totals this quarter with Q3 2024-25.

Employee/Agency and Other Incidents

Number of Incidents Per Service Area



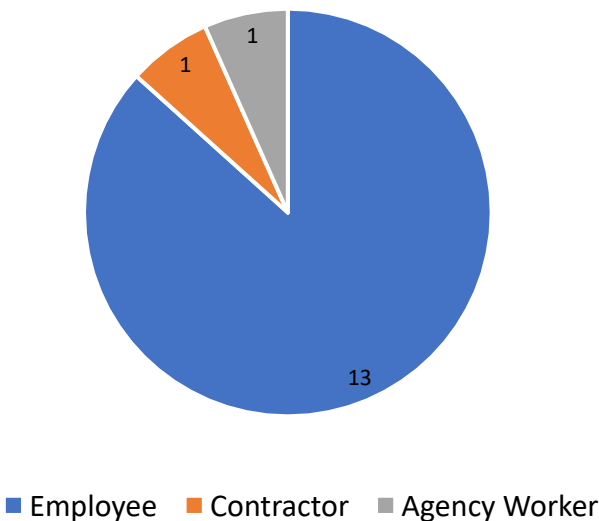
Q3 2025-26 Breakdown per Area



The above charts shows a breakdown of employee, agency staff and other incidents by Service Area/Team this Quarter. A total of 15.

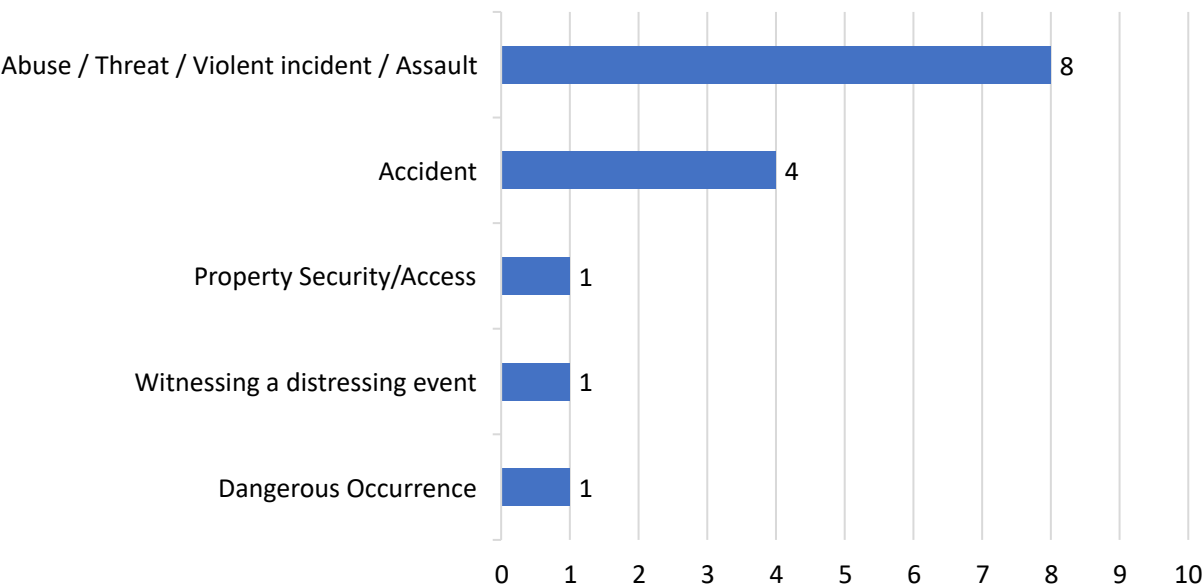
Person Involved and Type of Incident

Incidents per Person Involved



There were 13 incidents involving employees, one incident involving a contractor and one incident involving an agency worker.

Reported Incident Type



Employee, Agency Staff and Other Summary

Incidents - SCH Contributed

Out of the 15 employee/agency staff/contractor incidents reported in Quarter 3 2025/26, it was deemed that it was reasonable for SCH to have taken further action to prevent three of these.

- Not including a full scope of hazards in a risk assessment.
- Not disseminating risk assessment findings to employees.
- Not completing condition monitoring for external garages.

Relevant managers have been supported to prevent a recurrence.

Near Miss Reports

There were no near miss incidents reported this quarter. Staff, contractors and agency workers should be reminded of the importance of reporting near misses as this can help prevent accidents.

Abuse/Threat/Violent incident/Assault

8 employee/agency staff/contractor incidents reported were Abuse/Threat/Violent incident/Assault related, all involving a tenant or member of the public. This highlights personal safety and members of the public/tenants as a key risk, although it is deemed that existing controls to mitigate the risk are adequate. SCH should continue to monitor the risk and the effectiveness of controls.

Accidents

There were four accidents reported this quarter, three involving employees and one involving an agency worker.

RIDDOR Reportable

One incident was reported under RIDDOR this quarter, which involved a manual handling injury. It was deemed that it was not reasonable for SCH to have done more to prevent the incident as manual handling training and risk assessments had been received by the employee.

Other Incidents

Other incidents included a structural collapse of part of a garage, an employee witnessing a distressing event involving a tenant, and a theft from a vehicle.



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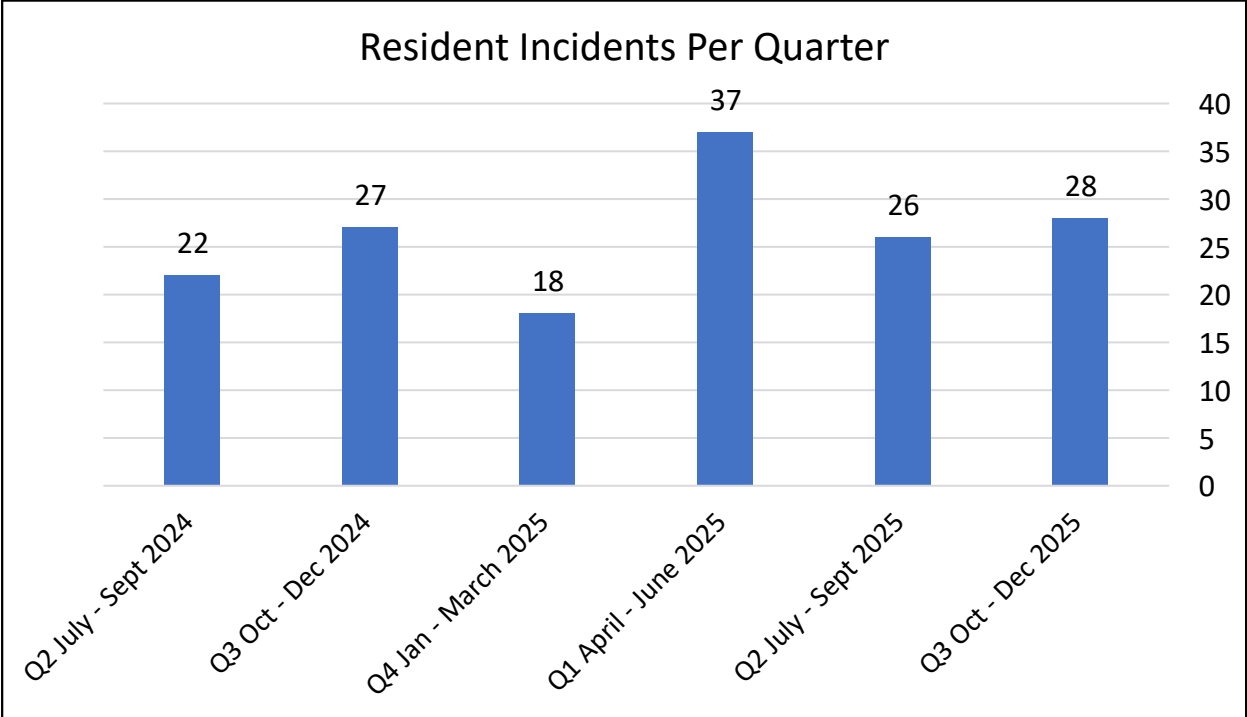
Building and Resident Safety

Incident Statistics Quarter 3 October – December 2025

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

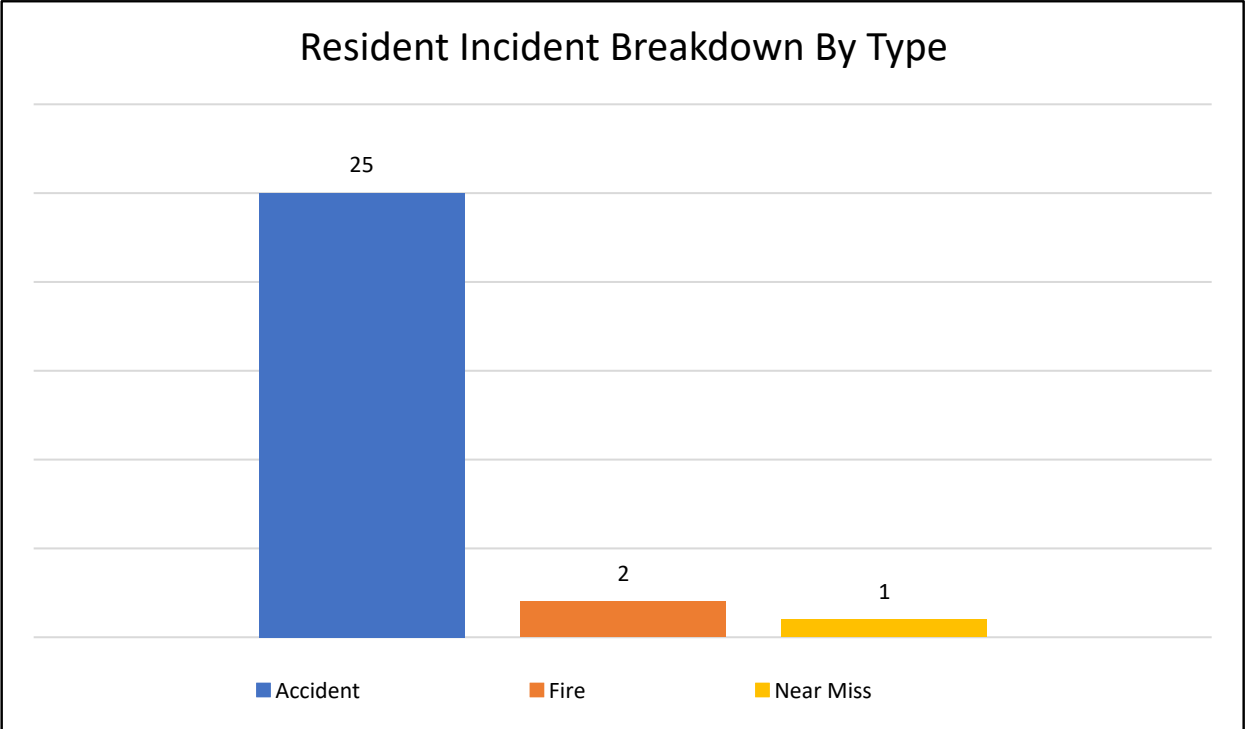
The data identifies incidents where a property defect or circumstance was the contributory factor to an injury or near miss and this was SCH responsibility to resolve and if the incident was work-related in some way.

Resident Safety - Tenant Incidents

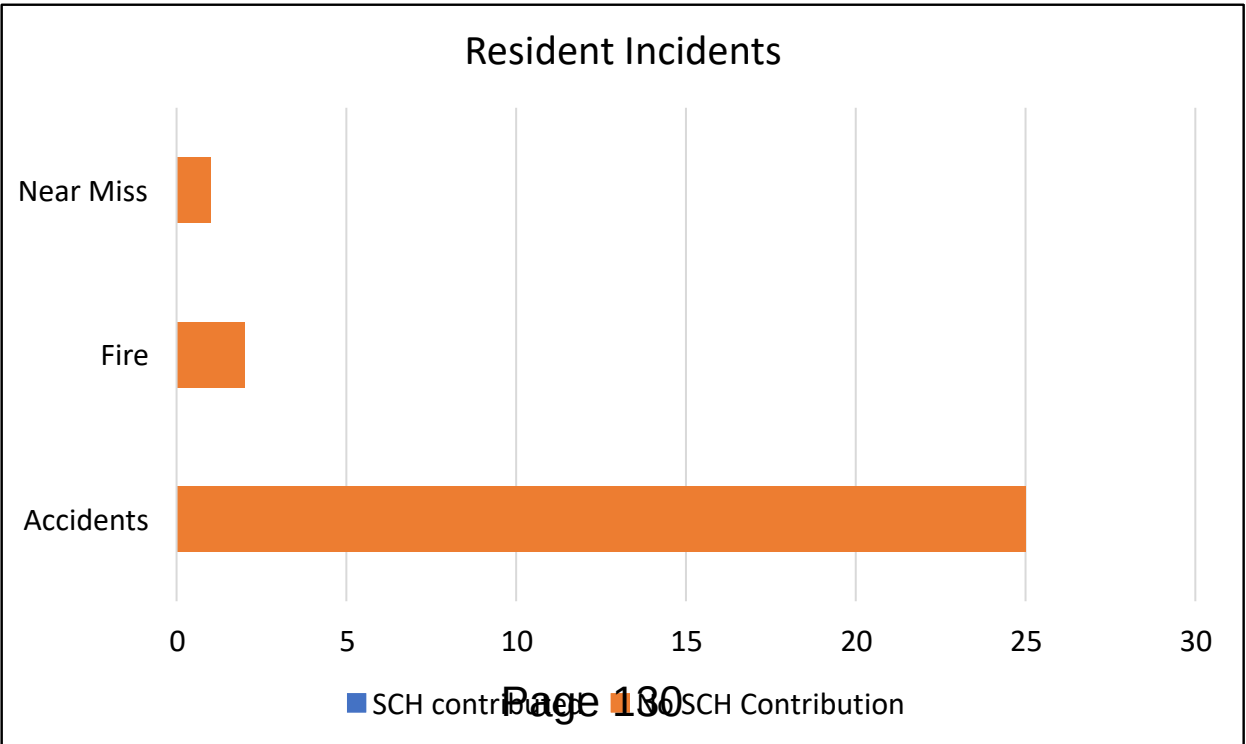


- Resident-related incidents reported per quarter. The upward trend previously noted is no longer evident.

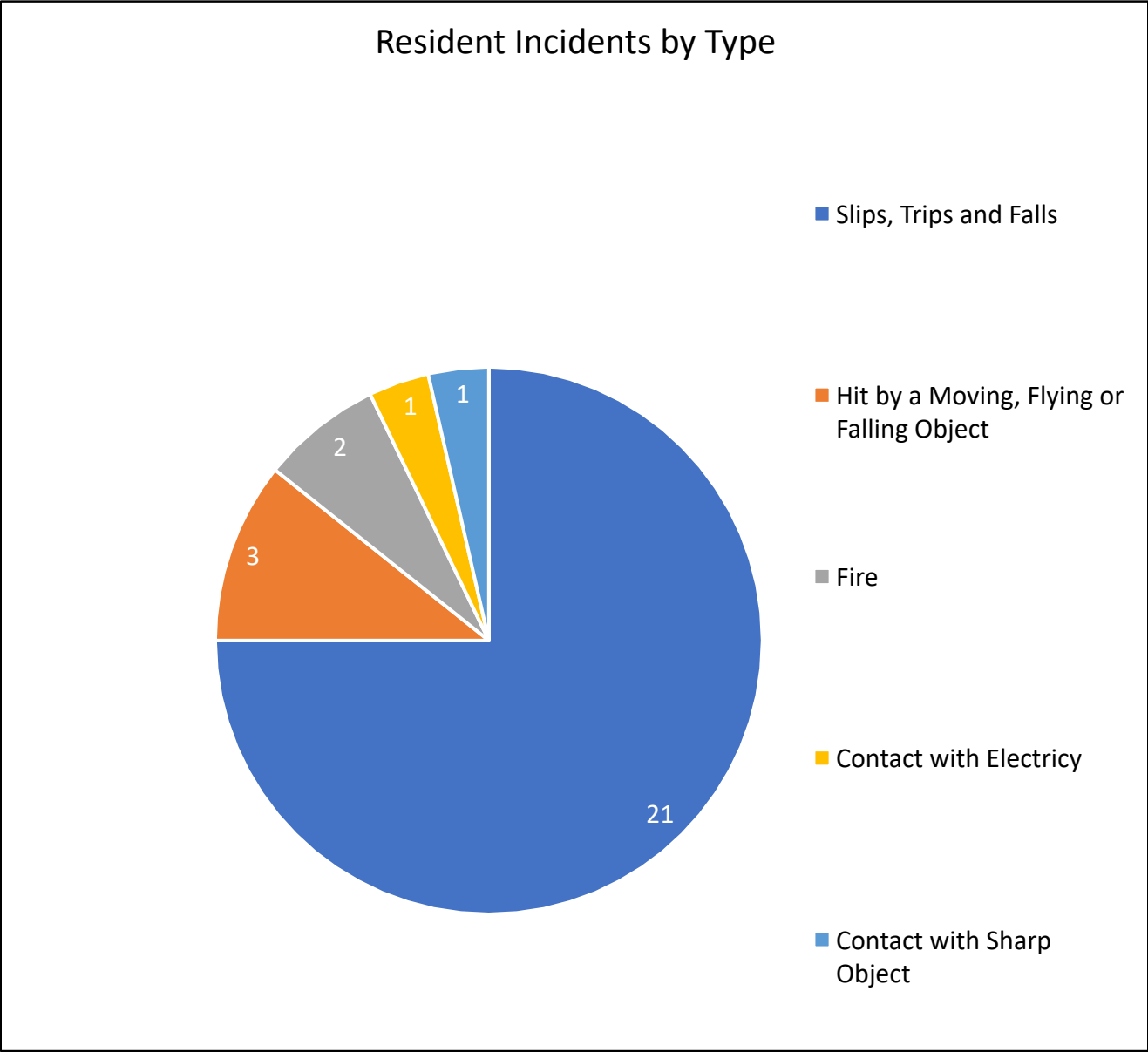
Resident Safety - Tenant Incidents



- There were 28 tenant-related/building safety incidents reported this quarter, 25 of which were accidents, two fire incidents and one near miss. There were no tenant related incidents reported under RIDDOR this quarter.
- The graph below shows if it was reasonable for SCH to have done more to prevent the incidents e.g. related to SCH work activity, act or omission – there were no incidents in this category, which is positive.



Resident Safety - Tenant Incidents



The graph above shows the type of the 28 incidents, the larger sector being slips, trips and falls, which is typical (21 out of 28)

Resident Safety Summary Notes

Incidents - SCH Contributed

28 incidents were Resident and Building Safety related. There were 25 'Accidents', two 'Fire Incidents' and one 'Near Miss' incident.

None of the 28 tenant related incidents were deemed to be work related and that further preventative action could have been taken to help prevent this, which is positive. However, often this is due to lack of evidence to prove SCH could have done more rather than proof that enough action was taken.

Recommended Actions

There has been a notable number of reported incidents allegedly involving kitchen units e.g. doors falling off and causing injury. Typically, it is not deemed reasonable for SCH to prevent these incidents unless the tenant reports defects prior to an incident. However, given the increase in these incidents over the previous 12 months, appropriate managers have been advised to review SCH management of kitchen units and ensure SCH are taking adequate measures to prevent such occurrences.

Near Miss Reports

One near miss was reported during Q3 2025-26. 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.

Tenant Accidents

The majority of the 28 tenant incidents reported this quarter were slip, trip or fall incidents (21), which is typical.

RIDDOR Reportable

There were no resident or building safety incidents reported under RIDDOR this quarter, which is positive.

Other findings

As per previous quarters, incidents are not always being reported on the system in a timely fashion, as well as investigations not being completed within reasonable timescales. Where deemed necessary, these issues have been escalated within SCH to ascertain why, and for action to be taken accordingly.

Some incidents have ongoing investigations and relevant actions identified should be completed in due course.

Meeting of the Board



Report title:	Corporate Assurance Dashboard		
Meeting date:	24 February 2026		
Report from:	Paul Edwards, Executive Director – Customer Experience and Corporate Support		
Report author/lead officer:	Paul Edwards 07990 648392	Executive Director paul.edwards@solihullcommunityhousing.org.uk	
Report type:	~~Confidential~~ Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 This report proposes to introduce a Corporate Assurance Dashboard as part of the SCH Performance Management Framework with effect from 2026/27.

2. Recommendations

- 2.1 The Board is asked to:
- (1) Consider the proposed contents of the dashboard
 - (2) Agree to the introduction of a Corporate Assurance Dashboard as part of the Performance Management Framework with effect from 2026/27.

3. Background

- 3.1 In November 2025, the Board considered a proposal to develop a Corporate Assurance Dashboard alongside a draft dashboard. The Board supported the principle of introducing a dashboard and asked that further development work should be undertaken.
- 3.2 The Corporate Assurance Dashboard is intended to bring together key assurance activities in a simple visual dashboard format and support the Board in fulfilling its governance responsibilities. This would enhance the existing Performance Management Framework by bringing together:
- Operational performance – how services are performing.
 - Corporate assurance – how well the organisation itself is functioning.

4. Proposal

4.1 The proposed Corporate Assurance Dashboard is shown at appendix 1. Note that it includes dummy data for illustrative purposes. The dashboard now includes additional information on customer satisfaction and complaints following the debate at the November Board meeting. It now includes the following:

- Finance - revenue forecast variance
- Customer satisfaction
- Corporate risks
- Audit reports by assurance levels
- Health & safety assurance
- Procurement
- Stage 1 and 2 complaints
- Housing Ombudsman determinations
- Gender and ethnicity pay gaps
- Human resources and organisational development
- Key performance indicators
- Delivery Plan actions

4.2 Board is asked to consider whether these are appropriate areas for inclusion and/or whether there are additional areas they would like to see incorporated.

5. Supporting the SCH Delivery Plan

5.1 A Corporate Assurance Dashboard is designed to support oversight and assurance. In contributing to the system of internal control it helps to ensure that SCH is focused on achieving the objectives set out in 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 There are no legal implications arising from this report..

9. Risk implications

- 9.1 SCH has a specific corporate risk – ‘failure to have robust governance arrangements in place’. A Corporate Assurance Dashboard is designed to enhance the governance framework by improving the assurance framework.

10. Equalities implications

- 10.1 There are no equalities implications arising directly from this report.

11. List of appendices

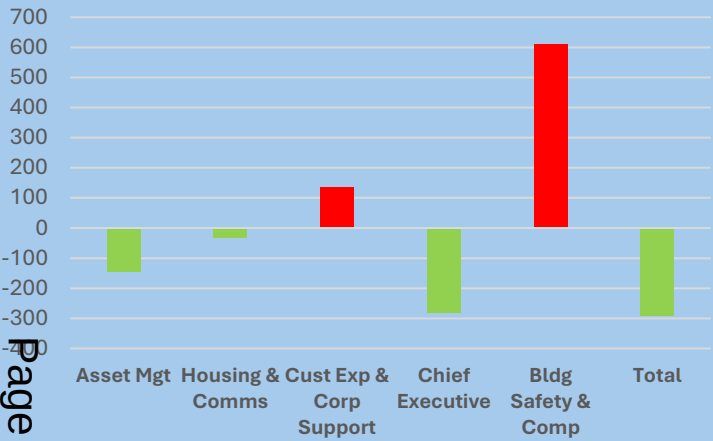
- 11.1 Appendix A: Corporate Assurance Dashboard (Draft)

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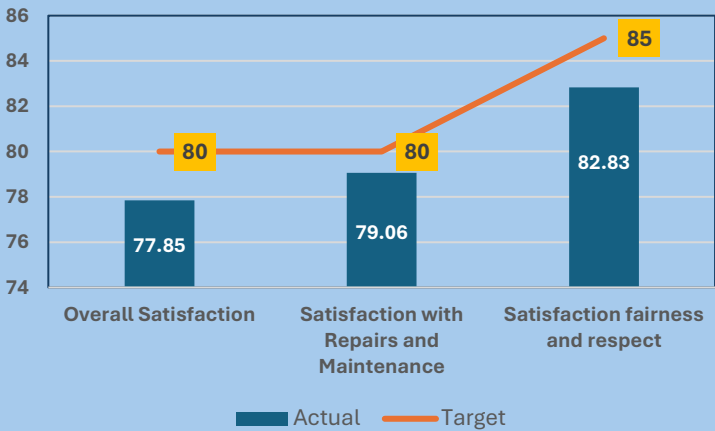
Solihull Community Housing Corporate Assurance Dashboard

Draft (illustrative data)

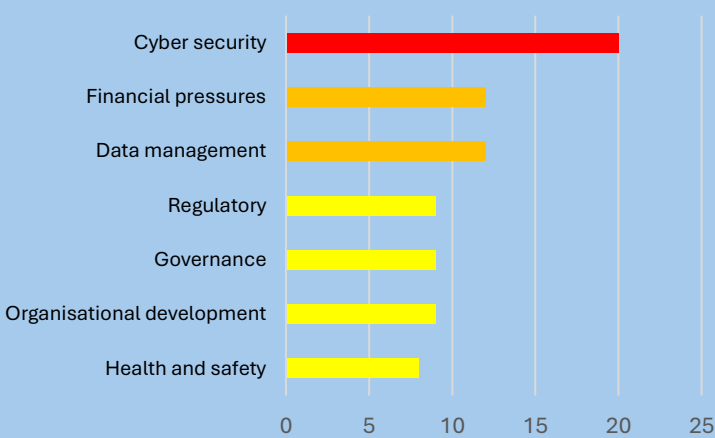
Finance - Revenue Forecast (£000s)



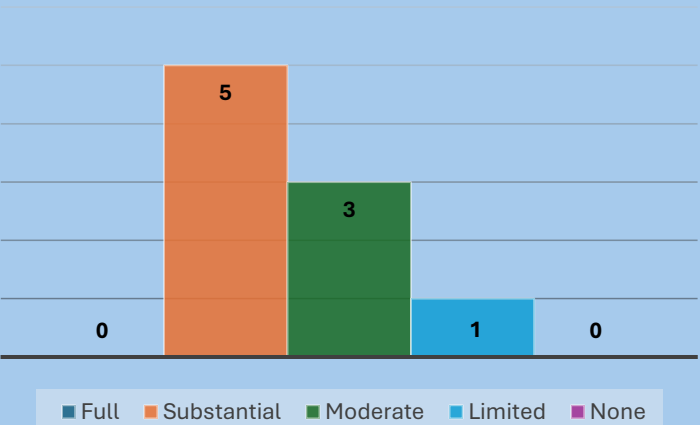
Customer Satisfaction



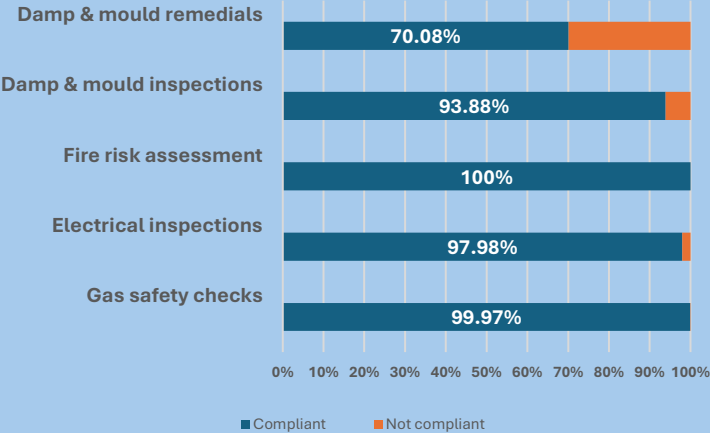
Corporate Risks



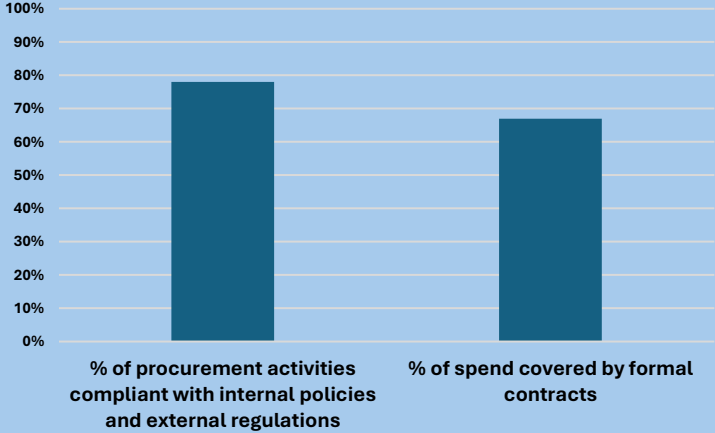
No. of audit reports by assurance level



Health & Safety Assurance

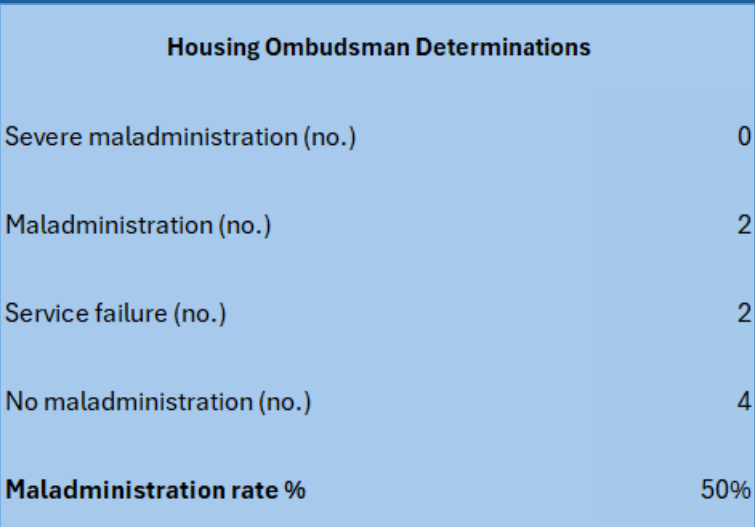
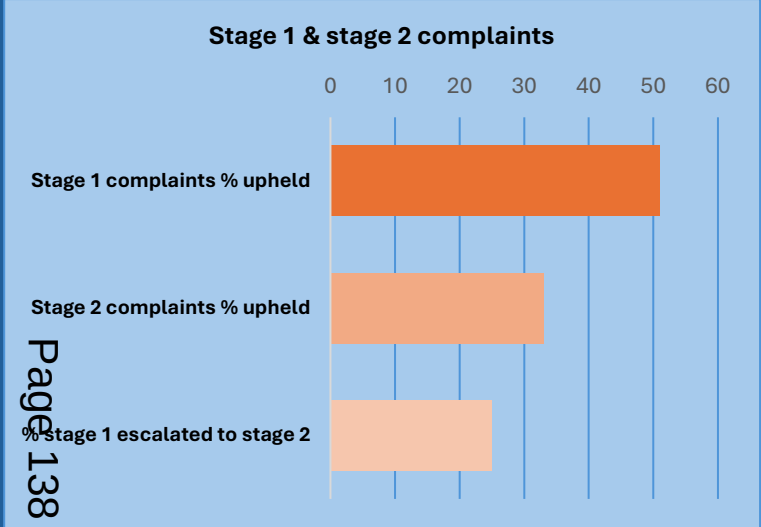


Procurement



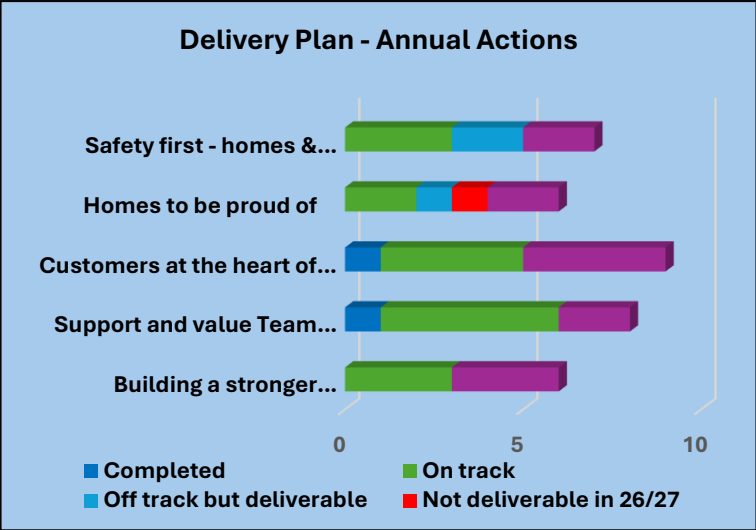
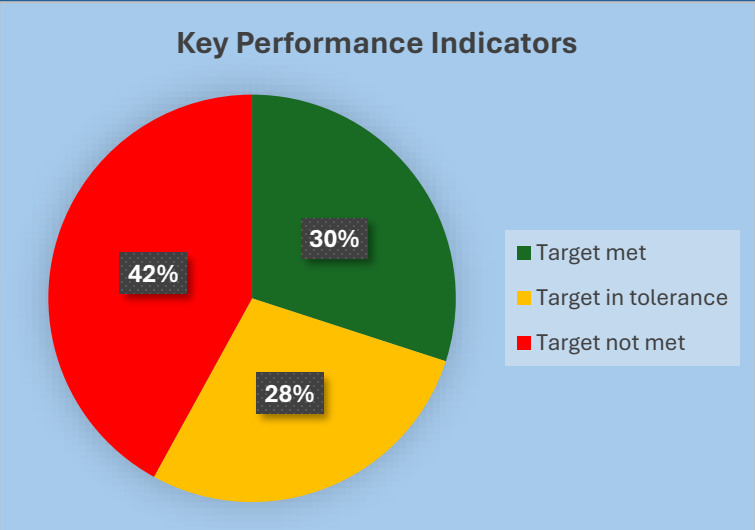
Solihull Community Housing Corporate Assurance Dashboard

Draft (illustrative data)



Human Resources & Organisational Development

	Actual	Target
Sickness absence days	9.95	10
Staff turnover	10%	12%
Mandatory training completed	92.54%	98%



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Meeting of the Board



Report title:	Board Governance and Structure		
Meeting date:	24 February 2026		
Report from:	Paul Edwards, Executive Director – Customer Experience and Corporate Support		
Report author/lead officer:	Paul Edwards 07990 648392	Executive Director paul.edwards@solihullcommunityhousing.org.uk	
Report type:	~~Confidential~~ Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 To consider terms of reference for each of the committees which form part of the new Committee structure and receive an update on proposed changes to the Articles of Association.

2. Recommendations

The Board is asked to agree:

- Terms of reference for the
 - Performance and Safety Committee
 - Customer Experience Committee – subject to Council advice re payment of Committee members (para 2.10 of the terms of reference)
 - Remuneration Committee
 - Audit & Risk Committee
 - Finance Working Group
- Proposed Committee membership for 2026/27

And to note progress:

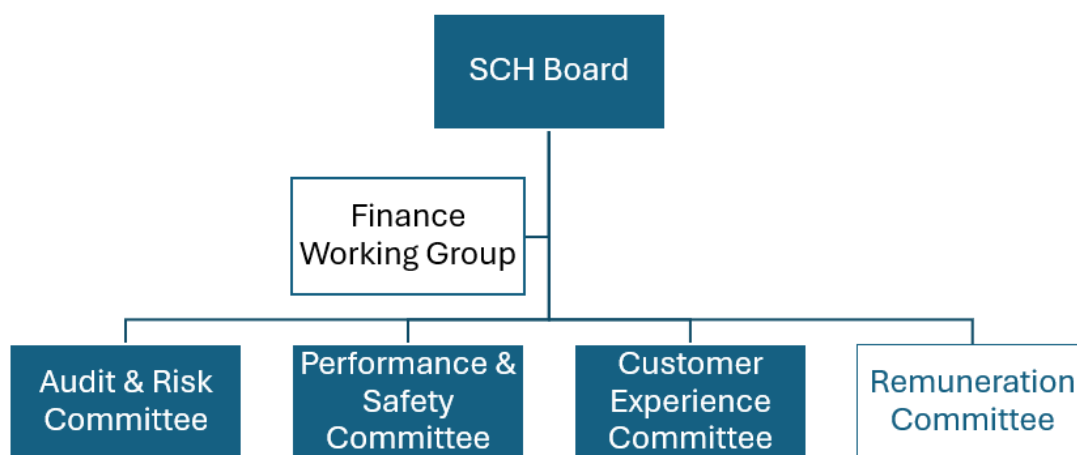
- on proposed amendments to the Articles of Association.
- on Board member recruitment

3. Background

- 3.1 In November 2025, the Board agreed

- To combine Housing Operations Committee and Building Safety Committee to create a Performance and Safety Committee.
- To create a Customer Committee with a customer experience remit
- To disband HR, Equalities and Remuneration Committee, to absorb strategic elements of the role at Board level and to create a standalone Remuneration Committee to meet on an ad hoc basis when and if required.
- To create a Finance Working Group or similar.
- To recommend to SMBC that the Articles of Association be amended to increase the number of independent Board members from 3 to 4 and to recruit to the independent vacancies.

3.2 The revised governance structure is illustrated in the diagram below:



4. Terms of Reference

4.1 Draft terms of reference are attached for the Board's consideration as follows:

- Performance and Safety Committee (appendix 1)
- Customer Experience Committee (appendix 2)
- Remuneration Committee (appendix 3)
- Audit & Risk Committee (appendix 4)
- Finance Working Group (appendix 5)

4. Articles of Association

4.1 SCH have approached SMBC with a view to amending the Articles of Association as follows:

- To increase Board membership to 11 (excluding co-optees) comprising:
 - Independent Chair
 - 2 Council appointees
 - 2 tenant members
 - 7 independent members (excl. Chair) – this wouldn't preclude councillors or tenants fulfilling these places
- Provision to add up to 3 voting co-optees to the Board (currently 3 non-voting)

- Changes would enable the Board to increase the level of professional expertise to enhance the Board's strategic oversight while retaining the benefits of a constituency approach with a strong voice from Council and tenant representation. Would be good to get your initial thoughts.

4.2 We have also sought advice to confirm that the existing articles enable us to:

- Appoint individuals to Committees separate from the Board co-optees quota. Customer Committee proposal
- Categorise members of the Customer Committee (other than those that are members of the Full Board) as appointees to the Committee rather than co-opted Board members.

4.3 We have also sought advice on whether Council approval is required to pay/ reward appointees to Committees.

4.4 We hope to be in a position to share verbally at the Board meeting the initial feedback from the Council.

5. Proposed Committee Membership 2026/27

5.1 Proposed Committee Membership for 2026/27 is included at appendix 6. Note that the current proposal assumes no change to the local authority and tenant representation on the Board (i.e. 3 members) but that there is an increase of one in the number of independent members. Membership will be reviewed if material changes to the articles are agreed.

6. Board recruitment

Independent Board Members

6.1 Following a procurement process, we have commissioned Campbell Tickell to lead the recruitment process. Campbell Tickell will lead a search and longlist process with longlist interviews scheduled for the last week of March. Final interviews will be held in the week beginning 13th April. We aim to have our new Board member(s) in place for the June Board meeting.

Tenant Board Members

6.2 Recruitment for the new tenant Board members and the new Customer Experience Committee is taking place in parallel supported by TPAS. We are taking a less traditional approach to recruitment as a traditional approach may discourage potential applicants for applying. We aim to have our new tenant Board members and our Customer Committee in place for the 2026/27 financial year.

7. Supporting the SCH Delivery Plan

7.1 Our approach to governance provides oversight of our Delivery Plan.

8. Voice of the Customer

- 8.1 Discussions have taken place with the SCHape panel about the proposals to introduce the new Customer Experience Committee. The proposed changes will contribute to a more prominent voice for customers.

9. Financial implications

- 9.1 The proposed changes will be contained within existing budgets.

10. Legal implications

- 10.1 Advice is being sought from the Solicitor to the Council in relation to the proposed changes to the Articles of Association and in relation to the payment of committee members.

11. Risk implications

- 11.1 SCH operates a comprehensive risk management framework, recording and managing risks at both a strategic and operational level. Failure to have robust governance arrangements and internal assurance in place is a key corporate risk.

12. Equalities implications

- 12.1 SCH will be mindful of its obligations under equalities legislation in the recruitment and selection of Board and committee members.

13. Data

- 13.1 N/A

14. List of appendices

- 14.1 Performance and Safety Committee (appendix 1)
- 14.2 Customer Experience Committee (appendix 2)
- 14.3 Remuneration Committee (appendix 3)
- 14.4 Audit & Risk Committee (appendix 4)
- 14.5 Finance Working Group (appendix 5)
- 14.6 Committee Membership 2026/27 (appendix 6)

15. Background documents

- 15.1 None



Performance & Safety Committee

Terms of Reference

1 Purpose

- 1.1 The Performance and Safety Committee is responsible for monitoring and reviewing all aspects of housing operations, asset management and building safety on behalf of the Board. It will report significant variations from approved plans to the Board. The Board may ask the Committee to monitor or review aspects of SCH's work.

2 Membership

- 2.1 The Board will appoint the Chair of the Committee.
- 2.2 The Committee shall comprise at least four Board members, of whom at least one should be an independent member. Members of the Committee shall be appointed by the Board, in consultation with the Chair of the Performance and Safety Committee.
- 2.3 Appointments to the Committee shall normally be for a period of up to three years extendable by no more than one additional three-year period, so long as members continue to be Board members.
- 2.4 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive, members of the Executive Leadership Team, representatives of the Council and external advisers may be invited to attend for all or part of any meeting, as and when appropriate and necessary.
- 2.5 Specialists may be co-opted for meetings when there is discussion on subjects where their expertise is required.
- 2.6 In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of their number to chair the meeting who would qualify under these Terms of Reference to be appointed to that position by the Board.
- 2.7 The Chair of the Board shall not be the Chair of the Committee.

3 Secretary

- 3.1 The Company Secretary or his or her nominee shall act as secretary of the Committee and will ensure that the Committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues.

4 Quorum

- 4.1 The quorum necessary for the transaction of business shall be three, including one independent Board member.

5 Meetings

- 5.1 The Committee shall meet at least four times a year at appropriate intervals and otherwise as required.
- 5.2 The Chair may call additional meetings as necessary with at least seven days' notice given.
- 5.3 The duration of the meetings will be no more than 2 hours.
- 5.4 Meetings may be held virtually or in person, at the Chair's discretion. Where possible, facilities will be made available to allow members to attend face-to face meetings virtually.
- 5.5 Issues for discussion must be raised in advance as agenda items.

6 Notice of Meeting

- 6.1 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chair.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend and all other members of the Board, no later than five working days before the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time.
- 6.3 Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

7 Minutes of Meetings

- 7.1 The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.
- 7.2 Draft minutes of Committee meetings shall be agreed with the Committee Chair and then circulated to all members of the Committee. Once approved, minutes should be circulated to all other members of the Board unless in the opinion of the Committee Chair it would be inappropriate to do so.

8 Annual General Meeting

- 8.1 The Committee Chair should attend the Annual General Meeting to answer any shareholder questions on the Committee's activities.

9 Duties

- 9.1 Where such responsibilities are reserved to the Board or the Council, the Committee will scrutinise and recommend for approval policies and strategies relating to the delivery of housing and associated services.
- 9.2 Each proposed plan or strategy will be presented to the Committee in time for revisions to be made ahead of the relevant Board meeting. Where the Committee has required significant changes, these will be notified to the Board.
- 9.3 The Committee will also review key principles and policies relating to responsibilities carried out by SCH on behalf of SMBC as the landlord; and any other issues, practices and budgets that are considered to be of a strategic nature relating to landlord activities. Where necessary it will make a recommendation to the Board.
- 9.4 The Committee will monitor and review performance on all aspects of housing services, asset management and building safety.
- 9.5 The Committee will monitor and review feedback from customers and other stakeholders on the delivery of housing services, asset management and building safety.
- 9.6 The Committee will receive a quarterly performance report in accordance with the agreed Performance Management Framework. It will report to the Board any significant concerns.
- 9.7 The Committee will receive reports on progress against relevant strategies relating to housing services, asset management and building safety. It will report to the Board any significant concerns.
- 9.8 The Committee will consider any matters, falling within its general remit, referred to it by the Board.

10 Reporting Responsibilities

- 10.1 The Committee Chair shall report to the Board on its proceedings after each meeting on all matters within its duties and responsibilities.
- 10.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 10.3 Through the Chair of the Board the decisions of the Committee should be communicated appropriately to SMBC.

11 Other Matters

- 11.1 The Committee shall:

- Have access to sufficient resources in order to carry out its duties including access to the Company Secretariat for assistance as required.
- Be provided with appropriate and timely training both in the form of an induction programme for new members and on an on-going basis for all members.
- Give due consideration to laws, regulations and any published guidelines.

12 Authority

- 12.1 The Committee is authorised by the Board to obtain, at SCH's expense, outside legal or other professional advice on any other matters within its terms of reference.

Date of review:			
Approved by:		Date:	
Date of next review:			

Acknowledgement: These Terms of Reference are based on a model provided by the Governance Institute (ICSA).



Customer Experience Committee

Terms of Reference

(DRAFT)

1 Purpose

- 1.1 Make sure the customer voice is heard across key services, and on things that matter most to residents
- 1.2 To support the work of SCH Board ('the Board') through the monitoring of performance, customer feedback and service delivery relating to customer experience
- 1.3 To review compliance with regulation and other legal standards as it relates to the customer experience
- 1.4 Review and recommend appropriate policies and strategies relating to customer experience to the Board

2. Membership

- 2.1 The Chair of the Customer Experience Committee ("the committee") will be a Tenant Board Member
- 2.2 The Committee will comprise of the following membership:
 - 2.2.1 Seven SCH residents
 - 2.2.2 Four Board members. Three will be Tenant Board members (one will be the Chair) and one will be an independent member. If there are only two Tenant Board members, another Board member will be appointed.
- 2.3 One resident member can be a leaseholder. The leaseholder must reside in the leasehold property
- 2.4 The members are appointed by SCH Board following an agreed recruitment process
- 2.5 The members of the Committee are confirmed annually by the Chair of SCH Board, following the SCH AGM

- 2.6 For initial appointments to the Committee, it is proposed that a third of members are appointed for two years, a third of members for three years and a third of members for four years. Thereafter, appointments will be for a term of three years subject to successful appraisal. This can be extended to a maximum of six years.
- 2.7 The Committee may appoint associate tenant members without voting rights to assist with succession planning in the event of the maximum term of office ending in the same year
- 2.8 Tenant members will be required to undertake a regular appraisal in line with the Board Appraisal Policy
- 2.9 Tenant members can hold another position on the SCHape Panel
- 2.10 Tenant members will be paid £1200 per annum. This will be by way of vouchers, which will be paid quarterly, in advance.
- 2.11 Where the Committee wishes to reach a decision each member of the Committee will have one vote. In the event that the vote is tied, the Committee Chair will have the casting vote.
- 2.12 Only members of the Committee have the right to attend Committee meetings. Employees and others may attend all or part of meetings at the invitation of the Committee. Attendees will usually include:
- Executive Leadership Team members
 - Other SLT members, as required

3. Secretary

- 3.1 The Head of Customer Experience or his or her nominee shall act as secretary of the Committee. They will make sure the Committee receives information and papers in a timely manner to allow full and proper consideration to be given to the issues.

4 Quorum

- 4.1 A quorum for any meeting will be five, including at least two Board Members and three Tenant members.
- 4.2 Before any Committee meeting can start its business, there must be a quorum present. Meetings which are not quorate must be adjourned and rearranged.

5 Meetings

- 5.1 The Committee will meet at least four times a year at appropriate intervals and otherwise required.
- 5.2 Additional meetings may be called by the Chair as necessary; at least seven days' notice must be given when calling a meeting.
- 5.3 The duration of the meetings will be no more than two hours.
- 5.4 Meetings may be held virtually or in person, at the Chair's discretion. Where possible, facilities will be made available to allow members to attend face-to-face meetings virtually.
- 5.5 Issues for discussion must be raised in advance as agenda items.

6. Duties

- 6.1 Oversight of the design and implementation of the Customer Experience Strategy and Engagement Framework
- 6.2 Oversight of the following items of the Performance Management Framework, where it relates to:
 - Voice of the Customer Reports
 - Service Standards Compliance Report
 - Complaints Operational Dashboard
- 6.3 Provide assurance to customers and the Board that Service Standards are being delivered
- 6.4 To review and approve the following published documents:
 - Complaints Annual Report to customers
 - SCH Customer Service Standards
- 6.5 In relation to the SCHape Panel:
 - Receive quarterly reports from the SCHape Panel on activities
 - Approve recommendations from SCHape Panel already contained within existing budgets or make recommendations to Board
 - Approve SCHape Panel's forward plan.
- 6.6 To be consulted on and give feedback to Board on strategies, policies and frameworks including, but not limited to:
 - Customer Experience Strategy
 - Asset Management Strategy

- Building Safety Strategy
 - Repairs Policy
 - Complaints Policy
 - Resident Involvement Framework
 - Domestic Abuse Policy
 - Anti-Social Behaviour (ASB) Policy
 - Income Management Policy
 - Neighbourhood Management Policy
 - Reasonable Adjustments Policy
 - Tenancy Management Policy
 - Damp, Mould and Condensation Policy
 - Planned Improvement Works Policy
 - Estate Management Policy
- 6.7 Input into the development and delivery of the Strategic Vision and Delivery Plan
- 6.8 Monitor the outcomes and lessons learnt from customer feedback, complaints and the findings from the Housing Ombudsman
- 6.9 Have a range of mechanisms to seek redress where service provision is found to be lacking, including instigating or carrying out service reviews
- 6.10 To consider and review SCH contractor performance and receive reports on procurement activity relating to major service delivery areas e.g. repairs, cleaning and gardening to make sure customers' needs are being met as well as efficiencies delivered.
- 6.11 In relation to Equality, Diversity and Inclusion:
- Support SCH's commitments outlined in the Equality, Diversity and Inclusion Strategy
 - To make sure there is fair and equal treatment for all, regardless of any protected characteristics
 - To make sure obstacles that may prevent customers from contributing to its work are identified and find the means to remove those obstacles.

7. Reporting Responsibilities

- 7.1 Be accountable to the Board for the fulfilment of the responsibilities delegated to it as set out in these terms of reference
- 7.2 The Board will obtain assurance on the Committee's work via minutes of all Committee meetings which will be made available to the Board

- 7.3 The Committee may issue reports to Board from time to time, as required, for the effective working of the Committee
- 7.4 To review these terms of reference annually and make recommendations to the Board on any changes
- 7.5 The Chair of the Committee will attend the SMBC Quarterly Monitoring Board.

8. Confidentiality

- 8.1 Resident members of the Committee will have access to information of a sensitive and confidential nature. Any such information shared as part of the Committee's work must not be disclosed beyond the Committee.
- 8.2 Resident members will be required to sign the SCH Code of Conduct and confidentiality statements as part of their appointment and be expected to always uphold the SCH values

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Remuneration Committee

Terms of Reference

1 Purpose

- 1.1 The purpose of the Remuneration Committee is to consider and make recommendations on specific senior remuneration matters where ad hoc changes are proposed to the SMBC pay policies and procedures. These may relate to the chief executive's remuneration, recruitment package, retention arrangements, changes to contractual terms, or severance proposals.
- 1.2 The Committee will operate in accordance with:
 - the SCH Board Governance Framework
 - SCH's Pay Policy and HR policies
 - the Management Agreement with Solihull Metropolitan Borough Council (SMBC)
 - all relevant legislation and statutory guidance
- 1.3 The Committee will stand down once its assigned work is completed.

2 Membership

- 2.1 The Committee will comprise the SCH Board Chair (who will chair the Committee), the Chairs of the Audit and Risk Committee, the Performance and Safety Committee. The Chair may also invite additional Board members to sit on the Committee as appropriate.
- 2.2 The Committee may co-opt additional members or commission external support, where in the opinion of the Committee specialist advice is required.
- 2.3 Only members of the Committee have the right to attend Committee meetings. However, other individuals such as the Chief Executive, members of the Executive Leadership Team, representatives of the Council and external advisers may be invited to attend for all or part of any meeting, as and when appropriate and necessary.
- 2.5 In the absence of the Committee Chair, the remaining members present shall elect one of their number, who is a full Board member, to chair the meeting.

3 Secretary

- 3.1 The Company Secretary or his or her nominee shall act as secretary of the Committee and will ensure that the Committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues.

4 Quorum

- 4.1 The quorum necessary for the transaction of business shall be two.

5 Meetings

- 5.1 The Committee shall meet on an ad hoc basis as and when required. The decision to meet will be made by the Board Chair or by the Board as a whole.
- 5.2 At least seven days' notice must be given when calling a meeting.
- 5.3 The duration of the meetings will be no more than 2 hours.
- 5.4 Meetings may be held virtually or in person, at the Chair's discretion. Where possible, facilities will be made available to allow members to attend face-to face meetings virtually.
- 5.5 Issues for discussion must be raised in advance as agenda items.

6 Notice of Meeting

- 6.1 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chair.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend and all other members of the Board, no later than five working days before the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time.
- 6.3 Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

7 Minutes of Meetings

- 7.1 The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.
- 7.2 Draft minutes of Committee meetings shall be agreed with the Committee Chair and then circulated promptly to all members of the Committee. Once approved, minutes should be circulated to all other members of the Board unless in the opinion of the Committee Chair it would be inappropriate to do so.

8 Annual General Meeting

- 8.1 The Committee Chair should attend the Annual General Meeting to answer any shareholder questions on the Committee's activities.

9 Duties

9.1 The Committee will:

- Review and make recommendations on remuneration packages for the Chief Executive where it is considered necessary or appropriate to deviate from the Council Pay scheme.
- Consider recruitment, retention, or market-supplement proposals for the chief executive, ensuring alignment with SCH policy, affordability constraints, and employment law.
- Examine benchmarking data from comparable ALMOs, housing providers, and local government to ensure remuneration is appropriate and competitive.
- Provide oversight of performance-related pay proposals where applicable.
- Assess any severance, settlement agreement, or exit payment proposals for senior roles, ensuring compliance with statutory guidance and reporting requirements.
- Ensure all recommendations support SCH's values, workforce strategy, equality principles, and the organisation's financial sustainability.
- Maintain assurance that decisions uphold transparency and protect public funds, recognising SCH's responsibilities as a wholly-owned company of SMBC.

10 Reporting Responsibilities

- 10.1 The Committee Chair shall report to the Board on its proceedings after each meeting on all matters within its duties and responsibilities.
- 10.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 10.3 Through the Chair of the Board the decisions of the Committee should be communicated appropriately to SMBC.

11 Other Matters

11.1 The Committee shall:

- Have access to sufficient resources in order to carry out its duties including access to the Company Secretariat for assistance as required.
- Be provided with appropriate and timely training where necessary.
- Give due consideration to laws, regulations and any published guidelines.

12 Authority

- 12.1 The Committee is authorised by the Board to obtain, at SCH's expense, outside legal or other professional advice on any other matters within its terms of reference.

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Audit and Risk Committee

Terms of Reference

1 Purpose

- 1.1 The Audit and Risk Committee is responsible for reviewing, on behalf of the Board, and making recommendations regarding: the appointment and performance of the external and internal auditors, the effectiveness of internal controls and risk management systems, the Risk Management Strategy; and matters relating to compliance and fraud.

2 Membership

- 2.1 The Board will appoint the Chair of the Committee.
- 2.2 The Committee shall comprise at least three Board members and shall not include the Chair of the Board. Members of the Committee shall be appointed by the Board, in consultation with the Chair of the Audit and Risk Committee.
- 2.3 At least two members of the Committee shall have recent and relevant financial experience and competence in accounting and auditing. This may include members who are co-opted to the Committee by virtue of their skills and expertise.
- 2.4 Appointments to the Committee shall normally be for a period of up to three years extendable by no more than one additional three-year period, so long as members continue to be Board members.
- 2.5 Only members of the Committee have the right to attend Committee meetings. The Chief Executive, the Chief Financial Officer, other members of the Executive Leadership Team, Head of Internal Audit (SMBC) and External Audit Lead Partner will be invited to attend the meetings of the Committee on a regular basis and other non-members may be invited to attend for all or part of any meeting, as and when appropriate and necessary.
- 2.6 In the absence of the Committee Chair and/or an appointed deputy, the remaining members present shall elect one of their number to chair the meeting who would qualify under these Terms of Reference to be appointed to that position by the Board.

3 Secretary

- 3.1 The Company Secretary or his or her nominee shall act as secretary of the Committee and will ensure that the Committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues.

4 Quorum

- 4.1 The quorum necessary for the transaction of business shall be **two**, including one independent Board member.

5 Meetings

- 5.1 The Committee shall meet at least four times a year at appropriate intervals and otherwise as required.
- 5.2 Additional meetings may be called by the Chair as necessary; at least seven days' notice must be given when calling a meeting.
- 5.3 The duration of the meetings will be no more than 2 hours.
- 5.4 Meetings may be held virtually or in person, at the Chair's discretion. Where possible, facilities will be made available to allow members to attend face-to face meetings virtually.
- 5.5 Issues for discussion must be raised in advance as agenda items.
- 5.6 Outside of formal meetings the Committee Chairman and, to a lesser extent the other Committee members, will maintain a dialogue with key individuals involved in SCH's governance, including the Board Chairman, the Chief Executive, the Chief Financial Officer, the External Audit Lead Partner and the Head of Internal Audit.

6 Notice of Meeting

- 6.1 Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Committee Chair.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Committee, any other person required to attend and all other members of the Board, no later than five working days before the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time.
- 6.3 Notices, agendas and supporting papers can be sent in electronic form where the recipient has agreed to receive documents in such a way.

7 Minutes of Meetings

- 7.1 The Secretary shall minute the proceedings and resolutions of all Committee meetings, including the names of those present and in attendance.

- 7.2 Draft minutes of Committee meetings shall be agreed with the Committee Chair and then circulated to all members of the Committee. Once approved, minutes should be circulated to all other members of the Board unless in the opinion of the Committee Chair it would be inappropriate to do so.

8 Annual General Meeting

- 8.1 The Committee Chair should attend the Annual General Meeting to answer any shareholder questions on the Committee's activities.

9 Duties

(a) Report and accounts

- 9.1 Where requested by the Board, the Committee should review the content of the annual report and accounts and advise the Board on whether, taken as a whole, it is fair, balanced and understandable and provides the information necessary for shareholders to assess SCH's performance, business model and strategy and whether it informs the Board's statement in the annual report on these matters that is required under the Code.

(b) Internal Controls and Risk Management Systems

- 9.2 The Committee shall:

- keep under review SCH's internal financial controls systems that identify, assess, manage and monitor financial risks, and other internal control and risk management systems; and
- review and approve the statements to be included in the annual report concerning internal control, risk management and the viability statement.

(c) Compliance, Whistleblowing and Fraud

- 9.3 The Committee shall:

- review the adequacy and security of SCH's arrangements for its employees and contractors to raise concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.
- review SCH's procedures for detecting fraud.
- review SCH's systems and controls for the prevention of bribery and receive reports on non-compliance; and
- review regular reports from the Money Laundering Reporting Officer and the adequacy and effectiveness of SCH's anti-money laundering systems and controls.

(d) Internal Audit

9.4 It should be noted that the Council has chosen to retain responsibility for Internal Audit within the Authority to enable it to satisfy and discharge its governance responsibilities (Section 151 duties).

9.5 The Committee shall:

- review and approve the role and mandate of internal audit, monitor and review the effectiveness of its work, and annually approve the internal audit charter ensuring it is appropriate for the current needs of the organisation.
- review and approve the annual internal audit plan to ensure it is aligned to the key risks of the business and receive regular reports on work carried out.
- ensure internal audit has unrestricted scope, the necessary resources and access to information to enable it to fulfil its mandate, ensure there is open communication between different functions and that the internal audit function evaluates the effectiveness of these functions as part of its internal audit plan, and ensure that the internal audit function is equipped to perform in accordance with appropriate professional standards for internal auditors;
- ensure the internal auditor has direct access to the Board Chair and to the Committee Chair, providing independence from the executive and accountability to the Committee.
- carry out an annual assessment of the effectiveness of the internal audit function, and as part of this assessment:
 - meet with the Head of Internal Audit without the presence of management to discuss the effectiveness of the function.
 - review and assess the annual internal audit work plan; receive a report on the results of the internal auditor's work.
 - determine whether it is satisfied that the quality, experience and expertise of internal audit is appropriate for the business.
 - review the actions taken by management to implement the recommendations of internal audit and to support the effective working of the internal audit function.
 - monitor and assess the role and effectiveness of the internal audit function in the overall context of SCH's risk management system and the work of compliance, finance and the external auditor; and
 - consider whether an independent, third party review of processes is appropriate.

(e) External audit

9.6 The Committee shall:

- consider and make recommendations to the Board, to be put to the shareholder for approval at the annual general meeting, in relation to the appointment, re-appointment and removal of SCH's external auditor.

- develop and oversee the selection procedure for the appointment of the audit firm, ensuring that all tendering firms have access to all necessary information and individuals during the tendering process.
- if an external auditor resigns, investigate the issues leading to this and decide whether any action is required.
- oversee the relationship with the external auditor.

9.7 With regard to the External Auditors the Committee shall:

- approve their remuneration, including both fees for audit and non-audit services, and ensure that the level of fees is appropriate to enable an effective and high-quality audit to be conducted; and
- approve their terms of engagement, including any engagement letter issued at the start of each audit and the scope of the audit.
- assess annually the external auditor's independence and objectivity taking into account relevant UK law, regulation, the Ethical Standard and other professional requirements and the group's relationship with the auditor as a whole, including any threats to the auditor's independence and the safeguards applied to mitigate those threats including the provision of any non-audit services.
- satisfy itself that there are no relationships between the auditor and SCH (other than in the ordinary course of business) which could adversely affect the auditor's independence and objectivity.
- agree with the Board a policy on the employment of former employees of SCH's auditor, taking into account the Ethical Standard and legal requirements, and monitor the application of this policy.
- monitor the auditor's processes for maintaining independence, its compliance with relevant UK law, regulation, other professional requirements and the Ethical Standard, including the guidance on the rotation of audit partner and staff.
- monitor the level of fees paid by SCH to the external auditor compared to the overall fee income of the firm, office and partner and assess these in the context of relevant legal, professional and regulatory requirements, guidance and the Ethical Standard.
- assess annually the qualifications, expertise and resources, and independence of the external auditor and the effectiveness of the external audit process, which shall include a report from the external auditor on their own internal quality procedures.
- seek to ensure coordination of the external audit with the activities of the internal audit function.
- evaluate the risks to the quality and effectiveness of the financial reporting process in the light of the external auditor's communications with the Committee; develop and recommend to the Board SCH's formal policy on the provision of non-audit services by the auditor, including approval of non-audit services by the Committee and specifying the types of non-audit service to be pre-approved, and assessment of whether non-audit services have a direct or material effect on the audited financial statements. The policy should include consideration of

the threats to the independence and objectivity of the external auditor and any safeguards in place.

9.8 With regard to the External Auditors also supplying non-audit services the Committee will:

- determine whether the external audit firm is the most suitable supplier of the non-audit service.
- determine the fees for the non-audit services, both individually and in aggregate, relative to the audit fee; and
- determine the criteria governing compensation.
- meet regularly with the external auditor (including once at the planning stage before the audit and once after the audit at the reporting stage) and, at least once a year, meet with the external auditor without management being present, to discuss the auditor's remit and any issues arising from the audit.
- discuss with the external auditor the factors that could affect audit quality and review and approve the annual audit plan, ensuring it is consistent with the scope of the audit engagement, having regard to the seniority, expertise and experience of the audit team.
- review the findings of the audit with the external auditor. This shall include but not be limited to, the following:
 - a discussion of any major issues which arose during the audit.
 - the auditor's explanation of how the risks to audit quality were addressed.
 - key accounting and audit judgements.
 - the auditor's view of their interactions with senior management; and
 - levels of errors identified during the audit.
 - review any representation letter(s) requested by the external auditor before they are signed by management.
 - review the management letter and management's response to the auditor's findings and recommendations, and review the effectiveness of the audit process, including an assessment of the quality of the audit, the handling of key judgements by the auditor, and the auditor's response to questions from the Committee.

(f) Risk Management

9.9 The Committee shall:

- consult with and advise the Board on SCH's overall risk appetite, tolerance and strategy, taking account of the current and prospective macroeconomic and financial environment.
- oversee and advise the Board on the current risk exposures of SCH and future risk strategy.
- keep under review SCH's overall risk assessment processes that inform the Board's decision making, ensuring both qualitative and quantitative metrics are used.
- review and advise the Board on the strategic risks identified by the executive.

- review regularly and approve the parameters used in these measures and the methodology adopted; and
- review SCH's capability to identify and manage new risk types.
- advise the Board on proposed strategic transactions including acquisitions or disposals, ensuring that a due diligence appraisal of the proposition is undertaken, focussing in particular on risk aspects and implications for the risk appetite and tolerance of SCH, and taking independent external advice where appropriate and available.
- review reports on any material breaches of risk limits and the adequacy of any proposed action
- consider and approve the remit of the risk management function and ensure it has adequate resources and appropriate access to information to enable it to perform its function effectively and in accordance with the relevant professional standards. The Committee shall also ensure the function has adequate independence and is free from management and other restrictions.

10 Reporting Responsibilities

- 10.1 The Committee Chair shall report formally to the Board on its proceedings after each meeting on all matters within its duties and responsibilities. This report will include:
- The significant issues that it considered in relation to the financial statements and how these were addressed.
 - Its assessment of the effectiveness of the external audit process, the approach taken to the appointment, or re-appointment of the external auditor, and its plans for future retendering.
 - Any other issues on which the Board has asked for its opinion.
- 10.2 The Committee shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.
- 10.3 The Committee will exercise judgement in determining which issues are significant and should be reported but should include at least those matters relating to the Board's assessment of whether SCH is a going concern.

11 Other Matters

- 11.1 The Committee shall:
- Have access to sufficient resources in order to carry out its duties including access to the Company Secretariat for assistance as required.
 - Be provided with appropriate and timely training both in the form of an induction programme for new Members and on an on-going basis for all Members.
 - Give due consideration to laws, regulations and any published guidelines.
 - Ensure appropriate coordination of the work of internal and external auditors.

- Oversee any investigation of activities which are within its terms of reference.
- Work and liaise as necessary with all other Board Committees, taking account of the impact of risk management and internal controls being delegated to different committees.

12 Authority

12.1 The Committee is authorised by the Board to:

- Seek any information it requires from any employee of SCH in order to perform its duties.
- Obtain at SCH's expense, independent legal, accounting or other professional advice on any matter it believes it necessary to do so.
- Call any employee to be questioned at a meeting of the Committee as and when required.
- Have the right to publish in the annual report details of any issues that cannot be resolved between the Committee and the Board.

Date of review:			
Approved by:		Date:	
Date of next review:			

Acknowledgement: These Terms of Reference are based on a model provided by the Governance Institute (ICSA).

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Finance Working Group

Terms of Reference

1. Purpose

The role of the Finance Working Group is to support the SCH Board by providing detailed scrutiny, challenge, and advice on the ALMO's financial strategy, performance, and controls. The Group has **no decision-making powers** and operates in an advisory capacity.

2. Membership

2.1 The membership of the Finance Working Group will comprise:

- SCH Chair of Audit & Risk Committee (who will Chair the Working Group)
- SCH Board Chair
- SCH Chair of Housing Operations Committee
- SCH Chief Executive
- SCH Chief Finance Officer
- Other attendees by invitation

3. Secretary

3.1 The Company Secretary or his or her nominee shall act as secretary of the Committee and will ensure that the Committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues.

4. Quorum

4.1 No formal quorum will apply to the working group.

5. Meetings

5.1 The Working Group will meet when required. Meetings will be called at the request of the Chair with at least seven days' notice given.

5.2 The duration of the meetings will be no more than 2 hours.

5.3 Meetings may be held virtually or in person, at the Chair's discretion. Where possible, facilities will be made available to allow members to attend face-to-face meetings virtually.

6. Duties

6.1 The Group will:

- Scrutinise financial performance against approved budgets and business plans
- Review medium- and long-term financial strategy, including the HRA Business Plan
- Review financial controls, value for money, and financial risk management
- Consider the affordability and financial implications of significant proposals before Board consideration

7. Reporting Responsibilities

- 7.1 The Working Group Chair shall report to the Board as appropriate after each meeting on all matters within its duties and responsibilities.
- 7.2 The Working Group shall make whatever recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.



Solihull Community Housing Board Committees – proposed membership 2026/27

Committee	Membership
Performance and Safety	Phil Hardy (Chair) (Independent) Mark Thrasher (Independent) New member (2) (Independent) Dave Pinwell (Local authority) Gail Sleigh (Local authority) Susan Buckley (Tenant) New Member (3) (Tenant) New member (4) (Tenant)
Audit & Risk	Mark Thrasher (Chair) (Independent) New member (1) (Independent) Dave Pinwell (Local authority) Bernie Donnelly (Local authority) Paul Robinson (Appointee) Mani Kaur (Appointee)
Customer Experience	Susan Buckley (Chair) (Tenant) New Member (3) (Tenant) New member (4) (Tenant) Phil Hardy (Independent) Customer Committee members (7 appointees)
Remuneration	Simon Wilson (Chair) (Independent) Phil Hardy (Independent) Mark Thrasher (Independent)
Finance Working Group (Advisory)	Mark Thrasher (Chair) (Independent) Simon Wilson (Independent) Phil Hardy (Independent) Lee Sugden (Interim Chief Executive) Sam Gilbert (Chief Finance Officer)

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Meeting of the Board



Report title:	Management Agreement		
Meeting date:	24 February 2026		
Report from:	Paul Edwards, Executive Director – Customer Experience & Corporate Support		
Report author/lead officer:	Paul Edwards 07990 648392	Executive Director pauleward@soliuhullcommunityhousing.org.uk	
Report type:	Confidential Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 The report provides an update for the Board on progress towards agreeing a new Management Agreement between Solihull Council and SCH.

2. Recommendations

- 2.1 The Board is asked to:
- Note progress to date

3. Background/context

- 3.1 The current management agreement was agreed in 2020. Since then, there have been significant changes in the social housing landscape. In particular, the introduction of the new consumer regulation regime by the Regulator of Social Housing introduced revised Consumer Standards, the introduction of Tenant Satisfaction Measures and a new inspection regime. As the landlord, Solihull Council is the regulated body and is accountable for ensuring that the Consumer Standards are met.
- 3.2 The management agreement is designed to set out the Council's expectation of SCH and to set out the basis on which SCH provides assurance to the Council that services are being delivered in line with expectations.

4. Current position

- 4.1 The Council shared a draft management agreement with SCH on 22nd December. The revised agreement introduces a number of changes including increased reporting requirements, greater oversight and additional layers of decision making compared to the current agreement.
- 4.2 As the Council has been advised on the agreement by the Council's legal team, SCH have commissioned independent legal advice on the terms of the draft agreement.
- 4.3 At the time of writing this report, an initial report had just been received from Trowers. SCH need to digest the contents and engage in further discussion with the Council before finalising the agreement.
- 4.4 There are several material changes to the agreement which will require the Board's consideration before the agreement can be finalised. It is anticipated that this be this will take place at the next Board meeting on 3rd June. There is significant additional detail in the body of the agreement including new reporting requirements and deadlines, a requirement for Council approval of all SCH press releases and changes to the policy approval process.

5. Supporting the SCH Delivery Plan

- 5.1 The SCH Delivery Plan is a requirement of the management agreement.

6. Consultation and engagement

- 6.1 No consultation has taken place at this stage. Our initial legal advice is that the changes proposed to the management agreement will require the consent of the Secretary of State pursuant to section 27 of the Housing Act 1985 (the **1985 Act**). This involves completing an application form for consent and conducting tenant consultation under section 105 of the 1985 Act. Further clarification on this will be sought.
- 6.2 There are relatively few applications for section 27 consent made and there are no published 'turnaround' times, but we would recommend building at least 3 months into your timetable after completing section 105 consultation and having a final draft management agreement to obtain the consent.

7. Financial implications

- 7.1 Further consideration needs to be given to the potential resourcing implications of meeting the proposed new requirements in the agreement. Our legal advice is that it is likely that the increased reporting, oversight and layers of decision making will come at a cost to SCH, both in monetary and resourcing terms.

8. Legal implications

- 8.1 Ongoing legal advice is being sought in relation to the proposed agreement.

9. Risk implications

- 9.1 SCH operates a comprehensive risk management framework, recording and managing risks at both a strategic and operational level. Failure to have robust governance arrangements and internal assurance in place is a key corporate risk. The management agreement is a key document in establishing the governance arrangements between Solihull Council and SCH.

10. Equalities implications

- 10.1 The proposed management agreement requires SCH to fulfil its obligations under the Equalities Act

11. List of appendices

- 11.1 None

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Meeting of the Board



Report title:	SCH Strategic Vision/Delivery Plan 2026-2031		
Meeting date:	24 February 2026		
Report from:	Paul Edwards, Executive Director – Customer Experience & Corporate Support		
Report author/lead officer:	Paul Edwards 07990 648392	Executive Director paulewards@solihullcommunityhousing.org.uk	
Report type:	~~Confidential~~ Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 The report introduces a final draft of the SCH Strategic Vision and Delivery Plan 2026-2031 for consideration prior to submission to the Council's Economic Development and Managed Growth Scrutiny Board and Cabinet member for housing for approval.

2. Recommendations

- 2.1 The Board is asked to:
- Review the draft Vision and Delivery Plan document, making any recommendations for amendments.
 - Recommend the final draft of the Vision and Delivery Plan to the Council's Scrutiny Board for consideration and to the Cabinet member for approval..

3. Background/context

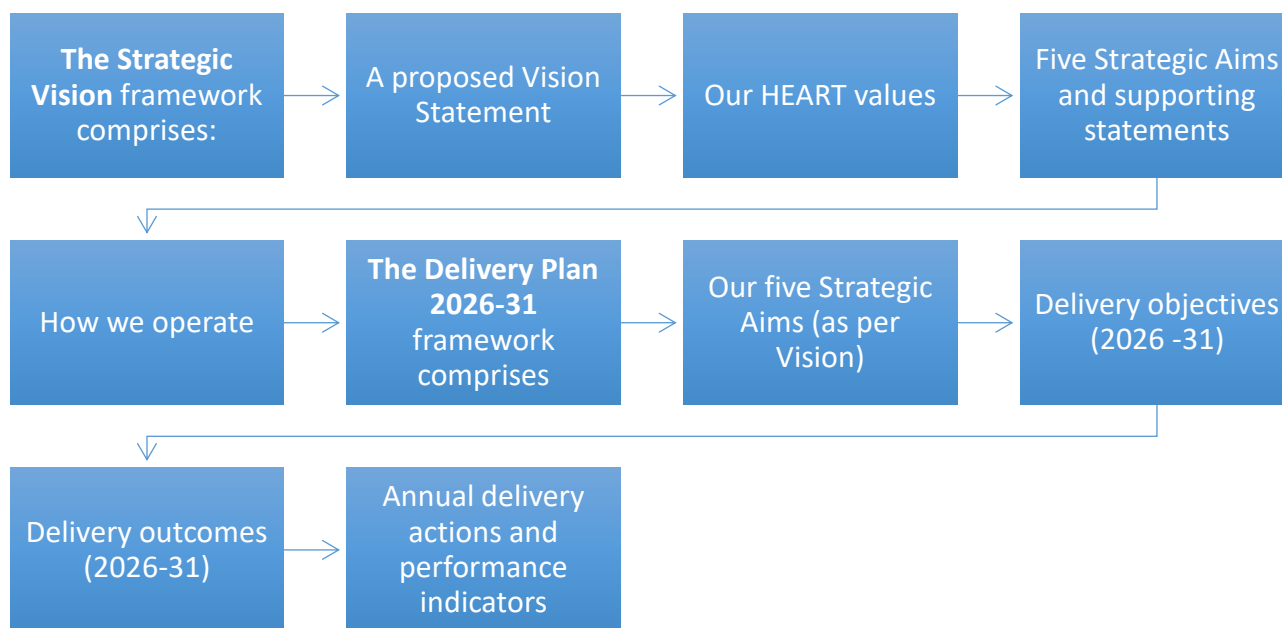
- 3.1 We have taken the opportunity to draft a new Strategic Vision for SCH covering the five year period from 2026-31 which will replace the Vision for 2020-25.
- 3.2 We have also taken the opportunity to develop a new 5-year Delivery Plan. As part of the management agreement with the Council, SCH has traditionally produced an annual Delivery Plan which sets out the priorities for the year ahead. Following

discussion, the Council has agreed that we can move to a 5-year Delivery Plan with an annual refresh.

- 3.3 This has enabled us to set broad delivery objectives and outcomes which cover the 5 years of the plan while setting specific delivery actions and associated performance indicators and targets on an annual basis.
- 3.4 The draft Vision and Delivery plan has been subject to significant consultation with our customers, our staff and the Council.
- 3.5 The Board considered an initial framework for the Strategic Vision and five-year Delivery Plan in September and at the October Away Day. The draft framework was considered by the Council's Economic Development, Managed Growth & Skills Scrutiny Board on 4th November. In November, the Board approved a draft plan as the basis for consultation with the Council.

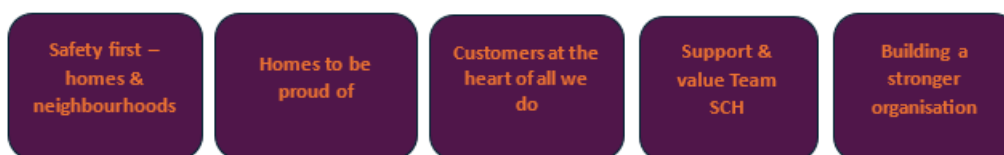
4. Strategic Vision and Delivery Plan 2026-31

- 4.1 A draft Strategic Vision and Delivery Plan is attached at appendix 1. It is supported by draft Annual Delivery Actions & Indicators 2026/27 (appendix 2). The overall framework is illustrated below.

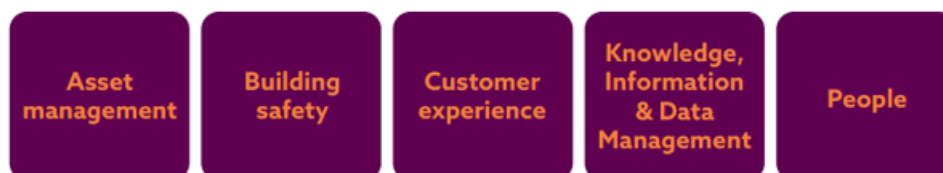


- 4.2 The diagram below shows our proposed vision, five strategic aims which set out broad goals over the life of the plan along with our five supporting strategies. and supporting strategies.

Strategic Aims 2026 - 2031



Our Strategies



- 4.3 Annual actions, performance indicators and targets for 2026/27 are attached at appendix 2. We have undertaken a fundamental review of our targets, taking account of current performance and sector benchmarks (where available). The review recognised that there will be inevitably trade-offs between our ambitions for different elements of service delivery recognising available resources.

5. Supporting the SCH Delivery Plan

- 5.1 This report proposes a new Vision and Delivery Plan.

6. Consultation and engagement

- 6.1 Consultation with customers has been carried out via the Big Conversation which took place during September. 838 residents were spoken to, with 229 taking part in a full survey on our new Vision and the outward facing Strategic Aims.
- 6.2 Customers were asked to assess alternative vision statements along and to identify whether they agreed with our proposed delivery objectives. Customer feedback influenced the final version of our Vision Statement. Customers were asked which of the outward facing delivery objectives they supported. All the proposed objectives were supported by more than 50% of survey respondents other than minority support for focus on digital services. We have increased the emphasis on dealing with anti-social behaviour because of customer feedback.

7. Financial implications

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

8. Legal implications

- 8.1 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.

9. Risk implications

- 9.1 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. The Board are asked to consider proposed changes to our Corporate Risk Register as a separate agenda item.

10. Equalities implications

- 10.1 We will carry out a Fair Treatment Assessment on specific initiatives as they are developed. We will be introducing an annual equalities report later in the year which will include an assessment of equity in access to services and service outcomes.

11. List of appendices

- 11.1 Appendix 1: Draft Strategic Vision and Delivery Plan 2026-31
- 11.2 Appendix 2: Draft Annual Delivery Actions & Indicators 2026/27

SCH Strategic Vision and Delivery Plan 2026 – 2031



Solihull
Community Housing
Shaping our neighbourhoods



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1. Introduction
2. About us
3. Our Strategic Aims 2026-31
4. Our Delivery Plan 2026-31
5. Corporate Assurance
6. Delivery Plan –
Delivery Actions and KPIs 2026/27



1. Introduction

I am delighted to introduce our new Strategic Vision and Delivery Plan. Our new vision describes what we want to be known for:

Creating safe, healthy and good quality homes and communities for our customers

Our plan focusses on getting the basics right and making sure our services work well for the people who rely on us.

SCH faces many of the challenges which housing will face over the five years of this plan. We will prioritise making best use of limited resources to ensure our customers are safe and that the homes they live in are of good quality. We know how important a safe and comfortable home is for our customers and their families.

We also recognise that we can not do everything by ourselves. We aim to do the basics well and work closely with our partners, and in particular Solihull Council, to make sure people get the support they need.

Of course, challenges also bring opportunities. Technology, and in particular, artificial intelligence is developing rapidly. This gives us opportunities to rethink how services are delivered in ways which bring

efficiencies, improve customer service and free up resources for other priorities.

As you would expect, our customers have played a significant role in helping us to shape our vision and delivery plan. Our 'Big Conversation' consultation event with customers took place in the autumn of 2025. We were able to speak face to face with more than eight hundred residents. It was a great chance to talk about different vision statements and hear what matters most to our customers when it comes to our aims and objectives.



Simon Wilson
Chair

2. About us

SCH is an Arm's Length Management Organisation (ALMO) established in 2004 to manage housing services on behalf of Solihull Council. We are a limited company with one shareholder, which is Solihull Council.

SCH's Board is made up of tenants, councillors and independent people chosen for their specialist skills and experience. The Board is supported by a committee structure. Tenants and leaseholders are involved in the scrutiny process.

SCH manage around 10,000 properties and employs almost 300 staff.

The operating environment for the social housing sector has seen a range of new challenges since SCH introduced its previous vision in 2020. Significant are the changes to the legal and regulatory framework. The Building Safety Act 2022 has raised the bar in terms of the legal and operational responsibilities for building safety, particularly in relation to high rise buildings. Awaab's Law has introduced new legal requirements in relation to emergency hazards including damp and mould.

The Social Housing (Regulation) Act 2023 enabled the Regulator of Social Housing (RSH) to introduce a more proactive and interventionist Consumer Regulation regime which took effect in April 2024. It includes a grading system informed by periodic inspections and strong powers of enforcement and sanction for the RSH.

The Housing Ombudsman has raised its profile significantly in recent years with a corresponding increase in the number of complaints received by social housing organisations and the volume of maladministration cases found by the Ombudsman.

Together, these changes have increased the level of scrutiny faced by the sector whether from tenants, the wider community, regulators and the media.

The new regulatory environment has inevitably created cost pressures for the sector. This has coincided with other challenges posed by labour shortages and cost inflation which are particularly prevalent in the construction, maintenance and building safety sectors which are themselves very significant drivers of spend for social housing organisations. Further changes – both known in terms of electrical safety regulations and the new competency standards designed to increase the professionalisation of the sector and unknown – Decent Homes 2 all come with a price tag that will create additional pressures in the future.

We live in a time of political volatility which may require some flexibility in terms of our priorities should there be a change in the policy environment nationally or locally.

We have a number of key stakeholders:

- Our customers – tenants, leaseholders and the public
- Solihull Metropolitan Borough Council – both as the sole shareholder and as a partner in providing aligned services for Solihull
- Our employees – who are integral to the successful delivery of services
- Other landlords

Our performance is reported to our Board, which meets quarterly. The Council oversees our performance through a Quarterly Monitoring Board which is chaired by the Cabinet Member for Housing.

SCH support for the Solihull Council Plan

As an ALMO, our work at SCH is closely aligned with the work of Solihull Council and in support of the Solihull Council Plan 2025-30.

The Solihull Council Plan has seven ambitions:

- The right conditions for everyone to thrive
- Services that people need in the right place at the right time
- Children and young people have the best possible outcomes
- Adults are supported to maximise wellbeing and independence
- A vibrant economy with improved access to opportunities
- Opportunities and fairer outcomes by acting on climate change
- An attractive and aspirational place

We work closely with the Council across a range of priorities including housing delivery, decent and safe homes and supporting those affected by homelessness. Our specific contributions are reflected in our strategic aims, delivery objectives and outcomes.

Our Strategic Vision



Create safe, healthy and good quality homes and communities for our customers.

Our Values

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

At SCH we believe that the impact we make is maximised by what we do and how we do it. We describe below the way our values, behaviours, systems and culture shape how we operate.



We are inclusive

We are committed to creating an environment where our customers and staff feel valued, heard, and able to be their true selves. We embrace diversity, challenge discrimination and meet our obligations under equalities legislation.



We listen

We actively listen to our customers, staff and other key stakeholders. We recognise that this is a crucial building block to support the delivery of excellent services.



We care about the environment

We are committed to environmental sustainability in all that we do and support the Council's ambition to be net zero in council operations by 2030.



We are supportive – The family and friends test

We treat our customers as we would want members of our own family or friends to be treated – with fairness, respect and understanding.



We meet our regulatory obligations

We ensure we meet the requirements of the Regulator of Social Housing's Consumer and Rent Standards and with the Building Safety Regulator's requirements under the Building Safety Act 2025.



We are evidence led

We use robust data, insight, and measurable outcomes to help us make informed decisions, improve services, and deliver better outcomes for our customers and communities.



We take ownership and accountability (for our customers & others)

We take ownership by seeing tasks through to completion, resolving issues proactively, and ensuring our actions consistently support positive outcomes for customers and colleagues.

3. Our Strategic Aims

We have identified five strategic aims which set out our broad goals over the life of this plan. Our strategic aims are supported by five key business strategies as illustrated in the diagram below.

Strategic Aims 2026 - 2031



Our Strategies



4. Our Delivery Objectives and Outcomes 2026-31

For each of our strategic aims we have provided a short narrative alongside key delivery objectives and high level outcomes that we want to achieve over the five years of our plan. These are set out over the following pages. Each year we will produce a set of delivery actions and targets that set out the things we plan over the year to help achieve our delivery objectives and outcomes.

STRATEGIC AIM: Safety First – homes and neighbourhoods

The first duty of any housing provider is to ensure that the safety of our customers, communities and staff is paramount.

At SCH, we aim to foster a proactive health and safety culture. This means ensuring that all properties meet current safety standards for gas, electrical and fire safety, asbestos management, water hygiene (legionella), and lift safety. We are committed to having robust systems in place for regular inspections, maintenance, and timely repairs. Our responsibilities are not confined to building safety. We seek to ensure that the safety of customers and staff is considered in how we design and deliver all our services and take reasonable steps to mitigate any identified risks. We want our neighbourhoods to be clean, safe well maintained and welcoming places to live. We take a responsive approach to tackling anti-social behaviour and hate crime as well as supporting those suffering from domestic abuse.

Delivery Objectives	Outcomes
• Ensure all homes meet building safety and compliance statutory requirements • Take a proactive approach to tackling damp and mould • Respond within appropriate timescales to any safety concerns raised • Deliver excellent health and safety practice for customers and staff • Ensure effective safeguarding of children and adults at risk Work with partner agencies to: • Deliver clean, safe and secure and thriving neighbourhoods • Proactively support people experiencing domestic abuse • Provide an effective ASB service	• Properties meet all current legal and regulatory requirements • Significant reduction in cases of damp and mould • Customers feel safe in their home • Health and safety culture is embedded • Strong referral mechanisms in place where safeguarding concerns are identified • Communal areas are safe and welcoming • Increased levels of enforcement action against perpetrators of ASB and victims feel supported • People experiencing domestic abuse have access to appropriate support and advice

STRATEGIC AIM: Homes to be proud of

Good quality, affordable housing is about so much more than a place to live. It can provide safety, security and support good mental and physical health. This impacts positively on wellbeing providing a stable foundation for people to build their lives and contribute to society.

At SCH we want to manage homes people can be proud of. This means investing in our existing homes to ensure they are warm, healthy, in good condition and meet modern standards. We are also committed to working with the Council to increase the supply of new affordable and social housing that is environmentally sustainable.

Delivery Objectives

- Grow the social housing stock through new build and acquisition
- Intelligence-led investment in the housing stock including the use of new technology
- Improve the energy efficiency of our homes
- Deliver continuous improvement in the repairs and maintenance service rebalancing from reactive to planned
- Improve the efficiency and effectiveness of the District Heating System

Outcomes

- An increase in the number of social homes
- Investment decisions are guided by robust long-term planning.
- Customers live in safe, warm and healthy homes
- Effective, efficient and timely repairs and planned maintenance service
- Increase customer confidence and usage of District Heating System



STRATEGIC AIM: Customers at the heart of all we do

One of the important lessons from the Grenfell Tower tragedy was the failure to listen to residents. Concerns and complaints were often ignored, and individuals felt they were not treated with dignity or respect. Subsequent national research confirmed that these experiences were widely shared among social housing residents across the country.

At SCH we are fully committed to putting our customers at the heart of everything we do in support. This is key to our ambition of delivering an excellent customer experience. We consider the impact on our customers in every decision we make, every service we deliver, and every change we make. In practice, this requires that we listen, learn, engage and co-design solutions. Our aim is to ensure that we focus on what our customers value most and to provide inclusive services that are simple to access and can be tailored to meet individual needs where appropriate.

Delivery Objectives

- Deliver services which are accessible and tailored to the needs of customers
- Ensure our customers have a strong and influential voice
- Continuously improve by learning from challenges and when things go wrong
- Strengthen communications to keep customers informed
- Promote tenancy sustainability through targeted customer support
- Support partnership work on socio-economic and health inequalities and prevention through effective collaboration and signposting

Outcomes

- Customers are highly satisfied with the quality of service
- Tenants can easily access services through digital channels driving a shift from telephone to online access
- Services are delivered right first time leading to a reduced volume of complaints
- Tenants are actively involved in shaping services
- Tenancies are successfully maintained over time



STRATEGIC AIM: Support and value Team SCH

Our people are our most important asset. They are key to ensuring we achieve our ambitions and deliver an excellent experience for our customers.

At SCH, we are determined to ensure our teams are equipped to meet future challenges and opportunities. We recognise the importance of investing in staff development, enhancing and developing leadership skills and in ensuring that colleagues feel engaged and supported. Creating a diverse organisation where employees are encouraged to look after their wellbeing, where they feel they can be the best versions of themselves and which is built on a culture of performance and accountability are key ingredients for success.

Delivery Objectives

- Equip our teams for the future
- Invest, engage and develop our staff
- Invest in a strong organisational culture and effective leadership
- Support staff wellbeing
- Embed a collaborative, high-performance culture built on accountability

Outcomes

- Staff are engaged and confident in delivering our vision and purpose
- Leadership is strong and effective with appropriate succession planning
- Staff feel supported to look after their physical and mental health
- High levels of individual, team and organisational performance are achieved
- SCH is diverse and inclusive, reflects the community served and where all feel respected and valued

STRATEGIC AIM: Building a stronger organisation

A robust approach to corporate governance is at the heart of ensuring organisational resilience and underpins strong operational performance and delivery of priority outcomes.

At SCH we are committed to ensuring appropriate systems of oversight and assurance at all levels - from our Board through to operational management. This means proportionate decision-making structures and clear roles and responsibilities all underpinned by taking a rigorous approach to performance, risk and financial management. It also means that we invest in our data and compliance frameworks.

Building a stronger organisation also means recognising the importance of working closely with the Council and other partners as well as taking a proactive approach to identifying and securing potential funding opportunities.

Delivery Objectives

- Develop an integrated approach to Risk, Performance, and Financial Management
- Continuous improvement in Data Quality, Insight, and Compliance Frameworks
- Drive value for money through effective procurement and contract management
- Enhance operational effectiveness through streamlined processes and improved workflow
- Maximise Funding and Investment Opportunities
- Work in partnership with the Council and comply with regulatory obligations

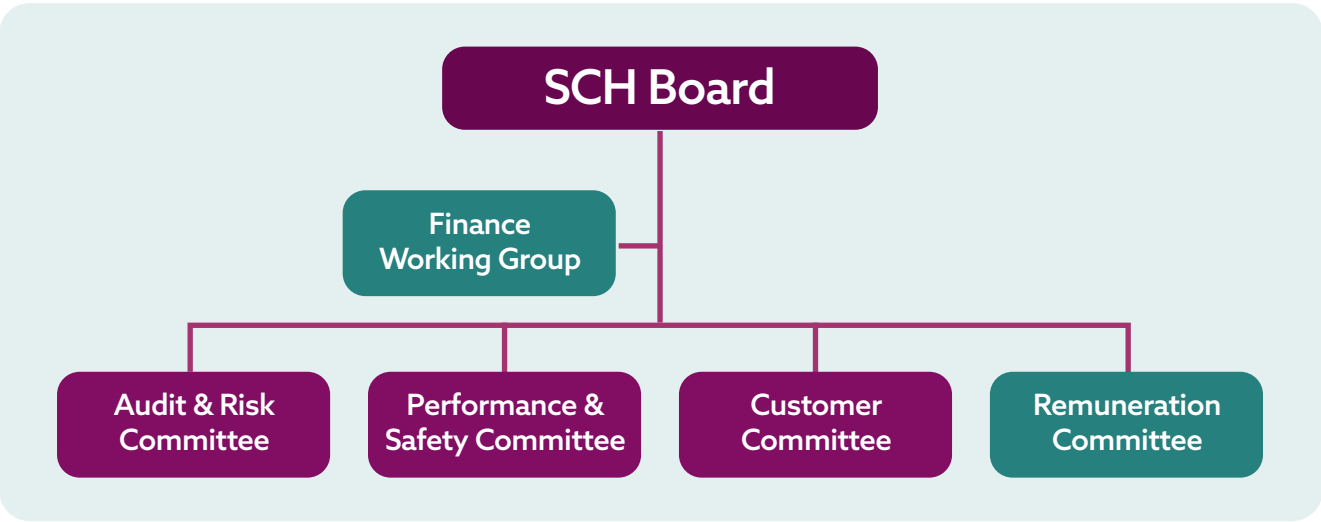
Outcomes

- Integrated reporting enables early identification of issues and informed decision-making
- High-quality data is actively used to inform both strategic and operational decisions.
- Robust data governance and compliance systems are embedded
- Performance and resource utilisation are optimised
- New funding streams and partnerships are secured to support strategic priorities.
- Positive regulatory endorsement

5. Corporate assurance

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 and members drawn from three constituencies: tenants, Council nominees and independent members. The Board is supported by a Committee structure which is illustrated below.



The Board has signed up to the National Housing Federation’s Code of Governance (2020) as a mechanism to self-assess against a recognised industry standard. This provides assurance, both internally and externally, that SCH is operating to the highest standards of governance. Self-assessments against the Code are carried out annually.

Finance

As an Arm’s Length Management Company Solihull Community Housing’s primary source of revenue funding is an annual management fee drawn from Solihull Council’s Housing Revenue Account. In addition, separate funding is received for other services which we provide on behalf of the Council such as our Homelessness service. Capital funding is also generated primarily from the Housing Revenue Account, which allows for borrowing up to a certain limit to fund stock growth and investment. Additional funding sources include accumulated HRA reserves, Right to Buy (RTB) receipts, and external grants from organizations like the West Midlands Combined Authority (WMCA) and Homes England. The capital program is used for new builds, property acquisitions, and significant improvements, such as the sprinkler program and cyclical envelope works.

Both SCH and the Council have plans in place to deliver a balanced medium-term financial strategy for both SCH and the Housing Revenue account.

Risk

SCH places a strong focus on ensuring risk management forms part of business-as-usual activity and promotes a risk aware culture across the organisation. We operate a formal risk register hierarchy which facilitates oversight and escalation where appropriate. Our risk hierarchy includes risks we share jointly with the Council and our own corporate risk register. The Board maintains strategic oversight of risk with more detailed oversight through the Audit and Risk Committee. The Executive Leadership Team and Senior Leadership Team review risk on a regular basis.



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.

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.



Get in Touch

Join us on social media:

 facebook.com/solihullcommunityhousing

 solihullcommunityhousing

 [Solihull Community Housing](https://SolihullCommunityHousing)

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Annual Delivery Actions & Indicators 2026/27



Solihull
Community Housing
Shaping our neighbourhoods



STRATEGIC AIM: Safety First – homes and neighbourhoods

Five year objectives and outcomes 2026-31

Delivery Objectives	Outcomes
• Ensure all homes meet building safety and compliance statutory requirements • Take a proactive approach to tackling damp and mould • Respond within appropriate timescales to any safety concerns raised • Deliver excellent health and safety practice for customers and staff • Ensure effective safeguarding of children and adults at risk • Work with partner agencies to: • Deliver clean, safe and secure and thriving neighbourhoods • Proactively support people experiencing domestic abuse • Provide an effective ASB service	• Properties meet all current legal and regulatory requirements • Significant reduction in cases of damp and mould • Customers feel safe in their home • Health and safety culture is embedded • Strong referral mechanisms in place where safeguarding concerns are identified • Communal areas are safe and welcoming • Increased levels of enforcement action against perpetrators of ASB and victims feel supported • People experiencing domestic abuse have access to appropriate support and advice

Annual delivery actions and indicators

Delivery Actions	Indicators
• Embed C365 compliance management software • Deliver scheduled programme of stock condition surveys • Develop Building Safety Delivery framework • Drive improved performance • Enhance Building Safety Engagement Strategy • Damp and mould cases are identified and responded to • Initiate a trial to test and evaluate property monitoring sensor technology	Compliance and building safety checks completed within timescales including: • Fire risk assessments • Gas safety checks • Electrical inspections • Lift inspections • Asbestos re-inspections • Water risk assessments • Follow on actions completed within timescale • Percentage reduction in reported damp and mould cases (year-on-year) • Percentage of reported DMC cases resolved within target timeframe • Percentage of tenants who feel safe in their home • Percentage completion of mandatory health and safety training • Percentage of tenants satisfied with handling of ASB



STRATEGIC AIM: Homes to be proud of

Five year objectives and outcomes 2026-31

Delivery Objectives

Outcomes

- Grow the social housing stock through new build and acquisition
- Intelligence-led investment in the housing stock including the use of new technology
- Improve the energy efficiency of our homes
- Deliver continuous improvement in the repairs and maintenance service rebalancing from reactive to planned
- Improve the efficiency and effectiveness of the District Heating System

- An increase in the number of social homes
- Investment decisions are guided by robust long-term planning.
- Customers live in safe, warm and healthy homes
- Effective, efficient and timely repairs and planned maintenance service
- Increase customer confidence and usage of District Heating System

Annual delivery actions and indicators

Delivery Actions

Indicators

- New build schemes to start on site and planning permission secured for future schemes
- Develop data and customer insight led 5-year capital investment plan
- Deliver the agreed Capital Programme
- Deliver our Repairs Continuous Improvement Plan
- Review the Asset Management Strategy
- Deliver planned improvements to the District Heating System

- Number of new homes built or acquired per year
- Percentage of homes meeting the Decent Homes Standard
- Percentage of homes meeting Energy Performance Certificate band C or above
- Percentage of repairs completed within target timescales
- Percentage of tenants satisfied with the repairs service
- Percentage of tenants satisfied with communal areas

STRATEGIC AIM: Customers at the heart of all we do

Five year objectives and outcomes 2026-31

Delivery Objectives	Outcomes
• Deliver services which are accessible and tailored to the needs of customers • Ensure our customers have a strong and influential voice • Continuously improve by learning from challenges and when things go wrong • Strengthen communications to keep customers informed • Promote tenancy sustainability through targeted customer support • Support partnership work on socio-economic and health inequalities and prevention through effective collaboration and signposting	• Customers are highly satisfied with the quality of service • Tenants can easily access services through digital channels driving a shift from telephone to online access • Services are delivered right first time leading to a reduced volume of complaints • Tenants are actively involved in shaping services • Tenancies are successfully maintained over time

Annual delivery actions and indicators

Delivery Actions	Indicators
• Launch a new customer portal • Develop incentives to encourage channel shift • Analyse and learn from complaints to drive improvements in service delivery • Implement refreshed Engagement Strategy • Roll out a programme of Mystery Shopping • Review our approach to customer communications • Identify support organisations for proactive and early-stage referrals • Review of repairs communication based on customer feedback • Embed enhanced tailoring service approach across the business	• Percentage of tenants satisfied with the overall service • Percentage of tenants satisfied with the repairs and maintenance service • Percentage of service requests made through digital channels • Percentage reduction in inbound telephone calls • Percentage reduction in volume of complaints • Percentage of tenants who say we listen to and act on views • Tenancy sustainment rate after 12 months • Reduction in communication issues as a driver of dissatisfaction with repairs

STRATEGIC AIM: Support & Value Team SCH

Five year objectives and outcomes 2026-31

Delivery Objectives	Outcomes
• Equip our teams for the future • Invest, engage and develop our staff • Invest in a strong organisational culture and effective leadership • Support staff wellbeing • Embed a collaborative, high-performance culture built on accountability	• Staff are engaged and confident in delivering our vision and purpose • Leadership is strong and effective with appropriate succession planning • Staff feel supported to look after their physical and mental health • High levels of individual, team and organisational performance are achieved • SCH is diverse and inclusive, reflects the community served and where all feel respected and valued

Annual delivery actions and indicators

Delivery Actions	Indicators
• Develop workforce plan • Deliver plans to ensure managers and leaders meet requirements of the Competence and Conduct Standard • Invest in digital literacy skills • Develop and design a talent pool including early talent pathways • Review and simplify the Performance & Development Review process • Support and develop internal staff networks • Increase knowledge of wellbeing offer • Deliver Equality, Diversity & Inclusion Action Plan	• SCH meet the requirements of the Competence & Conduct Standard for Social Housing • Percentage of staff who say SCH has a strong vision and purpose • Percentage who are inspired by vision and purpose • Voluntary staff turnover • Sickness absence rate • Percentage of Performance & Development Reviews completed on time • Gender and ethnicity pay gap



STRATEGIC AIM: Building a stronger organisation

Five year objectives and outcomes 2026-31

Delivery Objectives	Outcomes
• Develop an integrated approach to Risk, Performance, and Financial Management • Continuous improvement in Data Quality, Insight, and Compliance Frameworks • Drive value for money through effective procurement and contract management • Enhance operational effectiveness through streamlined processes and improved workflow • Maximise Funding and Investment Opportunities • Comply with regulatory obligations	• Integrated reporting enables early identification of issues and informed decision-making • High-quality data is actively used to inform both strategic and operational decisions • Robust data governance and compliance systems are embedded • Performance and resource utilisation are optimised • New funding streams and partnerships are secured to support strategic priorities • Positive regulatory endorsement

Annual delivery actions and indicators

Delivery Actions	Indicators
• Deliver rolling programme of risk management reviews through Audit & Risk Committee, Executive and Senior Leadership teams • Deliver Knowledge, Information and Data Management (KIDM) Strategy Action Plan • Ongoing development and delivery of solutions via the Netcall Create platform • Embed building safety compliance management software (C365) • Continue to strengthen and expand our partnerships and collaborative work • Deliver Regulation Improvement Plan	• Organisational and corporate performance dashboards in place • KIDM action plan on track • No. of new business solutions delivered via Netcall Create • Successful outcome from regulatory consumer standards inspection

Key performance indicators for 2026/27

Customer & Corporate Services Dashboard			2025/26 Q3 Actual	2025/26 Target	2024/25 Actual	Benchmark		2026/27 Target
						*Median	Quartile 1	
CH01a	Stage 1 complaints per 1,000 properties	TSM MI	36.87	N/A	43.02	44.80	28.60	N/A
CH01b	Stage 2 complaints per 1,000 properties	TSM MI	6.98	N/A	5.43	4.80	7.60	N/A
CH02a	Complaints resolved in timescale (Stage 1)	TSM MI	86.96%	85.00%	73.57%	81.80%	93.90%	90.00%
CH02b	Complaints resolved in timescale (Stage 2)	TSM MI	92.65%	96.00%	86.79%	82.70%	97.90%	96.00%
TP01	Overall satisfaction with services provided by SCH	TSM P	77.85%	80.00%	77.18%	68.50%	74.80%	78.00%
TP06	Satisfaction that SCH listens to and acts upon tenants' views	TSM P	66.57%	71.00%	67.18%	57.20%	64.70%	70.00%
TP07	Satisfaction that SCH keeps you informed about things that matter to you	TSM P	73.89%	79.00%	76.58%	69.10%	74.30%	77.00%
TP08	Satisfaction that SCH treats me fairly and with respect	TSM P	82.83%	85.00%	83.85%	74.80%	80.30%	85.00%
TP09	Satisfaction with SCH's approach to handling complaints	TSM P	34.12%	45.00%	37.84%	31.30%	36.80%	40.00%
CR2	Overall satisfaction (transactional)	SCH KPI	87.60%	87.00%	85.69%	N/A		87.00%
CR36	Contact centre ASA	SCH KPI	327	210	273	280		210

Housing Services Dashboard			YTD Q3	2025/26 Target	2024/25 Actual	Benchmark *Median	Quartile 1	2026/27 Target
NM01	ASB cases per 1,000 properties	TSM MI	24.24	0.00	22.84	37.40	23.00	N/A
NM01a	ASB cases per 1,000 properties (Hate Crime)	TSM MI	0.31	0.00	0.41	0.60	0.20	N/A
TP10	Satisfaction that SCH keeps communal areas clean and safe	TSM P	72.08%	70.00%	66.67%	63.10%	69.60%	72.00%
TP11	Satisfaction that SCH makes a positive contribution to the neighbourhood	TSM P	69.89%	74.00%	74.74%	62.00%	67.90%	70.00%
TP12	Satisfaction with SCH's approach to handling ASB	TSM P	55.26%	60.00%	59.58%	57.20%	61.40%	60.00%
VL13	Percentage of rent loss due to voids	SCH KPI	1.12%	1.25%	1.28%	2.1%		1.25%
New	Percentage of dwellings vacant but available to let	SCH KPI	0.86%			N/A		0.80%
New	Average relet time (all)	SCH KPI	63 days			72.7 days		60 days
WR15	Current tenant arrears as % of rent debit	SCH KPI	3.40%	3.50%	2.75%	2.8%		3.20%
New	Average stay in temporary accommodation (adult only households) - days	SCH KPI				N/A		120
HO1a	Average stay in temporary accommodation (families with children) - days	SCH KPI	252	95	183	N/A		250
HO5	Percentage of homeless approaches where prevention or relief achieved	SCH KPI	57.22%	60.00%	49.06%	N/A		58.00%
New	Total households in temporary accommodation (all)					N/A		Tracking measure
New	Total households in temporary accommodation with children					N/A		Tracking measure

Asset Management Dashboard			YTD Q3	2025/26 Target	2024/25 Actual	Benchmark *Median	Quartile 1	2026/27 Target
RP01	Homes that do not meet the Decent Homes Standard	TSM MI	1.73%	2.00%	2.36%	3.20%	1.10%	1.75%
RP02a	Repairs completed within target timescale (emergency)	TSM MI	91.94%	95.50%	91.83%	94.90%	98.90%	95.00%
RP02b	Repairs completed within target timescale (nonemergency)	TSM MI	81.41%	85.00%	81.61%	84.00%	90.80%	85.00%
TP02	Satisfaction with repair in the last 12 months	TSM P	79.06%	80.00%	77.90%	71.80%	77.90%	80.00%
TP03	Satisfaction with time taken to complete the last repair	TSM P	80.22%	76.00%	80.17%	67.50%	75.60%	80.00%
TP04	Satisfaction that home is well maintained	TSM P	73.72%	80.00%	74.10%	68.10%	74.30%	75.00%



Building Safety & Compliance Dashboard			YTD Q3	2025/26 Target	2024/25 Actual	Benchmark *Median	Quartile 1	2026/27 Target
BS01	Percentage of properties with valid gas certificate	TSM MI	99.96%	0.00%	99.90%	99.90%	100%	100.00%
BS02	Percentage non-domestic assets covered by a valid FRA	TSM MI	100.00%	0.00%	0.00%	100%	100%	100.00%
BS03	Percentage known asbestos locations reinspected within benchmarked period (communal areas)	TSM MI	100.00%	0.00%	0.00%	100%	100%	100.00%
BS04	Percentage of relevant water installations covered by a risk assessment	TSM MI	100.00%	0.00%	0.00%	100%	100%	100.00%
BS05	Percentage communal passenger lifts that require a thorough examinations (LOLER)	TSM MI	100.00%	0.00%	0.00%	100%	100%	100.00%
TP05	Satisfaction that home is safe	TSM P	79.15%	81.00%	80.07%	74.30%	79.90%	80.00%
AM1b	Percentage domestic properties with a satisfactory Electrical Installation Condition Report	SCH KPI	98.28%	0.00%	0.00%	96.19%		100.00%
DM1	Percentage Damp and Mould inspections completed within timescale	Awaab's Law	90.38%	0.00%	79.86%	N/A		100.00%
DM2	Percentage Damp and Mould remedials completed within timescales	Awaab's Law	51.75%	0.00%	32.30%	N/A		100.00%
AM1k	Percentage of fire safety remedial actions completed to timescale	SCH KPI	45.87%	80.00%	68.21%	N/A		100.00%
New	Percentage of follow-on compliance actions completed on time	SCH KPI				N/A		100.00%



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Meeting of the Board



Report title:	Financial Monitoring and Forecast – December 2025 (Quarter 3)		
Meeting date:	24 February 2026		
Report from:	Samantha Gilbert, Chief Finance Officer		
Report author/ lead officer:	Karen Cranley 0121 704 6421	Finance Manager kcranley@solihull.gov.uk	
Report type:	~~Confidential~~ Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 To update the Board on the forecast financial performance as at the 9 months to 31 December 2025 (Quarter 3).

2. Recommendations

- 2.1 The Board is asked to:

- (1) **NOTE** the revenue and capital forecast to the year end for the current financial year 2025/26.
- (2) **NOTE** the current and forecast reserves position.
- (3) **NOTE** the progress of savings delivery for the next three years.
- (4) **NOTE** the age of outstanding Accounts Receivable and Rent Debt.
- (5) **NOTE** the update on the Housing Revenue Account (HRA) Medium Term Financial Strategy (MTFS).
- (6) **APPROVE** the introduction of a service charge for communal cleaning at Mews Flats
- (7) **APPROVE** the use of up to £477,000 from SCH reserves to fund five additional posts within Building Safety and Customer Engagement for a two-year period.

3. Background/context

- 3.1 This report summarises the revenue and capital forecast financial performance based on the 9-month period to 31 December 2025. The Financial Dashboard is attached at Appendix A.
- 3.2 The Financial Dashboard also includes an update on rent collected and an update on the expected SCH and HRA reserves outturn position.

- 3.3 The net revenue position shows a forecast outturn position of a £nil variance, the operating forecast variance of (£246,000) underspend being offset by reduced use of Reserves.
- 3.4 The capital position shows a forecast underspend of (£4.376 million) (18.8%).
- 3.5 The forecast reserves position shows available balances of £2.829 million and £21.137 million of SCH and HRA balances respectively.
- 3.6 The savings tracker shows that £461,000 (100.0%) of the savings targets agreed for 2025/26 are rated Green.
- 3.7 Outstanding SCH Accounts Receivable debt features on the revised dashboard, there are no significant issues of concern to highlight as at Quarter 3.

4. Matters for consideration

Commentary on Revenue Financial Performance 2025/26

- 4.1 As at 31 December 2025 the Executive Directors are forecasting a £nil variance against budget by the end of the financial year.
- 4.2 Significant expected variances are set out in Appendix A; the most notable areas of overspend being as follows:
- £164,000 electrical repairs, due to an increase in average job costs in 2025/26 of approx. 10% following an increase in electrical works associated with damp and mould remediation. This pressure has also been impacted by a delay in the rewire programme, which will be addressed through a restructuring of the Capital Team.
 - £131,000 fire protection, due to additional workstreams such as servicing for sprinklers and bin chutes, and to obtain assurance on the fire integrity of bin chutes. This budget has been increased for future years to meet ongoing pressures.
 - £122,000 gas repairs, due in main to challenges in meeting the savings targets taken from recent budgets. The original proposal was based on reducing revenue spend as a result of an increased boiler investment programme, this remains the objective and savings targets in 2026/27 reflect this. In the meantime, various mitigation measures have been put in place to keep spend as low as possible.
 - £120,000 day to day sub-contractor costs, due mainly to additional spend on external structures and drainage, in both cases it is planned that additional capital investment will mitigate these pressures in future.
- 4.3 These pressures are more than offset by (£447,000) net payroll underspends realised from a combination of vacancies held pending the implementation of new structures, vacancies held specifically to offset net pressures in services (e.g. Wellbeing), and areas where there are difficulties backfilling posts on a short term basis due to the systems training that is required (e.g. Contact Centre).
- 4.4 In addition, we have been able to release (£281,000) from centrally held, uncommitted budgets and provisions for utility cost increases no longer required.

- 4.5 At the meeting on 15 September 2025 the Board approved the use of up to £410,000 from the Budget Strategy Reserve towards responsive repairs, temporary accommodation support, and a hoarding pilot, in the event the year end position was in deficit. The net operational forecast variance of (£246,000) includes reduced use of specific earmarked reserves of (£191,000); the remaining (£55,000) variance is offset by a corresponding reduction in this required use of reserves.

Impact on SCH Medium Term Financial Strategy (MTFS)

- 4.6 The consequences of issues highlighted within this report have been considered as part of the preparation for the SCH MTFS, which is presented within a separate report to this meeting. Oversight of these implications and savings delivery remain a major focus for the Executive Leadership Team as part of their monthly financial monitoring processes.

Commentary on Capital Financial Performance 2025/26

- 4.7 At the Full Cabinet meeting on 13 February 2025 the base housing capital budget of £31.736 million was approved for 2025/26, of which £31.616 million was to be delivered by SCH on behalf of the Council.
- 4.8 This budget was subsequently increased by £4.220 million rephasing of net underspends from the final 2024/25 outturn position as approved by Cabinet on 12 June 2025 and 11 September 2025.
- 4.9 The programme has since been reduced by carry forwards to 2026/27 of £12.078 million, which includes £9.456 million for the continuation of the Spandrel Panel replacement and High-Rise Pipework projects, and release of budgets of £436,000, as approved by Cabinet on 11 December 2025, resulting in the current approved budget for the financial year of £23.322 million.
- 4.10 As at 31 December 2025 the revised programme is expected to underspend by (£4.376 million) against budget, further details are included within Appendix A.

SCH and HRA Reserves Position

- 4.11 The total SCH reserves as at 1 April 2025 were a net positive balance of £3.592 million after allowing for the Pensions Reserve deficit balance of £3.528 million. This deficit is not included on the reserves schedule within the Financial Dashboard.
- 4.12 The positive reserves of £7.120 million, include the Budget Strategy Reserve of £4.094 million, of which £490,000 is earmarked for restructure costs, the £1.526 million earmarked reserves to fund Board approved projects and the minimum working balance of £1.500 million. As detailed on Appendix A £2.829 million out of this total balance remains available (i.e. not committed or earmarked).
- 4.13 HRA reserves are also shown within Appendix A for information; these are held by the Council and decisions on their use are made by the Cabinet Member for Housing. The HRA reserves as at 1 April 2025 were £25.525 million made up of £10.410 million revenue reserves and £15.115 million capital reserves. As detailed on Appendix A,

out of these total balances £4.811 million and £16.326 million remain available in revenue and capital reserves respectively (i.e. not committed or earmarked).

Request for Use of SCH Reserves

- 4.14 The Board is asked to approve the use of up to £477,000 to fund five additional posts within Building Safety and Customer Engagement for a period of two years.
- 4.15 Within Building Safety and Compliance, a request is made for two additional Band C Contract Compliance Co-ordinators and a Band E Compliance Contract Officer, to support with imbedding SCH's new building safety and compliance framework. Development of the framework has been centred on undertaking a comprehensive legislative analysis and the introduction of a new compliance management system, Compliance 365 (C365). C365 is achieving the intended outcome of improved management of compliance programmes, evidence-based compliance, and oversight of remedial actions. With improved tracking of compliance remedial actions, we have seen an increase in the volume of actions that require oversight to bring performance into target. The additional resource will also support adopting the new fire safety and electrical safety regulatory framework.
- 4.16 Within Customer Engagement, support is requested to create a centralised team to focus on no access issues and to bring about consistency and wider support to operational delivery teams. Two additional Band D Customer Liaison Officers will facilitate this work.

Savings Tracker

- 4.17 The savings tracker included within Appendix A shows the RAG rating for the savings approved for the period 2025/26 to 2028/29. All targets, totalling £461,000 within the current financial year, are rated Green. Of these, £174,000 have been met on a one-off basis in the current period from the overall net position – these have been added into the 2026/27 targets.

Accounts Receivable Debt

- 4.18 The accounts receivable information provided within Appendix A show a total outstanding due debt of £564,000 at 8 January 2026, of which £520,000 (92%) is owed by the Council. There are no significant areas of concern to be highlighted at this time.

HRA Rent Collection and Debt Impairment (Information Items)

- 4.19 Rent Collection and Debt Impairment tables are also included within the dashboard for information. Rental income is received directly into the Council's HRA account, albeit any change to rental income affects HRA funds available for future years' SCH management fees. The dashboard shows that for HRA owned properties the percentage of rent collected in relation to rent due is 94.51%, collection of SCH owned property debt is 95.45%.
- 4.20 The Debt Impairment is what was historically known as the 'Bad Debt Provision.' The dashboard shows that for Quarter 3 we have a requirement to provide for an additional £851,000 of HRA debt impairment compared to an annual budget of £865,000.

New Service Charge – Communal Cleaning at Mews Properties

- 4.21 SCH manages a number of mews flats which have a shared communal space and stairway, these have historically not been included on cleaning schedules. Following the introduction of the Building Safety Act and a thorough inspection regime, some of these areas were identified as being in poor condition and not maintained by the tenants/leaseholders. As the landlord, we are responsible for ensuring a clean and safe communal environment and therefore these have been included from 2026/27; all residents have been notified.
- 4.22 The Board is asked to approve the introduction of a service charge for the cleaning of communal areas at Mews Flats of £3.70/week from April 2026.

HRA MTFS Update

- 4.23 The HRA rents and budget report was considered and approved by the Council's Cabinet on 12 February 2026. There were no changes to the proposals reported to the SCH Board on 17 November 2025.
- 4.24 The report also provided Cabinet with the Government's announcement on rent convergence and its implications for rent setting in 2027/28. The consultation on changes to Tenancy Agreement is due to be undertaken by SCH during the Autumn and one proposal will be moving rent collection from a 50-week to a 52-week that could mitigate increased costs.
- 4.25 During the year Campbell Tickell has been supporting the Council in assessing regulatory preparedness of both the Council and SCH. One emerging issue identified is the calculation of affordable rents at Saxon Court that would impact on service charge and the 2026/27 charge agreed by the SCH Board on 17 November 2025. An update on the latest position will be provided at the meeting.

5. Supporting the SCH Delivery Plan

- 5.1 The SCH MTFS is produced to reflect the SCH Delivery Plan requirements and ensures these are affordable.

6. Consultation and engagement

- 6.1 There is no public consultation or engagement undertaken for the SCH financial monitoring. The forecasts within this report are based on the information supplied by the SCH Budget Managers.

7. Financial implications

- 7.1 Details are set out in the matters for consideration.

8. Legal implications

8.1 The SCH Management Agreement requires SCH to agree a balanced budget.

9. Risk implications

9.1 Work is ongoing to identify the mitigating actions to address any overspends.

10. Equalities implications

10.1 Any rectifying action to address overspends and impacting on service delivery, should be the subject of a separate report and a Fair Treatment Assessment.

11. List of appendices

Appendix A – Q1 Financial Dashboard

12. Background documents

SCH Board 2025/26 Revenue and Capital Budget report 24 November 2025.

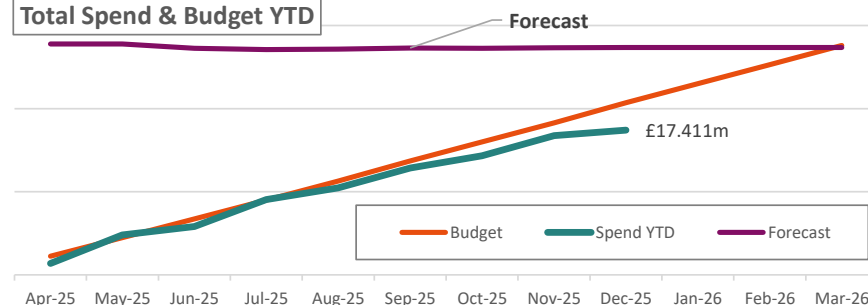
FINANCIAL DASHBOARD AS AT DECEMBER 2025

REVENUE POSITION AT P09

Actual Spend, Forecast & Budget by Directorate



Total Spend & Budget YTD



Service Area	Annual Budget £000	Actual Spend £000	Forecast Outturn £000	Forecast Variance £000
Asset Management	8,646	5,580	8,518	(128)
Housing & Communities	6,271	5,058	6,339	68
Customer Service & Business Support	5,077	3,834	4,862	(215)
Chief Executive	3,689	267	3,450	(239)
Building Safety & Compliance	3,917	2,672	4,185	268
Revenue sub-total	27,600	17,411	27,354	(246)
Revenue Management fee	(25,872)	(19,710)	(25,872)	-
Contributions to/ (from) SCH Reserves	(1,374)	-	(1,244)	130
Contributions to/ (from) HRA Reserves	(409)	-	(293)	116
Net Revenue Position	(55)	(2,299)	(55)	-

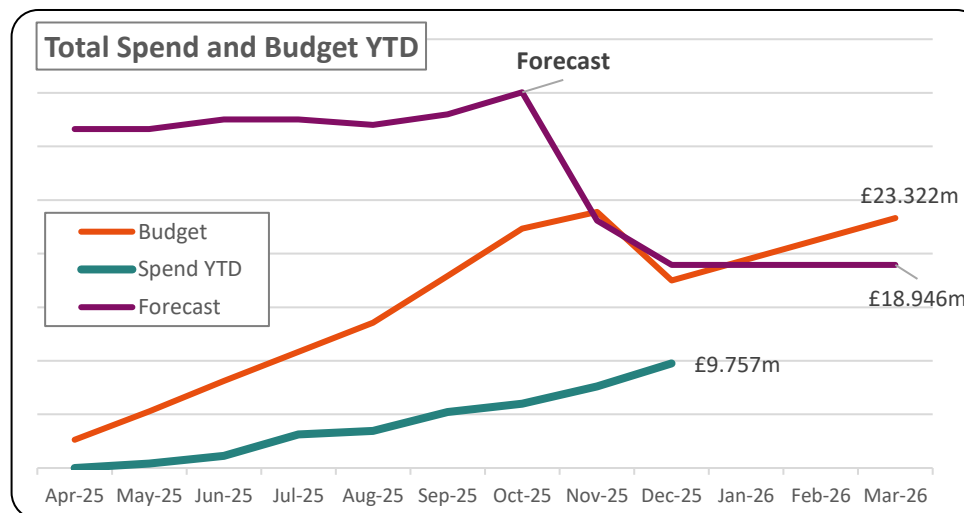
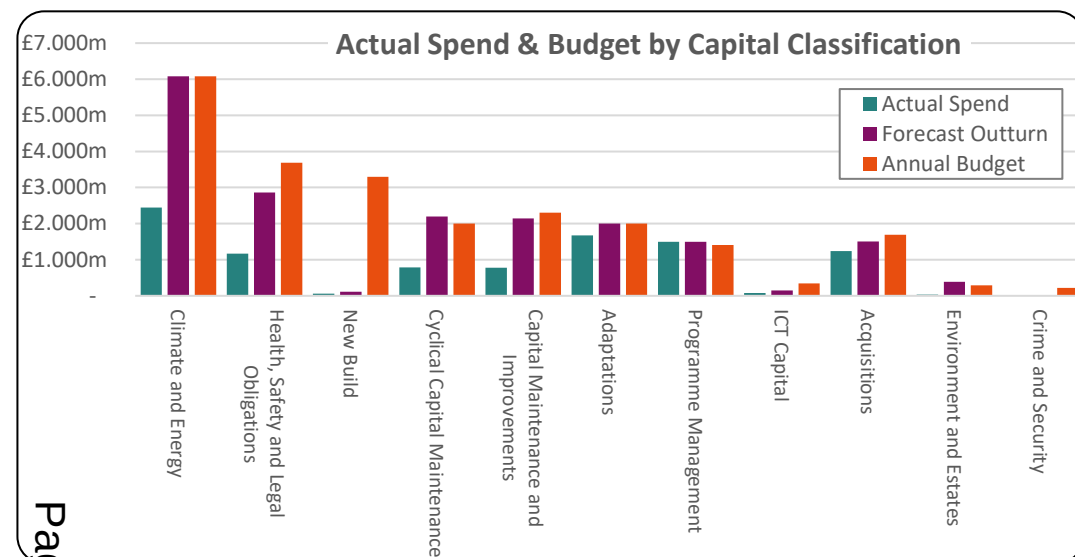
Variance Split Between		
Payroll £000	Non-Pay £000	Income £000
(98)	194	(224)
(172)	1,177	(937)
(278)	(32)	95
110	(356)	7
(9)	25	252
(447)	1,008	(807)
-	(116)	116
-	130	-
-	116	-
(447)	1,138	(691)

Forecast Variance Q2 £000	Movement in Forecast £000
(53)	(75)
(14)	82
(83)	(132)
(294)	55
309	(41)
(135)	(111)
-	-
135	(5)
-	116
-	-

Service Area	Variance £000	Explanation of Variances
Asset Management	(128)	(£100,000) Stock Condition Surveys (offset by use of Reserves), (£98,000) net payroll underspends, (£67,000) net Insurance income, (£51,000) Materials and (£40,000) Other minor variances . Offset by £181,000 DTD and Void sub-contractor costs and £47,000 Disrepair claim and associated legal costs .
Housing & Communities	68	£90,000 loss of Private ASB income, £93,000 Unrecovered overnight accommodation costs and £63,000 PSL income. Part offset by (£172,000) Net payroll forecast and (£6,000) other minor net variances.
Customer Service Transformation & Business Support	(215)	(£226,000) net payroll forecast (excluding Wellbeing/ HIA), (£25,000) net Wellbeing/ HIA services and (£26,000) other minor net variances; partly offset by £27,000 Endeavour House premises costs and £35,000 corporate subscriptions.
Chief Executive	(239)	(£281,000) Unallocated budget held to mitigate pressures. Part offset by £35,000 net payroll/ Support Services SLA costs and £7,000 other minor net variances.
Building Safety & Compliance	268	£122,000 Gas repairs, £164,000 Electrical repair and £131,000 Fire protection. Partly offset by (£82,000) Net Biomass forecast (reduced utility and input costs offset by reduced tariff income, and RHI income relating to previous years), (£59,000) Electrical testing and (£8,000) other minor net variances.
Revenue sub-total	(246)	
Management fee/ Use of Reserves	246	Includes £100,000 Stock Condition Surveys, £55,000 OneSCH Project, £20,000 Hoarding Pilot, £16,000 Consumer Regulations readiness project - spend to fall into 2026/27. Also £55,000 net operational variance.
Net Revenue Position	0	

FINANCIAL DASHBOARD AS AT DECEMBER 2025

CAPITAL POSITION AT P09



Capital Classification	Annual Budget £000	Actual Spend £000	Forecast Outturn £000	Forecast Variance £000	Explanation of Significant Forecast Variances
Climate and Energy	6,083	2,446	6,083	-	
Health, Safety and Legal Obligations	3,686	1,171	2,866	(820)	(£640,000) Fire Protection works due mainly to late start and access issues for the replacement of domestic fire doors, (£100,000) Structural works - works undertaken when significant issues identified only, and (£80,000) Electrical improvements.
New Build	3,298	57	113	(3,185)	Lakeside and Anglesey developments expected to proceed in 2026/27.
Cyclical Capital Maintenance	2,000	786	2,200	200	Cyclical works now progressing ahead of budget
Capital Maintenance and Improvements	2,300	774	2,148	(152)	(£100,000) Kitchens & Bathrooms works due to supplier capacity to meet the increased level of works in budget, (£52,000) net other minor variations.
Adaptations	2,000	1,678	2,000	-	
Programme Management	1,411	1,497	1,497	86	Capital Salaries recharges
ICT Capital	346	79	146	(200)	Expect further carry forward to 2026/27 for continuation of ICT projects
Acquisitions	1,688	1,240	1,503	(185)	2x acquisitions in progress only
Environment and Estates	290	29	390	100	Garage refurbishments/ demolitions funded by Structural works underspend.
Crime and Security	220	-	-	(220)	No spend forecast this financial year.
Capital Total	23,322	9,757	18,946	(4,376)	Reduced budget follows net carry forwards of £12.078m into 2026/27 (approved by Cabinet 11-December-25)

FINANCIAL DASHBOARD AS AT DECEMBER 2025

RESERVES

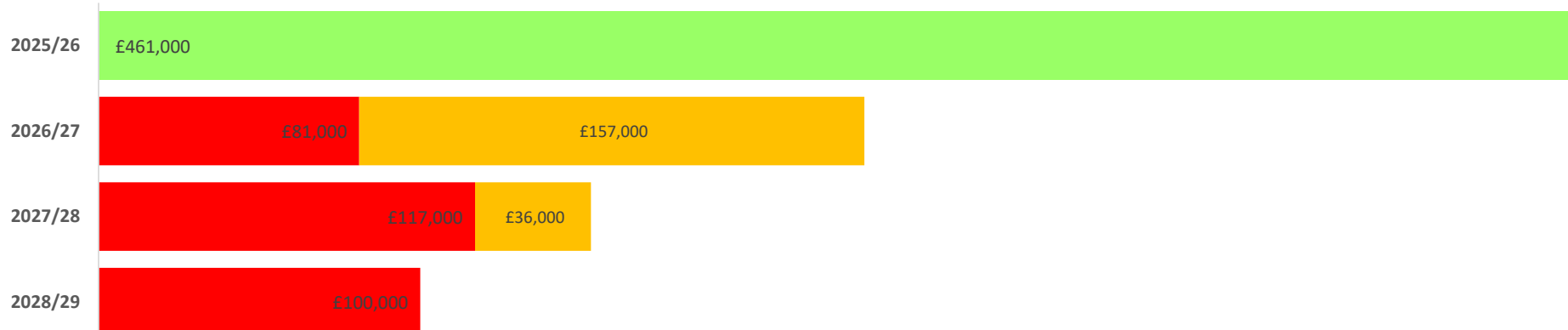
Solihull Community Housing Reserves (excluding Pension Reserve)	Balance 1-Apr-25 £000	Expected Use 2025/26 £000	Balance 31-Mar-26 £000	Committed/ Earmarked £000	Comments/ Notes on committed & earmarked use	Available Balances £000
Minimum Working Balance	1,500	-	1,500	(1,500)	Minimum requirement agreed with Auditor	-
Budget Strategy Reserve (BSR)	3,604	(775)	2,829	-	Budgeted surplus/ deficit, current variance forecast, less earmarking sums for Responsive Repairs, TA Support, Endeavour refresh, Hoarding pilot, Small Homes reimbursement.	2,829
BSR: Earmarked for Restructures	490	-	490	(490)		-
BSR: Other Earmarked Sums	1,526	(538)	988	(988)	OneSCH Project, 3x years Employers NI increase, 2x years Corporate Contract Officer, 1x year Mobyssoft contract, 2x year Safeguarding Co-Ordinator	-
Total SCH Reserves	7,120	(1,313)	5,807	(2,978)		2,829
Any under-achievement of savings targets (see below) may result in a further call on reserves.						

Housing Revenue Account Reserves	Balance 1-Apr-25 £000	Expected Use 2025/26 £000	Balance 31-Mar-26 £000	Committed/ Earmarked £000	Comments/ Notes on committed & earmarked use	Available Balances £000
REVENUE						
HRA Balances/ General Reserves	7,894	(2,136)	5,758	(5,758)	£2.0m working balance required, £3.758m Earmarked/ committed use of reserves.	-
Future Capital Investment	2,516	2,295	4,811	-		4,811
CAPITAL						
Major Repairs Reserve	4,091	(1,370)	2,721	(2,336)	£2.336m c/f into 26/27 from current underspend forecast.	385
Capital Receipts Reserves (inc.RTB)	10,892	7,998	18,890	(3,081)	Potential £1.581m LAHF round 4 co-funding and £1.500m Middlewood House	15,809
Capital Receipts Unapplied	132	-	132	-		132
Total HRA Reserves	25,525	6,787	32,312	(11,175)	HRA Reserve Balances	21,137

SAVINGS TRACKER

Rated Savings Targets 2025/26:	£000
All Services	0 All 2025/26 savings targets are rated green due to the overall SCH revenue underspend variance, those which have not been permanently achieved are then included in the 2026/27 savings targets. Savings targets for 2026/27 to 2028/29 are presented as approved by SCH Board 17-Nov-25.

Savings Targets 2025/26 to 2027/28 - RAG Ratings



FINANCIAL DASHBOARD AS AT DECEMBER 2025

RENT & CHARGES DEBT

HRA Income	
Overall Income Due	£40,711,067
HRA Income	£38,474,296
Rent Roll	£39,679,382
Percentage rent collected of rent due	94.51%
Percentage rent collected of rent due excl. arrears b/fwd	96.96%

HRA Arrears	Total HRA Debt £	Impairment Required £
31-Mar-25	3,863,059	3,488,863
30-Dec-25	5,605,201	4,248,650
Increase/ (Decrease)		759,787
Add: Net Write offs YTD		91,444
TOTAL CHARGE TO DEBT IMPAIRMENT		851,231
Budget available (revised per draft 26/27 HRA MTFS)		865,000

SCH Income	
SCH Rents collectable	£166,448
SCH income of rent due	£158,875
SCH Collection percentage	95.45%

SCH Arrears	Total SCH Debt £	Impairment Required £
31-Mar-25	124,787	115,331
30-Dec-25	149,678	131,066
Increase/ (Decrease)		15,735
Add: Net Write offs YTD		7,749
TOTAL CHARGE TO DEBT IMPAIRMENT		23,484
Budget available		20,000

ACCOUNTS RECEIVABLE DUE DEBT

At 31-Jan-26	Current (0-30)		31-60		61-90		91-180		181-365		365+		Total Due	% of Due Debt	
Council Debtors	£	520,039	£	-	£	169	£	-	£	-	£	173	£	520,381	92%
Other Debtors	£	1,019	£	3,341	£	1,860	£	7,418	£	6,827	£	23,528	£	43,993	8%
Total AR Debtors	£	521,058	£	3,341	£	2,029	£	7,418	£	6,827	£	23,701	£	564,374	

At 31-Mar-25

Council Debtors	£	-	£	477,959	£	-	£	9,829	£	-	£	-	£	487,788	89%
Other Debtors	£	482	£	4,079	£	999	£	1,748	£	28,021	£	22,488	£	57,817	11%
Total AR Debtors	£	482	£	482,038	£	999	£	11,577	£	28,021	£	22,488	£	545,605	

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Board Forward Plan

Tuesday 24 February 2026 (Q3)		
	CEO report (HOS, QMB)	Lee Sugden
	Bio Mass Heating System – Tariff Setting	Darren Baggs
	Quarter 3 2025/26 Strategic Performance Report	Becci Youlden
	Quarter 3 2025/26 Health and Safety Report	Mark Wills
	Quarter 3 2025/26 Financial Monitoring and Forecast	Sam Gilbert
	Corporate Assurance Dashboard	Paul Edwards
	Board Governance and Structure	Paul Edwards
	Chair's Report from Audit and Risk Committee 28 January 2026	Mark Thrasher
	Chair's Report from Building Safety Committee 2 February 2026	Simon Wilson
	Chair's Report from Housing Operations Committee on 9 February 2026	Phil Hardy
	SCH Strategic Vision and Delivery Plan 2026-31	Paul Edwards
Deferred from 25.11.24	SCH/SMBC Management Agreement	Satnam Kaur/Paul Edwards
	Corporate and Joint Risk Management Report	Mark Wills
Wednesday 3 June 2026 (Q4)		
	CEO report (HOS, QMB)	Lee Sugden
	Quarter 4 2025/26 Strategic Performance Report	Becci Youlden
	Quarter 4 2025/26 Health and Safety Report	Mark Wills
	Financial Outturn 2025/26	Sam Gilbert
	Quarter 4 2025/26 Financial Monitoring	Sam Gilbert
	Housing Ombudsman Service Complaints - Report and Service Improvement Plan	Becci Youlden
	Capital Investment Programme Planning	Darren Baggs
Deferred from 24.2.26 (SW agreed 6.1.26)	SEDA Update	Carol Trappett
	People Strategy Update	Paul Edwards
	Review of Standing Orders, Financial regs, Rules for Contracts	Paul Edwards, Sam Gilbert, Charlotte Kings
	Equality, Diversity and Inclusion Report	Paul Edwards
	Chair's report from Human Resources, Equalities and Remuneration Committee 9 March 2026	Simon Wilson
	Chair's Report from Audit and Risk Committee 23 March 2026	Mark Thrasher
	Chair's Report from Building Safety Committee 5 May 2026	Simon Wilson
	Chair's Report from Housing Operations Committee on 11 May 2026	Phil Hardy

	SCH Delivery Plan	Paul Edwards
Deferred from 25.11.24	SCH/SMBC Management Agreement	Satnam Kaur/Paul Edwards
	Corporate and Joint Risk Management Report	Mark Wills
Tuesday 15 September 2026 Q1 – Chair to sign statutory accounts		
	CEO report (HOS, QMB, Board training)	Lee Sugden
	Quarter 1 2026/27 Strategic Performance Report	Becci Youlden
	Quarter 1 2026/27 Health and Safety Report	Mark Wills
	Statutory Accounts 2025/26	Sam Gilbert
	Quarter 1 2026/27 Financial Monitoring and Forecast	Sam Gilbert
	HRA Budget Strategy Review	Sam Gilbert
	5 Year Capital Programme Update Report	Darren Baggs
	SCH Strategic Vision/Delivery Plan 2026-2031: Annual Update	Paul Edwards
	Chair's Report from Housing Operations Committee on 7 September 2026	Phil Hardy
	Chair's Report from Audit and Risk Committee 6 July 2026	Mark Thrasher
	Chair's Report from Building Safety Committee 27 July 2026	Simon Wilson
	Corporate and Joint Risk Management Report	Mark Wills
Tuesday 10 November 2026 Q2 – AGM		
	AGM Agenda	Sarah Brookes/Andrew Kinsey
	CEO report (HOS, QMB, Board Away Day)	Lee Sugden
	Quarter 2 2026/27 Strategic Performance Report	Becci Youlden
	Quarter 2 2026/27 Health and Safety Report	Mark Wills
	Quarter 2 2026/27 Financial Monitoring and Forecast	Sam Gilbert
	SCH Budget Strategy 2026/27	Sam Gilbert
	Chair's Report from Audit and Risk Committee 19 October 2026	Mark Thrasher
	Chair's Report from Building Safety Committee 2 November 2026	Simon Wilson
	Chair's Report from HR, E & R Committee 28 September 2026	Phil Hardy
	SCH Draft Delivery Plan	Paul Edwards
	Annual Review of Compliance against the NHF Code of Governance	Paul Edwards
	Board and Committee Dates 2027	Sarah Brookes
	Corporate and Joint Risk Management Report	Mark Wills

Regular Items (every meeting):

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