



Solihull Community Housing

SCH: Board Meeting

Wednesday 3 June 2026 - 6.00 pm at Endeavour House - Meriden Drive, Kingshust

Agenda

Ref	Item	Purpose	Lead	Report Type	Report classification
1.	Chair's Welcome and formal admission of new Board members	Information	Simon Wilson	Verbal	Open
2.	Apologies for Absence	Information	Simon Wilson	Verbal	Open
3.	Declarations of Interest	Information	Simon Wilson	Verbal	Open
4.	Minutes of the Meeting held on 24 February 2026	Approval	Simon Wilson	Written	Closed
5.	Action Log	Approval	Simon Wilson	Written	Open
6.	Chief Executive's Update Report	Information	Lee Sugden	Written	Open
7.	Strategic Performance Report Quarter 4 2025/26	Assurance	Becci Youlden	Written	Open
8.	Building Safety Report (Quarter 4 25/26)	Assurance	Becci Youlden	Written	Open
9.	Voice of the Customer Report (Quarter 4 25/26)	Assurance	Becci Youlden	Written	Open
10.	Corporate and Joint Risk Management Report	Assurance	Mark Wills	Written	Open
11.	Health and Safety Quarterly Report: Q4	Assurance	Mark Wills	Written	Open
12.	Review of Standing Orders and Financial Regs Report	Approval	Paul Edwards/ Sam Gilbert	Written	Open
13.	Committee Memberships Report	Approval	Paul Edwards	Written	Open
14.	Quarterly Capital Investment Programme Update	Assurance	Andy Duke	Written	Open
15.	Financial Outturn Report 2025/26	Assurance	Sam Gilbert	Written	Open

16.	Equality, Diversity and Inclusion Report	Assurance	Becci Youlden	Written	Open
17.	Annual Human Resources and Organisational Development Report	Assurance	Paul Edwards	Written	Open
18.	Minutes from Audit & Risk Committee Meeting held on 23 March 2026	Assurance	Mark Thrasher	Written	Closed
19.	Minutes from Performance and Safety Committee Meeting on 11 May 2026	Assurance	Phil Hardy	Written	Closed
20.	Forward Plan	Information	Simon Wilson	Written	Open
21.	Any Other Business	Information	Simon Wilson	Verbal	Open

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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	Revised 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	Q1 2026/27	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 Jahnvi Jagadish from SMBC. This will be introduced from Q1 2026/27.	
20260224-BOARD-001	Report progress on Management Agreement / partnership review to June Board meeting.	Lee Sugden	June 2026		Update provided in the CEO report (Paragraph 3.1)	
20260224-BOARD-002	Ensure coordination with Joint Executive Delivery Group on performance deep dives to avoid duplication.	Becci Youlden	June 2026		Programme of deep dives will be coordinated via oversight of forward plans.	
20260224-BOARD-003	Include sample sizes in Voice of the Customer reporting.	Becci Youlden	Next report cycle Q4		Not completed. Will be added in Q1 onwards	
20260224-BOARD-004	Improve clarity and accessibility of risk reporting and present to Audit & Risk Committee.	Paul Edwards	July 2026		To be considered further at Audit & Risk Committee	

20260224-BOARD-005	Develop Assurance Dashboard to highlight gaps in assurance	Paul Edwards	2026/27		Completed	
20260224-BOARD-006	Undertake biomass tariff actions: mid-year review, full-year data analysis, resident comms, standing charge consideration, SMBC cost-sharing.	Darren Baggs	September/October 2026		Work is ongoing in preparation for presentations to Board later in the year.	
20260224-BOARD-007	Review and clarify wording relating to tenant members in governance report.	Paul Edwards/Becci Youlden	30 April 2026	30 September 2026	To be reflected in revised Terms of Reference to be agreed by new Customer Experience Committee	
20260224-BOARD-008	Review committee composition and size and propose revisions to Terms of Reference.	Committee Chairs/Paul Edwards	30 April 2026		Proposed Committee membership included as agenda item 11.	
20260224-BOARD-009	Progress discussions with SMBC on Articles of Association amendment.	Lee Sugden	Ongoing		SMBC have agreed that changes to the articles can be progressed in parallel with the revisions to the management agreement.	
20260224-BOARD-010	Provide an update regarding the Saxon Court service charge issue.	Paul Edwards	June 2026		Finance colleagues are arranging a further workshop with Campbell Tickell and SCH colleagues to finalise the position re Saxon Court Service Charges	
20260224-BOARD-011	Review proposal to use reserves for additional posts and advise Board and update Committee Chairs.	Lee Sugden	27 March 2026		Report sent to the Committee Chairs on 12 March 2026 was approved.	

Meeting of the Board



Report title: Chief Executive's Update

Meeting date: 3 June 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 The purpose of this report is to provide the Board with an update on key areas of organisational activity, including service delivery, regulatory compliance, operational performance and strategic developments across SCH.

2. Recommendations

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

3. SMBC/SCH Governance

- 3.1 It was reported at the last meeting that the formal review of the Management Agreement had been paused pending a review of the partnership arrangements between SCH and SMBC. Although the review of the partnership arrangements is ongoing, SMBC has now expressed a wish to finalise the review of the Management Agreement. We are also keen to finalise an agreement.
- 3.2 We took some initial legal advice on receipt of the original draft which raised several areas for further discussion. In particular, the legal advice suggested that:
- the changes proposed would require the consent of the Secretary of State pursuant to section 27 of the Housing Act 1985
 - it is likely that the increased reporting / oversight / layers of decision making will come at a cost to SCH, both in monetary and resourcing terms, potentially impacting on the management fee
 - there were some areas of drafting which required clarification

- 3.3 We will be having further discussions with the Council to reach an agreement and also seek further legal advice in relation to whether approval from the Secretary of State will be required.
- 3.4 A revised Management Agreement will require the approval of the Council's Cabinet and the SCH Board. The Council has agreed that the proposed changes to SCH's Articles of Association which would enable us to change the composition of our Board can be considered in parallel with the changes to the Management Agreement.

4. Social Housing Regulation

- 4.1 SCH continues to work in partnership with SMBC to maintain a strong focus on regulatory compliance and assurance across consumer standards, building safety and service delivery. Emerging regulatory requirements and sector developments continue to be monitored closely to support ongoing compliance, organisational learning and continuous service improvement.
- 4.2 Campbell Tickell were commissioned by SMBC to provide support in preparing for regulation. As part of the commission, they have developed a regulatory assurance framework. The assurance framework maps the strength of existing assurance and plans future activities. It draws heavily on governance and performance frameworks. It provides assurance based on the three lines of defence model. This is where first line assurance is provided by operational management; second line by functions independent of line management; and third line which is independent assurance. We have adopted this framework to help us to focus our efforts and prioritise those areas which we believe will have the most impact on our inspection outcomes.

5. Management of Change

- 5.1 The Operations Directorate has successfully implemented the proposed changes following the Management of Change consultations that were completed at the end of 2025. The new structure came into effect from April 2026, and work is already underway to appoint candidates to the newly created roles, some of which have already been successfully recruited into.

6. Property Services and Building

6.1 Building Assessment Certificates (BAC)

- 6.1.1 The Board will recall that six applications were submitted to the Building Safety Regulator (BSR) for BACs during Q3 of 2025/26. All applications were submitted within the deadlines set by the BSR along with all the required supporting evidence. SMBC was expecting an additional direction to apply for a seventh BAC in early Q4 which did not materialise. SMBC followed this up with the BSR who advised that the BSR was pausing issuing additional directions while they review their internal processes. This coincided with the BSR being formally set up as standalone organisation.

- 6.1.2 The BSR has not set out any timescales on when the process will resume or when we are likely to receive the outcomes from the six applications we have submitted to date.

6.2 Implementation of Awaab's Law

- 6.2.1 The Hazards in Social Housing (Prescribed Requirements) (England) Regulations 2025, commonly known as Awaab's Law, came into force on 27 October 2025. SCH was successful in the implementation of the new regulation. The necessary policies, processes and training was provided as part of our implementation plan. Further work is being undertaken to strengthen operational processes by introducing workflow management through the One SCH project.
- 6.2.2 In preparation for Phase 2 of Awaab's Law which is expected in October 2026, we are reviewing our processes and approach to adopting Phase 1. This includes analyses of the data available.

7. Asset Management and Development

7.1 Stock Condition Surveys (SCS) Update

- 7.1.1 The internal Stock Condition Team is now fully resourced and has commenced delivery of the five-year rolling stock condition survey programme. We have also appointed Penningtons for 12 months to support the high volume of SCSs carried out in 2021, approximately 2000 surveys, which will help to smooth the planned 5-year programme and avoid peaks that could otherwise impact the delivery going forward. Agenda item 12 provides further detail.

7.2 Spandrel Panels

- 7.2.1 Spandrel Phase 2a (5x Louvre Towers) - the Building Safety Regulator (BSR) has requested a further extension to determine the remaining five louvre High-Risk Building (HRB) Gateway 2 applications. The revised determination date is now 8 June 2026.
- 7.2.2 Subject to a positive outcome, a period will follow to agree and execute a construction contract with Elhance, the original Phase 1 louvre contractor. A site start is currently anticipated for 26 August 2026 (subject to BSR approval), with an estimated construction cost of approximately £1.4 million.
- 7.2.3 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 high-rise buildings. The works are currently within a Pre-Construction Services Agreement (PCSA) phase with Dodd Group.
- 7.2.4 The design has undergone a revision to allow for the retention of the existing balcony doors / walls to the existing balcony, which in theory should reduce construction cost, however it has meant further design considerations including the revision of existing Gateway 1 permissions. The revised BSR Gateway 2 applications for this phase are now expected in August 2026.

7.3 District Heating

- 7.3.1 We have secured a further £2.152 of Heating Network Efficiency Scheme (HNES) grant funding to deliver a second phase of system upgrades and improvements, representing a significant continuation of the investment programme aimed at enhancing network performance, reliability, and efficiency. This next phase of works will include upgrades across an additional five plantrooms and ten high-rise buildings, ensuring that a further proportion of the estate benefits from modernised infrastructure and improved service delivery.
- 7.3.2 Across the wider portfolio of thirteen energy centres and twenty-three high rise buildings, upon completion of SCH phase 2 of investment works (5 Energy centres serving 10 blocks), will then only leave 5 high-rise buildings powered by 5 much smaller energy centres requiring upgrading works. A new application for the remaining assets is in progress ahead of submissions closing 9 October 2026. This demonstrates substantial progress towards achieving consistency in system performance and asset condition across the network. Works are currently underway with our Partner Contractor Dodd Group with a planned completion of the current phase of works in December 2026.
- 7.3.3 In parallel, a strategic review of the primary energy source is currently underway. This work is being undertaken in partnership with Solihull Metropolitan Borough Council (SMBC), supported by their formal scrutiny processes to ensure robust evaluation and transparency in decision-making. The review is considering future energy options to support long-term sustainability, cost efficiency, and compliance with evolving regulatory and environmental requirements.
- 7.3.4 The Board will be kept fully apprised of progress across both the capital works programme and the ongoing energy strategy review, with updates provided at key milestones to support oversight and informed decision-making.

8. Housing and Neighbourhoods

8.1 Domestic Abuse Housing Alliance

- 8.1.1 Throughout Q1 of this year, SCH has been actively progressing Bronze accreditation under the Domestic Abuse Housing Alliance (DAHA) framework, which will mark an important milestone in strengthening our response to domestic abuse within housing services. This accreditation will recognise the progress made in embedding a consistent, survivor-centred approach across our housing functions. Achieving Bronze status will demonstrate that we have laid firm foundations and are meeting essential elements of good practice, and provides independent assurance that our approach aligns with nationally recognised standards.
- 8.1.2 We hope to bring positive news of success at the next Board meeting. SCH will also be exploring ASB Resolve accreditation which will demonstrate the organisation's strong, resident-focused approach to tackling anti-social behaviour (ASB). The accreditation is independently assessed and recognises excellence in prevention, early intervention and effective case management. It provides assurance that policies, procedures, and frontline practices meet nationally recognised standards.

8.1.3 The accreditation process involves a comprehensive review of governance, partnership working, staff capability, and customer experience. Particular emphasis is placed on how services respond to vulnerable residents, engage complainants and perpetrators, and use a full range of tools and powers proportionately. Successful accreditation will confirm that the organisation adopts a balanced approach – taking robust enforcement action when necessary.

8.1.4 We will be commencing accreditation in Q2 of this year, following the embedding of the new structures and roles and we will keep Board updated on progress in future reports.

9. Customer Experience and Corporate Support

9.1 Customer Engagement

9.1.1 We are about to begin a review of the customer engagement framework. This will ensure we are meeting and exceeding our regulatory responsibilities and continue to apply good practice. The review will be completed alongside the new Customer Experience Committee and wider tenants, as well as with SCH staff and SMBC colleagues. A proposed framework will be shared with Board later in the year.

9.1.2 A forward plan for engagement activities has been developed for this financial year - please see Appendix 1. If any Board member would like to get involved in any event then please do not hesitate to get in touch.

9.1.3 In addition we intend to hold a series of customer engagement events over the summer involving elected members and members of the Customer Experience Committee. These events will help strengthen relationships and ensure stakeholders have the opportunity to hear the authentic voice of customers directly.

9.2 Team SCH

9.2.1 Abel Phiri, Head of Property Services and Building Safety will be leaving SCH at the end of July 2026 and recruitment is currently underway, with interviews planned for 10 and 11 June.

9.2.2 Gwen Haq was successfully appointed and will be joining SCH as Head of Asset Management and Development (AM&D) in Aug/Sept 2026. Following a very successful period as Interim Head of AM&D, Andy Duke will return to his substantive role as Development Manager, where he will continue to lead on the delivery of housing schemes and regeneration projects.

9.2.3 We are extremely grateful to both Andy and Abel for their hard work, commitment and the many successes achieved during this period, and we thank them both sincerely for their contribution.

9.3 National Policy Update – Housing Sector

9.3.1 Since the previous update in February 2026, the housing sector has continued to see significant regulatory and policy development, particularly in relation to

consumer regulation, building safety and tenant engagement. There remains a strong national focus on compliance assurance, stock condition intelligence, repairs performance and preparedness for the phased implementation of Awaab's Law.

- 9.3.2 The Regulator of Social Housing continues to progress proposed changes to the Transparency, Influence and Accountability Standard, including additional Tenant Satisfaction Measures and enhanced expectations relating to competence, conduct and resident engagement.
- 9.3.3 National policy development is also continuing in relation to the new Decent Homes Standard, Minimum Energy Efficiency Standards and rent convergence proposals, all of which are expected to have long-term implications for business planning, investment and asset management across the sector. SCH will continue to monitor these developments closely and reflect emerging requirements within future service planning and Board reporting.
- 9.3.4 The new Rent Standard 2026 came into effect in April 2026 and continues the cap on annual rent increases at CPI + 1%. The revised rent convergence arrangements will also enable rents below formula rent to increase by an additional £1 per week in 2027 and £2 per week from 2028 until formula rent is introduced. Subject to its approval for implementation by SMBC, this will have a significant impact on the resources available for social housing to meet the increasing pressures faced.

9.4 Social Housing Bill

- 9.4.1 On 14 May 2026, the Government formally introduced the Social Housing Bill to Parliament as part of its wider "Decade of Renewal" programme for social and affordable housing. The Bill was also referenced in the King's Speech and includes proposed reforms to Right to Buy (RTB), including exempting newly built social housing from the scheme for 35 years and increasing the qualifying period for eligibility.
- 9.4.2 The legislation also proposes measures intended to reduce bureaucracy and support future investment in social housing, alongside new requirements for councils and other potential buyers to be notified before social homes are sold through the right to buy scheme. Key proposals include:
- Increasing the minimum tenancy requirement from 3 to 10 years
 - Reforming discounts so they start at 5% of a property value with a maximum of 15% after qualifying years of tenancy
 - Exempting rural properties
 - Preventing tenants who have previously exercised a RTB from benefiting a second time.
 - Supporting councils by increasing statutory timescales.
- 9.4.3 The measures are expected to reduce sales by circa 25,000 over 5 years, meaning these homes will be retained within the social housing sector.
- 9.4.4 In addition, the Bill includes strengthened protections for victims of domestic abuse, including measures relating to joint tenancies aimed at supporting victims.

- 9.4.5 The accompanying letter from the Minister of State for Housing and Planning is attached at Appendix 2 for information.
- 9.4.6 SCH continues to monitor wider economic and sector pressures, including inflationary impacts, supply chain resilience, contractor costs and energy market volatility. At present there are no material operational implications for SCH, however these areas continue to be reviewed through existing financial monitoring and risk management arrangements.

9.5 Housing Ombudsman Service (HOS) Determinations

- 9.5.1 One HOS case has reached determination since the last Board report regarding delays to boiler repairs.
- 9.5.2 HOS found:
- Maladministration in the handling of the boiler repair. This related to not repairing the boiler in line with our repair timescales, and poor communication.
 - No maladministration in the landlord's handling of the complaint
- 9.5.3 HOS ordered an apology and compensation of £522 in addition to the compensation paid at complaint stage 2, of £204. The case will be reviewed with Dodd Group and learning shared.
- 9.5.4 There are 12 cases currently being assessed or investigated by HOS.

10. QMB Papers

- 10.1 The next QMB meeting will be held on 15 June, following the Board meeting. The report pack will be circulated to Board members once available. Feedback from the Board meeting will be provided to QMB through the Assurance Report presented by Simon.

11. List of Appendices

- 11.1 Appendix 1 - Engagement Forward Plan 2026-2027
- 11.2 Appendix 2 - Ministerial Letter on the Social Housing Bill

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Appendix 1 - Engagement
Forward Plan 2026-2027

Activity	April	May	June	July	August	September	October	November	December	January	February	March
CX committee onboarding												
CX committee meetings												
Tpas Accreditation												
Engagement Framework Review												
Review of Building safety engagement strategy												
Review of Kingshurst Development Community Engagement strategy												
SCHape Panel review: Review of Previous reviews action plans												
SCHape Panel review: Void standard												
SCHape Panel review: ASB												
SCHape Panel review: Repairs Satisfaction												
High Rise Pop ups												
Resident building safety group												
Review of repair communications												
Customer input into 5-year capital investment plan												
Review of Asset Management Strategy												
Review of customer communications												
Development of complaint reviewers and advocates												
Launch a new customer portal												
Chelmunds Day												
CARS Area Community Day												
Urban Heard Community Day												
Great British Spring Clean												

Monthly

Acuity Flags

Building safety dissatisfaction follow-up

Complaints dissatisfaction follow-up

ASB dissatisfaction follow-up
High Rise Fire Service - Safe and Well
Check Project
Family Hubs Community Support
Estate walkabout

Ongoing activity

VIP activities
Mystery shopping
Empty home inspections
BSA high rise inspections
Readers group/editorial team
Policy reviews
Development consultations
Sprinklers and Spandral Panels
Every Contact Counts triage

Sprinklers/Fire Activations Emergency
Response - customer liaison
Pride in Place programme



Ministry of Housing,
Communities &
Local Government

Matthew Pennycook
Minister of State for Housing and Planning
2 Marsham Street
London
SW1P 4DF

To: Council Leaders in England and Private
Registered Providers of Social Housing in
England

Cc: Council Chief Executives in England

14 May 2026

Dear Colleague,

A DECADE OF RENEWAL FOR SOCIAL HOUSING: INTRODUCTION OF THE SOCIAL HOUSING BILL

Everyone deserves to live in a decent, safe, secure and affordable home. Yet far too many families in need of a social rented home are languishing on local authority waiting lists, forced to struggle in the private rented sector or in expensive temporary accommodation, driving up rents and housing benefit costs in the process. At the same time, the ability and willingness of social housing providers to invest in the building of new social rented homes is undermined by the steady and significant loss of existing stock through Right to Buy and ongoing bureaucratic impediments.

This government remains firmly committed to delivering the biggest increase in social and affordable housebuilding in a generation, alongside a transformational and lasting change in the safety and quality of homes. In July 2025, we published [our five-step plan](#) to deliver a decade of renewal for social and affordable housing, providing Registered Providers with the funding and regulatory certainty they needed to quickly ramp up investment in existing and new stock.

Building on that five-step plan, and the [progress made to date](#) in delivering it, the government has today (14 May) introduced the Social Housing Bill into Parliament. The Bill has three core objectives. First, to protect much-needed social housing stock and thereby incentivise the building of more social rented homes. Second, to create a fairer system with greater protections for social housing tenants in instances of domestic abuse. Third, to clarify the statute book and reduce unnecessary bureaucracy so that providers can invest in new social and affordable homes with confidence.

At the heart of the Bill are comprehensive reforms to the Right to Buy scheme that will better protect existing stock and provide councils with the motivation and confidence to build at scale, whilst maintaining a route to homeownership for longstanding tenants. In July 2025, we published a [response to our Right to Buy consultation](#), setting out our intention to bring forward legislation when Parliamentary time allowed. Delivering on that commitment, the Bill will increase eligibility periods from 3 years as a secure tenant to 10 years, reform percentage discounts to better align

with cash caps, and exempt new social homes from the scheme for 35 years to maintain stock levels nationwide, alongside further measures that give councils and providers greater opportunity to retain homes within the sector.

The Bill also strengthens protections for tenants experiencing domestic abuse to remain in their property away from their abuser or to move to suitable alternative accommodation, promoting security and fairness, and supporting the government's wider commitment to tackling violence against women and girls, ensuring that victims are better protected and able to rebuild their lives in safe and stable housing.

Finally, by repealing unworkable legacy provisions from previous housing legislation, including the mandatory 'pay to stay', and streamlining the housing consent process for councils, the Bill will clarify the statute book and reduce unnecessary bureaucracy, helping to enable sustained investment in social and affordable housing.

Further detail on the Bill's individual measures can be found on GOV.UK in our [Guide to the Bill](#).

Today's announcement marks the next step in the delivery of our decade of renewal plan. Since January's update, we have made further significant progress. We have opened the 10-year £39 billion Social and Affordable Homes Programme for bids, which has seen ambitious plans from right across the sector to deliver the next generation of homes up and down the country.

Alongside this, we have put in place an emergency short-term intervention to unlock stalled Section 106 delivery. The registration deadline for unsold and uncontracted homes on the Section 106 Homes England Clearing Service is 1 June 2026, and we strongly encourage local planning authorities to keep processing Deed of Variation requests for all homes that have been registered so far. Insights from the Service are informing the development of longer-term measures to improve the mechanics of the Section 106 system. More information will be set out in due course.

We have continued to strengthen the regulatory framework by publishing consultation responses for our [Minimum Energy Efficiency Standards](#) in the social rented sector, and our [Future Homes and Building Standard](#), and have laid [draft statutory guidance](#) before Parliament for the revised Housing Health and Safety Rating System, which will come into force this summer - supporting safer, warmer homes and better outcomes for residents. We have also implemented Phase 1 of Awaab's Law, in force since October 2025; we are now undertaking our test and learn approach before extending the requirements to other hazards.

We have progressed the Right to Manage review, including convening an expert steering group, to explore how more tenants can take greater control of their housing with appropriate support, with this work informing updates to an outdated regulatory framework as part of our wider commitment to strengthening resident control.

Additionally, we have launched a review into the allocation and use of social housing to reduce empty homes, support better use of existing stock and ensure homes go to those most in need, including strengthening council nomination arrangements and reviewing statutory guidance to better reflect local needs and support vulnerable households.

The Social Housing Bill represents the next step in this programme of delivery. Building on the progress made to boost investment, unlock supply and raise standards, the Bill puts in place the legislative foundations needed to sustain delivery over the long term: protecting existing social

homes, clarifying the statute book and reducing bureaucracy, and better protecting tenants who are victims of domestic abuse by providing them with greater security and stability. By aligning with and reinforcing the five-step plan for a decade of renewal, these reforms will help ensure that the progress made since January translates into lasting change, enabling the sector to build at scale while improving the quality and security of social housing for those who rely on it.

Furthermore, alongside the Social Housing Bill, the Government will also be taking forward wider legislative reforms to leasehold and building safety in this parliamentary session. The Commonhold and Leasehold Reform Bill will transform the experience of home ownership for millions of leaseholders across the country, bringing an end to the feudal leasehold system in this Parliament. The Remediation of Unsafe Cladding Bill will look to create certainty as to which buildings require remediation, clarify the responsibilities for conducting remediation, hold the companies who contributed to the crisis to account, and ensure all residents have a route to remediation.

As the Social Housing Bill begins its passage through Parliament, my Department will continue to engage closely with the social housing sector, including local authorities, housing associations, tenant groups and representative bodies, to ensure stakeholders are kept informed and have the opportunity to provide feedback as the Bill progresses. I look forward to continuing to work with you as we take forward this programme of renewal.

Best wishes,



MATTHEW PENNYCOOK MP

Minister of State for Housing and Planning

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Meeting of the Board



Report title:	Strategic Performance Report – Quarter 4 25/26		
Meeting date:	3 June 2026		
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 our year end outturn results for SCH Strategic Performance

2. Recommendations

- 2.1 Board is recommended to:
- Review year end performance contained within the Strategic Performance Report
 - Note and comment on the action being taken where performance targets are not being met.
 - Note the new Key Performance Indicators (KPIs) and targets for 2026/27 (attached at Appendix B) approved by Board as part of the new Delivery Plan in February 2026.

3. Background

- 3.1 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 (TSMs) and other high level KPIs which support the Delivery Plan. The report is attached at appendix A.

4. Performance Measures

- 4.1 There are 34 KPIs where targets have been set across the dashboards. At Year End 65% of KPIs were at or above target or were within tolerance. This RAG ratings for these metrics were:

11	Target was met
11	Performance was within the tolerance range
12	Target has not been met

4.2 Areas where the target was met or exceeded:

- Stage 1 complaints resolved in timescale – A significant increase is noted compared to the previous year (73.57% to 93.80%)
- Overall satisfaction (transactional)- an increase of 1.55% compared to the previous year
- Homes that do not meet the decent homes standard. This has decreased from 2.36% in the previous year, to 1.18% at the end of 2025/26.
- Satisfaction with
 - time taken to complete last repair
 - that SCH keeps communal areas clean and safe
- Percentage of void loss due to rent- 0.32% below target
- Current arrears as a percentage of rent debit- 0.65% below target
- Number of building safety indicators out turned at 100%
 - percentage non-domestic assets covered by a valid FRA
 - Percentage known asbestos locations reinspected within benchmarked period (communal areas)
 - Percentage of relevant water installations covered by a risk assessment
 - Percentage communal passenger lifts that require a thorough examinations (LOLER)

Further information on measures where the target was not met is summarised below.

- 4.3 **Contact Centre Average Speed of Answer** – performance deteriorated during the fourth quarter due to high demand following the Christmas and New Year break and ongoing staffing challenges. Action has been taken to address the staffing issues which we anticipate will have a positive impact on performance in 2026/27. The introduction of a new call back feature following the introduction of the new telephony system has been well received by customers.
- 4.4 **Emergency repairs completed within timescale** – performance was 90.16% compared to a target of 95.5%. Performance by our direct labour organisation (DLO) was 97.17% but for external contractors was 84.5%. A deep dive of performance is underway to better understand the drivers of poor performance.
- 4.5 **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 has assisted in moving those in temporary accommodation into permanent accommodation, as they have increased priority. Whilst this is positive, it has impacted negatively on this metric where we have moved a number of households who have been in temporary accommodation for significant periods. This has a negative impact on the KPI but a positive impact for the households concerned.

- 4.6 **Tenant Satisfaction Measures** – we failed to achieve our target for three of the perception survey based measures. Compared to the published local authority peer group results (2024/25), we were in the second quartile for two of these measures and third quartile for one.
- Satisfaction that the home is well maintained (Quartile 2 compared to LA peer group)
 - Satisfaction with complaint handling (Quartile 2 compared to LA peer group)
 - Satisfaction with the way ASB is dealt with (Quartile 3 compared to LA peer group)
- 4.7 An in-depth end of year TSM report is being produced and will be shared with Board later in the year.
- 4.8 **Percentage of properties with a valid gas safety certificate** – our year end performance at 99.95% was below our target of 100%. This is a snapshot measure which measures the position at the 31 March. We had four properties without a valid certificate on that date – all of which received valid certificates the following week.
- 4.9 **Percentage of properties without a valid electrical installation condition report (EICR)** – our performance at year end was 99.05% compared to a target of 100%. There were 92 properties without a valid EICR at the 31 March 2026 (60 of these were without a certificate for over 90 days). All EICRs which are beyond the 5 year re-inspection requirement are part of performance improvement plan overseen by the Building Safety Manager. A new access procedure which mirrors the gas compliance procedure is now in place. We have seen an increase in performance and access following the implementation of the new process. We are recruiting to two additional roles to support this activity.
- 4.10 **Damp & mould inspections and remedial action** – year end targets for delivering inspections and remedial actions within timescale were not achieved. 89.39% of inspections were completed in target prior to the introduction of Awaab's Law. This increased to 93.98% after the introduction of Awaab's Law. Overall performance was 92.19%. We have reviewed our methodology for calculating the proportion of remedial works completed within timescale. We are now calculating on the basis that all remedial works relating to a particular property need to be completed on time, rather than measuring based on individual treatment stages. As a result, our performance dropped to 71.91% (71.6% prior to Awaab's Law and 72.14% post Awaab's Law).
- 4.11 **Percentage of fire safety remedial actions completed on time** – 42.21% of fire remedial actions were completed within timescale compared to a target of 80%. Whilst a number of actions were completed past the 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 carried out a performance review of fire actions which identified that timescales were often insufficient to implement recommendations. This has been reviewed with revised timescales alongside processes which provide assurance that residents are not put at risk.

- 4.12 Further information on the measures can be found in Appendix A of the Strategic Performance Report.

5. Supporting the SCH Delivery Plan

- 5.1 The Strategic Performance Report is a key part of our governance and assurance framework which is at the heart of our strategic aim to build a stronger organisation and a key tool for assessing progress with our Delivery Plan aims.

6. Consultation and engagement

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

7. Financial implications

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

8. Legal implications

- 8.1 TSM management and perception indicators are a regulatory requirement.

9. Risk implications

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

10. Equalities implications

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

11. List of appendices

- Appendix A - SCH Strategic Performance Report September 2025
- Appendix B - Targets for 2026/2027

Customer & Corporate Services Dashboard

			Jan-26	Feb-26	Mar-26		Year end		Target	Previous Year	Benchmark*	DoT**	Comment
CH01a	Stage 1 complaints per 1,000 properties	TSM MI	5.34	5.31	7.27		56.10		N/A	43.02	46.30	N/A	The number of complaints in March has increased by 39% compared to February, and is the highest monthly number on record. In March, 71 stage 1 complaints were received. This month the main drivers of complaints were repairs, damp and mould and compliance. For the year, 548 stage 1 complaints were received. This is a 30% increase compared to the previous year. (420) To note: The numbers relate to complaints that come under the TSM definition. It excludes non-LCRA customers.
CH01b	Stage 2 complaints per 1,000 properties	TSM MI	1.34	1.43	2.66		14.13		N/A	5.43	7.70	N/A	There were 26 stage 2 complaints in March, the highest amount of complaints received during the year. 138 stage 2 complaints were received during 2025/26. This is a 160% increase on the previous year. To note: The numbers relate to complaints that come under the TSM definition. It excludes non-LCRA customers.
CH02a	Complaints resolved in timescale (Stage 1)	TSM MI	100.00%	100.00%	98.36%		93.80%		85.00%	73.57%	85.90%	↓	Issue: Despite the higher volume of complaints, only 1 case was out of time in March. This reflects a strong year-end performance of 93.80%, which is above target and a significant improvement on last year's result of 73.57%. To note: Due to timeframes on complaints, not all complaints have been closed at the time of reporting. The reported figures assume all outstanding complaints will be completed by the due date. Final year end figures will be provided mid May.
CH02b	Complaints resolved in timescale (Stage 2)	TSM MI	100.00%	100.00%	100.00%		94.20%		96.00%	86.79%	85.00%	↔	Issue: All stage 2 complaints completed in March have been completed on time. . At year end, performance is below target but within tolerance , and is above performance noted last year. To note: Due to timeframes on complaints, not all complaints have been closed at the time of reporting. The reported figures assume all outstanding complaints will be completed by the due date. Final year end figures will be provided mid May.
TP01	Overall satisfaction with services provided by SCH	TSM P	79.73%	-	78.62%		78.04%		80.00%	77.18%	71.10%	↓	Issue: Service performance has remained fairly consistent across Q2, Q3 and Q4, showing improvement from Q1 and a positive uplift compared with last year, though there is a slight decrease compared with 2023/24 figures. Overall tenant sentiment is mixed with a clear divide between those satisfied with fast emergency responses and those frustrated by slow, incomplete or repeated repair work. Emergency repairs, polite staff and annual safety checks are consistently praised, with many tenants noting same-day or prompt attendance when issues are urgent. 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.
TP06	Satisfaction that SCH listens to and acts upon tenants' views	TSM P	69.04%	-	71.43%		67.79%		71.00%	67.18%	59.10%	↑	Issue: Satisfaction has increased from the previous quarter and is within target. The Year End figure remains within tolerance, and overall performance is similar to last year. Sentiment analysis indicates that dissatisfaction is mainly driven by repair communication issues. Mitigation: This has been incorporated into the VOC work, and a task-and-finish group will be reviewing repairs communication.

TP07	Satisfaction that SCH keeps you informed about things that matter to you	TSM P	76.72%	-	79.59%	75.31%	79.00%	76.58%	68.50%	↑	Issue: Satisfaction has increased since last quarter, and this quarter has now reached the target. As a result, the Year End figure has moved back within tolerance, but overall performance has very slightly decreased compared with last year. Sentiment analysis shows that the main driver of dissatisfaction continues to be repairs communication and follow-up within the repairs service. Tenants value the courtesy and responsiveness of frontline staff and appreciate regular communications. However, systemic issues—particularly around handovers between teams, follow-up and contractor management remain the key drivers of dissatisfaction. Mitigation: This has been incorporated into the VOC work, and a task-and-finish group will be reviewing repairs communication.
TP08	Satisfaction that SCH treats me fairly and with respect	TSM P	82.71%	-	84.56%	83.27%	85.00%	83.85%	77.00%	↑	Issue: Performance has remained fairly consistent the last 3 quarters. . Performance has, however, improved significantly compared with Q1 (79.69%). The Year End performance is back within tolerance. Overall performance is broadly similar to last year. Sentiment analysis indicates that while many tenants feel they are treated fairly and with respect, dissatisfaction is still driven by repair communication issues and lack of follow-up within the repairs service. Mitigation: This has been incorporated into the VOC work, and a task-and-finish group will be reviewing repairs communication.
TP09	Satisfaction with SCH's approach to handling complaints	TSM P	37.04%	-	36.67%	34.78%	45.00%	37.84%	34.10%	↓	Issue: Q4 has shown a slight decrease in performance compared with Q3. The Year End figure remains below target and reflects a decrease in performance compared with last year. Survey commentary indicates that dissatisfaction is largely driven by ineffective resolutions to anti-social behaviour, noisy neighbours and maintenance issues—highlighting the challenge of using this KPI to measure satisfaction with complaints handling. Sentiment analysis of complaints handling shows a broadly mixed customer experience. While some residents report prompt acknowledgements, helpful staff and occasional swift resolutions, the dominant themes are delays with ASB or repair issues. Mitigation: We will continue to call all residents who express dissatisfaction to understand the issues in more detail. Customers identified so far have not raised formal complaints. Insights from the sentiment analysis will continue to inform service improvements, particularly around communication, follow-up and the handling of ASB-related cases.
WB13	Customer satisfaction (disabled facilities grants)	SCH KPI	100.00%	100.00%	100.00%	91.26%	94.00%	95.28%	N/A	↔	Issue: Performance in Q4 reached 100%, but due to lower figures recorded throughout the year, the indicator for Year End is within tolerance but short of the 94% target. 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.
CR2	Overall satisfaction (transactional)	SCH KPI	85.04%	84.83%	85.02%	87.24%	87.00%	85.69%	N/A	↑	Performance has remained fairly consistent across the quarter. The year end performance is above target, and is 1.55% higher than in the previous year.

CR36	Contact centre ASA	SCH KPI	996	624	663		407	210	273	185		Issue: The ASA has slightly increased for March. Performance remains impacted due to ongoing staffing challenges. Performance figures have been adjusted to exclude call backs. All calls: 761 seconds Calls Offered : 10,529 %Calls Answered: 68.6% % Abandoned: 31.4% Lost hours for March – 322.5 total 148 AL, 140.5 Sickness, 30 EL and 8.5 Training. We also had the Customer experience training meaning the CC was closed for the AM, knock on effect of high call volumes in the afternoon and into the following week. We also introduced the new PCI Pal system, meaning advisors needed to be taken off calls for training. Mitigating actions . The contact centre is still carrying a number of vacancies, which have been recruited with start dates expected W/C 11th May.
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*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.

Asset Management Dashboard

			Jan-26	Feb-26	Mar-26		Year End		Target	Previous Year	Benchmark*	DoT**	Comment
RP01	Homes that do not meet the Decent Homes Standard	TSM MI	1.71%	1.66%	1.18%		1.18%		2.00%	2.36%	1.74%		Issue: Performance is currently exceeding target with the total number of homes not meeting decent homes currently at 114. This KPI is based upon a snapshot in time and hence can vary month on month.
RP02a	Repairs completed within target timescale (emergency)	TSM MI	86.79%	91.23%	89.69%		90.16%		95.50%	91.83%	95.00%		Issue: Year end figure remains below target and is 1.67% below previous years performance. Contractor performance decreased from 88.76% in February to 84.6% in March. Split by trades, electrical works out-turned at 82.28% and gas related repairs out-turned at 86.26% For the year, contractor performance is 84.5%. Internal performance improved from 98.49% in February to 99.10% in March. Year End performance is 97.17% Mitigation: Deep dive review needed. Need to investigate Dodd methodology in terms of measuring 24 hours to complete works.
RP02b	Repairs completed within target timescale (non-emergency)	TSM MI	81.26%	80.60%	85.06%		84.88%		85.00%	81.61%	84.80%		Repairs data has been reviewed and target timeframes aligned to Urgent (5 days) routine (28 days) and planned (up to 90 days) . Changes have been reflected in the March figure, and Year end figure. Overall Performance has increased and whilst not at target, performance is within tolerance. External contractors performance for March out-turned at 96.35% and for Year end 95.39% For internal, performance, March out-turned at 76.7%, and for Year End 77.11%
TP02	Satisfaction with repair in the last 12 months	TSM P	75.53%	-	76.74%		78.51%		80.00%	77.90%	72.80%		Issue: Q4 shows an improvement from Q3, reversing the earlier decline seen between Q1, Q2 and Q3. Both Q4 and the YTD figure are now within tolerance, with performance slightly above last year. Sentiment analysis indicates mixed experiences: operatives are frequently praised for professionalism and fast emergency responses, but delays, repeated visits, incomplete work and communication gaps remain the main drivers of dissatisfaction with repairs over the last 12 months. Mitigation: This has been incorporated into the VOC work, and a task-and-finish group will be reviewing repairs communication.
TP03	Satisfaction with time taken to complete the last repair	TSM P	76.34%	-	80.00%		80.17%		76.00%	80.17%	68.30%		Issue: There was a slight downward trend during the first three quarters of 2025/26; however, Q4 shows an improvement, reaching 80%, which is above target and has brought the Year End figure back above target. The Year End result is in line with last year's performance. Sentiment analysis indicates that while emergency repairs are often completed quickly and praised for professionalism, dissatisfaction is driven by long waits for non-urgent repairs, repeated visits for unresolved issues, and poor communication or follow-up. Mitigation: This has been incorporated into the VOC work, and a task-and-finish group will be reviewing repairs communication.

TP04	Satisfaction that home is well maintained	TSM P	75.17%	-	72.03%	73.30%	80.00%	74.10%	71.00%		Issue: This indicator has remained fairly stable over the last two quarters. Performance is below target, and the Year End figure shows a very slight decrease on last year. Sentiment analysis is mixed: tenants value routine safety checks (gas, fire, electrical), prompt emergency responses and the work of caretakers and cleaners in some areas. However, dissatisfaction is driven by slow or incomplete repairs, recurring damp and structural issues, inconsistent communal cleaning, and unresolved antisocial behaviour, all of which affect perceptions of overall home maintenance. Mitigation: Insights from the sentiment analysis will continue to inform improvements in repair timeliness, damp remediation, communal-area management and ASB responses.
*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

			Jan-26	Feb-26	Mar-26		Year end		Target	Previous Year	Benchmark*	DoT**	Comment
NM01	ASB cases per 1,000 properties	TSM MI	2.05	2.67	2.56		31.32		N/A	22.84	43.40	N/A	Issue: ASB cases increased slightly in March, and the Year End total (307 cases) is significantly higher than last year (22.84 per 1,000 vs. 31.32 this year).
NM01a	ASB cases per 1,000 properties (Hate Crime)	TSM MI	0.10	0.20	0.10		0.71		N/A	0.41	0.50	N/A	Issue: There were 1 Hate Crime recorded in March .
TP10	Satisfaction that SCH keeps communal areas clean and safe	TSM P	73.85%	-	67.95%		70.91%		70.00%	66.67%	65.80%	↓	Issue: Q4 performance has dipped slightly and is now broadly in line with Q1, resulting in an amber rating. However, the Year End position remains strong, with satisfaction meeting the 70% target and outperforming last year's results. Sentiment analysis highlights a mixed tenant experience in relation to communal areas. While some blocks report regular, high-quality cleaning and well-maintained shared spaces, others describe infrequent or superficial cleaning, with dirty stairwells and lifts, poorly maintained bin areas, and issues with fly-tipping and rodents. External spaces such as gardens, hedges and pavements are also frequently described as neglected or overgrown, which contributes to lower satisfaction in certain locations.
TP11	Satisfaction that SCH makes a positive contribution to the neighbourhood	TSM P	74.71%	-	71.08%		70.00%		74.00%	74.74%	63.70%	↑	Issue: Satisfaction fell in Q4 and remains below target, but within tolerance for March, and at Year End. Year End performance is lower than last year. Sentiment analysis shows residents value routine maintenance like grass cutting, litter picking and fly-tipping removal, but dissatisfaction is driven by inconsistent service, unmanaged bins, overgrowth, pests, incomplete contractor work and ongoing ASB. These local problem areas continue to pull overall satisfaction down.
TP12	Satisfaction with SCH's approach to handling ASB	TSM P	60.38%	-	52.00%		54.34%		60.00%	59.58%	58.00%	↓	Issue: . In Q4, satisfaction has fallen to 52%, which is below the 60% target. The Yr End figure of 54.34% below target and lower than last year's figure of 59.58%. Sentiment analysis shows that while some residents report prompt responses, effective mediation and good confidentiality, most feedback highlights perceived inconsistent and ineffective ASB handling. Common concerns include long investigation times, limited follow-up, weak enforcement, poor communication, and vulnerable residents feeling unsupported. Reports of drug use, noise, vandalism and safety concerns contribute heavily to dissatisfaction. Mitigation: We will continue to review ASB processes, strengthen communication and follow-up, and use customer feedback to improve response times and enforcement pathways, with particular focus on supporting vulnerable residents.
VL13	Percentage of rent loss due to voids	SCH KPI	0.94%	0.93%	0.93%		0.93%		1.25%	1.28%	2.34%	↔	Positive outturn at Year End as we are better than target. Note that the percentage of rent loss due to voids has been recalculated , to exclude TA
WR15	Current tenant arrears as % of rent debit	SCH KPI	3.93%	3.97%	2.85%		2.85%		3.50%	2.75%	2.37%	↑	Issue: The March arrears position, which represents the year-end outcome, closed at 2.85%, reflecting a marginal increase of 0.10% compared to the previous year. It should be noted that the prior year benefited from an additional rent-free week. When reviewing performance at the end of March 2025, the arrears position had, in fact, improved by 0.20% overall. The final year-end figure remains 0.65% below the target of 3.50%, demonstrating strong financial control and effective income management despite a challenging operating environment. As reported throughout the year, arrears performance during the year was impacted by seasonal volatility and wider external pressures. While a slight increase was anticipated at the start of Q4, performance remained within expected parameters. Mitigation: The transition to Universal Credit (UC) concluded on 31 March 2026, although UC continues to exert upward pressure on arrears levels. Recent trends indicate that tenants with historically clear or credit balances may enter arrears during the initial UC waiting period. While the team continues to make effective use of Discretionary Housing Payments (DHP) to mitigate risk, this pressure is expected to persist until the usual seasonal reduction in arrears later in the year. To sustain performance and manage ongoing risk, a range of proactive and targeted interventions continues to be delivered:

HO1	Average stay in temporary accommodation (all) - days	SCH KPI	143	139	215		186		80	143	N/A		Issue: After the decrease in previous months, the average stay in TA (all) increased in March to 215 nights. The calculation for March includes two vacations of over 3 years, two over 2 years and another seven over 1 year, which will impact upon the outcome. It is however incredibly positive to see the long stayers moving on to stable long-term accommodation and out of TA. The number in TA for 1 year or more has dropped from 78 at the end of February 2026 to 67 at the end of March 2026. Given the much-needed change in priority afforded to homeless households in the new Housing Allocation Scheme, we can now move people on from temporary accommodation more successfully.
HO1a	Average stay in temporary accommodation (families with children) - days	SCH KPI	265	339	322		264		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 322 days; whilst it demonstrates a decrease from February, it remains outside of target, largely due to the fact we are moving on long stayers which are predominantly families. Many are awaiting larger properties and invariably owed a full duty, and as such have and continue to be waiting predominantly for social housing allocation. Several households have additionally been prevented from moving on due to arrears, for 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. The Year End figure is 264 nights, which is well outside of the target but the activity behind this is positive as we continue to move larger households out of TA.
HO5	Percentage of homeless approaches where prevention or relief achieved	SCH KPI	55.05%	55.34%	50.52%		56.35%		60.00%	49.06%	N/A		Issue: For any homelessness service, prevention is the overall aim. The KPI of 60% remains a challenging target in a difficult climate and represents the households that present to the homeless service but have a positive outcome in either the prevention or relief period. In March 2026, this was 50.52%, a reduction in these outcomes from last month (55.34%) and outside of tolerance. The Year End position is 56.35 %, which is within tolerance, and positive given the challenges that present. The prevention outcomes in March sees 32 successful outcomes equating to 62.75% .The Year End outturn is 70.51%, which is encouraging. In terms of individual households, 483 were prevented from becoming homeless over the year 2025/26.Relief outcomes are a little less than last month; 17 households were successfully helped in the relief period. Whilst this is lower than last month it is notably more difficult to move people on once they are homeless. The Year End position is 38.84% and has an overall effect on the KPI itself. Over the year, there have been 214 households successfully supported out of homelessness in the relief period, which is a good reflection of the team efforts. Solihome outcomes have contributed to this with three privately rented (PRS) properties secured in March, two of which were in the prevention period and one in main duty. So far this year, there has been 50 PRS outcomes through Solihome –and a further 6 via DELSA. It should be noted that the SMBC target for prevention and relief includes St Basils.

*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.

Building Safety & Compliance Dashboard

			Jan-26	Feb-26	Mar-26		Year End		Target	Previous Year	Benchmark*	DoT	Comment
BS01	Percentage of properties with valid gas certificate	TSM MI	100.00%	100.00%	99.95%		99.95%		100.00%	99.90%	99.97%	↓	Issue: Four properties did not have a valid gas certificate as at the 31st March. All properties were completed in the first week of April. Mitigation: Robust policy and procedure in place which is followed
BS02	Percentage non-domestic assets covered by a valid FRA	TSM MI	99.87%	98.69%	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.
TP01	Satisfaction that home is safe	TSM P	82.27%	-	79.56%		79.25%		81.00%	80.07%	77.30%	↓	Issue: Year end performance is 79.25%, just below the 81% target and slightly under last year's 80.07%. Feedback shows mixed sentiment; positive comments reference good caretaking, timely safety checks and responsive urgent repairs. Negative themes include slow or repeated repairs, unresolved leaks/structural issues, recurring damp/mould, inconsistent cleaning and grounds maintenance, and ASB linked to broken doors, vandalism and unauthorised access. All tenants who report dissatisfaction are contacted and any specific issues are followed up.
AM1b	Percentage domestic properties with a satisfactory Electrical Installation Condition Report	SCH KPI	98.45%	98.91%	99.04%		99.04%		100.00%	98.68%	95.40%	↑	Issue: Performance is improving. There were 93 properties without a valid EICR at the 31st March 2026.. Oldest Compliance Due Date : The oldest overdue EICRs are the 4 properties which do not have record of a previous EICR. The next oldest overdue EICR was due on 19/11/2020 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. A new access procedure which mirrors the gas compliance procedure is now in place. We have seen an increase in performance and access following the implementation of the new process. We are now in the process of recruiting the two vacant roles to support achieving targets, plus additional CLO support. three will be in post W/C 4th May, and one post is scheduled for interview W/C 27th April.
DM1	Percentage Damp and Mould inspections completed within timescale	Awaab's Law	97.83%	97.42%	92.97%		92.19%		100.00%	79.86%	N/A	↓	Issue: Performance for damp and mould inspections was 92.97% at the end of March. In total, 128 inspections were completed and 9 were completed outside of timescale. Performance pre Awwabs law: Inspection (April - October) = 98.39% Inspection (November-March) = 93.98% Mitigating Actions: The team is now operating at full capacity, which is expected to support continued improvement in performance.

DM2	Percentage Damp and Mould remedials completed within timescales	Awaab's Law	93.22%	92.78%	73.65%	71.91%	100.00%	32.30%	N/A	 New methodology has been applied as per the requirements of Awaab's Law, to link all required remedial works to one job, rather than measuring them individually. This has had an impact on the March and Year End figure. For example, if a case has four jobs linked to it, if any of those jobs are completed outside of the 5/60 day target, it will be considered completed out of target against the case. Issue: Performance for remedial works raised for March has decreased, but is not comparable to the previous two months due to the change in methodology. As Individual Jobs Remedials (pre Awwab Law)~~15.90%~~ Remedials (Post Awaabs Law)~~88.84%~~ As Cases~~21~~ Remedials (Pre Awabs Law)~~71.60%~~ Remedials (Post Awaabs Law)~~72.14%~~ Mitigation: A review of the root cause of out of target work is underway.
AM1k	Percentage of fire safety remedial actions completed to timescale	SCH KPI	0.00%	0.00%	59.29%	42.21%	80.00%	68.21%	N/A	Issue: 113 actions completed in March, with 46 were completed past the action due date. Whilst 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.

*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.

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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Appendix b

Key Performance Indicators (KPI) for 2026/27

Customer & Corporate Services		2025/26 Target	2026/27 Target
CH01a	Stage 1 complaints per 1,000 properties	N/A	N/A
CH01b	Stage 2 complaints per 1,000 properties	N/A	N/A
CH02a	Complaints resolved in timescale (Stage 1)	85.00%	90.00%
CH02b	Complaints resolved in timescale (Stage 2)	96.00%	96.00%
TP01	Overall satisfaction with services provided by SCH	80.00%	78.00%
TP06	Satisfaction that SCH listens to and acts upon tenants' views	71.00%	70.00%
TP07	Satisfaction that SCH keeps you informed about things that matter to you	79.00%	77.00%
TP08	Satisfaction that SCH treats me fairly and with respect	85.00%	85.00%
TP09	Satisfaction with SCH's approach to handling complaints	45.00%	40.00%
CR2	Overall satisfaction (transactional)	87.00%	87.00%
CR36	Contact Centre ASA	210	210

Housing Services Dashboard		2025/26 Target	2026/27 Target
NM01	ASB cases per 1,000 properties	0.00	N/A
NM01a	ASB cases per 1,000 properties (Hate Crime)	0.00	N/A
TP10	Satisfaction that SCH keeps communal areas clean and safe	70.00%	72.00%
TP11	Satisfaction that SCH makes a positive contribution to the neighbourhood	74.00%	70.00%
TP12	Satisfaction with SCH's approach to handling ASB	60.00%	60.00%
VL13	Percentage of rent loss due to voids	1.25%	1.25%
New	Percentage of dwellings vacant but available to let		0.80%
New	Average relet time (all)		60 days
WR15	Current tenant arrears as % of rent debit	3.50%	3.20%
New	Average stay in temporary accommodation (adult only households) - days		120
HO1a	Average stay in temporary accommodation (families with children) - days	95	250
HO5	Percentage of homeless approaches where prevention or relief achieved	60.00%	58.00%
New	Total households in temporary accommodation (all)		Tracking measure
New	Total households in temporary accommodation with children		Tracking measure

Asset Management Dashboard		2025/26 Target	2026/27 Target
RP01	Homes that do not meet the Decent Homes Standard	2.00%	1.75%
RP02a	Repairs completed within target timescale (emergency)	95.50%	95.00%
RP02b	Repairs completed within target timescale (nonemergency)	85.00%	85.00%
TP02	Satisfaction with repair in the last 12 months	80.00%	80.00%
TP03	Satisfaction with time taken to complete the last repair	76.00%	80.00%
TP04	Satisfaction that home is well maintained	80.00%	75.00%
New	Percentage of homes with an EPC rate of C or above		76.00%

Building Safety & Compliance Dashboard		2025/26 Target	2026/27 Target
BS01	Percentage of properties with valid gas certificate	0.00%	100.00%
BS02	Percentage non-domestic assets covered by a valid FRA	0.00%	100.00%
BS03	Percentage known asbestos locations reinspected within benchmarked period (communal areas)	0.00%	100.00%

BS04	Percentage of relevant water installations covered by a risk assessment	0.00%	100.00%
BS05	Percentage communal passenger lifts that require a thorough examinations (LOLER)	0.00%	100.00%
TP05	Satisfaction that home is safe	81.00%	80.00%
AM1b	Percentage domestic properties with a satisfactory Electrical Installation Condition Report	0.00%	100.00%
DM1	Percentage Damp and Mould inspections completed within timescale	0.00%	100.00%
DM2	Percentage Damp and Mould remedials completed within timescales	0.00%	100.00%
AM1k	Percentage of fire safety remedial actions completed to timescale	80.00%	100.00%
New	Percentage of follow-on compliance actions completed on time		100.00%

Meeting of the Board



Report title:	Building Safety and Compliance Performance Report - Quarter 4 25/26		
Meeting date:	3 June 2026		
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 our year end performance on Building Safety and Compliance.

2. Recommendations

- 2.1 Board is recommended to:
- Review year end performance
 - Note and comment on the action being taken where performance targets are not being met.

3. Background

- 3.1 The Building Safety and Compliance Dashboard provides assurance on SCH's compliance with statutory and regulatory obligations across gas, electrical, fire, water hygiene, asbestos and lifts. It also incorporates performance on damp and mould, building safety concerns and follow-on risk actions. The report is attached at Appendix A.

4. Building Safety Compliance Dashboard

- 4.1 At year end, overall performance across Building Safety and Compliance is strong, with the majority of compliance areas achieving 100% or near 100% compliance, providing assurance that SCH is meeting its statutory obligations.
- 4.2 Areas of strong performance include water risk assessments, lift servicing, and asbestos re-inspections, all of which are at or maintained at full compliance.

- 5.3 However, there remain key areas below target, most notably electrical compliance communal electrical testing, damp and mould performance, and the completion of risk actions arising from compliance activity. These were addressed in detail in the strategic performance report (item 7 on the agenda). Targeted improvement activity is in place and maintaining compliance will remain a key priority for 2026/27.
- 5.4 In addition to the areas covered in the strategic performance report above, there are the following key issues for the Committee to note:
- **Communal electrical testing:** 95.68% with 35 overdue inspections. High rise compliance is 98.58%.
 - **Fire safety:** 99.87% of Fire Risk Assessments were in place with one overdue at year end. There were 26 overdue actions. Performance has improved following review and amendment of the fire action management process. The team is now focussed on embedding the new process. This is being achieved through regular operational meetings with our partner contractors.
 - **Water Risk Assessments (WRAs):** there were 236 outstanding actions at year end. A programme for remedial works is currently underway to address the risk actions identified. Board Members will recall from a previous performance report presentation that the domestic WRAs actions relate to a sample of properties that were inspected when the WRA was undertaken.

Further details were shared with Building Safety Committee members in the form a project plan circulated following an action from the July 2025 meeting. We can confirm to the Board that there are 3 repeating action types generated from the sampled properties that we will need to extrapolate across the remaining properties in the same blocks. The remedial works project is being planned on the premise that there will be 2,024 additional remedial actions to be completed across 1,698 properties. A programme of water maintenance is in place and forms part of the risk mitigation measures in place.

- **Smoke and CO alarms:** there were 178 properties reported as having failed or missing smoke alarms at year end and 204 properties reported as having failed or missing CO alarms at year end. A programme of works has been developed with jobs issued on a risk-based approach based on known vulnerabilities. All jobs are raised on a 28-day timescale and will be issued by end of May 2026

6. Supporting the SCH Delivery Plan

- 6.1 The Building Safety and Compliance Performance Report forms part of our Performance Management Framework and is a key part of governance and assurance. This is at the heart of our strategic aim to build a stronger organisation and a key tool for assessing progress with our Delivery Plan aims.

7. Consultation and engagement

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

8. Financial implications

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

9. Legal implications

9.1 TSM management and perception indicators are a regulatory requirement.

10. Risk implications

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

11. Equalities implications

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

12. List of appendices

- Appendix A - Building Safety Compliance Dashboard

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Building Safety & Compliance Dashboard												
Compliance area	Total properties	Properties with compliance requirement	Properties with no compliance requirement	Compliant	%	Not Compliant	%	DoT*	Total No. Overdue by 90 Days or Less	Total No. Overdue by More Than 90 Days	Commentary	Due in next 30 days
Domestic Dwellings												
Gas	9701	7922	1779	7918	99.95%	4	0.05%	↔	4	0	Issue: Four properties did not have a valid gas certificate as at the 31st March. All properties were completed in the first week of April. Mitigation: Robust policy and procedure in place which is followed	82
Electric (5-year programme)		9701	0	9609	99.05%	92	0.95%	↑	30	62	Issue: Performance is improving. There were 92 properties without a valid EICR at the 31st March 2026.. Oldest Compliance Due Date : The oldest overdue EICRs are the 4 properties which do not have record of a previous EICR. The next oldest overdue EICR was due on 19/11/2020 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. A new access procedure which mirrors the gas compliance procedure is now in place. We have seen an increase in performance and access following the implementation of the new process. We are now in the process of recruiting the two vacant roles to support achieving targets, plus additional CLO support. three will be in post W/C 4th May, and one post is scheduled for interview W/C 27th April.	60
Asbestos surveys (non-statutory)		9698	0	9569	98.67%	129	1.33%	N/A			This is an internal target to have asbestos management surveys for all property types that are pre 2000 construction. Those with post 2000 construction do not have a compliance requirement.	N/A
Communal blocks/schemes												
Gas	RR4	6	878	6	100.00%	0	0.00%	↔			Meets target.	0
Electric (5-year programme)		810	74	775	95.68%	35	4.32%	↔	2	33	Status: 35 communal EICRs overdue. These communal electrical installations are supplied by adjacent domestic properties, where access to domestic properties is required to complete the communal EICR. Oldest Compliance Due Date : The oldest overdue communal EICR has a due date of 04/12/2023 Mitigating Actions: We are reviewing costed options for installing a communal electrical supply, which will negate the need for access to the individual properties for communal electrical inspections. Timeframe: Programme of work is planned to commence in Q1 2026/27	1
Asbestos surveys (re-inspection)		688	196	688	100.00%	0	0.00%	↔			meets target	0
Water Risk Assessment (WRA) (2-year programme)		53	833	53	100.00%	0	0.00%	↔			Meets target.	0
Lifts (passenger and goods)		41	841	41	100.00%	0	0.00%	↔			Meets target.	2

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Building Safety & Compliance Dashboard													
Compliance area	Total properties	Properties with compliance requirement	Properties with no compliance requirement	Compliant	%	Not Compliant	%	DoT*	Total No. Overdue by 90 Days or Less	Total No. Overdue by More Than 90 Days	Commentary	Due in next 30 days	
Fire Risk Assessments (FRA)	664	765	167	764	99.87%	1	0.13%	↑	1	0	Status: There were 1 outstanding FRA at the end of the month. this was due to scheduling issues and was completed 1 day late. Oldest Compliance Due Date: N/A Mitigating Actions: An SLA and follow up process is in place to ensure timely receipt of evidence. The issue has been highlighted to the contractor and will be discussed at the next contract meeting. Timeframe: All measures in place	19	
Communal Fire Door Inspections		37	847	37	100.00%	0	0.00%	↓	1			0	
Structural Surveys		37	847	37	100.00%	0	0.00%	↔				0	
0													
Damp & Mould	Mar-26		YTD		Target	Previous Year	DoT*	Commentary					
Percentage Damp and Mould Inspections completed within timescale	92.97%		92.19%		100%	80.33%	↓	Issue: Performance for damp and mould inspections was 92.97% at the end of March. In total, 128 inspections were completed and 9 were completed outside of timescale. Completion of inspections has been affected by tenant availability. We have had a number of inspections where resident availability is beyond the 10 day target. Mitigating Actions: The team is now operating at full capacity, which is expected to support continued improvement in performance. New methodology has been applied as per the requirements of Awaab's Law, to link all required remedial works to one job, rather than measuring them individually. This has had an impact on the March and Year End figure. For example, if a case has four jobs linked to it, if any of those jobs are completed outside of the 5/60 day target, it will be considered completed out of target against the case. Issue: Performance for remedial works raised for March has decreased, but is not comparable to the previous two months due to the change in methodology. Mitigation: A review of the root cause of out of target work is underway.					
Percentage Damp and Mould remedials completed within timescales	73.65%		71.91%		100%	32.24%	↓						

Risk Register Performance																	
Compliance Area	Property Type		Total active actions	Total overdue	Total No. Overdue by 90 Days or Less	Total No. Overdue by More Than 90 Days	Total No. of Completed YTD	High Risk		Medium Risk		Low Risk		%	Commentary	DoT	Due in next 30 days
								Overdue	Not Overdue	Overdue	Not Overdue	Overdue	Not Overdue				
Fire Risk Assessments	High-Rise	FRA Action	84	10	10	0	79	9	32	0	8	1	34	88.10%	Status: There were 26 overdue FRA actions at the end of the month. This an improved position compared to the last report. Oldest Action(s) : High-Rise 13/02/2026 Low-Rise 27/11/2025	↑	7
	Low-Rise	FRA Action	262	16	15	1	242	3	13	12	108	1	125	93.89%	Mitigating action: We have seen improvement in performance following review and amendment of the fire action management process. The team is now focussed on imbedding the new process. This is being achieved through regular operational meetings with our partner contractors. Timeframe: N/A Forecast: We have fallen slightly short of our goal of having zero overdue actions at the end of March 2026. Our target of having zero overdue action on our risk register will remain unchanged and will be monitored on a monthly basis.		13
Fire Door Inspections	High-Rise	Fire Door Inspection Action(Communal)	506	5	5	0	2459	0	12	4	190	1	299	99.01%	Status: There were 5 overdue communal fire door actions at the end of March 2026. The actions were part of a planned programme of works. All actions were completed by 8th April 2026.	↓	15
		Fire Door Inspection Action(Domestic)	449	0	0	0	7	0	5	0	440	0	4	100.00%	Meets target		35
	Low-Rise	Fire Door Inspection Action(Communal)	208	0	0	0	1	0	0	0	207	0	1	100.00%	Meets target	↔	
		Fire Door Inspection Action(Domestic)	303	0	0	0	0	0	1	0	302	0	0	100.00%	Meets target	↔	
Water Risk Assessments	High-Rise		208	179	177	2	395	85	0	90	7	4	22	13.94%	Status: There are currently 236 outstanding WRA actions. A reduction from 250 since the last report was issued. The oldest action due date is October 2024. Of the total remaining actions 208 are in domestic dwellings. The remaining properties we are progressing access routes to resolve. Oldest Actions : 25/10/2024 Mitigating Actions: Project Plan in place to enable comprehensive oversight of the delivery of works. This is supported by weekly reports submitted to SCH by contractor and regular contract delivery meetings. Timeframe: All mitigating measures in place.	↑	52
	Low-Rise		64	57	0	57	189	29	0	28	0	0	7	10.94%	Forecast: Phase 3 works currently underway relates to action in domestic dwellings. Gaining access has delayed delivery of the programme. The contractor is lettering, calling, messaging, and visiting the properties to facilitate access to complete phase 3. This will be supported by the Building Safety & Compliance team. Note that Actions relate to		1
Passenger Lifts (LOLER)	High-Rise		5	0	0	0	28	0	1	0	4	0	0	100.00%	Meets target	↔	0
	Low-Rise		0	0	0	0	2	0	0	0	0	0	0	100.00%	Meets target		↔
Asbestos	High-Rise		0	0	0	0	0	0	0	0	0	0	0	100.00%	Meets target	↔	0
	Low-Rise		0	0	0	0	0	0	0	0	0	0	0	100.00%	Meets target		↔
Structural Surveys	High rise		204	0	0	0	230	0	0	0	0	0	204	100.00%	Meets target	↑	0
Compliance Area	Property Type		Total active actions	Total overdue	Total No. Overdue by 90 Days or Less	Total No. Overdue by More Than 90 Days	Total No. of Completed YTD	Code 1 (Danger Present)		Code 2 (Potentially Dangerous)		Further Investigation Required		%	Commentary		
								Overdue	Not Overdue	Overdue	Not Overdue	Overdue	Not Overdue				
	High-Rise		2	0	0	0	2	0	0	0	2	0	0	100.00%	Status: There are 6 overdue C2 actions. All actions have been instructed. Completion of the required work has been inhibited by access. Note: performance is measured against the 28-day timescale in the regulations. This requirement becomes enforceable in May		

Risk Register Performance																
Compliance Area	Property Type	Total active actions	Total overdue	Total No. Overdue by 90 Days or Less	Total No. Overdue by More Than 90	Total No. of Completed YTD	High Risk		Medium Risk		Low Risk		%	Commentary	DoT	Due in next 30 days
							Overdue	Not Overdue	Overdue	Not Overdue	Overdue	Not Overdue				
Electrical	Low-Rise	17	6	0	6	6	0	0	6	11	0	0	64.71%	2026. Mitigating actions: Access issues are being monitored and managed by the Compliance Team. Interviews are scheduled for April for the Compliance Contract Officer (Gas & Electric) and Legal Enforcement Officer (Electrical). These roles are key to managing performance and access issues for this area. Timeframe: N/A		

Description: Gas Audit performance provides outcomes from 3rd party audits undertaken on works gas safety checks conducted by SCH's Gas contractor. The purpose of the audits is to give stakeholders assurance that the work undertaken is compliant with relevant regs and manufacturer's recommendations.

Compliance	Property Type	Total Audits Completed	Total Failed	Outcomes	Count	Commentary	DoT*
Gas	Domestic	49	6	Category 1 (At Risk or Immediately Dangerous)	4	Status: There 4 At Risk situations of which 1 x operative not at fault. There were 0 Immediately dangerous faults identified. Mitigating actions: All faults related to 2 gas engineers. One engineer, with 3 faults, has been let go by the contractor. The 2nd Engineer, with 1 fault, has had additional training. All LGSR are quality checked by Supervisors. Timeframe: N/A Forecast: N/A	
				Category 4 (Certificate Errors or Omissions)	2	Status: There were 2 LGSRs marked as invalid due to certificate errors or omissions. In both scenarios the gas engineer recording incorrect readings written on original LGSR. The LGSR has been rewritten. Mitigating actions: All LGSRs are QA'd by the supervisor. Additional checks to be undertaken on the engineer and the issue will be discussed on the next toolbox talks. Timeframe: N/A Forecast: N/A	

Building Safety Concerns																		
Detailed Performance	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26		YTD	RAG	Target	Commentary
Total number of building safety concerns reported	23	35	41	44	104	55	48	60	36	28	19	43	46				N/A	Status: There were no overdue building safety concerns at the time of reporting. Job orders have been issued to complete the required works Mitigating Actions: A work in progress report has been in put in place which has resulted in improved performance. Timeframe: N/A Forecast: N/A
Completed	12	26	28	32	64	30	23	28	10	4	0	12	0					
% Completed in timescale	100.00%	42.86%	68.75%	46.15%	59.00%	55.22%	100%	100%	100%	100%	0%	100%	100%				85.00%	
Open High Priority Concern (Cumulative)	10	3	5	8	15	17	2	0	1	12	7	24	4					
Of which are overdue	9	3	1	6	14	16	0	0	1	12	0	0	0				0	
Open Medium Priority Concern	24	38	44	43	23	51	37	20	16	11	11	5	24					
Of which are overdue	5	7	7	23	12	22	0	0	0	0	0	0	0				0	
Open Low Priority Concern	17	28	37	39	24	41	9	19	19	6	1	6	19					
Of which are overdue	0	10	9	11	10	16	0	0	0	0	0	0	0				0	
Total open building safety concerns	51	69	85	90	65	107	108	33	26	25	19	43	46					
Of which are overdue	14	20	17	40	36	54	62	0	1	8	0	0	1				0	

Damp & Mould																					
Detailed Performance		Dec-24*	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25 Pre Awaab's law	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26		YTD	Target	Commentary
Remedials	% Damp remedials completed in target	35.71%	44.78%	32.43%	30.36%	39.04%	31.97%	31.62%	39.69%	47.06%	70.08%	82.14%	79.34%	85.34%	93.22%	92.78%	73.65%		71.91%		New methodology has been applied as per the requirements of Awaab's Law, to link all required remedial works to one job, rather than measuring them individually. This has had an impact on the March and Year End figure. For example, if a case has four jobs linked to it, if any of those jobs are completed outside of the 5650 day target, it will be considered completed out of target against the case.
	Number of open remedial works out of target	380	430	411	361	351	366	322	130	115	79	76	68	56	52	66	67		67		
	Number of open remedial works in target	98	120	148	136	121	92	84	98	68	70	68	113	217	178	283	341		341		
	Total of open remedial works	478	550	559	497	472	458	406	228	183	149	144	181	273	230	349	408		408		
	Remedials raised	114	174	176	174	152	115	101	148	54	135	165	175	201	223	290	256		1928		
Inspections	% Damp inspections completed in target	96.43%	49.54%	46.32%	68.13%	82.35%	81.97%	86.96%	90.63%	97.83%	93.88%	97.65%	90.83%	89.06%	97.83%	97.42%	92.97%		92.19%		As Individual Jobs Remedials (Pre Awaab Law) 45.98% Remedials (Post Awaab Law) 88.84%
	Number of open inspections out of target	40	54	58	46	33	34	23	15	4	1	1	6	9	3	3	1		1		
	Number of open inspections in target	59	79	58	60	48	27	31	0	12	34	6	0	32	0	11	50		50		As Cases: - Remedials (Pre Awaab Law) 71.60% Remedials (Post Awaab Law) 72.14%
	Total Number of open inspections	99	133	116	106	81	61	54	15	16	35	7	6	41	3	14	51		51		Mitigation: A review of the root cause of out of target work is underway.
	Inspections raised	86	155	93	93	74	55	55	52	14	75	63	123	122	156	151	131		1078		A review of the HHSRS process was undertaken in November 2025 which found that: Performance on Damp and Mould cases were reported using a spreadsheet that contained jobs raised over the past few years. The spreadsheet contained 608 open jobs. After a reconciliation and creation of the current year HHSRS data, and reporting month on month, the new numbers were established, which are significantly lower, as they reflect current data.
HHSRS/Disrepair	Open HHSRS issues involving damp & mould (cat 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
	Open HHSRS issues involving damp & mould (cat 2)	290	310	376	451	483	483	498	504	506	508	3	2	2	1	44					
	Open disrepair cases involving damp & mould	72	77	72	71	63	67	69	72	74	73	81	81	90	99	104	130		130		

Smoke, CO Alarms and Sprinklers Systems

Detailed Performance	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Nov-25	Jan-26	Feb-26	Mar-26	YTD	Target	Commentary
Progress on fitting of smoke alarms	99.94%	99.94%	99.96%	99.97%	99.97%	99.99%	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.80%	98.17%	98.17%	100.00%	Note: This indicator was previously monitoring installation of smoke alarms. The indicator has now transitioned to monitoring outcomes from service and maintenance of smoke alarms through the Gas and Electrical Inspection Programmes. Status: There are 178 properties reported as having failed or missing smoke alarms at the end of the month. Oldest Actions: The oldest smoke detector issue was identified on gas record completed on 12/06/2025. Mitigating Actions: A programme of works has been developed and jobs are being issued to Dodds on risk based approach based on known vulnerabilities. Timeframe: All mitigating measures in place. Forecast: All jobs are raised on a 28 day timescales. All jobs will be issued by end of May 2026
Progress on fitting of CO alarms	99.97%	99.97%	99.95%	99.96%	99.96%	99.99%	99.99%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.14%	97.42%	97.42%	100.00%	Note: This indicator was previously monitoring installation of smoke alarms. The indicator has now transitioned to monitoring outcomes from service and maintenance of smoke alarms through the Gas and Electrical Inspection Programmes. Status: There are 204 properties reported as having failed or missing smoke alarms at the end of the month. Oldest Actions: The oldest CO detector issue was identified on gas record completed on 09/05/2025. Mitigating Actions: A programme of works has been developed and jobs are being issued to Dodds on risk based approach based on known vulnerabilities. Timeframe: All mitigating measures in place. Forecast: All jobs are raised on a 28 day timescales. All jobs will be issued by end of May 2026
Progress on fitting of Sprinklers	-	-	-	-	-	-	-	-	97.03%	97.19%	97.19%	97.19%	97.24%	97.24%	97.24%	97.24%	100.00%	
Number of Properties without Sprinklers	-	-	-	-	-	-	-	-	57	54	54	54	53	53	53	53	0	Out of the 1,919 high-rise flats, 53 dwellings were outstanding from the sprinkler fitting program due to access issues.

Fire Incidents																		
Detailed Performance	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD	Commentary
Fire incidents in high rise properties	2	0	0	0	0	0	0	0	0	1	1	0	0	0	1	0	3	One fire incident that occurred in a residential house
Fire incidents in low rise properties	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Fire incidents in other residential properties	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1	2	
Total fire incidents	2	0	1	0	0	1	0	0	0	1	0	0	0	0	1	1	5	

Description: Building Safety & Compliance Dashboard (High-Rise) provides our performance against legislative and best practice cyclical anniversary dates associated with high-rise buildings only.

Building Safety & Compliance Dashboard (High Rise)

Compliance area	Total properties	On programme	Off programme	Compliant	%	Not Compliant	%	DoT*
Domestic								
Gas	1897	430	1467	430	100.00%	0	0.00%	↕
Electric (5-year programme)		1897	0	1870	98.58%	27	1.42%	↓
Asbestos surveys (non-statutory)		1895	2	1849	97.57%	46	2.43%	N/A
Communal blocks/schemes								
Gas	37	0	37	NA	NA	0	0.00%	↕
Electric (5-year programme)		37	0	37	100.00%	0	0.00%	↕
Asbestos surveys (re-inspection)		37	0	37	100.00%	0	0.00%	↕
Water (2-year programme)		37	0	37	100.00%	0	0.00%	↕
Lifts (passenger and goods)		37	0	37	100.00%	0	0.00%	↕
Fire risk assessments		37	0	37	100.00%	0	0.00%	↕
Communal Fire Door Inspections		37	0	34	91.89%	3	8.11%	↕
Structural Surveys		37	0	37	100.00%	0	0.00%	↕

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

Description: Building Safety & Compliance Dashboard (Low-Rise) provides our performance against legislative and best practice cyclical anniversary dates associated with low-rise buildings only.

Building Safety & Compliance Dashboard (Low Rise)

Compliance area	Total properties	On programme	Off programme	Compliant	%	Not Compliant	%	DoT*
Domestic								
Gas	3004	2777	227	2777	100.00%	0	0.00%	↔
Electric (5-year programme)		3004	0	2959	98.50%	39	1.30%	↓
Asbestos surveys (non-statutory)		2851	153	2814	98.70%	37	1.30%	N/A
Communal blocks/schemes								
Gas	847	6	841	6	100.00%	0	0.00%	↔
Electric (5-year programme)		773	74	751	97.15%	35	4.53%	↔
Asbestos surveys (re-inspection)		651	196	651	100.00%	0	0.00%	↔
Water (2-year programme)		15	832	15	100.00%	0	0.00%	↔
Lifts (passenger and goods)		4	841	4	100.00%	0	0.00%	↔
Fire risk assessments		638	209	637	99.84%	1	0.16%	↑

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

Description: Building Safety & Compliance Dashboard (TSMs) provides our performance against legislative and best practice cyclical anniversary dates reported by the TSM definition outlined by the Regulator of Social Housing. Here when calculating compliance for communal blocks, the number of in scope dwellings are used as opposed to the block as one unit. E.g. for gas the number of properties varies here, as any flats in a communal block served by a communal gas boiler are included.

[Technical Requirements](#)

Building Safety & Compliance Dashboard (TSMs)

Compliance area	Total properties	On programme	Off programme	Compliant	%	Not Compliant	%	DoT*
Gas	9701	8077	1672	8073	99.95%	4	0.05%	↑
Asbestos surveys (re-inspection)		4240	5510	4240	100.00%	0	0.00%	↔
Water (2-year programme)		2113	7637	2113	100.00%	0	0.00%	↔
Lifts (All lifting equipment)		2022	7733	2022	100.00%	0	0.00%	↔
Fire risk assessments		4288	5462	4287	99.98%	1	0.02%	↓

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

Meeting of the Board



Report title:	Voice of the Customer Report - Quarter 4 25/26		
Meeting date:	3 June 2026		
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 key components of our Voice of the Customer (VOC) reporting for quarter 4, 2025/26.

2. Recommendations

- 2.1 Board is recommended to:
- Review and note performance and progress contained within
 - a. The Voice of the Customer report
 - b. Complaints Dashboard
 - c. Compliance with Service Standards report

3. Voice of the Customer

- 3.1 This report was introduced in 2025/26 and is 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.
- 3.2 The report is written for the customer and the following provides a summary of the quarter four findings provide to customers (see Appendix A for more detail)

 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. We are carrying out a full review of repairs communication to look at how we can make improvements

 Customer Satisfaction

Some Tenant Satisfaction Measures (TSM) have slightly decreased this quarter, whilst many have seen an increase. We are carrying out an in-depth analysis of the full year results to identify what is working well and what is driving dissatisfaction.

 Engagement Activity

Lots of work has gone into providing more opportunities to tell us what is working and what isn't, help set priorities and design services. This has been reflected in an increase in satisfaction in this area. Thank you for such positive feedback!

 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 that sometimes we don't do as well as we should when repairs are complicated. As a result, we have produced a toolkit for staff and allocated a single point of contact for complex cases.

4. Complaints Dashboard

4.1 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:

- There has been a significant increase in complaints this quarter, and throughout the year, compared to the same time last year.

- Performance for completing stage 1 complaints within timescale was better than target and performance was within tolerance for stage 2 complaints completed within target. This is a significant improvement in performance.
- There were no Housing Ombudsman Service (HOS) determinations made this During the quarter.
- A number of themes have been identified as opportunities to learn from complaints with actions identified to progress them.
- Actions in our complaints action plan are on track.

4.2 Appendix B provides more detail.

5 Service Standard compliance report

5.1 This report provides an overview of SCH's key service standards, and a breakdown of how we are performing against them where metrics exist.

5.2 In summary, the majority of service standards are being complied with. There is a small number of areas that require improvement or further investigation. These include:

- % of customers that agreed the home met the lettable standard has decreased. This will be the subject of the next SCHape panel review
- Lower satisfaction rates with communal cleaning in low rise blocks- for further investigation
- We have not achieved our target of undertaking quality audits of 10% of completed repairs. A process has been put in place to tackle this in 2026/27
- Processes have not been in place to carry out quality audits of building safety repairs. This is being introduced in 2026/27.

5.3 Appendix C provides further detail.

6. Supporting the SCH Delivery Plan

6.1 The Strategic Performance Report is a key part of our governance and assurance framework which is at the heart of our strategic aim to build a stronger organisation and a key tool for assessing progress with our Delivery Plan aims.

7. Consultation and engagement

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

8. Financial implications

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

9. Legal implications

9.1 TSM management and perception indicators are a regulatory requirement.

10. Risk implications

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

11. Equalities implications

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

12. List of appendices

- Appendix A - VOC Report
- Appendix B - Complaints Dashboard
- Appendix C - Service Standards Compliance Report



Solihull
Community Housing
Shaping our neighbourhoods

Voice of the Customer Quarter 4 2025/26

Introduction

Welcome to our latest Voice of the Customer report.

This report is all about listening to what you have to tell us - the good and the bad.

As the person on our Board who looks after complaints, my job is to make sure your voice is heard at the very top of our organisation. When things go wrong, it isn't enough for us to just "fix the problem" and move on. We need to understand why it happened so we can stop it from happening again.



In this report, we look at:

- **How we're doing:** Are we answering your complaints quickly and fairly?
- **What we've learned:** What have your complaints taught us about how we need to change?
- **Our promise:** To treat every resident with respect and to be honest when we get things wrong.

We know that a complaint is often about more than just a repair or a letter – it's about your home and your peace of mind. We are committed to using your feedback to build a better, more reliable service for everyone.

Susan Buckley

Tenant Board Member

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. We are carrying out a full review of repairs communication to look at how we can make improvements



Customer Satisfaction

Some Tenant Satisfaction Measures (TSM) have slightly decreased this quarter, whilst many have seen an increase. We are carrying out an in-depth analysis of the full year results to identify what is working well and what is driving dissatisfaction.



Engagement Activity

Lots of work has gone into providing more opportunities to tell us what is working and what isn't, help set priorities and design services. This has been reflected in an increase in satisfaction in this area. Thank you for such positive feedback!



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 that sometimes we don't do as well as we should when repairs are complicated. As a result, we have produced a toolkit for staff and allocated a single point of contact for complex cases.

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	Q4 2024/2	Q1 2025/2	Q2 2025/2	Q3 2025/2	Q4 2025/26
Overall service provided by Solihull Community Housing (SCH)	74.32%	73.79%	80.00%	79.73%	78.62%
SCH provides a home that is well maintained	73.10%	69.93%	76.06%	75.17%	72.03%
SCH provides a home that is safe	77.40%	75.18%	80.00%	82.27%	79.56%
SCH keeps these communal areas clean and well-maintained	62.32%	65.22%	77.78%	73.85%	67.95%
Overall repairs service from SCH over the last 12 months	77.01%	78.26%	83.52%	75.53%	76.74%
Time taken to complete your most recent repair after you reported it	77.53%	80.00%	84.44%	76.34%	80.00%
SCH listens to your views and acts upon them	58.82%	66.37%	64.04%	69.44%	71.43%
SCH keeps you informed about things that matter to you	73.39%	72.65%	72.44%	76.72%	79.51%
SCH treats me fairly and with respect	81.16%	79.69%	85.93%	82.71%	84.56%
SCH's approach to complaints handling	38.46%	23.53%	45.83%	37.04%	36.67%
SCH makes a positive contribution to your neighbourhood	70.41%	65.26%	69.47%	74.71%	71.08%
SCH's approach to handling anti-social behaviour	60.81%	57.35%	49.28%	60.38%	52.00%

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	Q4 2 025/26
Repairs	89.68%	95.72%	92.92%	87.16%	89.29%
New tenants	92.00%	81.25%	94.29%	85.71%	82.22%
Contact centre	79.10%	81.14%	85.23%	84.17%	80.46%
Homelessness service	64.29%	70.73%	65.91%	71.11%	63.33%
Building safety and compliance	85%	95%	87.50%	98.28%	93.33%
Aids and adaptations	100%	90.91%	82.61%	94.29%	100%
Money advice	100%	90%	100.00%	90.91%	100%
Wellbeing service	95%	93.75%	92.31%	100.00%	100%

What did we learn?	What have we done?
There has been a slight decrease in satisfaction that SCH keeps your home well maintained and a slight decrease in satisfaction with communal areas.	Now we have the full year's results, we are carrying out an in-depth analysis of your satisfaction results. This will tell us more about why you are dissatisfied and we can plan to address your concerns. This will be available on our website at the end of June.
There has also been a slight decrease in your satisfaction that SCH provides a home that is safe.	We contact everyone that tells us they are dissatisfied with the safety of their home (where you give the researchers permission for us to do so). We follow-up on any particular issues that need resolving.
There has been an increase in satisfaction across lots of satisfaction areas. This is great news!	We will continue to monitor responses and learn what is working well.

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 engagement activities.**



You told us that it is not easy to see the outcomes when you get involved with us, and that you would like more community-based activities.



We have introduced additional engagement activities such as the Big Conversation, Family Hubs and mystery shopping, and provided more frequent communications on the outcomes of your involvement.



Satisfaction that SCH listens to your views and acts upon them increased by 12.6% compared to the same point last year.

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

The Panel are also developing their forward plan for the new financial year. Some of the areas being considered include:

- Management of ASB
- Void standards
- Contractor relationships

If you have any thoughts on areas you would like them to review, please email engagement@solihullcommunityhousing.org.uk

The New Customer Experience Committee has been appointed. The committee is made up of eight residents and one independent Board member. It is chaired by a tenant Board member. The committee is a subcommittee of the Board and will give a much stronger voice to customers in the decisions SCH make and the services it provides. We have also appointed two new tenants to the Board.

More on this in the next edition!

The **Virtual Improvement Panel (VIP)** is a group of more than 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 the Spring Newsletter	Request for more use of pictures reflected in this edition
Involvement in Community Safety Strategy survey	Awaiting results
Review of damp and mould service standard	• Jargon removed from document • Additional factsheet produced to accompany it • More promotion on social media
Mystery shopper	• Website accessibility – no recommendations • Website navigation and information on: - Rents – No recommendations - Housing register – No recommendations - Damp and mould – No recommendations - Review of online form responses – No recommendations
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.
Review of Customer Portal	Previous review highlighted that the functionality of the portal was limited. We have now started to design a new portal using a different system. This is being codesigned with a resident group.
Review of Wellbeing offer (communications)	Positive feedback, no improvements suggested.

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 is now available for you to read on the website, [here](#).

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 10 issues in high-rises, in between officer inspections. All of them have been actioned.
- 24 drop-in sessions held at family hubs across the Borough. Assisted 14 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.

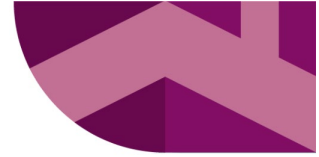
In Quarter 4 2025/26, we investigated 192 complaints. The biggest area of complaints was reactive repairs. This is not surprising as we undertake over 30,000 repairs a year.

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 12 months, and we are working to make further improvements over the coming months.

Indicator	Q1 2025/26	Q2 2025/26	Q3 2025/26	Q4 2025/26
Number of Stage 1 closed	115	121	149	192
Percentage of Stage 1 completed on time	89.57%	93.39%	89.26%	98.96%
Percentage of Stage 1 upheld	47.83%	52.07%	51.39%	48.44%
Number of Stage 2 closed	11	32	50	43
Percentage of Stage 2 completed on time	85.71%	96.67%	92%	97.67%
Percentage of Stage 2 upheld	21.43%	50.00%	29.27%	23.26%

Housing Ombudsman

The Housing Ombudsman Service (HOS) investigate complaints when a tenant escalates their concerns to them after receiving a Stage 2 outcome. No Housing Ombudsman determinations were received during Quarter 4 2025/26.



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:



"My repair was sorted quickly and with no hassle."



"Thank you for taking the time to help me get my electrical work done. The officer sat with me throughout the work and it made the process manageable."



"[The] contact centre lady treated me with such kindness."



"The work you have done in the communal area is brilliant. And it is kept really clean."

Councillor and MP enquiries

During the fourth quarter, we received 155 Councillor and MP enquiries. A number of these were converted to a complaint where we could see a customer had expressed dissatisfaction, 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**



Get in touch

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solihullcommunityhousing



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Text: 07781 474 722

Website: www.solihullcommunityhousing.org.uk

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



Appendix b

Complaints

2025/26

Indicator		Q1	Q2	Q3	Q4	YTD	Commentary
Stage 1	Number of complaints received	129	124	167	190	610	As identified in Q3, more complaints have been recieved and can be attributed to the season. Repairs continue to be the main driver which is to be expected.
	Number of complaints refused	29	47	42	70	188	Refusals continue to increase along with the volume of customer traffic.
	Number closed	115	121	149	192	577	
	Number of complaints per 1000 properties	11.59	11.15	15.01	17.11	54.94	
	Number completed on time	103	113	133	190	539	
	percentage completed on time	89.57%	93.39%	89.26%	98.96%	93.41%	
	percentage upheld	48.25%	52.94%	51.39%	48.44%	49.39%	Includes partially upheld
Complaints by service area	Responsive Repairs	46	41	59	63	209	The majority of complaints relate to repairs both DLO and external contractors, which is expected.
	Building Safety	21	17	30	43	111	The majority of complaints relate to repairs both DLO and external contractors, which is expected.
	Biomass	3	1	1	3	8	
	Damp and Mould	1	1	8	11	21	
	Capital programmes	3	4	0	2	9	
	Concierge	1	3	0	1	5	

Stage 1	ASB/Neighbourhoods	6	10	5	17	38	
	Estates/Neighbourhoods	16	16	16	14	62	
	Tenancy management	1	2	1	2	6	
	Arrears/Rent Control	1	4	6	7	18	
	Homelessness	16	7	13	7	43	
	Tenancy Sustainment	3	5	2	5	15	
	Contact Centre	1	1	7	0	9	
	Leaseholder	4	1	1	2	8	
	Aids and Adaptations	2	6	9	4	21	
	Engagement	0	0	0	0	0	
	Wellbeing	1	1	1	3	6	
	Out of Hours	0	1	2	0	3	
	Other	3	4	5	3	15	
	Crosscutting/multiple service areas	0	0	1	0	1	
Stage 2 performance	Number of complaints refused	3	0	1	0	4	
	Number accepted	25	35	48	64	172	
	Number closed	11	32	50	43	136	
	Number of complaints per 1000 properties	2.25	3.15	4.31	5.76	15.46	
	Number completed on time	9	31	46	42	128	

Complaints by
service area
Stage 2

percentage completed on time	81.82%	96.88%	92.00%	97.67%	94.12%	
percentage upheld	21.43%	50.00%	29.27%	23.26%	31.62%	
Number of stage 2 as a percentage of stage 1	8.53%	25.81%	29.94%	22.63%	22.30%	
Responsive Repairs	6	15	15	18	54	
building safety	2	3	6	7	18	
Biomass	1	0	0	0	1	
damp and mould	0	0	4	5	9	
Capital programmes	0	2	1	3	6	
Concierge	0	0	1	0	1	
ASB/community safety	1	9	15	9	34	
Estates	3	2	0	4	9	
Tenancy management	0	1	1	0	2	
Arrears/Rent Control	2	0	0	2	4	
Homelessness	3	2	1	6	12	
Tenancy Sustainment	0	1	0	1	2	
Contact Centre	0	0	0	1	1	
Leaseholder	1	0	0	1	2	
Aids and Adaps	1	0	3	1	5	
Engagement	0	0	0	0	0	

	Wellbeing	0	0	0	1	1	
	Out of Hours	0	0	0	0	0	
	Crosscutting/multiple service areas	0	0	1	0	1	
	Other	5	0	0	5	10	
Housing Ombudsman	Number of cases determined	0	0	2	0	2	1 case determined in Q3 reached final determination in Q4 after being reviewed by HOS. The review led to a reduced finding of 'Service Failure' in ASB handling, which was previously 'Maladministration'
	Number of severe mal administration	0	0	0	0	0	
	Number of mal administration	0	0	1	0		Q3 figure reduced due to review, Maladministraion in Complaint handling as Stage 2 not progressed
	Number of service failures	0	0	3	0	3	Q3 figure increased due to change from Malad to Service Failure.
	Number no maladministration	0	0	4	0	4	
	Number of orders made	0	0	4*	0	4	Orders did not change due to the review
	Number of orders completed on time	N/A	N/A	3	1	4	All orders completed on time after the review
	Number of cases with ombudsman for determination		6	8	9	9	HOS have 31 cases on file : 4 x Awaiting investigation - SCH have provided evidence 3 x Case under assessment - HOS reviewing, full evidence request not recieved 8 x Evidence Gathering, SCH have provided evidence in 6 cases with 2 due by the end of April 9 x Referral Assessment - HOS reviewing 1 x Under investigation - SCH have provided the evidence 5 x Within Landlords complaints procedure - SCH complaints that
	Maladministration rate	0	0	50%	0	50.00%	Review change will not impact Malad rate, as Service Failure is included in calculation

LSGO	Number of cases determined	3	2	0	4	9	6 of the total cases (9) determined by LGSCO were declined 3 of the cases that reached completion had fault found, with 1 order of £100 compensation
Compensation	amount of compensation paid in quarter	£4665	£4,203	£4,861	£6,053	19,782	Q4 saw an increase in compensaiton in line with the increase in volume of complaints and there relation to repairs, with the need to put things right.
Adjustments	percentage of communication adjustments adhered to	100%	100%	100%	100%	100%	

Complaints learning

stage	Theme	service area	Action	responsible person	by when	PROGRESS
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
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
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
2	Customers with complex needing focused support	repairs and compliance	Introduction of process to ensure one point of contact	Steve Stone	Nov-25	Completed
LGSCO	record keeping re homelessness advice given	Homelessness	Briefing to staff	Wendy Booth	Nov-25	Completed
All	sharing more information with service areas	complaints team	Introduce 'Learning summaries' to SLT representative to encourage service improvement	Claire Albrighton	Nov-25	Started
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
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
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
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	Completed
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
1 & 2	Communication and lack of action plans when multiple works	repairs and compliance	Review of tools available to staff to use when complex or numerous works are due - Action PPlan, Work Schedule etc	Claire Albrighton	Jul-26	Pending

Complaints action plan tracker

Date Last Updated: April 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	Overall performance to be confirmed - figures pending completion. However performance has increased	Completed
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	Not deliverable
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	Completed
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.	Completed
A005	Vulnerable complainants	drill down into the link between vulnerabilities and complaints following EDI analysis in Annual Report	Annual Report	Jan-26	Becci Youlden	Report being taken to ELT April 28th	Completed

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Performance Against Service Standards Q4 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	88%	85%	83%	75%

Empty homes inspectors	Q1	Q2	Q3	Q4
% of empty homes inspectors that agreed the home met the lettable standard	100%	90%	100%	92%

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%	84%



1.3 Actions

- Currently the gas is capped off at relet. 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 the 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 12 months. The resident SCHape panel will be undertaking a review of the standard in May.

2. Estate services

[Estates Service Standards 2024.pdf](#)

2.1 Cleaning

High rise	Q1	Q2	Q3	Q4
Number of inspections completed	107	111	105	99
% of scheduled inspections completed	100%	100%	100%	100%
% of inspections passed	100%	100%	100%	100%
% of bin chutes/biohazard removed in 24 hours	Not recorded	Not recorded	Not recorded	Not recorded
% of customers satisfied with communal areas management	78%	89%	84%	81%

Low rise	Q1	Q2	Q3	Q4
Number of inspections completed	569	609	557	576
% of scheduled inspections completed	100%	98.96%	100%	100%
% of inspections passed	97.7%	99.52%	98.38%	99.3%
% of customers satisfied with communal areas management	59%	68%	66%	54%

2.2 Safety

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

2.3 Wider improvements

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

2.4 Actions

- Introduce recording for bin chutes/biohazard removed in 24 hours.
- Investigate reducing levels of satisfaction in low rise homes

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%	84%

3.2 Initial assessment

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

3.3 Homeless or threatened with homelessness

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

3.4 Access to the service

	Q1	Q2	Q3	Q4
Ease of access (CSAT)	77%	87%	84%	73%

3.5 When offering accommodation

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

3.6 Temporary accommodation

	Q1	Q2	Q3	Q4
Average stays in temporary accommodation below 80 days	226	174	187	165
Keep average stays in temporary accommodation below 95 days for families	311	218	230	305
Average stay in temporary accommodation (budget hotels) no longer than 15 days	2	3	4	4
Satisfaction with temporary accommodation	81%	64%	63%	56%

3.7 Monitoring of standards and service performance

	Q1	Q2	Q3	Q4
Number of case work audits completed	60	62	70	64
% of plan audits completed	83%	82.67%	92.86%	95.51%
Average audit score	89%	90%	89%	89%
Achieve prevention or relief for 60% of households who approach us	59.7%	55.85%	56.19%	53.72%
Satisfaction with the overall service	71%	67%	70%	63%

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%	90%
Make and keep an appointment (CSAT)	97%	96%	98%	93%

4.2 When attending your home

	Q1	Q2	Q3	Q4
Complete emergency jobs within 24 hours	93.32%	92.30%	90.27%	89.97%
Complete urgent jobs with 5 working days	89.52%	85.22%	83.96%	93.31%
Be polite and courteous (CSAT)	99%	98%	95%	95%
Aim to complete 95% of jobs right first time (performance data)	78.07%	79.19%	82.58%	80.87%
Aim to complete 95% of jobs right first time (CSAT)	86%	82%	82%	86%
Keep you informed (CSAT)	92%	93%	91%	93%

4.3 After the repair

	Q1	Q2	Q3	Q4
Survey a sample of residents - aim for 92% transactional satisfaction	96%	93%	89%	89%
Carry out quality audits of 10% of completed repairs	10.36%	11.00%	4.41%	6.74%

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 the new Financial Year 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%	91%
Make and keep an appointment (CSAT)	98%	93%	100%	97%
Be polite and courteous (CSAT)	97%	95%	98%	97%
Keep you informed (CSAT)	Not measured	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%	98%



Survey a sample of residents (Overall transactional satisfaction)	95%	90%	100%	93%
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5.3 Compliance

	Q1	Q2	Q3	Q4
Carry out electrical inspection every 5 years	98.81%	97.98%	98.29%	99.04%
Carry out annual fire risk assessments to our high rise buildings (more than three story's)	100%	100%	100%	100%
Carry out fire risk assessments to our low rise buildings every 3 years	100%	100%	100%	100%
Monitor and manage water supplies at homes with more than three story's and with communal areas	100%	100%	100%	100%
Check that our lifts are in safe working order	100%	100%	100%	100%

5.4 Actions

- Currently the gas is capped off at relet. The customer raises a request with Dodds for recommissioning of the appliance. The new certificate is sent via post. We are currently 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	507
Number of survey responses	769	822	722	676
SCHape Panel recommendations	0	31	0	11
Satisfaction that SCH listens to and acts upon tenants' views	66.37%	64.08%	69.44%	71.43%
Impact assessments completed	12	10	11	9

6.3 Actions

- Use VOC report to promote impact of engagement to all residents

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Meeting of the Board



Report title:	Corporate and Joint Risk Management Report		
Meeting date:	3 June 2026		
Report from:	Paul Edwards, Executive Director - Customer Experience and Corporate Support		
Report author/lead officer:	Mark Wills	SMBC Health, Safety and Risk Service 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.

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 the contacts are Mark Wills, Health, Safety and Risk Service Manager and Ola Ocholi, Business Risk 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 corporate risk register now has 9 risks of which 3 new risks were added in the last quarter. These risks relate to financial and resourcing pressures, sub-optimal use of capital funding, failure of strategic partners, and inadequate business

continuity arrangements, and were approved by the Board for inclusion in February 2026. All risks on the corporate risk register continue to be reviewed by ELT as part of their deep dive monitoring.

4.2 The corporate risk register includes 4 risks that are out of risk appetite. The summaries below outline the drivers for each risk being out of appetite, alongside the measures currently in place to manage and mitigate their impact.

- The risk of failure to have appropriate business continuity arrangements in place to maintain critical functions during a business disruption is out of appetite as further work is required to strengthen recovery arrangements and ensure critical services can continue during significant disruption, particularly where IT systems are unavailable. Actions are in progress to enhance critical service recovery plans, supported by clear procedures, contingency arrangements to follow when systems are unavailable;
- The risk that resourcing pressures undermine SCH's ability to meet Delivery Plan commitments exceeds appetite due to ongoing cost and financial pressures which may impact delivery of key priorities. Robust financial controls and governance arrangements are in place, alongside investment in key corporate projects and spend-to-save initiatives aimed at improving delivery and reducing operating costs over time;
- The risk of sub-optimal prioritisation and use of capital funding to maintain housing stock remains above appetite as SCH continues to strengthen arrangements to ensure capital investment decisions are evidence-based and deliver best value. Mitigating actions include scenario planning and the use of asset condition data from multiple sources to support effective prioritisation of resources, and
- The risk of failure to have robust systems and processes for all data management exceeds appetite level due to ongoing challenges relating to system integration, resource capacity, and data management processes. A five-year Data Strategy and supporting roadmap are in place to strengthen arrangements, with external support secured for key priorities and continued work with Corporate IT to resolve interface issues between supplier systems.

4.3 ELT considers all operational red risks and any escalated out of appetite risks as part of its quarterly risk review arrangements; there are currently no red risks identified within the operational risk registers. There is currently one amber operational risk relating to the failure to deliver remediation works on spandrel panels, which has been escalated to ELT for oversight. A summary of the position of the corporate, joint, cyber and escalated operational risks is provided in Appendix B of this report. ELT is also considering the potential implications for risk arising from the current crisis in the Middle East.

- 4.4 A schedule is in place for regular review of operational risk registers by SLT. The sessions consider the current risks and explore any cross-cutting implications of the identified risks on other service areas.

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 have 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 these implications before approving any decisions.

11. Data

- 11.1 Data used to inform this report is mainly recorded in the 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.

13. Background documents

13.1 If the board wishes to access any background documents, please contact Ola Ocholi, Business Risk Advisor (olamide.ocholi@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

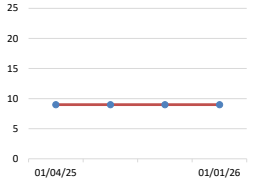
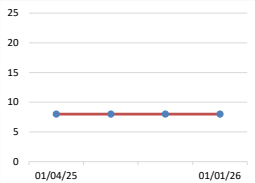
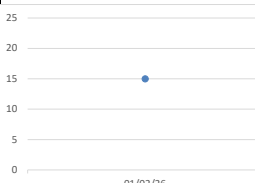
Likelihood Scale	1. Very low	2. Low	3. Medium	4. High	5. Very high
Probability the risk will materialise	<20%	Between 20-40%	Between 40- 60%	Between 60-80%	Above 80%
Consider - Has this risk occurred in the past/ likely to happen in the future	The risk may materialise in 5+ years	The risk may materialise 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

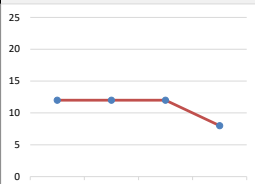
Impact Scale	1. <u>Very low</u>	2. <u>Low</u>	3. <u>Medium</u>	4. <u>High</u>	5. <u>Very high</u>
Health and Safety	Near miss/ Minor injury or ill-health. No time off work required.	Moderate injury or ill health. No long-term effects, less than 7 days' time off.	Dangerous occurrence or moderate/ temporary 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

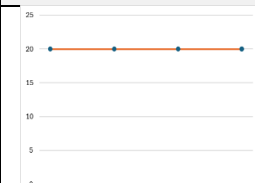
Appendix B - SCH - Corporate Risk Register											
Risk Reference	Risk Title	Gross Risk Rating	Net Risk Rating	Appetite Status	Detail from last Review	Risk Travel (look like audit committee report graph)	Risk Owner	Tolerance	Narrative (including target date)	Appetite Statement	Next Review Date
SCH0211	Failure to have appropriate business continuity arrangements in place to maintain critical functions during a business disruption	20	15	Exceeding	Failure to have appropriate business continuity arrangements in place to maintain critical functions during a business disruption		Paul Edwards	Treat (Action in progress)	Action in progress. Critical service recovery plans and clear processes/procedures to support them, including actions to follow when IT systems are unavailable.	Compliance and Reputation	14/07/2026
SCH0201	Financial pressures undermine SCH's ability to meet Delivery Plan commitments.	25	12	Exceeding	A comprehensive suite of financial controls are in place along with good governance and clear prioritisation of reserves spending		Lee Sugden	Treat (Action in progress)	Action in progress. Investment in key corporate projects and spend to save initiatives which help to improve delivery whilst reduce operating costs. 30/09/2026	Finance	26/05/2026
SCH0209	Sub-optimal prioritisation/ use of capital funding to maintain housing stock	16	12	Exceeding	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		Darren Baggs	Treat (Action in progress)	Action in progress. Scenario planning and utilisation of data on asset condition from multiple sources. 30/09/2026	Asset Management	21/04/2026
SCH0205	Failure to have robust systems and process for all data management	15	12	Exceeding	5 year Data Strategy strengthens our approach to Data, includes a 2 year road map that sets out a work plan to address issues. We have reprioritised some of the actions in the road map due to staff changes and other operational priorities. We have also secured external support to assist with some key priorities. 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		Lee Sugden	Treat (Action in progress)	Action in progress. There is a 5 year Data Strategy to strengthens our approach to Data, includes a 2 year road map that sets out a work plan to address issues. Work continues to progress with Corporate IT to resolve the issue. 30/04/2026	Change Management and Innovation	08/02/2026
SCH0198	Failure to meet regulatory obligations (excluding Building Safety/ Health and Safety compliance)	25	9	Exceeding	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.		Lee Sugden	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	Exceeding	A new Committee Structure is to be implemented from 2026/27 with new Terms of Reference for Committees.		Lee Sugden	Treat (Action in progress)	Action in progress. Implementation of agreed changes arising from governance review. 30/04/2026	Compliance and Reputation	13/08/2026

SCH0204	Failure to develop organisation and its staff to meet sector and local challenges.	15	9	Exceeding	People Strategy is in place with supporting action plan which is being delivered.		Lee Sugden	Treat (Action in progress)	Action in progress. Succession planning to be considered as part of the development of a new People Strategy & Action Plan alongside organisational restructures in Asset Management, Building Safety and Housing Services. 31/03/2027	People	27/05/2026
SCH0202	Failure to ensure health and safety of customers, employees and contractors.	20	8	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.		Lee Sugden			Building Safety and Standards	10/05/2026
SCH0210	Failure to optimise strategic partnership arrangements or failure of strategic partner or contractor leading to disruption in service delivery	12	8	Within	This is a new risk arising from the potential consequences of the failure of a strategic partner		Darren Baggs				

SCH - Escalated Risk

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
SCHAM0013	Failure to deliver remediation works on spandrel panels	25	8	Exceeding	Decisions on 5 louvre blocks deferred by the BSR until 20 April 2026.		Andy Duke			Compliance and Reputation	25/08/2026

SMBC - Cyber Security Risk

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
CRRC0014	Inability to prevent or respond effectively to a cyber security incident or ransomware attack (Confidential)	25	20	Exceeding	Threat landscape remains high with a significant number of councils being attacked in the past few months. 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. Establishment of business continuity forums liaise with business continuity plan owners to encourage them to regularly review and update plans		Andrew Felton	Tolerate	No further action required	Compliance and Reputation	24/03/2026

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	Exceeding	Risk has been reviewed to consider the ongoing work on completing procedure documentation and to record updates to building safety team staffing development		Perry Wardle	Treat (Action in progress)	Action in progress	Building Safety and Standards	06/08/2026
JHR0002	The Council is unable to meet or evidence its obligations under the RSHs Consumer Standards (April 2024).	15	9	Exceeding	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	Compliance and Reputation	26/08/2026
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	Cabinet has approved Housing Capital Programme of £33.225 million for 2026/27 and rent increases as proposed. The risk owner has confirmed that the risk has been reviewed and there are no changes to the risk.		Sam Gilbert			Compliance and Reputation	23/08/2026

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Meeting of the Board



Report title:	Occupational Health and Safety Report: Jan - Mar 2026 (Quarter 4)		
Meeting date:	3 June 2026		
Report from:	Mark Wills	SMBC Health, Safety & Risk Manager	
	On behalf of the Executive Leadership team		
Report author/	Dan Dalton	SMBC Senior Health and Safety Advisor	
lead officer:	07467688389	dan.dalton@solihull.gov.uk	
Report type:	Open		
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

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

2. Executive Summary

- 2.1 The Occupational Health and Safety Group (OHSB) and Building and Resident Safety Group (BRSB) meet quarterly with representation from service managers and staff. Progress of these groups is reported to the ELT Safety Leadership Group including any matters that require escalation. The Performance and Building Safety Committee attended by Board Members also meets quarterly, during which, the latest building safety and performance assurance report and action plan is reviewed. SMBC also has Joint Executive Group for building safety assurance.
- 2.2 Health and safety inspections were carried out at the three community halls, with key actions including ensuring all required fire extinguishers were in place and subject to regular inhouse inspection; ensuring contractors confirm that they have

reviewed the asbestos register for the relevant work area; and installation of warning signs to gas and electric intake areas. A review of progress is due end of June 2026.

- 2.3 There was a total of 25 incidents reported this quarter, significantly lower than the previous quarter (43) and the same as Q4 2024/25. Three of the 25 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.
- 2.4 In the previous quarter, the Occupational Health & Safety Policy had been reviewed and updated. The updated Occupational Health & Safety Policy has been approved by ELT in May 2026 and now requires Board approval. The policy is included as Appendix 3.

3. Recommendations

The Board is recommended to:

- (i) **NOTE the contents of this report.**
- (ii) **NOTE Appendix 1** – Legislative/guidance update.
- (iii) **NOTE Appendix 2** - Accident/Incident Reporting Analysis Q4 2025/26.
- (iv) **APPROVE Appendix 3** – Occupational Health & Safety Policy.

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/Guidance Updates:** A summary of key legislative/guidance updates has been provided in Appendix 1 for noting. These updates are considered by ELT with actions being taken in day-to-day service planning as appropriate.
- 5.3 **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.
- 5.4 The support provided by HSRS includes:
- Providing professional health and safety competent advice as per the Management of Health and Safety at Work Regulations.

- 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.

- 5.5 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 or inspected, 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. The current schedule includes health and safety visits and inspections with staff and teams to assess levels of compliance in practice at an operational level.
- 5.6 **Occupational Health and Safety Management Audits and Inspections:** In the last quarter, health and safety inspections were carried out at the three community halls; Whar Hall, Crabtree Hall and Auckland Hall. Key actions included ensuring all required fire extinguishers are in place and are subject to regular inhouse inspection; ensuring contractors confirm that they have reviewed the asbestos register for the relevant work area; and installation of warning signs to gas and electric intake areas. A review of progress is due end of June 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 OHSG, with escalations to the Safety Leadership Group as appropriate.
- 5.7 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. A review of progress will be undertaken at the end of April 2026.
- 5.8 In the previous quarter, the Occupational Health & Safety Policy has been reviewed and updated. There have been no significant changes, but the policy has been streamlined with minor changes to roles and responsibilities. Building safety elements are now part of a new suite of building safety-related policies. The updated Occupational Health & Safety Policy has been approved by ELT in May 2026 and now requires Board approval. The policy is included as Appendix 3.
- 5.9 **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 Q4 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 4 2025-26 are noted below.
- 6.2 There was a total of 25 incidents reported this quarter, significantly lower than the previous quarter (43) and the same as Q4 2024/25.
- 6.3 Key findings noted this quarter include:
- Three of the 25 incidents were deemed to be SCH work related and that further preventative action could have been taken to help prevent these, which is the same as the previous quarter. One was an employee/agency/contractor incident, and two were tenant-related incidents. Actions have been taken to prevent recurrences, including risk assessment development, reviewing communications with tenants and reviewing roof element inspection regimes. Three incidents (all tenant-related) were still being investigated at the time of the incident review analysis so it is not certain if more could have been done to prevent these.
 - There is no apparent upward or downward trend in the number of reported incidents.
 - A significant reduction in reported abuse related incidents was apparent. Following discussion with relevant management this could be due to a variety of factors e.g. less abusive incidents due to a quieter period (winter months), improved staff response preventing or deescalating potential abuse, or lack of reporting. Staff continue to be reminded to report all abuse related incidents.
 - Three out of the 20 tenant-related incidents (15%) involved kitchen units e.g. doors falling off and reportedly causing injury. An internal review was carried out, and it was concluded that it is not deemed reasonable for SCH to prevent these incidents unless the tenant reports defects prior to an incident. Given the prevalence of incidents this quarter as well as previous (5 over a 12-month period), SCH will continue to monitor associated work activity to ensure standards are maintained and do not contribute to any injuries.

Refer to Appendix 2 for details.

- 6.4 During this quarter, no incidents were reported under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), which is positive.
- 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 which 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** - Legislative/guidance update
14.2 **Appendix 2** - Incident/Accident/Near Miss Reporting Analysis Quarter 4 2025/26
January - March 2026.
14.3 **Appendix 3** - Occupational Health & Safety Policy.

15 Background documents

- 15.1 N/A

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Appendix 1

Legislative / Industry Updates – Jan - April 2026

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.

BUILDING SAFETY

1. Potential risks from transfer slabs in buildings

- 1.1. The Building Safety Regulator (BSR) issued a formal notice to principal accountable persons (PAPs) and building owners highlighting a potential structural safety issue associated with reinforced concrete transfer slabs in some buildings.
- 1.2. A transfer slab is a reinforced concrete floor slab that supports a column without a supporting column directly beneath it. The slab redistributes the column load to the structural elements below. They have been widely used in the UK for more than 25 years, especially in mixed-use buildings where column layouts change between floors. Not all buildings with transfer slabs are affected.
- 1.3. In November 2024, the Institution of Structural Engineers published new design guidance, prompting review of older design approaches. The concern centres on “punching shear”, where concentrated loads may cause a column to punch through the concrete slab. This could lead to partial structural collapse, although no such failures have occurred in the UK to date.
- 1.4. The presence of a transfer slab does not automatically require decanting or evacuation of residents. Building owners may need further assessment depending on the building’s design, condition, and other risk factors. Where distress indicators such as cracking are present, owners should seek professional structural engineering advice. Decisions to decant should weigh the true level of risk, given the significant impact on residents.

- 1.5. BSR is working with industry experts and the Ministry of Housing, Communities and Local Government (MHCLG) to understand the prevalence and extent of the issue. Further guidance will be issued in due course. Building owners are advised to stay informed and take proportionate steps to manage any identified risks.

2. BSR to allow 'staged applications' for all higher-risk buildings

- 2.1. The Building Safety Regulator (BSR) has announced that it will now accept staged applications for all new higher-risk buildings (HRBs) at Gateway 2, expanding what was previously allowed only for complex multi-tower developments. This change aims to speed up building control approvals and provide greater flexibility to the construction sector.
- 2.2. Staged applications are now permitted for single-tower HRBs as well as multi-tower schemes. Under staged applications, building work is split into distinct stages, each assessed separately, for example, separating groundworks/foundations from the subsequent construction.
- 2.3. Historically, staged applications were anticipated only for complex, multi-block projects where design work continued after initial submission. The new approach allows even individual buildings/blocks to be subdivided into stages, enabling early approval for groundworks or basement works before full design details of the upper structure are finalised. This could accelerate project delivery, reducing delays at Gateway 2.

3. Fire Safety Fire Safety (Residential Evacuation Plans) (England) Regulations 2025

- 3.1. These Regulations came into force on 6 April 2026 and apply to Responsible Persons (RPs) who are typically building owners or managers and are defined under Article 3 of the Regulatory Reform (Fire Safety) Order 2005 (the Fire Safety Order).
- 3.2. Amongst other things, the new duties aim to improve the safety of relevant residents by requiring the RP to identify and engage them in order to:

- Conduct person-centred fire risk assessments (where one is requested).
- Consider potential fire safety measures to implement.
- Record and provide the resident with a statement, that is a written record of what the resident has agreed to do in the case of a fire.

4. Furniture and Furnishings (Fire) (Safety) (Amendment) Regulations 2025

4.1. These Regulations came into force on 30 October 2025 and modernise outdated standards from 1988, and apply to organisations supplying or furnishing premises.

4.2. The changes:

- Remove certain children's products from the scope of the regulations
- Remove the old "swing label" on furniture, though permanent labels remain
- Tighten oversight on flammability testing and supply-chain compliance

5. Fire detection and fire doors: new standards

5.1. Two more technical standards have changed:

- BS 5839-1:2025: introduces new categories and stricter requirements for fire detection and alarm systems.
- BS EN 1634-1: replaces BS 476 for testing and classification of fire doors.

5.2. Organisations must update their servicing and replacement plans accordingly. Fire doors and alarm systems should meet the new European classification standards from 2026.

6. Construction Products Reform White Paper

6.1. MHCLG published the Construction Products Reform White Paper and consultation is open until 20 May 2026.

6.2. The paper proposes:

- New General Safety Requirement for construction products
- Tighter oversight of safety-critical products (e.g. fire doors)
- Clearer accountability for principal designers and contractors

7. Grenfell Tower Inquiry Government Annual Report: February 2026

7.1. The Annual Report on the government's progress in implementing the Grenfell Tower Inquiry Phase 2 recommendations has been published: [Grenfell Tower Inquiry Phase 2 Report Government Response: Annual Report 2026](#).

7.2. The report notes strengthening the building and fire safety system, establishing a "single construction regulator", reform through clearer rules and expectations, and transforming construction product safety, with a target to close 70% of recommendations by the end of 2026.

8. Building Safety Levy

8.1. The Building Safety Levy is a tax on new residential buildings that will come into force in October 2026 following the Building Safety Levy (England) Regulations 2025 (Regulations) being made on 19 November 2025. Rates vary by local authority and are higher for greenfield development.

8.2. The levy is part of the wider reforms under the Building Safety Act 2022 and related regulations.

8.3. Its purpose is to make the development industry contribute to the cost of fixing historic building safety defects, particularly unsafe cladding, following the Grenfell Tower tragedy.

8.4. The following are exempt from the levy:

- Social housing
- Supported housing
- Developments by registered providers (and their wholly owned subsidiaries)

- Care homes and nursing homes
- Domestic abuse shelters
- Hospitals, prisons and military accommodation

9. Two evacuation lifts to be required in high rises under fire safety rule change

- 9.1. All new high-rise blocks taller than 18 metres will need at least two evacuation lifts under planned changes to building regulations.
- 9.2. The move aims to improve evacuation access for disabled people as it would allow residents who cannot use stairs to escape a building on their own during an emergency.
- 9.3. If agreed, the change would be a departure from previous guidance which relied on the stay put strategy and firefighters helping people leave their homes.
- 9.4. The Building Safety Regulator has proposed adding provisions for the lifts as part of a raft of updates to Approved Document B, which sets out building regulations on fire safety.

10. Remediation plan to accelerate building safety works

- 10.1. HSE have introduced a comprehensive Remediation Improvement Plan aimed at increasing the speed of essential high-rise building safety works across England: [BSR plans to reduce external remediation delays and improve management of application caseloads - GOV.UK](#).
- 10.2. The Remediation Improvement Plan is aimed at improving the efficiency, quality and timeliness of applications for essential high-rise building safety works across England.
- 10.3. The improvement plan introduces key measures including:
 - a remediation multi-disciplinary team with dedicated account managers to streamline communication

- increasing regulatory lead capacity through a recruitment drive to accelerate application processing
- implementing "approval with requirements" to enable site mobilisation while technical issues are resolved
- publishing remediation-specific guidance and resources to help industry navigate the building control process

11. Built Environment Competence Hub now live

- 11.1. A central space to access competence frameworks, standards and guidance for the built environment is now live: [Guest Index - Built Environment Competence Hub](#).
- 11.2. The British Standards Institution's (BSI) Built Environment Competence Hub, developed in collaboration with the Industry Competence Steering Group (ICSG) and BSR, is designed for anyone working in the built environment sector.
- 11.3. The free-to-access hub is divided into dedicated areas covering:
 - design
 - construction
 - construction products
 - in-use and building management
 - cross-delivery functions

12. Charging scheme for the BSR

- 12.1. A new charging scheme for BSR with a 3% (inflationary) increase in hourly charges, became effective on 1 April 2026: [Building Safety Regulator charging scheme - GOV.UK](#)
- 12.2. The scheme outlines fees, including:

- determination of building control approval applications for higher-risk building work
- assessing applications to dispense with or relax building regulations
- the inspection of building work

13. Maintenance company fined after worker dies from toxic glue exposure

- 13.1. The worker died laying a bathroom floor when he inhaled toxic vapours from flooring adhesive. [Maintenance company fined £400,000 after worker dies from toxic glue exposure – HSE Media Centre](#)
- 13.2. The hose to the pressurised glue canister became damaged, releasing a large amount of adhesive into the poorly ventilated bathroom. The worker lost consciousness and collapsed, with emergency services having to force entry to the bathroom to reach him.
- 13.3. HSE's investigation found the housing association maintenance company had failed to take appropriate precautions to ensure substances hazardous to health are not used when safer alternatives are available. They were fined £400,000.

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Appendix 2



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Community Housing
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Incident/Accident/Near Miss Reporting Statistics

Quarter 4 2025/26
January – March 2026

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.

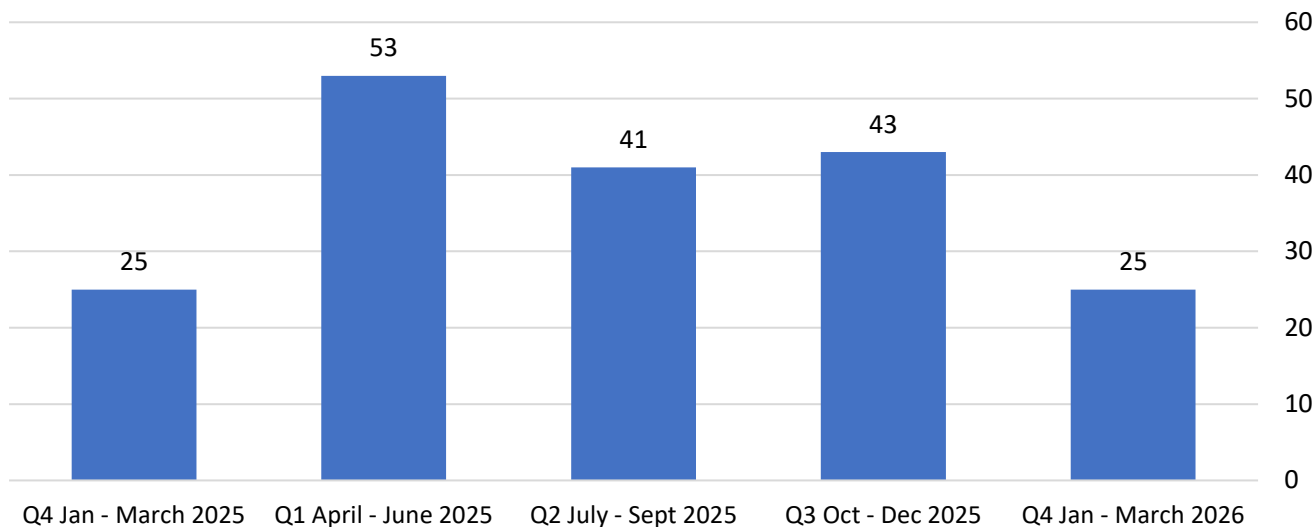
Certain types of incident are reportable to the Health and Safety Executive (HSE) under the **Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)**.

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 Q4 2025/26:

- There was a total of 25 incidents reported this quarter, significantly lower than the previous quarter (43) and the same as Q4 2024/25.
- Five incidents involved employees, agency staff, contractors and others. Three of these were 'Accidents' and two were 'Abuse/Threat/Violent Incidents'.
- 20 incidents were Resident and Building Safety related. There were 16 'Accidents', two 'Fire Incidents' and two 'Near Miss' incidents.
- Two of the 16 tenant related incidents were deemed to be work related and that further preventative action could have been taken to help prevent this.
- One of the five employee/agency/contractor/other incidents has been deemed to be work related and that further preventative action could have been taken to help prevent the occurrence.
- None of the incidents were deemed to be RIDDOR reportable.

Key Findings and Trends

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

- A significant reduction in reported abuse related incidents was apparent. Following discussion with relevant management this could be due to a variety of factors e.g. less abusive incidents due to a quieter period (winter months), improved staff response preventing or deescalating potential abuse, or lack of reporting. Staff continue to be reminded to report all abuse related incidents.
- It was deemed reasonable that SCH could have done more to prevent one of the employee/contractor/agency/other incidents and two of the tenant-related and building safety incidents. Actions were taken to prevent recurrences. Three incidents (all tenant-related) are still being investigated so it is not certain if more could have been done to prevent these.
- There does not appear to be any notable upward or downward trend in incident numbers over time.
- There continues to be a notable number of reported incidents allegedly involving kitchen units e.g. doors falling off and causing injury. An internal review was carried out and it is not deemed reasonable for SCH to prevent these incidents unless the tenant reports defects prior to an incident. Given the number of incidents, reasons for the incidents should continue to be monitored.



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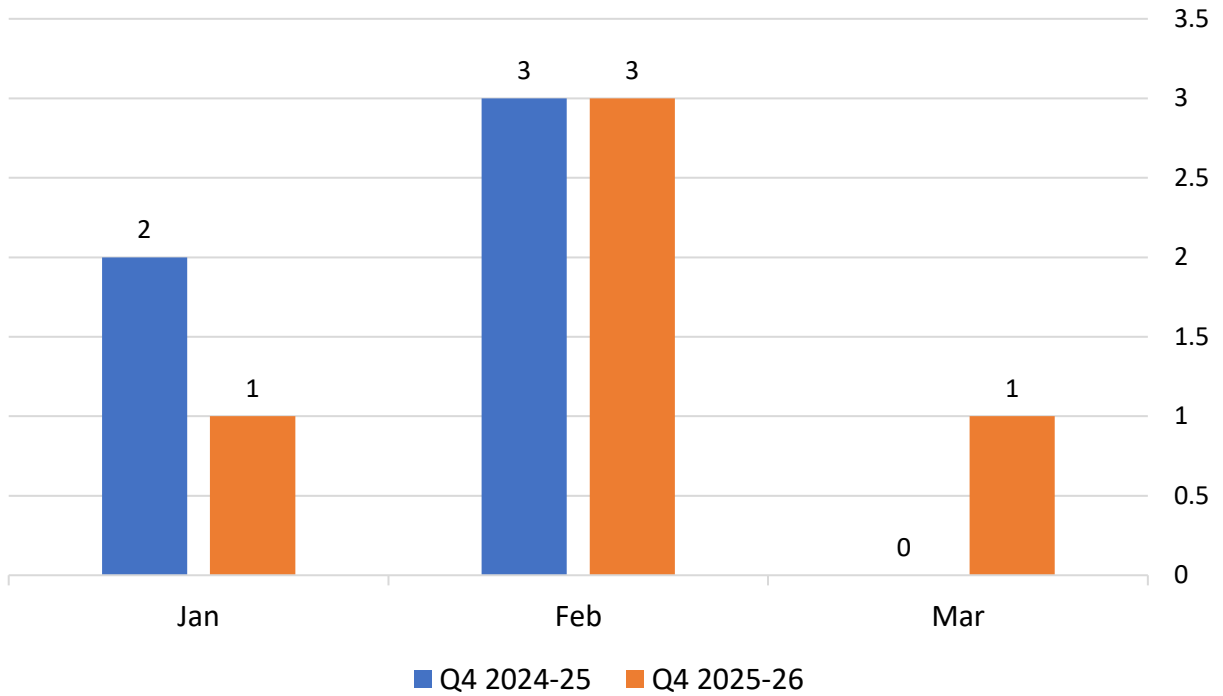
Occupational Health and Safety

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

Quarter 4
January – March 2026

Rolling Total of Incidents

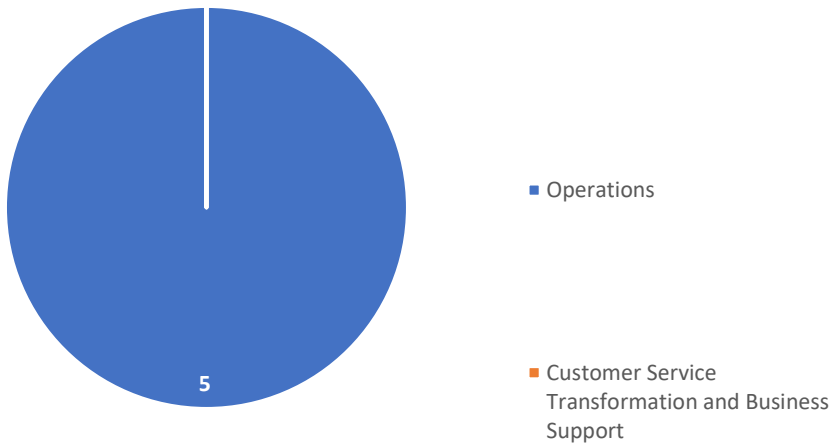
Quarter Comparison Q4 Jan - Mar 2026 Total Staff,
Agency and Other Incidents



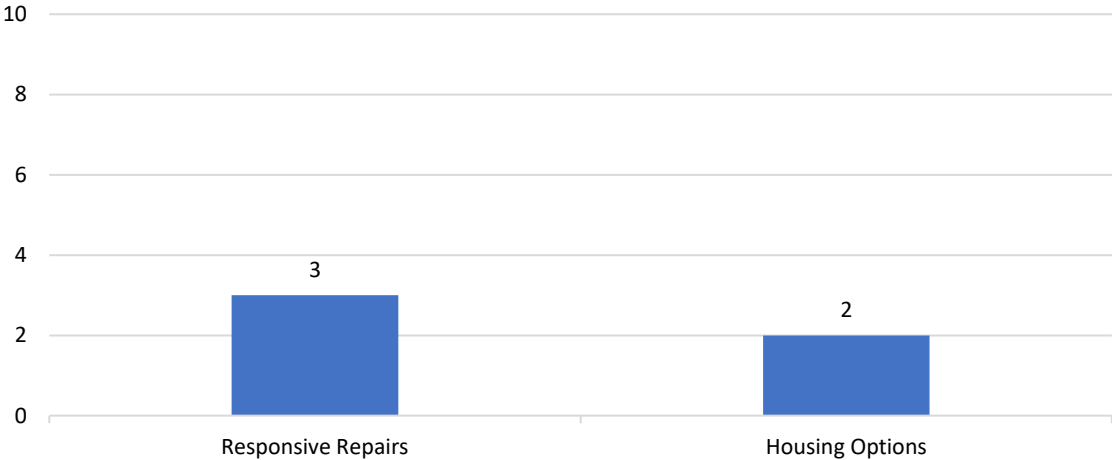
- The graph above compares monthly totals this quarter with Q4 2024-25.

Employee/Agency and Other Incidents

Number of Incidents Per Service Area



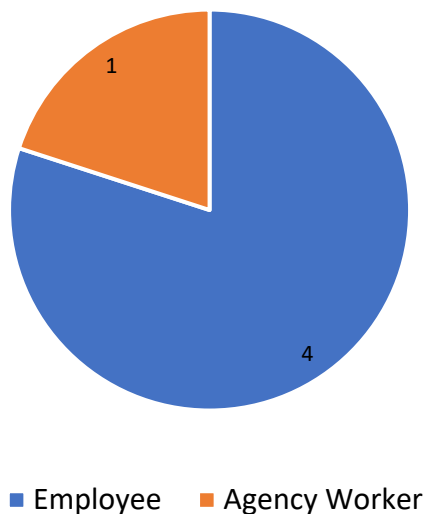
Q4 2025-26 Breakdown per Area



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

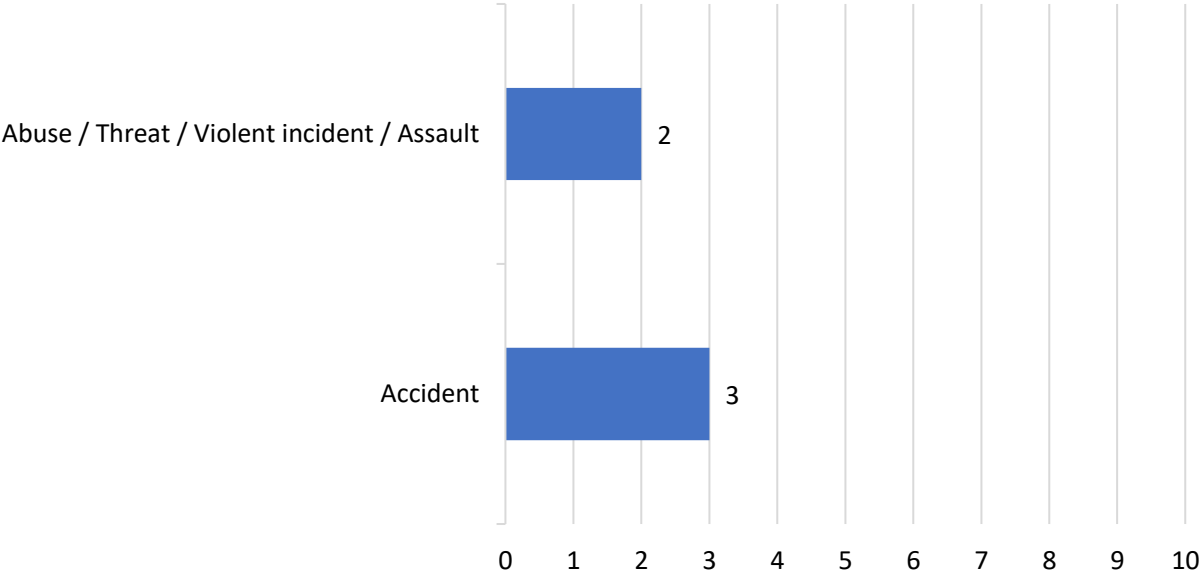
Person Involved and Type of Incident

Incidents per Person Involved



There were four incidents involving employees and one incident involving an agency worker.

Reported Incident Type



Employee, Agency Staff and Other Summary

Incidents - SCH Contributed

Out of the five employee/agency staff/contractor incidents reported in Quarter 4 2025/26, it was deemed that it was reasonable for SCH to have taken further action to prevent one of these. The reason for this was not including a full scope of hazards in a risk assessment. The risk assessment has now been reviewed and amended and 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

Two employee/agency staff/contractor incidents reported were Abuse/Threat/Violent incident/Assault related, all involving a tenant or member of the public. This is low compared to previous quarters and the relevant manager believes this may be due to reduced incidences, but staff have been reminded to report all incidents in case of underreporting.

Accidents

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

RIDDOR Reportable

No incidents were deemed to be RIDDOR reportable in Q4 2025-26.



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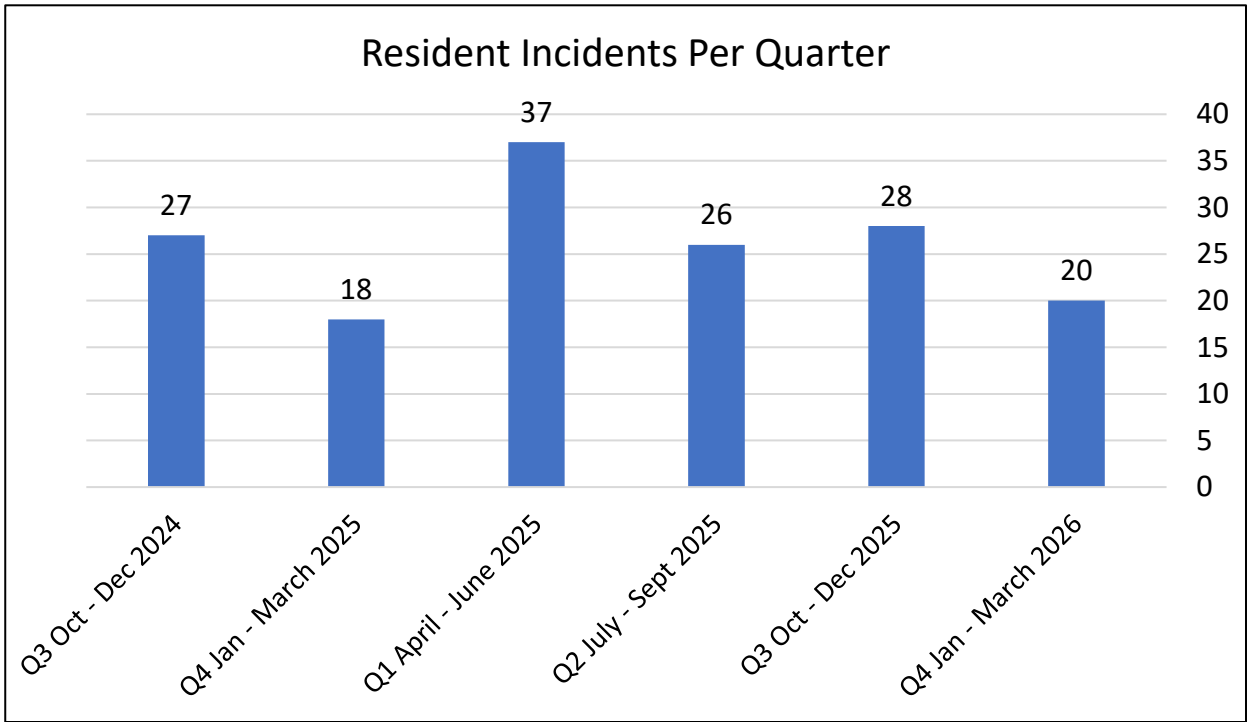
Building and Resident Safety

Incident Statistics Quarter 4 January – March 2026

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.

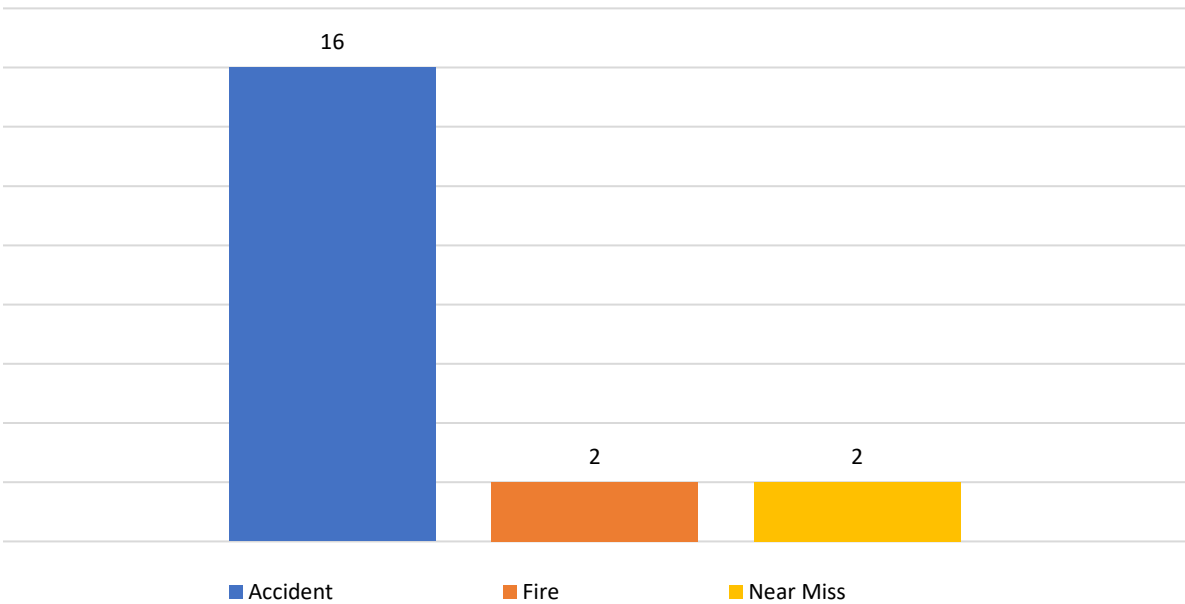
Resident Safety - Tenant Incidents



- Resident-related incidents reported per quarter. There does not appear to be an upward or downward trend.

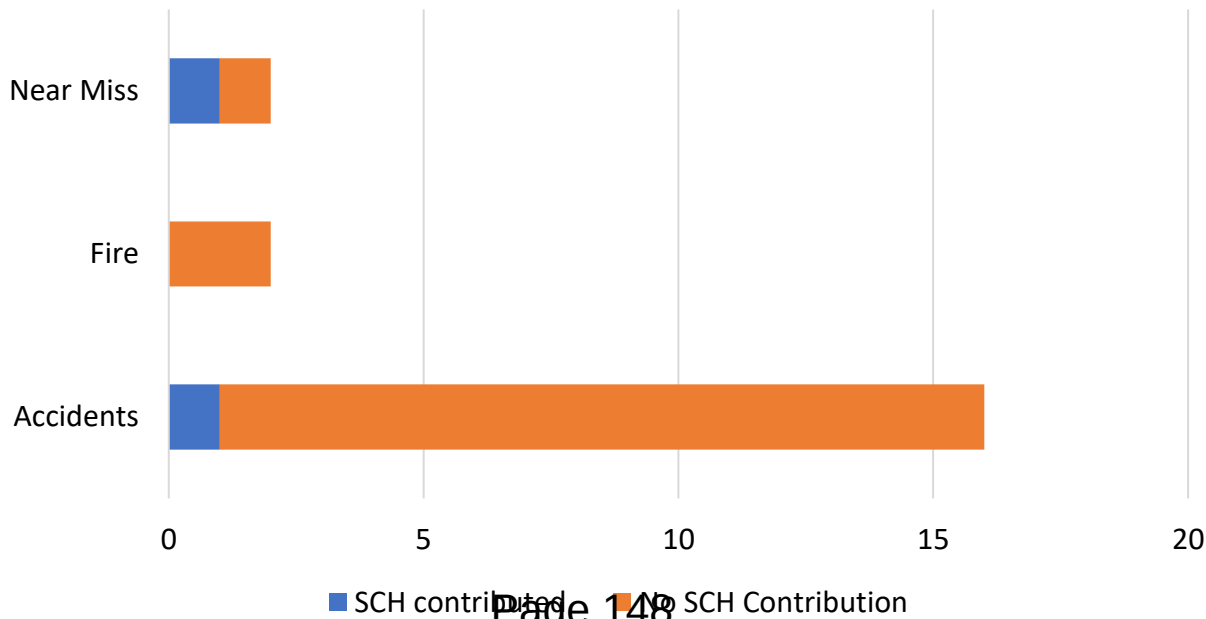
Resident Safety - Tenant Incidents

Resident Incident Breakdown By Type



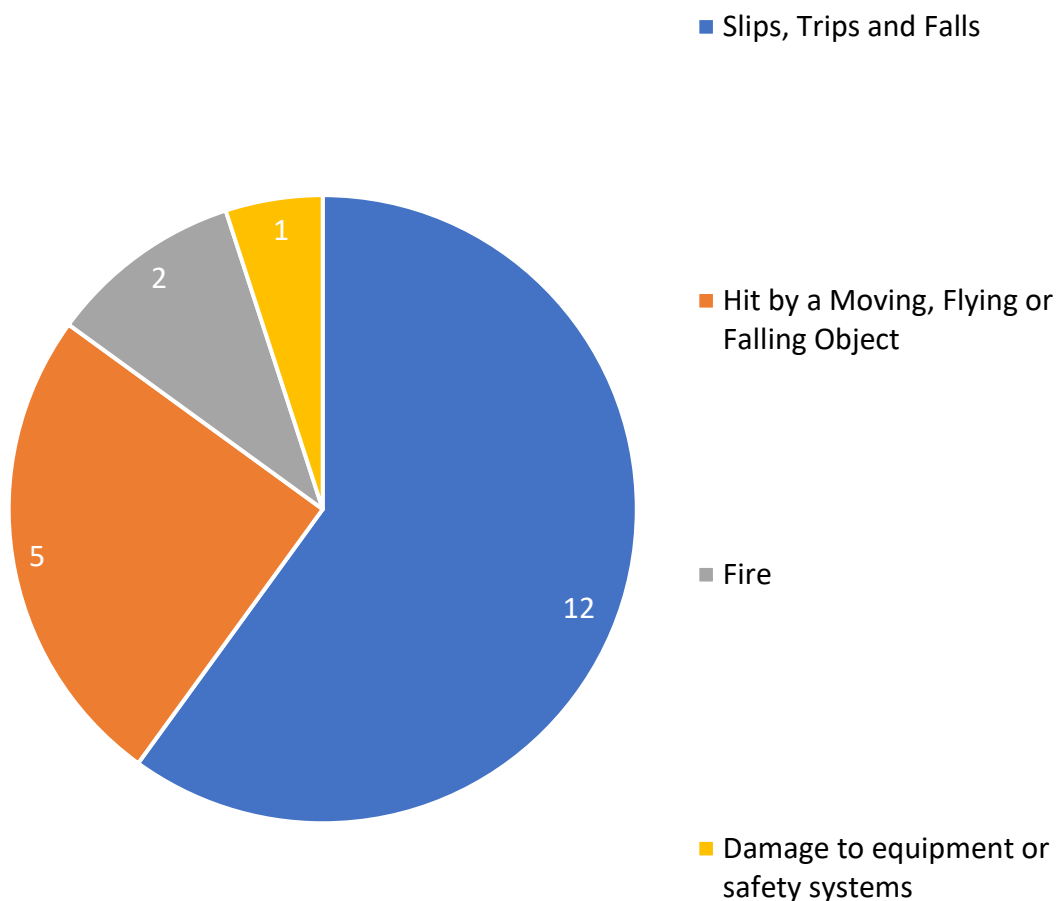
- There were 20 tenant-related/building safety incidents reported this quarter, 20 of which were accidents, two fire incidents and two near miss incidents. There were no tenant related incidents reported under RIDDOR this quarter.
- The graph below shows if it was reasonable for SCH to have done more to prevent the incidents e.g. related to SCH work activity, act or omission. There were two incidents in this category.

Resident Incidents



Resident Safety - Tenant Incidents

Resident Accidents by Type



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

20 incidents were Resident and Building Safety related. There were 16 'Accidents', two 'Fire Incidents' and two 'Near Miss' incidents.

Two of the 20 tenant related incidents were deemed to be work related and that further preventative action could have been taken to help prevent this.

Recommended Actions

There continues to be a notable number of reported incidents allegedly involving kitchen units e.g. doors falling off and causing injury. An internal review was carried out and it is not deemed reasonable for SCH to prevent these incidents unless the tenant reports defects prior to an incident. Given the number of incidents, reasons for the incidents should continue to be monitored.

Near Miss Reports

Two near miss incidents were reported during Q4 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 20 tenant and building safety incidents reported this quarter were slip, trip or fall incidents (12), 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.



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Occupational Health and Safety Policy



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1 Introduction

Solihull Community Housing (SCH) provides a managed housing service on behalf of Solihull Metropolitan Borough Council (SMBC) for its own housing stock and those owned by the local authority. The delivery of the service is undertaken through a formal Management agreement and governed by a Board which is accountable to the Council.

This Policy outlines the framework developed by SCH as an employer to manage occupational health and safety. The Policy is a declaration of SCH's commitment to provide, so far as is reasonably practicable, safe, and healthy conditions for employees, residents and anyone who uses or visits SCH's premises, or who may be affected by its activities.

Each directorate and service will develop more detailed and specific systems and procedures to ensure that health and safety is effectively managed on a day-to-day basis. These should be proportionate to the level of risk within services.

SCH will establish and adopt procedures to ensure that health and safety objectives and priorities are monitored and delivered to a high standard and that a pro-active culture to health and safety is maintained throughout the organisation.

The policy has been produced as required by Section 2 (3) of the Health and Safety at Work etc. Act 1974 to clearly identify the responsibilities of the Chief Executive, Executive Directors, Heads of Service, Managers and employees.

The purpose of the Policy is to detail the arrangements for managing occupational health and safety within SCH and demonstrate that the Chief Executive together with the Executive Leadership Team are totally committed to the health and safety of all employees and other persons that are affected by its activities.

The Chief Executive may delegate responsibilities to Executive Directors, Heads of Service, and Managers. However, the Chief Executive retains overall accountability and responsibility.

SCH strives to continually improve health and safety standards and promote a consistent approach and positive culture.

SCH aims to integrate good health and safety management into service delivery, management and decision-making processes and will consult and communicate with employees and trade union representatives to ensure they are aware of their health and safety responsibilities.

This policy will be kept under review and updated as necessary to reflect the needs of the organisation and any future changes to legislative requirements.

Please note: Separate specific policies exist covering building and resident safety, including fire safety management. Please refer to the SCH website for more information.

2 Health and Safety Policy Statement

This Policy Statement outlines the framework developed by SCH to manage occupational health and safety.

Here at SCH, we recognise the equal importance of effective health and safety management and are committed to it alongside other core business aims and objectives. This includes the safety of employees, customers and anyone who might be affected by our activities.

We are committed to ensuring that no one is hurt or made unwell through the work and activities we do. We will achieve this through:

- Complying with all applicable health and safety legislation.
- Committing to the prevention of ill health and injury across the organisation.
- Providing strong and visible leadership and management.
- Ensuring that adequate resources are provided for health and safety.
- Ensuring we provide our residents with a safe place to live.
- Encouraging the implementation of a Management System within directorates, and service areas, to identify and control risk throughout the organisation.
- Identifying significant risks to health and safety and implementing adequate measures to prevent, reduce or protect against those risks.
- Providing a focus on higher risk activities and topics within the organisation.
- Ensuring a competent workforce through the provision of information, instruction, training and supervision.
- Providing effective communication, consultation and cooperation with employees and key stakeholders on all relevant health and safety matters.
- Ensuring that appropriate monitoring and reviewing processes are in place, so that the organisation continually improves the way health and safety is managed.
- Setting and reviewing targets to meet the objectives of this policy and continually improving our Health and Safety Management System.

Chief Executive
Solihull Community Housing

Board Chair
Solihull Community Housing

Date: April 2026

Date: April 2026

3 Organisation for Health and Safety

Successful health and safety management is reliant on a systematic approach throughout the organisation, fully integrated into all aspects of the business. SCH will ensure adequate resources are available to implement the principles of its health and safety policy and conform to all relevant health and safety statutory regulations.

3.1 Health and Safety Governance

SCH health and safety governance arrangements provide a strategic focus on two distinct areas: occupational health and safety and building and resident safety.

The governance arrangements include SCH Board to oversee both occupational health and safety and building and resident safety, with a nominated board member for safety. A committee is also in place to ensure compliance with regards to building safety. Direction on the strategic management of health and safety is provided by Safety Leadership Group, which involves the whole executive team. The group focuses on key risk areas and agrees health and safety objectives through the corporate action plans and associated monitoring arrangements for tracking performance, as well as setting the direction needed for the operational health and safety working groups.

This governance structure helps promote strong and active management from the top, establishes effective ‘downward’ communication systems and integrates good health and safety management with key business decisions.

3.2 Health and Safety Management System

SCH has adopted the Health and Safety Executive’s (HSE) “Managing for Health and Safety” HSG65 as their health and safety management system. The model applies the principles of other recognised Occupational Health and Safety Management System specifications such as ISO 45001.

The concept of ‘**Plan, Do, Check, Act**’ can help achieve a balance between the systems and behavioural aspects of management. It treats health and safety management as an integral part of good management, rather than a stand-alone system and encourages a commitment to continuous improvement.

SCH has also adopted the **Plan, Do Check, Act** approach to the management of building and resident safety.

PLAN	
Leadership	Corporate Health and Safety Policy, Management Commitment & Engagement, Roles and Responsibilities
Planning	Health and Safety Action Plans Objective Setting
DO	

Arrangements	Corporate policies, arrangements & guidance, local health and safety procedures
Risk Profiling & Control	Arrangements for completing risk assessments, implementing controls, Risk Registers. Implementation of action plans to control risks & ensure policy objectives are met
Communication	Systems in place for the communication of health and safety throughout the organisation
Consultation & Cooperation	Procedures in place for cooperation between employees, managers and Union Representatives through active consultation and involvement
Competence	Competence of individuals through recruitment, selection, induction, training and development
CHECK	
Measuring & Monitoring	Measuring performance to assess effectiveness of arrangements in place; inspection & audit, tracking of action plans, statutory equipment checks, investigating causes of accidents, incidents and near misses, health surveillance, sickness absence/ill health data, health and safety reports to Senior Leadership teams
ACT	
Reviewing	Reviewing performance, acting on lessons learned; accidents & incidents, ill-health data, revisiting plans, policies, procedures & risk assessments

3.3 Plan

The Health and Safety Management System will be embedded at all levels of the organisation to achieve the aims and objectives of this policy.

3.3.1 Occupational Health and Safety

As part of the planning process, priorities and actions will be set within an Occupational Health and Safety Plan. Other plans for health and safety will also exist across services, as required, for their work activities. The Occupational Health and Safety Plan will be used to help identify occupational health and safety risks that are also highlighted in the SCH Corporate Risk Register where relevant.

3.3.2 Roles and Responsibilities for Health and Safety

The roles and responsibilities are defined as follows:

3.3.2.1 SCH Board Members

The SCH Board is responsible for overseeing SCH health and safety performance in the organisation.

The SCH Board should ensure that adequate resources are made available to the Chief Executive to ensure that successful health and safety management is implemented and embedded across SCH. They also have the responsibility for ensuring there is a dedicated board member for health and safety, ensuring they have the necessary competence, resources and support. The board holds the SCH Executive Team to account for the effective management of health and safety and champions health and safety at every opportunity.

The Board endorses the aims and objectives of this policy and reviews SCH health and safety performance formally through quarterly reporting.

3.3.2.2 Chief Executive

The Chief Executive has overall responsibility and accountability for implementing and achieving the objectives of this Policy. This includes:

- Having ultimate responsibility for ensuring that significant risks are effectively managed throughout the organisation.
- Providing clear and visible health and safety leadership and commitment that encourages employee involvement and champions the importance of sensible health and safety risk management within the organisation.
- Ensuring that all decisions made are in line with the SCH Health and Safety Policy statement.
- Integrating health and safety and building safety within other core business objectives and management.
- Ensuring that accountabilities and responsibilities for health and safety are properly assigned throughout the leadership structure and hierarchy.
- Ensuring that the Executive Leadership Team, Executive Directors and Heads of Service have arrangements in place for the effective management of health and safety within their directorates and service areas.
- Ensuring adequate resources are allocated to all service areas, in consideration of their inherent risks.
- Making sure that the executive leadership team have the necessary competence, resources and support to carry out their duties.
- Ensuring that SCH has appointed competent persons to provide health and safety assistance/advice to meet the requirements of the Management of Health and Safety at Work Regulations.
- Setting and monitoring health and safety performance with Executive Directors and taking appropriate action to overcome any deficiencies.
- Being accessible to the Health, Safety and Risk Service so that any significant health and safety issues can be raised immediately.

3.3.2.3 Executive Directors

Executive Directors are responsible for ensuring that the Health and Safety Management System is implemented within their respective areas. This will be achieved by:

- Providing clear and visible health and safety leadership and commitment.
- Fulfilling the role of nominated appointed director for overseeing/championing occupational and workplace health and safety
- Integrating health and safety into core business objectives, day-to-day decision making and strategic planning.
- Making sure that accountabilities and responsibilities for health and safety within their directorate are properly assigned, communicated, understood and carried out.
- Making sure that where operational responsibilities are delegated to lower levels of management, those who have been nominated are competent, and understand and accept their delegated responsibilities.
- Ensuring that Heads of Service and Senior Managers have robust arrangements in place for the effective management of health and safety within their services/ teams.
- Ensuring adequate and sufficient resources (time, human and financial) are provided to enable appropriate management to fulfil their responsibilities.
- Ensuring that health and safety is included in relevant action plans to drive continual improvement within services/teams. The content to be kept in proportion to the level of risks.
- Setting and monitoring health and safety performance in accordance with Heads of Service and Senior Managers taking appropriate action to overcome any deficiencies.
- Consulting and seeking advice from the Health, Safety and Risk Service, who provide the appointed competent advice and assistance to SCH on health and safety matters when required.
- Promoting a proactive and positive health and safety culture throughout the directorate.

3.3.2.4 Heads of Service

Heads of Service and senior managers are responsible for ensuring effective health and safety management within their areas of responsibility, ensuring that all managers and employees and any other persons under their area of control are held accountable for the specific application of their health and safety duties. This will be achieved by them:

- Providing clear and visible health and safety leadership and commitment.
- Integrating health and safety into core business objectives, day-to-day decision making and strategic planning.
- Making sure that where operational responsibilities are delegated to lower levels of management, those who have been nominated are competent, and understand and accept their delegated responsibilities.
- Ensuring that managers have robust arrangements in place for the effective management of health and safety within their services/teams.
- Ensuring adequate and sufficient resources (time, human and financial) are provided within service areas to enable appropriate management to fulfil their responsibilities.

- Endorsing health and safety action plans in place within the directorate and implementing the requirements with their managers to drive continual improvement within service areas.
- Setting and monitoring health and safety performance in accordance with managers and taking appropriate action to overcome any deficiencies.
- Consulting with, and seeking advice from, the Health, Safety and Risk Service on health and safety matters when required.
- Promoting a proactive and positive health and safety culture throughout their service areas.

3.3.2.5 Managers

For the purposes of this policy, the term 'manager' relates to all employees and interim/ agency personnel who manage staff and/or services, or to any extent has control at work over people and/or projects.

Managers are responsible for:

- The day-to-day management of health and safety in areas under their control.
- Integrating health and safety into service plans, action plans and day-to-day decision making.
- Identifying hazards, conducting risk assessments, recording significant findings and implementing any necessary control measures.
- Ensuring that local health and safety procedures, safe systems of work and relevant emergency procedures are in place within their teams/services to manage any risks.
- Ensuring training needs are identified.
- Providing information, instruction, training, and supervision to help secure the competence of all employees.
- Ensuring that effective communication and consultation arrangements are in place with employees and union representatives.
- Ensuring robust inductions are carried out for all new employees including agency workers, contractors and interim personnel.
- Attending/completing mandatory health and safety training as part of continued professional development.
- Providing safe and healthy working conditions in areas under their control, including safe plant, equipment and machinery.
- Ensuring that a formalised workplace inspection regime is in place to check that the work environment is safe and healthy.
- Providing equipment, materials and protective clothing to employees as is necessary to enable them to work safely.
- Cooperating and coordinating their activities with other teams/services and partners to ensure the health and safety of all employees and others affected by any risks.
- Ensuring all accidents, incidents and near miss events, are reported and recorded, undertaking investigations and taking appropriate remedial action to prevent recurrences.

- Ensuring that health and safety requirements are included throughout the management of project and procurement processes and contract management agreements.
- Ensuring that health and safety is included when managing contractors and construction-related projects.
- Complying with all corporate health and safety policies, procedures and guidance arrangements in place across the organisation.
- Participating in health and safety workplace inspections and audits as required and taking appropriate remedial action where recommendations for improvement have been made.
- Reviewing health and safety performance within their teams.
- Consulting with, and seeking advice from, the Health, Safety and Risk Service on health and safety matters when required.
- Promoting a proactive and positive health and safety culture.

Managers may choose to delegate responsibilities to specific employees/postholders. However, they must ensure that those nominated are competent and understand and accept the responsibilities being delegated to them. The manager will remain accountable for these activities.

3.3.2.6 Employees

For the purposes of this policy, employees will also include students, volunteers, work placements, agency workers, temporary staff and contract workers.

All employees, including those with managerial responsibilities, have a responsibility to:

- Take reasonable care, whilst at work, of their own and other people's health and safety.
- Cooperate with their manager and other employees to work safely, follow health and safety instructions and information and undertake appropriate health and safety training.
- Comply with all corporate health and safety policies, procedures and guidance arrangements in place across the organisation.
- Not intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety and welfare.
- Report to their manager any health and safety concerns, deficiencies or defects, or shortcomings in health and safety arrangements and safe working practices.
- Report and record all accidents, incidents and near miss events.
- Make suggestions to improve health and safety.
- Promote a proactive and positive health and safety culture.

3.3.2.7 Competent Health and Safety Assistance (Health, Safety and Risk Service)

SCH obtains competent health and safety advice from the Health, Safety and Risk Service of SMBC who have been appointed under the Management of Health and Safety at Work

Regulations to provide competent health and safety advice, covering all relevant health and safety legislation.

The Health, Safety and Risk Service is responsible for:

- Providing professional and practical competent occupational health and safety advice and guidance to managers and employees.
- Providing advice and guidance on compliance with relevant statutory requirements and the application of best practice.
- Developing, and advising on, relevant health and safety policy, procedures, topic-specific guidance and arrangements.
- Helping and supporting managers in the development of risk assessments and safe working practices for work activities/processes/operations.
- Supporting SCH to develop its health and safety plans.
- Providing representation at health and safety meetings, as appropriate.
- Supporting the delivery of health and safety management within SCH.
- Reporting on and advising ELT on SCH health and safety performance and recommend key improvement areas.
- Organising and undertaking a programme of occupational health and safety audits and workplace inspections for SCH workplaces, activities and teams.
- Supporting or undertaking incident investigations.
- Working with senior managers to promote both high levels of awareness of health and safety at all levels, and the development of a positive culture across the organisation.
- Advising on suitable processes and systems for monitoring health, safety and welfare standards, and promoting continuous improvement in health and safety performance.
- Ensuring that relevant reports are notified to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR).
- Liaising with the HSE and other enforcing authorities on any regulatory interventions or investigations as required.

3.4 General Arrangements - Do

The Occupational Health and Safety Policy sets out the framework for the organisation and arrangements for health and safety, across SCH.

3.4.1 Corporate arrangements and guidance

To facilitate the effective management of health and safety, a series of topic-based health and safety policies, procedures and guidance documents are in place for managers and employees. These support this policy, as part of the organisational arrangements in place.

The comprehensive health and safety documentation provides specific detail on a range of different topics, and where required, further information on specific roles and responsibilities.

Where possible, and relevant to its operations and processes, SCH has adopted the occupational health and safety policies and guidance of SMBC. Where these are not relevant, SCH has developed specific policies, procedures and guidance for health and safety topic areas.

Relevant documents can be accessed from the Employee Health and Safety page of the SCH intranet.

3.4.2 Service area specific health and safety arrangements/procedures

To demonstrate compliance and implementation of this policy and corporate guidance, services must have their own **written local health and safety arrangements in place** as relevant to their work activity and risks involved.

3.4.3 Risk Control

SCH has identified its significant occupational health and safety risks and review how these are being managed utilising risk registers, performance data, and results from health and safety audits and inspections.

Managers are required to complete risk assessments, reduce risks through the implementation of robust control measures that mitigate risks to an acceptable level in line with policy objectives.

Risk assessments are reviewed on a regular basis and after any significant incident.

3.4.4 Communication

A comprehensive source of all available information on corporate health and safety policies and guidance can be found on the SMBC and SCH health and safety pages of the Intranet.

Health and safety information and guidance can also be sourced directly from the Health and Safety Executive website.

SCH has a number of communication channels as well as the intranet and external website for communicating any health and safety messages to employees, residents and customers.

Communication channels for the exchange of health and safety information are also utilised, e.g., at staff briefings, team meetings, and one to one meetings.

3.4.5 Consultation

SCH recognises that consulting with its employees, trade union representatives and key stakeholders is vital in securing their cooperation and ensuring that safety procedures are workable and adopted. SCH consults with trade union representatives on a formal basis quarterly through its Occupational Health and Safety Group.

Trade union representatives also have an opportunity to raise concerns through the formal JNCC meetings.

Trade unions are encouraged to cooperate with managers regarding any health and safety issues or concerns in the workplace.

3.4.6 Training and Competence

The competence of employees through recruitment process, induction and ongoing training is an important part of the health and safety management system in place across SCH. All employees should have **sufficient knowledge, skills and information** to carry out their work safely and without risk to health.

SCH has mandatory health and safety training requirements, including:

- Health and Safety Induction for all new starters.
- Various mandatory e-learning modules identified by role.
- Health and safety responsibilities for managers e-learning.
- Risk Assessment – e-learning for all managers or nominated employees who undertake risk assessments.
- Other topic-based training based on role.

In addition to the identified mandatory sessions, managers and employees may need to attend other specific training programmes, including refresher training that may be relevant to their job role or setting. Examples include first aid, fire safety/fire warden, manual handling, management of contractors/CDM, personal safety awareness/lone working, conflict resolution, etc. Also, the consideration of any specific health and wellbeing training programmes where relevant, e.g., developing personal resilience, management of work-related stress, etc.

In areas where there is a **greater element of risk**, more comprehensive health and safety inductions and training will need to be carried out to ensure employees are trained and competent.

3.5 Monitoring and Review – Check and Act

The content of this policy and its effectiveness in terms of performance will be the subject of a three-year review unless significant changes occur.

Monitoring of the Health and Safety Management System and its effectiveness in the organisation will be assessed by the SCH Board and Executive Leadership Team to ensure compliance.

Monitoring will be both pro-active and reactive, incorporating performance reporting, comprehensive inspections and spot checks, audits and accident investigations and statistical analysis. Monitoring the requirements of this policy will be carried out by Executive Directors and Heads of Service, Managers and the Health, Safety and Risk Service to establish whether:

- Legal compliance is being achieved.
- Health and safety responsibilities are being properly assigned and discharged correctly.

- Leadership teams are accepting and dealing effectively with their delegated health and safety responsibilities.
- Corporate health and safety arrangements and guidance are being followed.
- Employees are aware of their roles and responsibilities.
- Accident/incident trends and occupational health data are showing a continuous improvement.
- Health and safety targets are being monitored and are being achieved.
- All employees and managers receive appropriate health and safety inductions, training and development.

The Occupational Health and Safety Action Plan and Corporate Risk Register will also be used to track progress of health and safety performance in the organisation. Health and safety reports to senior leadership teams will also be used.

3.5.1 Auditing the Management System

3.5.1.1 Occupational Health and Safety/Workplaces

The Health, Safety and Risk Service, who are engaged by SCH to provide a comprehensive health and safety advisory and support service, will agree a programme of health and safety audits with the Executive Leadership Team. These will focus on key risk areas and their associated health and safety arrangements for occupational health and safety and establish whether appropriate management arrangements are in place, adequate risk control systems exist, are implemented and reflect the hazards the organisations need to manage.

A health and safety workplace inspection programme will also be carried out where relevant, to identify and evaluate health and safety hazards in the workplace and identify actions where improvements need to be made.

4 Document Control

Date:	April 2026	Approving body:	SCH Board, SCH Executive Leadership Team
Policy Version:	Final Version V.1.0	Approval date:	April 2026
Author:	Health, Safety and Risk Service SMBC/SCH	Review date:	3-year cycle
Consultation:	Executive Leadership Team, Occupational Health & Safety Groups	Policy owner:	SCH Chief Executive
Corporate Health and Safety Policy – UNCONTROLLED WHEN PRINTED		Equality Impact:	April 2026

Meeting of the Board



Report title:	Review of Standing Orders and Financial Regulations		
Meeting date:	3 June 2026		
Report from:	Samantha Gilbert – Chief Financial Officer Paul Edwards - Executive Director Customer Experience and 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 To consider proposed changes to Standing Orders incorporating Rules for Contracts and Financial Regulations following an annual review.

2. Recommendations

- 2.1 The Board is requested to:
- **APPROVE** the proposed changes to Financial Regulations.
 - **NOTE** that it is anticipated that changes to the rules for contracts will be presented to the Board for consideration in February 2027.

3. Background

- 3.1 SCH Standing Orders are reviewed annually. The last full review of Standing Orders and Financial Regulations was considered in June 2025. The Rules for Contract were updated in February 2025.
- 3.2 No changes are proposed to the Standing Orders.
- 3.3 Some minor changes to the Financial Regulations have been proposed.

- 3.4 The Rules for Contract are being updated by the Corporate Procurement Team at SMBC. It is anticipated that these will be presented to Board for consideration and approval in February 2027.

4. Financial Regulations

- 4.1 An unmarked updated copy of the Financial Regulations is attached at appendix A.
- 4.2 A summary of amendments to the Financial Regulations is attached at appendix B.
- 4.3 A simplified summary of the Financial Regulations for staff is attached at appendix C.

5. Supporting the SCH Delivery Plan

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

6. Consultation and engagement

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

7. Financial implications

- 7.1 Financial regulations are designed to ensure effective governance and control of SCH's finances.

8. Legal implications

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

9. Risk implications

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

10. Equalities implications

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

11. List of appendices

Appendix A: Financial Regulations 2025-26 (FINAL)

Appendix B: Summary of amendments to Financial Regulations 2025-26

Appendix C: Financial Regulations – Key Messages

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Appendix A

Section 3 Financial regulations

1. [General](#)
2. [Revenue Budgets](#)
3. [Capital Programme Budgets](#)
4. [Leasing](#)
5. [Security of Assets](#)
6. [Control of Expenditure](#)
7. [Financial reporting](#)
8. [Income](#)
9. [Payment of Accounts](#)
10. [Value Added Tax and Construction Industry Scheme \(CIS\)](#)
11. [Expenses Claims](#)
12. [Petty cash and purchase cards](#)
13. [Salaries and pensions](#)
14. [Treasury Management](#)
15. [Risk Management](#)
16. [Insurance](#)
17. [Audit](#)
18. [Fraud and Corruption](#)
19. [Computer Services](#)
20. [Employment Termination Costs](#)

Section 3

Financial Regulations

1 GENERAL

- 1.1 These Regulations shall apply to all staff and Board Members and cover all company activities including all activities undertaken in line with the Management Agreement with Solihull MBC, additional Council Service Level Agreements and any activity undertaken on behalf of third parties.
- 1.2 All staff and Board Members have a general responsibility for taking reasonable action to provide for the security of the assets of the company under their control and for avoiding loss. They are expected to exercise due economy and efficiency in the use of resources, in the execution of approved plans, and in the running of services. The Chief Financial Officer (CFO) will ensure that appropriate Financial Regulations are in place for SCH. The Assistant Director of Finance & Property Services for the Council will carry out the role of the Chief Financial Officer.
- 1.3 The Chief Financial Officer is responsible for maintaining the accounts of the Company. The accounting system in use shall be as laid down by the Chief Financial Officer and agreed with the Board and the Council.
- 1.4 The Chief Financial Officer may report any case of non-compliance with these regulations and any case of non-compliance with the authorised accounting system to the Audit & Risk Committee after consultation with the Chief Executive. The Company may take disciplinary or other action against anyone to whom these Regulations apply but who fails to comply with them.
- 1.5 The Chief Financial Officer may issue such instructions, give such advice or establish such procedures as are in their opinion necessary to ensure the proper administration of the Company's financial affairs. Any such instructions, advice or procedures termed "Accounting Instructions" by the Chief Financial Officer shall be applied as though they were part of these regulations.
- 1.6 Members of the Executive Leadership Team are responsible for the maintenance of adequate levels of internal control. The Chief Financial Officer is responsible for ensuring that financial controls operated by ELT / Heads of Service are adequate by ensuring that detailed financial procedures and systems are prepared, documented and maintained, incorporating the principles of internal control.
- 1.7 Members of the Executive Leadership Team must establish appropriate organisation structures to ensure:
 - Work is organised to maximise efficiency in the use of resources, eliminate duplication of effort, achieve objectives and plans and maintain a disciplined control environment;
 - Adequate resources are deployed at all levels to meet objectives and plans;
 - Appropriate communication takes place; and
 - A framework of staff development which fosters commitment to the organisation, its objectives and plans and its control environment.

- 1.8 ELT members are responsible for ensuring that the following rules in relation to segregation of duties are observed:
- Areas of activity involving risk are separated (e.g. the duty of providing, calculating, checking and recording sums due to or from the Company shall be separated from the duty of collecting or disbursing these sums);
 - Clear lines of authority are established;
 - All areas of work are either independently supervised, validated or reconciled; and
 - Competence and accountability are promoted.
- 1.9 Unintentional errors have a high chance of being detected through independent supervisory checks. By following these rules, the risk of intentional errors or abuse and the opportunity for collusion are also reduced.
- 1.10 ELT members are responsible for ensuring that appropriate authorisation and approval procedures are established to ensure:
- Management policies and plans are adhered to;
 - Only legitimate activities are performed;
 - The integrity of systems is in place through the validation of data;
 - The use of assets and systems are controlled; and
 - The operation of authority is documented and a clear management (or audit) trail is maintained.

2 REVENUE BUDGETS

- 2.1 Annual revenue budgets will be prepared by the Executive Leadership Team taking into account any general directions that may be given to them by the Board and the Council. As part of this process, each Executive Director, where appropriate, will discuss the general level of revenue funding available for the year with the Chief Financial Officer before finalising their proposals.
- 2.2 The Chief Financial Officer will present this budget to the Board for approval before 31 March in each year. The documents presented will include such summaries, statements and reports as are considered necessary to enable proper consideration of the budget.
- 2.3 A schedule of fees and charges to be levied by SCH will be approved by the Board as part of approving the revenue budget. Once approved these fees and charges cannot be amended without the approval of the SCH Board and the Council's Cabinet where appropriate.
- 2.4 No Directorate should exceed its approved budget without prior approval and should execute and manage its functions to maintain their costs within its approved budget.
- 2.5 No Officer should place an order or approve a contract without ensuring that the relevant budget holder has been consulted and there is an approved non-committed budget available.
- 2.6 Subject to the provisions of paragraph 6.7 below concerning virement, a department

may reallocate their overall budget during the year provided that no future financial commitment arises as a result and expected service standards are maintained.

- 2.7 If all or part of a budget becomes surplus to need, for whatever reason, the team should report this in the first instance to the Finance Manager via the relevant Executive Director, Head of Service or Senior Manager for onward reporting to ELT, who will determine in the first instance how such savings should be best used.
- 2.8 Where there is the potential to apply for external / grant funding, the application needs to be approved in advance by the Chief Financial Officer, ELT and where necessary the Board. Copies of all external / grant funding terms and conditions should be supplied to the Finance Team and retained for the duration that the terms and conditions apply.
- 2.9 Where an activity is to be funded by an external grant, no liability should be incurred until formal notification for the approved grant has been received.
- 2.10 No expenditure should be made, or loss of income incurred other than in accordance with these regulations except in cases of extreme urgency or where the Company is obliged to proceed. In such cases the action should be reported to ELT (and the Board where appropriate) at the first possible opportunity. It is the responsibility of the relevant Executive Director to ensure that a record of all terms and conditions associated with grant funding is maintained for the duration that the terms and conditions apply.

3 CAPITAL PROGRAMME BUDGETS

- 3.1 Annual capital budgets will be prepared taking into account any general directions that may be given to them by the Board and the Council. As part of this process, each Executive Director will discuss the general level of capital funding available for the year with the Chief Financial Officer before finalising its proposals.
- 3.2 The Chief Financial Officer will present this budget to the Board for approval before 31 March in each year. The documents presented will include such summaries, statements and reports as are considered necessary to enable proper consideration of the budget.
- 3.3 The draft Capital Programme will also be presented to the appropriate approval body within the Council for approval before 31 March in each year.

4 LEASING

- 4.1 No member of staff may enter into an arrangement for credit, such as a leasing agreement, without first obtaining the consent of the Chief Financial Officer in addition to obtaining the appropriate authorisation for the expenditure.
- 4.2 Due to how leases must be accounted for the following information should be obtained in all cases before a lease is signed:

- Lease Period
- Expected life of item
- Capital cost (not Recommended Retail Price or P11D)
- Residual value at end of lease
- Monthly finance rental
- Monthly maintenance cost
- Ownership transfer (yes / no)
- Option to purchase (yes / no)

4.3 Any agreements must be signed by the Chief Executive and an Executive Director.

4.4 The Company Secretary will keep a record of all leases and similar agreements entered into by the Company. It is the responsibility of each Executive Director to ensure that copies of leases entered into during the year are provided to the Company Secretary for this purpose.

5 SECURITY OF ASSETS

5.1 ELT members are responsible for making adequate arrangements for the custody and control of the stocks and stores in their respective departments and for keeping such records and inventories as the Chief Financial Officer may require. They shall ensure that appropriate safeguards are established to:

- Limit access to assets, systems and records;
- Protect personnel;
- Establish clear control of the use of assets and custodial responsibility for them; and
- Enable records to be reconstituted in the event of system failure.

5.2 Assets (not land, property, nor ICT equipment owned by the Council) and inventory items that are deemed to be surplus to the company's requirements and have a market value should be disposed of in the best interests of the company. Any disposal should have regard to the obligation to achieve best consideration, bearing in mind factors such as well-being and environmental issues.

5.3 Assets should be disposed of by seeking three quotations and by selecting the quotation which provides best value (i.e. highest price). Social value should be considered as part of the disposal of assets.

5.4 Approval to write-off assets with no market value (not land, property, nor ICT equipment owned by the Council) should be requested from the Chief Financial Officer before the write-off is actioned.

6 CONTROL OF EXPENDITURE

6.1 The Chief Financial Officer will establish and maintain an appropriate and effective system of budgetary control. This will ensure that:

- All officers within directorates who are specified as budget holders (responsible for engaging staff or otherwise incurring expenditure) comply with the requirements of that system;

- Every cost centre budget is administered by one named budget holder, determined by the appropriate Executive Director;
 - Budget holders are only responsible for expenditure which they can influence;
 - Officers entering into financial commitments ensure that they are recorded and reported using any process set down by the Chief Financial Officer as soon as the terms have been agreed in order that any decisions made are based on the most complete information available; and
 - That budget holders have responsibility for providing monthly forecasting information to the Finance Team for onward reporting with budget holders investigating significant variances from approved budgets on a regular basis.
- 6.2 Members of ELT and Officers must make arrangements to ensure that effective monitoring of expenditure and income takes place throughout the year to ensure that the Company manages its operations within available funds.
- 6.3 The Chief Financial Officer will ensure that appropriate financial training is given to all new budget holders before the budget holder can commit the company to incur expenditure.
- 6.4 The Chief Financial Officer will ensure that line managers (or appropriate officers within their teams) have access to monthly variance analysis information to consider and to enable them to determine and implement appropriate actions in respect of significant variances from budgets. ELT will receive a monthly report summarising the financial position against budget for the whole company and will discuss and agree any proposed changes or remedial actions.
- 6.5 The Chief Financial Officer will periodically inform ELT (and the Board where appropriate) of the financial and economic impact of changes in policy, pay awards and other events and trends on budgets and any risks to future plans and project.
- 6.6 All Heads of Service and Senior Managers should ensure that prior approval is sought from ELT (or the Board as appropriate) before the Company is committed to expenditure for which no specific provision has been made within revenue budgets, where this cannot be managed in accordance with paragraph 2.6 above.
- 6.7 Virement is the transfer of funding allocated to one budget heading to another budget heading. Virements should be requested only where there is a genuine change in the financial plans of SCH and not used to mask minor under / overspends. The minimum virement level will be £1,000 and for the capital programme virements will only be processed once they have been approved by the relevant Cabinet Member at the Council as part of budget setting or the mid-year review. All requests to transfer funding must comply with the following basic rules:

	Within a cost centre	Within a Directorate	Between Directorates
Up to £50k	Budget Manager	Head of Service	Executive Directors
£50k - £100k	Head of Service	Executive Director	ELT
Over £100k	ELT & Ratified by Board	ELT & Ratified by Board	ELT & Ratified by Board

6.8 Transfers between Capital and Revenue are NOT allowed. Transfers to / from Ring-fenced activities must be approved by the Board. In circumstances where the Budget Manager is also the Head of Service or Executive Director approval would be required from the level above. Current examples of Ring-Fenced activities include but are not limited to:

- Private Sector Leasing
- Syrian Families properties
- Grant funded activity
- Wellbeing service funded by Handyperson Grant
- Any specific budget lines funded from Reserves (e.g. Feasibility works)
- Budget lines relating to Service Level Agreements (e.g. Legal services)
- Private Sector Adaptations

6.9 Certain technical accountancy adjustments will be exempt from the authorisation rules above. This is where:

- Responsibility for a service / activity moves from one part of the organisation to another, but the purpose of the service / activity remains the same.
- There are in-year changes in allocations to grant or funding arrangements.

These technical adjustments will be approved by the Finance Manager.

6.10 Budget managers must ensure the accurate financial coding of expenditure and income and the correct treatment of VAT. Only codes as set out in the annual budget, and shown on the monthly monitoring reports, should be used unless approved by the Chief Financial Officer. Any expenditure for which there is no budget should be dealt with as set out in paragraphs 6.6 and 6.7 above. Advice on the correct treatment of VAT is available from the Finance Team.

7. FINANCIAL REPORTING

7.1 The Chief Financial Officer will arrange for the preparation of monthly statements of income and expenditure against budget (taking into account any amendments to budget) and report them to the Board on a quarterly basis. In addition, statements will also be discussed at ELT meetings on a monthly basis following financial monitoring meetings.

7.2 In the event of a significant variance between budget and cost for a major project for which Board (or Committee) approval was obtained, the outturn and an explanation should be reported to the appropriate Committee as well as the Board.

7.3 The Chief Financial Officer will ensure that appropriate procedures are put in place to enable the accurate reporting of costs in respect of any specific area of operation requested by any of the Executive Directors.

7.4 The Chief Financial Officer will draw up the timetable for final accounts preparation and advise Officers and external auditors of the Year-End Instructions.

7.5 Officers will provide all information requested in the Year-End Instructions in line with the published timescales.

- 7.6 The Chief Financial Officer will ensure that the company's Statement of Accounts is prepared in accordance with UK-adopted International Accounting Standards and the requirements of the Companies Act 2006.
- 7.7 The Chief Financial Officer will ensure there are appropriate External Auditors appointed to carry out an independent review of the accounts and provide an audit opinion based on them.
- 7.8 The Board will approve and sign the Statement of Accounts once it is satisfied with the content of the Statement of Accounts.
- 7.9 The Company Secretary will file the appropriately authorised Statement of Accounts with Companies House in line with their published timescales.

8. INCOME

- 8.1 Fees and Charges are operated in accordance with the Council's Fees and Charges Framework. This framework identifies the key responsibilities for Service Managers, Directorate Leadership Teams, Financial Operations and Full Cabinet / Board.
- 8.2 As per paragraph 2.3 above the schedule of fees and charges to be levied by SCH is approved by the Board as a component of the revenue budget-setting and is a delegated function to SCH from the Council. Once approved these fees and charges cannot be amended without the approval of the SCH Board and the Council's Cabinet where appropriate.
- 8.3 The Chief Financial Officer will ensure that safe and efficient arrangements are in place for the receipt and issue of monies.
- 8.4 The procedures for the receipt, handling, banking and recording of cash receipts shall be in accordance with the Council's Cash Handling Instructions. This covers all sums received by staff of the Company in respect of rents, council tax and any other related payments due to either the Council or to the Company.
- 8.5 All documents used to officially acknowledge, or record amounts received, or receivable must be approved by the Chief Financial Officer. Where pre-printed, such stationery shall be ordered and controlled and subject to the same safeguards as cash.
- 8.6 Every sum of money (in whatever form) received by any authorised officer of the Company must be immediately acknowledged by the issue of an official receipt unless any special arrangements have been approved by the Chief Financial Officer. The receipt must still be recorded in the normal form, for office use only and marked accordingly even if the payee does not request one.
- 8.7 Every transfer of monies from one officer to another must be documented and signed for at the time of transfer using the agreed log.

- 8.8 All monies received must be banked in accordance with arrangements set out by the Chief Financial Officer. Banking should be daily (weekly where the weekly receipts do not exceed £250), except as otherwise agreed. All cheques, postal or money orders received in any department shall be crossed specially.
- 8.9 In accordance with the Accounts and Audit Regulations 1983, when making a banking the paying-in-slip (and duplicate) must detail for every cheque the debt reference and whether it represents either full or part payment of the debt.
- 8.10 Officers should supply the Chief Financial Officer with all relevant information to enable Sundry Debtor invoices to be raised in accordance with agreed procedures. In the event of queries, originating teams are expected to provide any necessary support to the Financial Operations team to enable prompt resolution.
- 8.11 All write-off of HRA rent debt should be approved by the Council's Director of Resources and all SCH debts require approval by the Chief Financial Officer.
- 8.12 The Chief Financial Officer shall ensure that all irrecoverable sums are recorded appropriately.

9. PAYMENT OF ACCOUNTS

- 9.1 All payments must be made by BACS transfer or cheque in accordance with the bank mandate in force, except where otherwise requested by the payee or otherwise ordered by the Chief Financial Officer.
- 9.2 The Chief Financial Officer may withhold payment of any sums where the requirements of Standing Orders have not been met. Payment can be held up until the requirements have been met or, for whatever reason, the requirements have been waived.
- 9.3 Once approved by the relevant authorising officer all invoices and approved payment certificates under contracts should be submitted to the Accounts Payable team for timely payment. This ensures that credit terms and invoice payment targets are met. Each invoice must include the Purchase Order number on the original document when presented to the Accounts Payable Team.
- 9.4 As part of the 'Procure to Pay' process the receipting of goods and services means:
- The order was placed after following the appropriate procurement process in accordance with Rules for Contracts and in advance of the goods being received;
 - That the goods received have been examined and approved as in accordance with the specification, or the services have been satisfactorily carried out using materials of the requisite standard;
 - That prices (including all elements of the total charge) are in accordance with the contract or order;
 - That no duplicate payments have been made;
 - That all such accounts are arithmetically correct; and
 - The supplier has been requested to send the invoice directly to schinvoices@solihull.gov.uk the inbox for the SCH Accounts Payable team.

9.5 Payments in advance of the receipt of goods and / or services should not be made unless they appear on the table below for which the Chief Financial Officer has given approval, or specific approval is sought.

- Up to £1,000 approved by the relevant member of ELT
- Above £1,000 approved by Chief Financial Officer – see table below for pre-existing approvals

Type of agreement	Approval Given
Leasing	No more than three months in advance and in accordance with leasing agreement
Private Sector Leasing Rents	No more than 12 months in advance and in accordance with rental agreement
Office Rents	No more than three months in advance and in accordance with leasing agreement
Software Licences	No more than 12 months in advance and in accordance with the relevant contract/ agreement
Services provided by the Council	No more than 12 months in advance and in accordance with the SLA or with the agreement of the Chief Executive

9.6 The Chief Financial Officer will maintain a Schedule of Delegations. This shall set out the delegated levels of authority for all members of staff who have been given authority to make payments or incur liabilities on behalf of the Company. This schedule should be updated to reflect changes in staff and responsibilities as they occur and should be reviewed annually.

9.7 The table below details the approved levels of delegations for permanent employees of the Company. Approved levels of delegations should not be given to Agency or temporary members of staff without the specific approval of the Chief Financial Officer:

Group	Individuals	£
Chief Financial Officer	Chief Financial Officer	5,000,000
Chief Executive	Chief Executive	2,500,000
Executive Directors	ED of Operations ED of Customer Experience & Corporate Support	1,000,000
Heads of Service	Head of Asset Management & Development	1,000,000
	Head of Property Services & Building Safety	250,000
	Head of Housing & Neighbourhood Services	250,000

Budget Holders	Capital & Investment Manager	250,000
	Development Manager	250,000
	All Others (Revenue)	50,000

- 9.8 In addition to the scheme of delegations detailed above SCH operates the Open Contractor repair system, which has a range of delegation levels in-built to allow the repairs service to function. The delegation levels within the Open Contractor system should be reviewed annually and levels agreed by the Head of Asset Management & Development and the Chief Financial Officer. The table below details the approved levels within the system to which users must be linked. No changes should be made to this list without approval from the Head of Asset Management & Development and the Chief Financial Officer.

Description	Contract	Job Completion Value	Job Logging Value	Job Variation Value
Level 1–Executive Director of Operations and Head of Asset Management & Development	All	1,000,000	1,000,000	100,000
Level 2–Senior Managers	All	250,000	250,000	25,000
Level 3–Operations level Manager / Senior Surveyor	All	50,000	50,000	20,000
Level 4–Project Manager	All	50,000	50,000	25,000
Level 5–Contract Manager / Team Leader	All	7,000	7,000	3,000
Level 6–Admin / Scheduler	All	0	1,500	0
Level 6–Admin / Scheduler	DTDDIR	0	3,000	2,500
Level 6–Admin / Scheduler	DTDSUBX	0	1,500	0
Level 6–Admin / Scheduler	FIREINTG	0	3,000	2,500
Level 6–Admin / Scheduler	HANDYMAN	0	1,500	0
Level 6–Admin / Scheduler	VOIDDIR	0	3,000	2,500
Level 6–Admin / Scheduler	ADAPWRK	0	3,000	2,500
Level 7–View ONLY	All	0	0	0
Level 8–Payments Team ONLY	All	0	0	0
Level 9–Systems Support ONLY	All	0	0	500
Level 9–Systems Support ONLY	MECHELEX	250	0	10
Level 10–Coordinators	All	0	5,000	3,000
Level 11–Clerk of Works	All	15,000	15,000	7,000
Level 12–Open Housing Senior Admin	All	10,000	50,000	25,000
Level 13–Contract Officers	All	25,000	25,000	12,000

10. VALUE ADDED TAX (VAT) AND CONSTRUCTION INDUSTRY SCHEME (CIS)

- 10.1 Each authorising officer and Executive Director must ensure that the correct VAT liability is attached to ALL income and that VAT recoverable on purchases complies with HM Revenue & Customs regulations.

- 10.2 Each member of ELT must ensure that where construction and maintenance works are undertaken, the contractor fulfils the necessary CIS criteria and that the Financial Operations Team is advised of their CIS status, who will then complete the validation of contractors using the on-line HM Revenue & Customs system.
- 10.3 The Chief Financial Officer is responsible for ensuring the timely submission of all appropriate returns to HM Revenue & Customs.

11. EXPENSE CLAIMS

- 11.1 All expenses claimed through Oracle Cloud Expenses module must be approved electronically by the relevant budget manager. Executive Directors have the responsibility of ensuring that employees use the appropriate method of claiming expenses depending on the expense that has been incurred. See the **Pay & Expenses** page on the Councils intranet and ensure that the employee seeks appropriate and correct approval. Where their Line Manager is not the Budget Manager, approval must be sought from the Budget Manager.

12. PETTY CASH AND PURCHASE CARDS

- 12.1 The Chief Financial Officer may make advances to authorised persons to meet appropriate minor cash expenses. The amount of any individual payment should not exceed any limit prescribed by the Chief Financial Officer.
- 12.2 The provision of services by a third party should be paid for by BACS transfer or cheques and not petty cash.
- 12.3 Petty cash should not be used as “prize money” under any circumstances.
- 12.4 Petty Cash should not be transferred to another officer to use as a ‘float’. Where additional officers require a cash float a new petty cash facility should be requested and approved by the Chief Financial Officer.
- 12.5 Floats should be kept locked away for security.
- 12.6 The Float holder is required to sign a receipt in respect of each advance and will be required to account for expenditure made out of the advance on a regular basis (usually monthly). Floats will be topped up to the float level on receipt of these returns (which should include purchase receipts) in accordance with guidance issued by the Chief Financial Officer on at least a quarterly basis.
- 12.7 The Chief Financial Officer may make purchase cards available to authorised persons to enable them to meet appropriate minor purchases. The overall card limit and individual payment limits should not exceed any limit prescribed by the Chief Financial Officer.
- 12.8 The Card holder must sign to acknowledge receipt of the card and agree to its usage conditions. They are required to account for all monthly expenditure made on the card through on-line reconciliation in Oracle Cloud, including attaching receipts for each transaction. Failure to comply may result in the card being withdrawn.

- 12.9 Unannounced spot checks may be carried out by the Financial Operations team or Internal Audit to ensure that appropriate records of transactions are being maintained at all times and that the cash float and / or card is being held securely.
- 12.10 Line Managers and members of the Executive Leadership Team have an obligation to ensure that these rules are being complied with.

13. SALARIES AND PENSIONS

- 13.1 Each Executive Director, Head of Service or their delegated managers (as regards employees in their department) shall notify the Head of Human Resources in writing of all staff changes, absences, or any other circumstances affecting the remuneration of these employees in accordance with the arrangements put in place by the Company. In signing such notifications, the officer concerned confirms the validity of the amendment and certifies that all relevant authorisations have been received.
- 13.2 The Head of Human Resources at the Council is responsible for the general control and payment of all salaries, wages and pensions and shall prescribe the procedures for the certification of timesheets and for the payment of salaries. The Head of Service is responsible for the notification of the cost code to which the salary of employees in any of their teams is to be charged.
- 13.3 Payment of salaries and wages in advance shall not normally be made without the prior approval of the Chief Financial Officer.
- 13.4 Write-off of overpayment of salaries will only occur in exceptional circumstances with the approval of the Chief Financial Officer.

14. TREASURY MANAGEMENT

- 14.1 The Chief Financial Officer shall arrange the borrowings and investment of the Company in order to comply with the CIPFA Code of Practice on Treasury Management and the Approved Treasury Policy Statement and will work with the Council's Treasury Management Team in order to do so.
- 14.2 The Chief Financial Officer shall report periodically to the Board on the activities of the Treasury Management function where relevant.

15. RISK MANAGEMENT

- 15.1 The Chief Executive is responsible for ensuring that the Company has appropriate arrangements in place to ensure the effective management of risk. This is set out in the Risk Management Policy and Procedure, which is approved by the Board.
- 15.2 The arrangements include provision for the regular review of risks at a Board, Committee, corporate and operational level using a standard methodology as set out in the Risk Management Policy and Procedure. The Chief Financial Officer will carry out periodic checks to ensure that reviews of financial risks take place as required by the policy.

15.3 Reviews of any risk register are expected to give due consideration to the following;

- Identification of any new risks and how they will be managed (mitigating actions);
- Assessment of the continuing effectiveness of mitigating actions to manage identified risks in line with the set risk appetite;
- Assessment of the impact and likelihood of identified risks and any changes since the last review;
- Confirming that identified risks are still valid and if not should they be closed; and
- Consider whether any identified risks need to be escalated.

16. INSURANCE

- 16.1 The Chief Financial Officer will arrange all insurances and keep appropriate records; in particular, they will arrange for Trustee Indemnity cover from a suitable supplier with reasonable terms where this is possible in the general insurance market and fidelity guarantee insurance for the due performance of the duties of any Officer charged with the receipt, custody and/or disbursement of monies and property.
- 16.2 Officers will ensure compliance of the Insurance Act 2015 and the Duty of Fair Presentation in respect of any request or alteration of insurance cover or assessment of exposure to risk for any service provision or asset during any period of insurance cover or at the request by the Chief Financial Officer upon renewal or alteration to insurance cover that may be required.
- 16.3 Officers will ensure that any disclosure of risk is made in a manner which is reasonably clear and accessible and cooperate with any reasonable request for information that may be required by the Council's/SCH Insurer(s).
- 16.4 Officers will notify the Chief Financial Officer of new risks that the organisation will be undertaking by way of new activities or service provision or any alterations affecting existing risks, potential liabilities or insurance.
- 16.5 Officers will notify the Chief Financial Officer of any new assets such as property, vehicles or other valuable items regardless of whether insurance cover is anticipated to ensure that appropriate arrangements can be assessed and put in place as determined. Asset and major risks should be notified in advance of cover being required.
- 16.6 Officers will immediately notify the Chief Financial Officer of any loss, liability or damage that may give rise to a claim against SCH or the Council, together with any information or explanation required by the Chief Financial Officer or the Council's insurers.
- 16.7 Officers will consult the Chief Financial Officer on the terms of any indemnity that SCH may be required to give to another party and will consult the Chief Financial Officer on any partnership or agreement for the provision of services that may be considered to ensure that any terms on indemnity, liability or insurance are appropriate.

- 16.8 Officers will ensure that employees, or anyone covered by the insurance arrangements do not admit liability or make any offer to pay compensation that may prejudice the assessment of liability in respect of any insurance claim.
- 16.9 Officers will ensure that employees, or anyone connected with the delivery of services covered by the insurance arrangements, do nothing that breaches the terms and conditions of these policies and would lead to the voiding of the cover.
- 16.10 Officers will fully cooperate and ensure accessibility is provided upon the reasonable request of the Chief Financial Officer or the Council's Insurer(s) regarding a service provision or assessment of an asset which may include physical surveys and / or discussion with the Insurer.
- 16.11 Officers will ensure compliance of any policy terms, conditions or warranties of any policy of insurance that may be in force including any terms or requirements following additional review or survey by the Council's Insurer(s).

17. AUDIT

- 17.1 The Accounts and Audit Regulations 2015 require the Company to undertake an adequate and effective internal audit of its accounting records and control systems. This duty has been delegated to the Council's Head of Audit Services and they must report promptly any significant discrepancies that come to light (other than those caused by purely technical errors). The work of internal audit shall be based upon the principles and practices required in the Public Sector Internal Audit Standards (PSIAS).
- 17.2 The Companies Act 2006 requires the Company to submit to an annual external audit of its accounting records and control systems. The Chief Financial Officer will assist the Board in the appointment of a suitable firm of auditors qualified to carry out such work.
- 17.3 The Chief Financial Officer is required to make the necessary arrangements for the audit to be carried out and is legally obliged to give the appointed auditor every assistance in the execution and completion of their work.
- 17.4 Authorised staff of the appointed internal and external auditors are entitled without necessarily giving prior notice, to require and receive:
- Access to all assets, records, documents, correspondence and control systems, including documents of a confidential nature;
 - Access to any premises or land occupied by the Company for the purpose of the Company's business at all reasonable times;
 - The production or identification by any employee of any cash, stores, assets or other property belonging to the Company, under the employee's control; and
 - Any information and explanations considered necessary concerning any matter under consideration or investigation.
- 17.5 The Head of Audit Services will submit an annual internal audit report to the Audit & Risk Committee stating the extent of audit work carried out together with a summary of the conclusions drawn. Internal Audit will also provide the Committee

with an independent assessment of the Internal Control environment in place, which will be used to support the Statement on Internal Control within the Company's annual report and accounts.

- 17.6 The Chief Financial Officer will submit the annual report and accounts to the Audit and Risk Committee for review and approval following the completion of the external audit. The external auditor will also provide the Committee with the findings from their audit together with any recommendations with regard to internal processes and controls.
- 17.7 The approved annual report and accounts will then be tabled at the next Annual General Meeting of the Company in accordance with regulations laid down within the Companies Acts and the Memorandum & Articles of Association of the Company.

18. FRAUD AND CORRUPTION

- 18.1 Responsibility for the prevention and detection of fraud rests with all officers and to fulfil this responsibility, a system of internal control must be maintained.
- 18.2 The Head of Audit Services must be informed immediately by the appropriate Head of Service or relevant officer of any disciplinary matter, any actual or suspected loss or fraud or financial irregularity, or of any circumstances which suggest the possibility of losses or irregularities or fraud, including those affecting cash, stores or other property of the Company.
- 18.3 Internal audit has a responsibility embodied in the PSIAS (as set out in 17.1) to review, appraise and report upon the extent to which the Company's assets and interests are accounted for and safeguarded from loss of all kinds arising from:
 - Fraud and other offences; and
 - Waste, extravagance and inefficient administration, poor value for money or other cause.
- 18.4 Internal audit has the responsibility to investigate fraud committed by staff and fraud related offences regarding the misuse of property.
- 18.5 The Prevention of Social Housing Fraud Act 2013, Section 3 requires the Council through its Internal Audit function to investigate tenancy fraud, authorises the request for information from organisations and where appropriate prosecute.
- 18.6 In order to satisfy this, internal audit look to identify any serious weaknesses in systems of internal control which might lead to fraud. Where weaknesses are identified, tests will be carried out to establish if any fraud or irregularity has taken place. Internal audit is also responsible for making recommendations to strengthen control systems where weaknesses have been identified.
- 18.7 The Head of Audit Services is responsible for ensuring an investigation of any circumstances as outlined in 18.2 so that they can decide on the appropriate action. Where appropriate, the Head of Audit Services will inform the Police of suspected fraud or corruption and will liaise with them on the handling of any investigations.

- 18.8 The Head of Audit Services is responsible for the oversight of the Council's **Whistleblowing Policy** and for reporting any referrals to the SMBC Audit Committee. The Policy is equally applicable to SCH and all employees of SCH should raise any concerns in line with that Policy.

19. COMPUTER SERVICES

- 19.1 The Council's Head of ICT is responsible for the provision and maintenance of central computer services and will ensure that any necessary procedures are put in place to protect the Company and other persons from inappropriate use or misuse of any financial or other information held on central computer files. The term "Central Computer Services" encompasses any activity carried out on computer applications, systems and associated networks used by the Company.
- 19.2 The Head of ICT will ensure that arrangements are in place:
- For the implementation of adequate controls both centrally and by users to provide for the security of applications and systems;
 - Offer advice regarding the security and operation of non-financial systems and on the Data Protection Act; and
 - Advise and support the company with the purchase and implementation of any new system / equipment.
- 19.3 Members of the ELT and Heads of Service shall maintain appropriate procedures to ensure the integrity, accuracy and security of data within their areas of responsibility at all times. The Chief Financial Officer will ensure the adequacy of controls over the financial accounting system and data feeding into it.
- 19.4 The basic requirements to protect both the computer assets and the data held on all computers of the Company are defined in the Computer Security Policy, which forms part of these Regulations.

20. EMPLOYMENT TERMINATION COSTS

- 20.1 Expenditure associated with termination of employment (Redundancy, Pay in lieu of notice and compromise agreements) must be approved before any offer can be discussed and / or agreed with the employee. The relevant "Early Leaver" form should be completed and authorised by the relevant Line Manager, Head of Service and the Chief Financial Officer. The approval route is as per the table below.

Up to £100k	Chief Executive & Chief Financial Officer
Over £100k	Chief Executive & Chief Financial Officer make recommendation to HR, Equalities and Remuneration Committee

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Appendix B

Changes to the Financial Regulations

Para.	Change Description
4.2	New paragraph added: Due to how leases must be accounted for the following information should be obtained in all cases before a lease is signed: • Lease Period • Expected life of item • Capital cost (not Recommended Retail Price or P11D) • Residual value at end of lease • Monthly finance rental • Monthly maintenance cost • Ownership transfer (yes / no)
4.1	Final sentence moved to paragraph 4.3. <i>Any agreements must be signed by the Chief Executive and an Executive Director.</i>
4.2	Paragraph renumbered to 4.3.
6.10	Line managers amended to Budget managers at start of paragraph.
9.7	Amended from: <i>The table below details the approved levels of delegations</i> Amended to: <i>The table below details the approved levels of delegations for permanent employees of the Company. Approved levels of delegations should not be given to Agency or temporary members of staff without the specific approval of the Chief Financial Officer:</i>
9.7	Additions to the table: Head of Property Services & Building Safety - £250,000 Capital & Investment Manager - £250,000 Development Manager - £250,000
9.8	Table Amended from:

Description	Contract	Job Completion Value	Job Logging Value	Job Variation Value
Level 1–Executive Director of Operations	All	1,000,000	1,000,000	100,000
Level 2–Senior Managers	All	100,000	100,000	25,000
Level 3–Operations level Manager / Senior Surveyor	All	50,000	50,000	20,000
Level 4–Project Manager	All	15,000	15,000	10,000
Level 5–Contract Manager / Team Leader / Clerk of Works	All	5,000	5,000	2,500
Level 6–Admin / Scheduler	All	0	500	0
Level 6–Admin / Scheduler	DTDDIR	0	1,000	2,500
Level 6–Admin / Scheduler	FIREINTG	0	1,000	2,500
Level 6–Admin / Scheduler	VOIDDIR	0	1,000	2,500
Level 6–Admin / Scheduler	ADAPWRK	0	1,000	2,500
Level 7–View ONLY	All	0	0	0
Level 8–Payments Team ONLY	All	0	0	0
Level 9–Systems Support ONLY	All	0	0	500
Level 9–Systems Support ONLY	MECHELEX	250	0	10

Amended to:

Description	Contract	Job Completion Value	Job Logging Value	Job Variation Value
Level 1–Executive Director of Operations and Head of Asset Management & Development	All	1,000,000	1,000,000	100,000
Level 2–Senior Managers	All	250,000	250,000	25,000
Level 3–Operations level Manager / Senior Surveyor	All	50,000	50,000	20,000
Level 4–Project Manager	All	50,000	50,000	25,000
Level 5–Contract Manager / Team Leader	All	7,000	7,000	3,000
Level 6–Admin / Scheduler	All	0	1,500	0
Level 6–Admin / Scheduler	DTDDIR	0	3,000	2,500
Level 6–Admin / Scheduler	DTDSUBX	0	1,500	0
Level 6–Admin / Scheduler	FIREINTG	0	3,000	2,500
Level 6–Admin / Scheduler	HANDYMAN	0	1,500	0
Level 6–Admin / Scheduler	VOIDDIR	0	3,000	2,500
Level 6–Admin / Scheduler	ADAPWRK	0	3,000	2,500
Level 7–View ONLY	All	0	0	0
Level 8–Payments Team ONLY	All	0	0	0
Level 9–Systems Support ONLY	All	0	0	500
Level 9–Systems Support ONLY	MECHELEX	250	0	10
Level 10–Coordinators	All	0	5,000	3,000
Level 11–Clerk of Works	All	15,000	15,000	7,000
Level 12–Open Housing Senior Admin	All	10,000	50,000	25,000
Level 13–Contract Officers	All	25,000	25,000	12,000

Key Messages Document																																																																																
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1	Approved Level of delegations – ORACLE table Additions to the table: Head of Property Services & Building Safety - £250,000 Capital & Investment Manager - £250,000 Development Manager - £250,000 Table moved from page 1 to page 2																																																																															
1	Approved Level of delegations – OPEN Housing Table Amended from: <table><tr><th>Description</th><th>Contract</th><th>Job Completion Value</th><th>Job Logging Value</th><th>Job Variation Value</th></tr><tr><td>Level 1–Executive Director of Operations</td><td>All</td><td>1,000,000</td><td>1,000,000</td><td>100,000</td></tr><tr><td>Level 2–Senior Managers</td><td>All</td><td>100,000</td><td>100,000</td><td>25,000</td></tr><tr><td>Level 3–Operations level Manager / Senior Surveyor</td><td>All</td><td>50,000</td><td>50,000</td><td>20,000</td></tr><tr><td>Level 4–Project Manager</td><td>All</td><td>15,000</td><td>15,000</td><td>10,000</td></tr><tr><td>Level 5–Contract Manager / Team Leader / Clerk of Works</td><td>All</td><td>5,000</td><td>5,000</td><td>2,500</td></tr><tr><td>Level 6–Admin / Scheduler</td><td>All</td><td>0</td><td>500</td><td>0</td></tr><tr><td>Level 6–Admin / Scheduler</td><td>DTDDIR</td><td>0</td><td>1,000</td><td>2,500</td></tr><tr><td>Level 6–Admin / Scheduler</td><td>FIREINTG</td><td>0</td><td>1,000</td><td>2,500</td></tr><tr><td>Level 6–Admin / Scheduler</td><td>VOIDDIR</td><td>0</td><td>1,000</td><td>2,500</td></tr><tr><td>Level 6–Admin / Scheduler</td><td>ADAPWRK</td><td>0</td><td>1,000</td><td>2,500</td></tr><tr><td>Level 7–View ONLY</td><td>All</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Level 8–Payments Team ONLY</td><td>All</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Level 9–Systems Support ONLY</td><td>All</td><td>0</td><td>0</td><td>500</td></tr><tr><td>Level 9–Systems Support ONLY</td><td>MECHELEX</td><td>250</td><td>0</td><td>10</td></tr></table> Amended to:					Description	Contract	Job Completion Value	Job Logging Value	Job Variation Value	Level 1–Executive Director of Operations	All	1,000,000	1,000,000	100,000	Level 2–Senior Managers	All	100,000	100,000	25,000	Level 3–Operations level Manager / Senior Surveyor	All	50,000	50,000	20,000	Level 4–Project Manager	All	15,000	15,000	10,000	Level 5–Contract Manager / Team Leader / Clerk of Works	All	5,000	5,000	2,500	Level 6–Admin / Scheduler	All	0	500	0	Level 6–Admin / Scheduler	DTDDIR	0	1,000	2,500	Level 6–Admin / Scheduler	FIREINTG	0	1,000	2,500	Level 6–Admin / Scheduler	VOIDDIR	0	1,000	2,500	Level 6–Admin / Scheduler	ADAPWRK	0	1,000	2,500	Level 7–View ONLY	All	0	0	0	Level 8–Payments Team ONLY	All	0	0	0	Level 9–Systems Support ONLY	All	0	0	500	Level 9–Systems Support ONLY	MECHELEX	250	0	10
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	Level 10–Coordinators	All	0	5,000	3,000
	Level 11–Clerk of Works	All	15,000	15,000	7,000
	Level 12–Open Housing Senior Admin	All	10,000	50,000	25,000
	Level 13–Contract Officers	All	25,000	25,000	12,000
	Table moved from page 1 to page 2.				
2	Leasing amended from: <i>Please speak to the Finance Team for full details.</i> Amended to: <i>Full details are included in paragraph 4.2 of the Financial Regulations.</i>				
2, 3 & 4	Pages 2, 3 and 4 have moved to pages 3, 4 and 5.				

WHY DO WE HAVE FINANCIAL REGULATIONS?

- To protect all officers when it comes to financial control and governance
- To ensure that officers know their financial responsibilities and to make them part of their daily work
- To demonstrate our commitment to sound financial management so we use our resources effectively to help our decision making
- Give assurance to external audit
- Internal Audit use them to ensure controls are operating effectively

Why do they matter to me?

- They provide rules for and apply to EVERY OFFICER and BOARD MEMBER and must be complied with
- They provide a clear basis on how to practice effective financial management to provide good audit trails
- Any non-compliance may result in disciplinary action and dismissal

REVENUE BUDGETS

The Budget is produced annually by the Executive Leadership Team (ELT) with input from budget holders and approved by the Board along with the review of fees & charges to be levied.

No changes should be made to fees & charges without Board approval.

No officer should place an order or approve a contract without ensuring that there is an approved non-committed budget available.

VALUE ADDED TAX (VAT)

The Chief Financial Officer (CFO) is responsible for ensuring SCH submits quarterly VAT returns. This is a statutory function and we must reclaim VAT where possible with VAT receipts / invoices as evidence.

VAT coding by all officers is vital to prevent errors as errors can open SCH to possible financial penalties.

CAPITAL BUDGETS

SCH manages the Housing Revenue Account (HRA) Capital Programme on behalf of the Council. The programme is mainly made up of spend relating to the council housing stock on:

- Major Maintenance & Improvements (eg Sprinklers)
- Stock Growth & Development (eg New Build & Acquisitions)
- Housing System / ICT Developments

It is important to maintain accurate costing for the Capital Programme as SCH is reimbursed 100% of spend by the Council.

The Budget is produced annually by ELT and recommended by the Board for approval by the Council's Cabinet.

No officer should place an order or approve a contract without ensuring that there is an approved non-committed budget available.

Appendix C - Summary of SCH Key Financial Regulations

Approved Level of delegations - ORACLE

Officers	£
Chief Financial Officer	5,000,000
Chief Executive	2,500,000
ED of Operations, ED of Customer Exp.& Corp Support and Head of A.M. & Development	1,000,000
ED of Cust. Experience & Corp Support	1,000,000
Head of Asset Management & Development	1,000,000
Head of Housing & Neighbourhood Services, Head of Property Services & Building Safety, Capital & Investment Manager and Development Manager	250,000
All Other Budget Holders	50,000

Approved Level of delegations - OPEN Housing

Description	Contract	Job Completion Value	Job Logging Value	Job Variation Value
Level 1–Executive Director of Operations and Head of Asset Management & Development	All	1,000,000	1,000,000	100,000
Level 2–Senior Managers	All	250,000	250,000	25,000
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Level 12–Open Housing Senior Admin	All	10,000	50,000	25,000
Level 13–Contract Officers	All	25,000	25,000	12,000

Appendix C - Summary of SCH Key Financial Regulations

FINANCIAL REPORTING

Budget Holders are responsible for monthly monitoring and forecasting for all key areas of revenue and capital expenditure.

Budget holders are responsible for highlighting variances and identifying mitigating actions that can be made to improve the financial position.

Financial position of the company reported to ELT monthly and to the Board quarterly.

The preparation of the year-end Statement of Accounts (SoA) is a statutory function that SCH must produce and publish each year.

There are strict deadlines for the production of the SoA that SCH must adhere to and this document is subject to external audit, review by Audit & Risk Committee and signed off by the Board.

EXTERNAL / GRANT FUNDING

SCH often has the opportunity to apply for external / grants to support projects, either as SCH or on behalf of the Council.

Obtaining this funding can include a lengthy application process and the funding may come with terms and conditions (T&Cs). Applications should be approved in advance by the CFO, the ELT and where necessary the Board.

Copies of T&Cs should be supplied to the Finance Team and retained by the applying officer for the duration that they apply.

No costs should be incurred until formal notification that the grant has been approved has been received.

TREASURY MANAGEMENT

The CFO arranges all borrowings and investments on behalf of SCH.

INTERNAL CONTROLS

You have a duty to ensure there is an effective system of governance which incorporates appropriate internal controls.

EXPENSE CLAIMS

Claims via Oracle Cloud Expenses must be approved by the relevant budget manager.

Executive Directors have the responsibility of ensuring employees use the

LEASING

Appropriate approval must be obtained from the Chief Financial Officer BEFORE entering into ANY leases.

Due to accounting standards leases must be detailed in SCH's company accounts and there are certain items of information that should be requested PRIOR to agreeing a lease. Full details are included in paragraph 4.2 of the Financial Regulations..

ALL agreements must be signed by the Chief Executive and an Executive

Appendix C - Summary of SCH Key Financial Regulations

CONTROL OF EXPENDITURE

CFO establishes and maintains the financial system and Budget Holders must comply with that system.

Budget holders are responsible for providing monthly forecast information to the Finance Team for onward reporting to the Board.

Spend should not be incurred where there is no budget available.

Transfer (ie Virement) of budgets are allowed within specific parameters.

	Within a cost centre	Within a Directorate	Between Directorates
Up to £50k	Budget Manager	Head of Service	Executive Directors
£50k - £100k	Head of Service	Executive Director	ELT
Over £100k	ELT & Ratified by Board	ELT & Ratified by Board	ELT & Ratified by Board

PAYMENT OF ACCOUNTS

All goods and services ordered by authorised officers must be for SCH Business ONLY.

All goods and services should come from an approved supplier or contractor and procured in line with the Rules for Contract.

An order should be raised in advance of receiving the goods and receipted in line with the 'Procure to Pay' Process.

Payments in advance should not be made unless they are in line with paragraph 9.5 of the Fin Regs.

No Officer should approve orders above their authorised limit .

PETTY CASH

Petty cash should only be used for minor expenditure and not to be used for 'Prize Money', payments to 3rd parties for services.

Petty Cash should not be transferred to another officer without the approval of the CFO.

You should reconcile and replenish your float at least quarterly.

All Cash must be locked away to safeguard against loss or theft.

PURCHASE CARDS

The CFO may make purchase cards available to authorised persons to enable them to meet appropriate minor expenses.

The overall limit and individual payment limit should not be exceeded.

The card holder must comply with all conditions for the use of the card.

Line Managers and ELT have an obligation to ensure that these rules are complied with.

Do not use your purchase card where corporate contracts exist for suppliers and other means of payment can be used (ie I-proc) nor allow your card to be used by anyone else

You should reconcile your card monthly and provide VAT receipts to enable VAT to be reclaimed accurately.

INCOME

Fees & Charges operated in accordance with Council's [Fees and Charges Framework](#)

All sources of income should be acknowledged by official receipt.

Income should be banked daily where it is more than £250 and weekly if less.

Write off of Debts relating to rent must be approved by the Council's Director of Resources.

Write off of SCH Debts must be approved by the CFO.

SECURITY OF ASSETS

You have a responsibility for the security of assets under your control.

You are expected to exercise due economy and efficiency in the use of company resources, in the execution of approved plans and the running of services.

You must make arrangements for the custody and control of stocks and stores.

Stock assets that are surplus to requirement must be disposed of in the best interest of the SCH (social or environmental).

COMPUTER SYSTEMS

All staff must ensure that data / records on computer systems are accurate.

New systems for payments, including those linked to Oracle, must be approved and align with the normal scheme of delegations.

All new computer systems must be requested via the Digital Transformation Board.

All computer systems must have access controls and delegations regularly reviewed for accuracy.

Appendix C - Summary of SCH Key Financial Regulations

CONSTRUCTION INDUSTRY SCHEME (CIS)

Where construction and maintenance works are undertaken it is essential that each officer understands their obligation with regards to identifying the CIS status of contractors.

The CFO is responsible for ensuring that the appropriate deductions are made and returns submitted to HM Revenue & Customs.

INSURANCE

The CFO is responsible for arranging insurance on behalf of SCH.

Officers will notify the CFO of new risks as they arise.

Officers will notify the CFO of any new assets such as property, vehicles or other valuables regardless of whether insurance cover is anticipated.

Officers will inform the CFO of losses immediately.

EMPLOYMENT TERMINATION COSTS

All expenditure must be approved BEFORE any offer can be made to an employee.

Approval for costs up to £100k should be received from the Chief Executive AND CFO.

Approval for costs above £100k should be received from HR, Equalities and Remuneration Committee following a recommendation by the Chief Executive AND CFO.

AUDIT

The Council's Head of Audit Services has delegates responsibility for undertaking internal audits on behalf of SCH.

SCH are subject to an annual external audit of its accounts. We are legally obliged to give the external auditor every assistance in the execution of their works and as such all officers may be required to provide evidence and / or support to enable this audit to be completed.

Authorised staff of the appointed internal and external auditors are entitled to request support / evidence with an audit without giving advance notice.

SALARIES & PENSIONS

Executive Directors, Heads of Service or their delegated managers must notify the Head of HR in writing of all staff changes, absences or other circumstances affecting pay.

Payment of salaries and wages in advance requires CFO approval.

Write off of overpayment of salaries will only occur in exceptional circumstances and requires CFO approval.

RISK MANAGEMENT

The CEO is responsible for ensuring SCH has appropriate arrangements in place to effectively manage risk. This is set out in the Risk Management Policy and Procedure which is approved by the Board.

The CFO will carry out periodic checks to ensure that the review of financial risks takes place as required.

Everyone has a duty to identify and manage risks in a balanced, structured and cost effective way to enable SCH to achieve its outcomes.

Find further information in the [Risk Management Policy](#).

FRAUD

All Managers and officers must ensure that a system of internal control is maintained to reduce the risk of fraud and corruption.

Any suspected or detected fraud, theft or loss must be reported to the Head of Audit Services immediately.

All Officers should aware of the [Whistleblowing Policy](#) as a route to highlight concerns.

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Meeting of the Board



Report title:	Committee Membership		
Meeting date:	3 June 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 proposed Committee membership for 2026/27.

2. Recommendations

The Board is asked to agree committee membership for 2026/27.

3. Background

- 3.1 In February 2026, the Board agreed terms of reference for the new Committees subject to further review once they had operated for an initial period. It was also agreed that Committee Chairs would review the composition and size of the Committees.

4. Proposed Committee Membership 2026/27

- 4.1 Following discussion with the Committee Chairs, a proposed Committee Membership for 2026/27 is included at appendix 1. Note that the Council representatives reflect the 2025/26 nominees to the Board. When the Board meets on 3rd June we should have been informed of the nominees for 2026/27 which will enable us to update the Committee membership.

5. Supporting the SCH Delivery Plan

- 5.1 Our governance structure ensures effective oversight of our Delivery Plan.

6. Consultation and engagement

- 6.1 The SCHape panel was involved in developing the proposals for the new Customer Experience Committee. The new Committee will contribute to a more prominent voice for customers.

7. Financial implications

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

8. Legal implications

- 8.1 There are no specific legal implications in relation to Committee membership.

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.

10. Equalities implications

- 10.1 SCH is mindful of its obligations under equalities legislation in the recruitment and selection of Board and Committee members.

11. List of appendices

- 11.1 Appendix A - proposed Committee Membership for 2026/27.

Appendix 1 - Solihull Community Housing Board Committee Membership 2026/27

Committee	Membership
Performance and Safety	<i>Phil Hardy (Chair) (Independent)</i> Gottfried Plange-Wellbeck (Independent) Dave Pinwell (Local authority)* Gail Sleigh (Local authority)* Shajeda Ashraf (Tenant)
Audit & Risk	<i>Mark Thrasher (Chair) (Independent)</i> Deb Bannigan (Independent) Dave Pinwell (Local authority) Bernie Donnelly (Local authority)* Paul Robinson (Co-optee) Mani Kaur (Co-optee)
Customer Experience	<i>Susan Buckley (Chair) (Tenant)</i> Dale Taber (Tenant) Shajeda Ashraf (Tenant) Simon Wilson (Independent) Customer Committee members (5 appointees)
Remuneration	<i>Simon Wilson (Chair) (Independent)</i> Phil Hardy (Independent) Mark Thrasher (Independent) Susan Buckley (Tenant)
Finance Working Group (Advisory)	<i>Mark Thrasher (Chair) (Independent)</i> Simon Wilson (Independent) Phil Hardy (Independent)

*N.B. Committee membership includes local authority nominations for 2025/26. Solihull Council nominations to outside bodies including the SCH Board for 2026/27 will be agreed at the Annual Council meeting on 26/5/26

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Meeting of the Board



Report title:	Quarterly Capital Investment Programme Update		
Meeting date:	3 June 2026		
Report from:	Andy Duke, Head of Asset Management and Development		
Report author/	Amanda Badman	Capital Investment Manager	
lead officer:	07880 085972	amandabadman@solihullcommunityhousing.org.uk	
Report type:	Confidential ~~Open~~	Reports to SCH committees are not available to the public.	
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 To provide Board with a quarterly update on the SCH Capital Programme including:
- 2025/26 Capital Programme outturn
 - Capital Programme for 2026/27
 - An update on stock condition survey (SCS) data including an analysis of no access properties

2. Recommendations

- 2.1 The Board is asked to:
- (1) Note the outturn position on the Capital Programme.
 - (2) Note the position with respect to stock condition survey data.
 - (3) Note the Capital Programme for 2026/27.
 - (4) Note the approach being used to obtain stock data to inform investment decisions.

3. Background/context

- 3.1 The information within this report was presented to SCH Performance and Safety Committee on 11 May 2026 and will also be tabled at QMB June 15th. Whilst it is noted the paper has multiple audiences, the information within demonstrates the links between Stock condition and EPC surveys and how together with other data sets including repairs history, the Capital programme is arrived at, and to allow subsequent Capital Programme delivery monitoring. The paper is now submitted to Board for information, views and comments.

- 3.2 SCH has an annual Capital Programme of works to undertake improvements to the housing stock. The focus of these improvement programmes is:
- To resolve and prevent health and safety issues including Housing Health and Safety Rating System (HHSRS) hazards.
 - To maintain the Decent Homes Standard.
 - To undertake general improvements to maintain the overall standard of the homes we manage.
 - To undertake improvements to the energy efficiency of the homes we manage.
 - To improve neighbourhoods.
- 3.3 August 2024, 51% of the housing stock had received a SCS within the previous five years. These surveys were undertaken through a combination of the in-house survey team and external survey provision.
- 3.4 Early 2026, capacity within the in-house SCS team was increased to support a five-year rolling programme of surveys (see Appendix 1).
- 3.5 As a result of a high volume of SCSs completed in 2021, there is a high number of surveys also required in 2026/27. To address this situation, we have agreed additional resource through Pennington Choices.

4. Energy Efficiency and EPCs

- 4.1 The Regulator of Social Housing Consumer Standards Code of Practice recommends landlords use data from EPCs to provide a rounded view of the condition of their homes. Up-to-date EPC data will also help inform the requirement for achieving EPC band C by 2030 (or having a valid exemption in place).
- 4.2 Current legal requirement is for a valid EPC to be in place when a property is let and that a property should have an EPC band E or higher to meet the Decent Homes Standard.
- 4.3 Current data shows 75% of the stock as being in EPC band C or above. This is based upon 54% current EPCs and 46% expired EPCs or a reduced data standard assessment procedure (RdSAP) calculation.
- 4.4 EPCs are valid for a period of 10 years, and we have examples where EPCs relating to our properties contain out of date information (i.e. we have completed works to improve properties but not then undertaken a new EPC, or EPC assessors have made assumptions e.g. no cavity when there is a cavity with insulation). To improve this position and noting a revised methodology of calculating EPCs from June 2025, we are reviewing options for implementing a programme of EPCs and potential incorporation with SCSs. This EPC data will then provide SCH with essential information regarding investment needs ahead of the EPC band C target by 2030.

5. Current Stock Survey Position and Review of Proposals to Address No Access Properties

		Number of No Access	Total Stock in Category	% Per Group NA
2026/2027	Group 1	162	1979	8%
2027/2028	Group 2	289	1928	15%
2028/2029	Group 3	254	1962	13%
2029/2030	Group 4	263	1942	14%
2030/2031	Group 5	225	1909	12%
Total		1193	9720	12%

- 5.1 As at end March 2026, 77% of the stock benefitted from a SCS within the last 5 years. Of the remaining 23%, around half currently have no record of a SCS and are being prioritised. Looking at the five-year survey programme, the no access properties are spread across all survey years, as set out in the below table.
- 5.2 Only a small number of residents have refused a survey.
- 5.3 There aren't any easily identifiable archetype property groups, or other demographics. When considering the age of the properties, the no access properties are fairly evenly spread; aside of the period 2000-2014 which may be higher due to the properties being newer and potentially the residents not feeling the need for a survey due to the condition of their homes still being satisfactory. See below table for the full breakdown:

Year Built	No Access	Total of Stock In Category	% of No Access
2015+	4	125	3%
2000-2014	27	116	23%
1980-1999	45	643	7%
1960-1979	945	7415	13%
1940-1959	144	1183	12%
Pre 1940	28	238	12%
	1193	9720	12%

- 5.4 All no access properties are being prioritised, through a targeted and wider corporate approach via the newly established no access team. The process will include reviewing customer profiles, looking at trends and considering whether there are any particular risks we need to overcome, as well as trying to facilitate access alongside other visits required to achieve compliance and customer safety or complete reported repairs.

6. Capital Programme Outturns 2025/26

- 6.1 Stock investment needs are primarily identified through SCSs. In addition to SCSs, data feeding into the Capital Programme also comes from the following sources.

- Repeatedly reported repairs issues from the Property Services Team, including those creating revenue pressures.

- Issues raised by the Building Safety Team following compliance checks and safety inspections.
- Requirements for energy efficiency improvements through EPCs and retrofit surveys.
- Resident feedback considered through the VIP and SCHape panels, complaints, and customer satisfaction surveys.

6.2 All stock data is then reviewed and Capital Programme priorities developed. The 2025/26 Capital Programme delivery key outturns have been set out in Appendix 2.

7. Future Plans for 2026/27 and Beyond

7.1 The approved 2026/27 Capital and Planned Works Programme is included in Appendix 3. This work programme has been developed from stock survey data and repairs issues, prioritised to budget constraints on basis of health and safety, decent homes, energy efficiency and other property improvement needs. Flexibility within the programme delivery will accommodate urgent issues arising during the year.

7.2 Review of SCS programme and resource to incorporate communal areas of flatted accommodation. Whilst these areas are surveyed for other purposes, this doesn't include a robust collection of stock survey data for Capital Programme planning purposes and hence is an area for development of future survey programmes.

7.3 Review of EPC data and resourcing to facilitate work programmes to achieve EPC band C by 2030.

8. Supporting the SCH Delivery Plan

8.1 The Capital Programme is developed to support the business needs as set out in the SCH Delivery Plan 2026-2031.

9. Voice of the Customer

9.1 Customer consultation and engagement will be introduced throughout the delivery of all work streams and wider programme of capital improvements.

10. Financial implications

10.1 Budgets relating to the 2026/27 Capital Programme have been approved by SMBC Cabinet. Budget monitoring is reported to ELT, Board and SMBC throughout the year.

11. Legal implications

11.1 Nothing specific relating to this report.

12. Risk implications

12.1 The following table sets out a summary of the key programme areas which pose risk either due to deliverability, staff resourcing or budget restrictions.

Programme Area	Risk / Issue	Proposed Mitigation	Rectification Timescale	Residual Risk (High / Medium / Low)
Stock Condition Surveys	During transition to the 5-year rolling programme of surveys, there will be a significant drop in % of homes surveyed by end March 2027.	Undertake a short-term contract arrangement, direct award to Pennington Choices to complete a batch of surveys. Budget available from balance of 2024/25 budget.	Target completion Sept 2026	Low
	Insufficient capacity to survey communal areas.	Review staffing levels within the team to facilitate the additional requirements.	Subject to budget approval	Medium
Energy Efficiency	Absence of EPC data for all properties hinders ability to forecast investment needs to achieve EPC band C target by 2030.	EPCs to be completed alongside enhanced programme of stock condition surveys (surveying capacity within the team to be reviewed).	Subject to budget approval	Medium
		Enhanced programme of EPCs to be facilitated to provide required EPC data in time to plan and undertake works to achieve EPC band C by 2030.	Subject to budget approval	High
	Flats over garages – many cannot achieve EPC band C without insulating the garage ceiling	Pilot project included in the 2026/27 programme to review potential solutions to these properties.	Review Q4 2026/27 following pilot project	Medium
Capital Programme Delivery	Failure to deliver capital programme	Delivery of work streams through the SPMP contract will negate procurement delays. Rolling programmes allowing continuation and impact associated with onboarding/mobilisation. Regular monitoring to address shortfalls and resolve issues. Where delivery issues arise, discuss with Finance through monthly meetings to allow for potential slippage to be used for other schemes or moved into the following financial year.	Monitor progress throughout the year	Low

13. Equalities implications

13.1 Nothing specific relating to this report.

14. Data

14.1 Data sources: Management information from Open Housing.

15. List of appendices

Appendix 1 – Stock Survey Programme.

Appendix 2 – Capital Programme Outturns 2025/26

Appendix 3 – 2026/27 Capital Programme

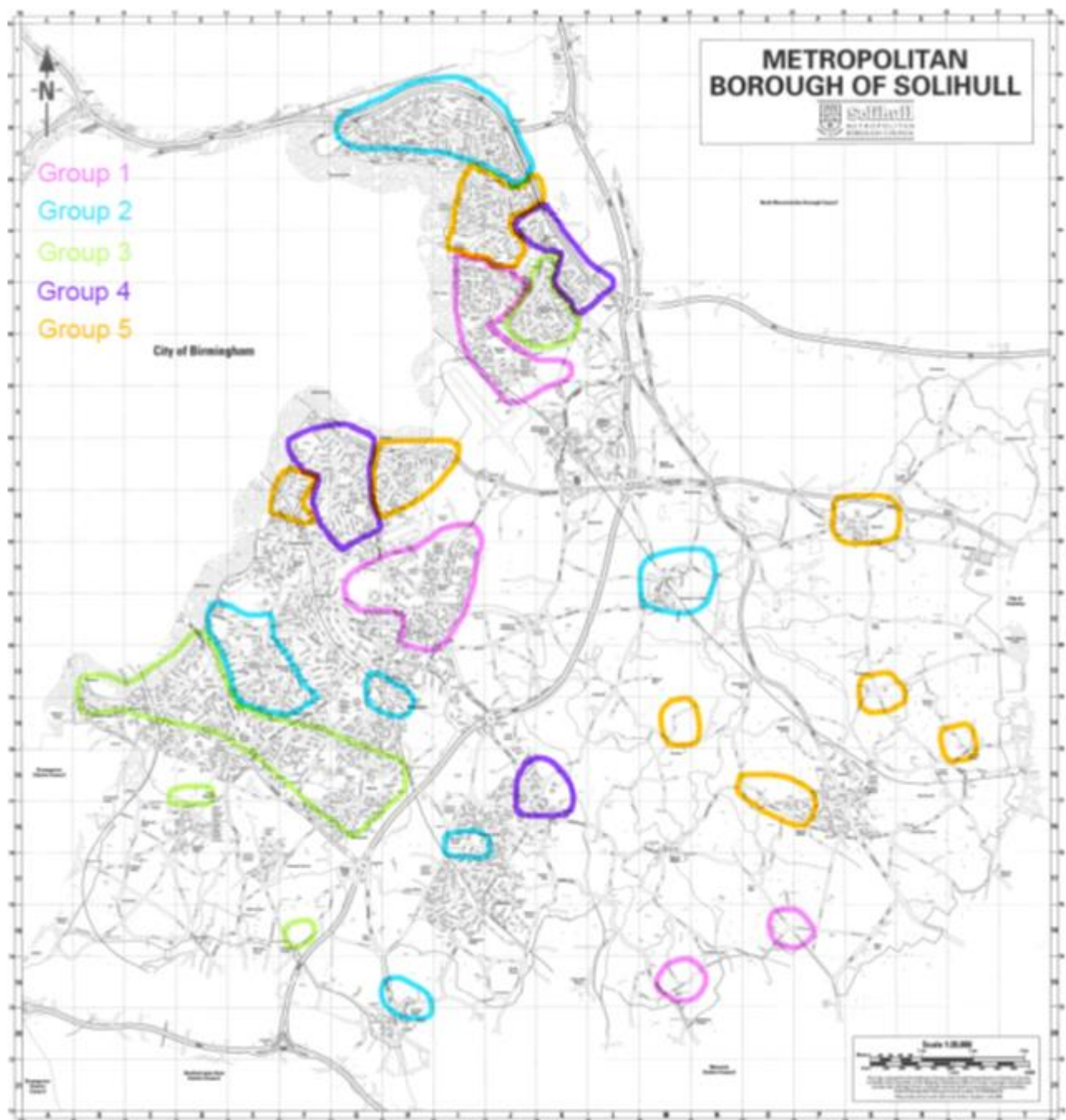
16. Background documents

14.1 None.

Appendix 1 – Stock Condition Survey Programme

Group	Programme Year	Number of Properties in the Group *
Group 1	2026/27	1,981
Group 2	2027/28	1,931
Group 3	2028/29	1,967
Group 4	2029/30	1,952
Group 5	2030/31	1,916
Totals		9,747

Note: Property numbers based upon September 2025 stock analysis



Appendix 2 - Capital Programme Outturn 2025/26

Programme	Budget £	Targets Numbers	Actual Numbers	Notes
Central Heating Upgrades	2,000,000	450	721	Focus on boiler only upgrades to help maximise reduction in Revenue expenditure, hence completions significantly higher than start of year target. Original budget increased to accommodate additional works.
Communal Decorating	166,660	48	47	Revenue programme spend to improve communal areas through redecoration. Last block finished off at start of 2026/27.
Cyclical Maintenance	1,000,000	350	305	Includes external improvement works to houses and bungalows including fencing, slabbing, paths, sheds, outhouses, porches, steps. Difficult to assess actual costs in advance. Balance of properties will be completed 2026/27.
Energy Efficiency Improvements	Delivery over 3 years – budget carried forward to 2026/27 and 2027/28 when project will be delivered	245	-	Warm Homes: Social Housing Fund: 3-year agreement £1.86m grant funding to improve 245 properties. Working with SMBC re WH:LG for 22 leaseholders at Elmdon Park flats. Stage 1 and Stage 2 applications approved by West Midlands Combined Authority (WMCA). Delivery commencing 2026/27. Planned works: EPC D and below improved to EPC C on place-based approach. 4 high-rise blocks – flats to have upgraded, more energy efficient, electric heating and hot water systems (circa 160 properties). Remainder project external building fabric improvements (subject to EPC). Delivery through the Dodd Group SPMP contract.
Environmental & Estate works	20,000	n/a	n/a	Neighbourhood improvements (small scale). This year's work included improvements around Merton House and overgrown pathways to rear alleyways off Guernsey Drive, Chelmsley Wood. 2025/26 programme completed.
Garage Strategy	120,000	40	-	Budget to address urgent garage works as many garages in blocks are unutilised, and beyond end of life. 2 unutilised garage blocks identified as in very poor condition, past end of life, and beyond repair and are to be demolished – work in progress.

Programme	Budget £	Targets Numbers	Actual Numbers	Notes
Kitchens and Bathrooms	1,100,000	190	235	Priority for decent homes fails - kitchen and bathroom in poor condition and other poor condition kitchens and bathrooms either identified through stock condition surveys or referrals from the Repairs Team. 2026/27 programme delivery via Dodd Group SPMP contract.
Low Rise Envelope programme	1,200,000	16	17	Essential improvements to the communal areas of the low-rise blocks. 2025/26 programme completed.
Roofing Works - Flat	450,000	3	82	3 communal block flat roof renewals plus general small flat roofing works progressing as and when identified
Roofing Works - Pitch	600,000	85	84	Priority for decent homes fails, roof replacement from stock condition surveys and full roof re-tiling and associated works from Repairs Team.
Kingshurst House bridge	£105k	1	1	Kingshurst House bridge replacement works completed.
Tarmac & Resurfacing works	150,000	n/a	n/a	Tarmac projects included: - footpaths on Highfield, Meriden; - resurfacing in front of mews blocks at Bracken Croft, Cornfield Croft & Clover Avenue
Window and Door Replacements	800,000	70	235	Focus on poor windows and decent homes fails identified from stock condition surveys and referrals from the Repairs Team. Original target reflected whole house windows and doors. Numbers increased due to isolated doors being included. Budget increased during the year due to scale of repairs referrals.
Biomass Plant Replacement - Plant Rooms, Pipework, Internal radiator valves in flats	910,000	3 plant rooms 8 blocks	n/a	Balance project completion from 2024/25 – grant funding to support project. Plantroom 1 - Bangor, Keele, Westham & Wedgewood Plantroom 2 - Woodbrooke, Cheshunt & Dillington Plantroom 3 - Newnham
High Rise Pipework (HNES)	2,123,000	n/a	n/a	Linked to above
CCTV	220,000	tba		Highrise CCTV upgrade under review. Delivery will be deferred to 2026/27.
Electrical improvement works	200,000	tba	91	Electrical improvements following EICRs and void electrical rewires / upgrades as required. Budget requirement reviewed and budget reduced from £500k to £200k, balance budget used to fund fire door improvement programme works.

Programme	Budget £		Targets Numbers	Actual Numbers	Notes
Fire Protection	2,450,000		tba	tba	Passive fire works + fire doors and building safety works, total estimated cost £2.45m. Works progressing well. Completion anticipated in 2026/27
Spandrel Replacement Project Phase 2a	432,000				Total estimated cost £1.4m, however only £432k forecast this financial year. BSR Gateway 2 application submitted, finances will be reprofiled upon GW2 determination.
Spandrel Replacement Project Phase 2b	6,500,000				Balance project completion from 2024/25 SMBC Cabinet approved increased budget in Sept 25, reprofile upon receipt of GW2 approval, expected Q1/2 26/27

Appendix 3

2026-27 Capital Programme Dashboard

Updated: 17/03/2026

Cost code	Programme	Lead HOS	Target			Gateways		Progress to Date			RAG Rating			Notes
			Draft Budget £	Numbers	Av. Cost per Unit	Gateway Approved	Next Gateway	Comple-tions	Work in Progress	Total Units to Date	Delivery	Finance	Risk	
542142	Central Heating Upgrades (incl. gas, warm air, back boiler, & storage heater conversions)	AD	2,000,000	380	5,263	1	4	-	-	-	On Track	On Track	No significant project risks identified	Adequate heating is a primary requirement for decent homes. Data for this budget was reviewed in 2025/26 whereby an annual £2m budget was identified as necessary to meet obligations. Data for the programme is based upon old boilers and boiler breakdowns where beyond economical repair. Also includes full heating replacements, where identified as necessary following survey.
New Code	Central Heating Upgrade - Ipswich House	AD	100,000	n/a	n/a	1	3	n/a	n/a	n/a	Detailed design proposal required	On Track	Boiler failure may require project to proceed before optimum solution developed	Data reported from Building Safety Team regarding the need to replace the boilers to the communal heating system. Residents have also complained about overheating in communal areas, so this will be reviewed alongside boiler replacement as there may be scope to improve controls and reduce energy consumption and running costs.
531200	Communal Decorating (Revenue spend but delivered by Capital Team so reported on this dashboard)	AD	166,660	48	3,472	1	4	-	-	-	On Track	On Track	No significant project risks identified	Works progressing well on site, on target for completion by end of financial year. Current contract arrangement ends March 2026. Next year's work will be delivered through the SPMP contract.
542099	Cyclical Maintenance	AD	1,000,000	325	3,077	1	4	-	-	-	On Track	On Track	No significant project risks identified	General improvements to maintain stock and reduce health and safety risks identified. Works to individual properties includes fencing, slabbing, paths, sheds, outhouses, porches, steps.
542167	Energy Efficiency Improvements	AD	1,700,000	262	6,489	1	3	-	-	-	On Track	2-year programme - budget to include grant funding from WMCA	Tenant refusals may impact delivery although additional properties identified. Design solutions subject to retrofit assessments	Majority of the funding is to provide co-funding to the 245 properties identified for energy efficiency improvements through the Warm Homes Social Housing grant funding. + energy efficiency improvements to 17 properties which fail decent homes due to EPC levels. Warm Homes: Social Housing Fund: 3-year agreement £1.86m grant funding to improve 245 properties. Working with SMBC re WH:LG for 22 leaseholders at Elmdon Park flats and linking into Birmingham University Air Quality Monitoring project. Stage 1 application approved. Stage 2 submission submitted to WMCA on 23.1.2026. Proposal: 3x areas focus on external building fabric - Piggotts Croft area (2026), Shirley Park area (2026 & 2027), Elmdon Park area (2027). Upgrading electric heating and hot water - Balliol House, Linacre House, Oriol House & Greyfriars House.
542167	Energy Efficiency Improvements - High-Rise Blocks	AD	150,000	180	833	1	4	-	-	-	Preferred delivery through Balcony project	On Track	Project start may be delayed due to balcony project delays	Programme to improve energy efficiency of bedroom walls in 5x high rise blocks where the bedroom wall backs onto the unheated stairwell - damp mould and condensation issue highlighted through the repairs team as an identified archetype issue (180 flats).
542102	Environmental & Estate works	AD	20,000	n/a	n/a	1	4	-	-	-	Actual Works to be agreed	On Track	No significant project risks identified	Identified small scale neighbourhood improvements reported through Estates Teams. Although small scale, the output generally makes a localised impact to improve the local area.
542056	Environmental - Cesspool & Drainage (capitalised from day to day repairs)	AD	50,000	n/a	n/a	n/a	n/a	-	-	-	Ad hoc	Currently within scope	Reactive based upon demand	Replacement drainage runs and manholes where beyond end of life. Requirements identified from Repairs data.
542149	Garage Strategy	AD	120,000	n/a	n/a	1	3	-	-	-	Actual garages to be agreed	On Track	Only scope to address most urgent garages	Data from inspections, surveys and Repairs Teams. Budget to cover essential works due to a significant health and safety risk however many garages require investment beyond the scope of this budget. Solution is either: - major repairs for garages still in use, or - demolition where the structure is beyond end of life and unutilised.
New Code	Garage Flats Pilot Project	AD	50,000	n/a	n/a	1	2	n/a	n/a	n/a	Detailed design proposal required	On Track	Potential time delays for design solution	Issue raised from Building Safety with regard access to communal electricity supplies in flats above garages. Pilot solution being developed.
542157	Kitchen and Bathroom Upgrades	AD	1,850,000	300	6,167	1	4	-	-	-	On Track	On Track	No significant project risks identified	Primary focus is decent homes fails, however all kitchen and bathroom component fails are a priority. Data is from stock condition surveys and referrals from the Repairs Team where a full kitchen or bathroom upgrade has been identified. Programme focus also includes a review of the electrical installation, kitchen and bathroom ventilation, and damp, mould and condensation issues. By reviewing all elements at the same time reduces disruption for the residents and helps resolve and prevent damp, mould and condensation issues.

Cost code	Programme	Lead HOS	Target			Gateways		Progress to Date			RAG Rating			Notes
			Draft Budget £	Numbers	Av. Cost per Unit	Gateway Approved	Next Gateway	Comple-tions	Work in Progress	Total Units to Date	Delivery	Finance	Risk	
542146	Low Rise Envelope programme	AD	1,200,000	15	80,000	1	4	-	-	-	On Track	On Track	No significant project risks identified	Essential improvements to the communal areas of the low-rise blocks as identified through survey data and referrals from Building Safety Team.
542053	Roofing Works - Flat	AD	150,000	100	1,500	1	4	-	-	-	Ad hoc	Currently within scope	Reactive based upon demand	Replacement of small flat roof areas to porches, outhouses and garage, referred to Capital Team by the Repairs Team, highlighted from issues reported by residents relating to leaking flat roofs.
542053	Flat roofing (capitalised from day to day repairs)	AD	included above	100		n/a	n/a	-	-	-	Ad hoc	Currently within scope	Reactive based upon demand	No large flat roofs to blocks identified for replacement this year.
542049	Roofing Works - Pitch	AD	1,200,000	120	10,000	1	4	-	-	-	On Track	On Track	No significant project risks identified	Data from stock condition surveys, component lifecycles and referrals from the Repairs Team where repairs issues also exist. Focus on decent homes fails and potential fails plus an archetype issue with box gutters which form part of the pitched roof on many 1960's terrace blocks. Workstream also addresses issues to loft insulation, rainwater goods, fascias, soffits and chimneys.
542036	Structural Works	AD	310,000	n/a	n/a	1	4	-	-	-	Ad hoc	On Track	Budget allocation allows resolution of general structural issues	General allowance for floor heave, underpinning and lintel issues Slater Road loft conversion - £142k current cost for Slater Road (50% contribution from SMBC), total budget including all costs, plus cost to fully replace the roof and windows, decant removal and utility bills plus carpet and curtains for decant, including cooker etc +£20k
542055	Capitalised Damp, Mould and Condensation Works	AD	-	n/a	n/a	n/a	n/a	-	-	-	Ad hoc	Ad hoc	Reactive based upon demand	Most improvement works to rectify damp, mould and condensation issues are Revenue costs so no budget allocated, however the cost code exists so that the impact can be monitored where relevant.
542145	Tarmac & Resurfacing works	AD	150,000	n/a	n/a	1	3	-	-	-	Actual Works to be agreed	On Track	No significant project risks identified	Essential resurfacing of 2-3 areas of tarmac, as identified from Repairs data and Neighbourhoods teams. Resolves health and safety issues with respect to slips, trips and falls.
542052	Window Replacements	AD	500,000	70	7,143	1	4	-	-	-	On Track	On Track	No significant project risks identified	Requirement for window and external door replacements identified through stock condition surveys and referrals from Repairs Team. Identified works include decent homes failures properties where windows in poor condition or beyond end of life and deemed likely to fail.

Building Safety Works

new code	Bin Chute Pilot Project - replacement / alternative refuse provision + decommissioning existing	AP	50,000	n/a	n/a	1	2	n/a	n/a	n/a	Pilot project - design proposal to be developed	On Track	Potential time delays for design solution	Issues reported from Building Safety Team with respect existing bin stores across the high-rise blocks. This budget is to fund a pilot project at Bedford House.
542037	Biomass Plant Phase 1	AP	150,000	n/a	n/a	3	4	474	62	n/a	Ad hoc	On Track	Access not facilitated and works remain outstanding	Biomass Phase 1 - no access balance properties for HIU replacement / upgrade works
542038	Biomass Phase 2 - High Rise Pipework (HNES)	AD	4,400,000	3 plant rooms 8 blocks		0	2	-	-	-	Progress dependent on funding	Progress dependent on funding	Progress dependent on funding	Awaiting outcome of HNES bid for Biomass Phase 2 pipework replacement.
542034	CCTV	AP	200,000	n/a	n/a	1	4	-	-	-	Actual Works to be agreed	On Track	No significant project risks identified	CCTV upgrade under review. Delivery will be deferred to 2026/27. Original budget £100k
542153	Electrical improvement works	AP	250,000	n/a	n/a	1	4	-	-	-	Ad hoc	n/a	n/a	Electrical improvements following EICR's and void electrical rewires / upgrades as required. Not a quantified programme of work, so no progress to measure.
542174	Electrical Sub-Mains	AD	600,000	3	200,000	1	2	-	-	-	Detailed design proposal required	On Track	Potential time delays for design solution and BSR approval	Replace/ refurbishment of electrical infrastructure and associated works to 2 high-rise blocks. Identified through the EICR.
542175	Fire Protection	AP	520,000	tba	n/a	1	4	tba	tba	tba	In progress	In progress	Higher risk due to potential access issues	Passive fire works & capital replacement/ refurbishment of fire doors identified by Building Safety Team through fire risk assessment recommendations and actions. Low rise blocks still to do. Completion anticipated Q1/Q2 so circa £600k slippage to be added to 2026/27 budget (once value confirmed)
542033	Lift Replacements / Refurbishments	AP	20,000	n/a	n/a	1	n/a	tba	tba	tba	n/a	n/a	n/a	Estimate of potential capital improvement identified as a result of lift inspections, servicing and breakdowns. No lift replacements anticipated within next 12 months.
542079	Spandrel Replacement and Balconies Project Phase 2b	AD	8,404,000	n/a	n/a	1	3	-	-	0	Agreed start date pending BSR approval	On Track	Project progression subject to BSR approval	Project design progressing through Building Safety Regulator Gateway process. Kingshurst 5 and Redwood for balconies. Spandrels and Louvres - Kingsgate, Fircroft, Avoncroft, Woodbrook, Dillington

Cost code	Programme	Lead HOS	Target			Gateways		Progress to Date			RAG Rating			Notes
			Draft Budget £	Numbers	Av. Cost per Unit	Gateway Approved	Next Gateway	Comple-tions	Work in Progress	Total Units to Date	Delivery	Finance	Risk	
542080	Sprinklers	AD	26,000	5	5,200	1	4	-	-	0	Ad hoc	On Track	Risk low due to majority of properties already benefitting from sprinklers	Nominal budget to pick up balance of sprinkler 'no access' properties (57 properties still outstanding)

16,906,660

Other Programmes

531115	Pennington's Stock Condition Surveys & EPC's	AD	130,000	2,000	55	n/a	n/a	-	-	-	Reviewing	Current underspend to be retained to support required programme of surveys in 2025/27	Not to increase the number of surveys in 2026/27 will cause a reduction in the current level of surveys achieved.	
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RAG Rating Key

	Delivery		Risk
Complete	Project complete	Project co	Project complete
On Track	In progress and on track	On track	Only low project risks
Reviewing	Under review / Some slippage but mitigations	Some issu	Medium project risks
Off Target	Off target / Slippage but no mitigations	Budget is	High project risks
Not Started	Not Started / Timescale to be Agreed	No budge	Risks not yet assessed
n/a	Outside scope of this dashboard	Outside d	Outside dashboard scope

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Meeting of the Board



Report title:	Financial Outturn 2025/26		
Meeting date:	3 June 2026		
Report from:	Samantha Gilbert, Chief Finance Officer		
Report author/	Karen Cranley	Finance Manager	
lead officer:	0121 704 6421	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 financial outturn for 2025/26 for capital and revenue within SCH and for the Housing Revenue Account (HRA).

2. Recommendations

- 2.1 The Board is asked to:

- (1) **NOTE** the revenue and capital outturn for SCH for 2025/26.
- (2) **NOTE** the age of outstanding Accounts Receivable Debt.
- (3) **NOTE** the HRA outturn for 2025/26.
- (4) **NOTE** the end of year reserves position.

3. Background/context

- 3.1 The 2025/26 end of year revenue and capital financial performance for the year ending 31 March 2026 is shown at Appendix A - Financial Dashboard. The final Revenue positive variance is (£658,000) and the final Capital underspend is (£5.366 million).
- 3.2 In addition, SCH manages the Private Sector Adaptations Capital Programme funded from the Council's General Fund and this was £1.061 million underspent.

4. Matters for consideration

Revenue Financial Performance 2025/26

- 4.1 The approved balanced budget position included net £1.374 million approved use of SCH reserves, of which £1.146 million has been used in 2025/26, details as follows:

Item	Budgeted Use 2025/26	Actual Use 2025/26
Workflow System	£ 631,000	£ 554,000
Extension to Mobyssoft contract (24/25 to 25/26)	£ 56,000	£ 55,000
2025/26: Endeavour House refresh	£ 42,000	£ 38,000
2024/25: Contribution from 24/25 to support NI increase	£ 75,000	£ 75,000
2025/26: Hoarding Pilot	£ 20,000	£ -
2025/26: Responsive Repairs	£ 200,000	£ 111,000
2025/26: Temporary Accommodation Support	£ 190,000	£ 153,000
2025/26: Reimburse Council for Small Homes surplus	£ 160,000	£ 160,000
	£ 1.374 million	£ 1.146 million

- 4.2 The budget also included £409,000 approved use of HRA Reserves, paid through the Management Fee, £231,000 for the Consumer Regulations Project and £178,000 for Stock Condition Surveys; of which actual spend in 2025/26 was £150,000 and £53,000 respectively.
- 4.3 The final outturn variance of (£658,000) underspent against budget is made up of (£1.092 million) net underspends within services, part offset by the +£434,000 reduced use of Reserves set out in paragraphs 4.1 and 4.2 above; this is an improvement from the net £nil position forecast at Quarter 3.
- 4.4 The main areas of underspend by service are set out on page 1 of the Financial Dashboard at Appendix A, with notable areas of underspend being:
- (£544,000) overall net payroll underspend, due mainly to vacant posts not recruited. In Housing and Communities and Asset Management posts were held pending implementation of team restructures, and difficulties in recruiting suitable candidates in Contact Centre.
 - (£281,000) uncommitted budget held centrally to offset pressures in-year.
 - (£207,000) reduced utility costs across the Council's housing stock.
 - (£174,000) net underspend on Biomass, due to reduced utility costs.
- 4.5 In addition, there are a number of overspends to highlight:
- +£289,000 Electrical repairs works, due mainly to additional volume of works completed as a result of the increased inspection programme, as well as the impact of implementing damp and mould measures such as installing extractor fans.
 - +£143,000 Gas repairs works, the overall budget had been lowered in anticipation of reduced repairs spend as a result of increased boiler replacement programme. Although the spend on boiler repairs has reduced from 2024/25, the full benefit of the replacement programme has not yet been realised.
 - +£212,000 overall increased spend on day to day and void sub-contracted repairs. This is due to several factors, for example operative posts held vacant (reflected

in payroll underspend above) leading to increased contracted out works, higher specification of void works carried out at difficult to let properties in order to bring these back into use, and increased drainage repairs costs.

Age of Outstanding Accounts Receivable Debt

- 4.6 Appendix A shows £86,000 of outstanding accounts receivable (non-rent) of which £4,000 is over 90 days old at 31 March 2026, relating to various invoices of minor value, none of which relates to sums owed by the Council.

HRA Capital Performance

- 4.7 At the Full Cabinet meeting on 13 February 2025 the SCH managed housing capital budget of £31.616 million was approved for 2025/26.
- 4.8 The capital budget managed by SCH has been subsequently amended to reflect:
- An increase of £887,000 rephasing of net underspends from the 2024/25 outturn position, as approved by Cabinet on 12 June 2025.
 - An increase of £3.333 million for further allocations of underspends from the 2024/25 outturn position, as approved by Cabinet on 11 September 2025.
 - A reduction of (£12.514 million) as approved by Cabinet on 11 December 2025; of which £12.078 million rephasing of budgets into future years. This includes £5.056 million for continuation of the Spandrel Panel replacement programme and £4.400 million for projects replacing biomass pipework in high rise blocks.
- 4.9 As at 31 March 2026, there is a capital underspend of (£5.366 million), shown on page 2 of Appendix A, of which, requests for HRA capital carry forwards of £5.271 million will be submitted to the Council for approval by Full Cabinet on 28 June 2026; the resulting increase from the year end position, if approved, will increase the 2026/27 Capital Programme from £33.225 million to £38.496 million.
- 4.10 The outturn capital position includes underspends of (£3.614 million) on New Build and Acquisitions programmes, (£562,000) on high rise pipework replacement projects and (£541,000) on Fire Protection/ Building Safety projects; the majority of these will be carried forward for completion in 2026/27.

Private Sector Adaptations Capital Programme – Expenditure and Funding

- 4.12 All adaptations undertaken are commissioned through the Council and where the requirements are for HRA properties, the funding comes through the HRA. Private sector adaptations have outturned at (£1.164 million) underspent and +£103,000 overspent on Major and Minor works respectively.
- 4.13 The private sector adaptations (branded as Solihull Independent Living – SIL) capital outturn was £2.136 million which, as detailed in paragraph 4.14, was (£1.164 million) under budget. The table below shows the final year-end position year on year for the number of private sector adaptations delivered and the costs.

Completions	2025/26		2024/25	
	No	£'000	No	£'000
Private Sector Adaptations (Major)	238	2,136	220	2,319
Private Sector (Minor Works)	1,144	319	1,047	301

HRA and SCH Reserves

- 4.14 There are reserves held by both the Council HRA and by SCH. Any use of HRA reserves will require Council approval. Appendix A sets out the final HRA reserves position for Revenue and Capital with a net increase in HRA Revenue Reserves of £2.814 million.
- 4.15 There are also HRA Capital Reserves that have a net increase of £5.870 million, mainly due to in-year RTB receipts of £6.344 million, less sums used to fund the capital programme.
- 4.16 The reported SCH actual net income of (£713,000) as presented is made up of £1.146 million approved use of SCH Reserves (as set out in paragraph 4.1), less (£433,000) operational contribution to reserves.
- 4.17 After accounting for the £1.500 million minimum reserves balance for SCH there are revenue reserve balances of £5.187 million. Of this balance, the SCH Board has previously approved the earmarking of sums totalling £2.062 million to be used to fund future specific activities leaving an uncommitted SCH Reserves balance of £3.125 million available for future decisions on its use.

HRA Outturn

- 4.18 Appendix B sets out the final Housing HRA for the Board's information. The overall 2025/26 movement in HRA balances is better than budget by £407,000; the year-end position being an increase of (£2.814 million) against a budgeted increase of (£2.407 million).

Final statutory accounts and impact of Pensions IAS 19

- 4.19 The SCH statutory accounts reflect the requirements of the International Financial Reporting Standards (IFRS) in full, including the requirements of the International Accounting Standard for pensions (IAS19). The West Midland Pension Fund engage an actuary to undertake an IAS19 valuation every year and as at 31 March 2025 this has been calculated as a net £nil position, the valuation surplus of £34.397 million being offset in full by the actuary's interpretation of the Asset Ceiling valuation under accounting standard IFRIC14.

Statutory Accounts and Audit

- 4.20 The external audit is nearly complete and will be reported to the Audit and Risk Committee on 6 July 2026.

2025/26 – 2028/29 Savings Proposal

- 4.21 Appendix A includes charts showing the current RAG rating for the 2025/26 to 2028/29 savings plans as approved by this Board as part of the 2026/27 Budget in November 2025. As part of the normal financial cycle the Executive Leadership Team will continue to keep the deliverability of these savings under review.

5. Supporting the SCH Delivery Plan

- 5.1 The SCH medium term financial strategy (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 The variances within the report identify a number of items of spend that will be considered as part of the 2026/27 financial monitoring and the 2027/28 budget preparation.

8. Legal implications

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

9. Risk implications

- 9.1 Work is currently 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

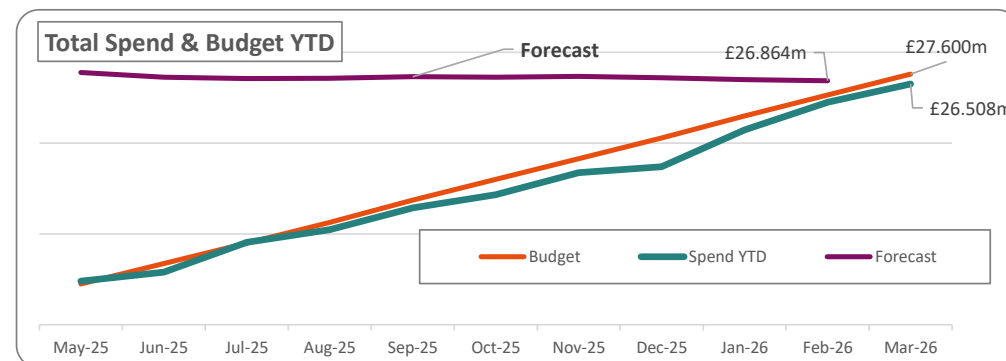
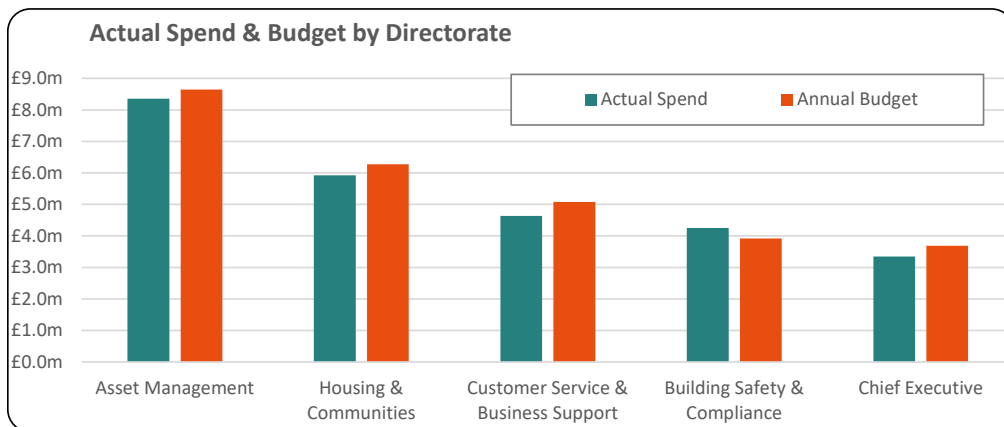
Appendix A – Financial Dashboard

Appendix B – HRA Outturn

12. Background documents

SCH Board 2025/26 Financial Monitoring reports

APPENDIX A - FINANCIAL DASHBOARD AS AT MARCH 2026



Service Area	Annual Budget £000	Actual Spend £000	Final Variance £000
Asset Management	8,646	8,351	(295)
Housing & Communities	6,271	5,922	(349)
Customer Service & Business Support	5,077	4,638	(439)
Building Safety & Compliance	3,917	4,252	335
Chief Executive	3,689	3,345	(344)
Revenue sub-total	27,600	26,508	(1,092)
Revenue Management fee	(25,872)	(25,872)	-
Contributions to/ (from) SCH Reserves	(1,374)	(1,146)	228
Contributions to/ (from) HRA Reserves	(409)	(203)	206
Net Revenue Position	(55)	(713)	(658)

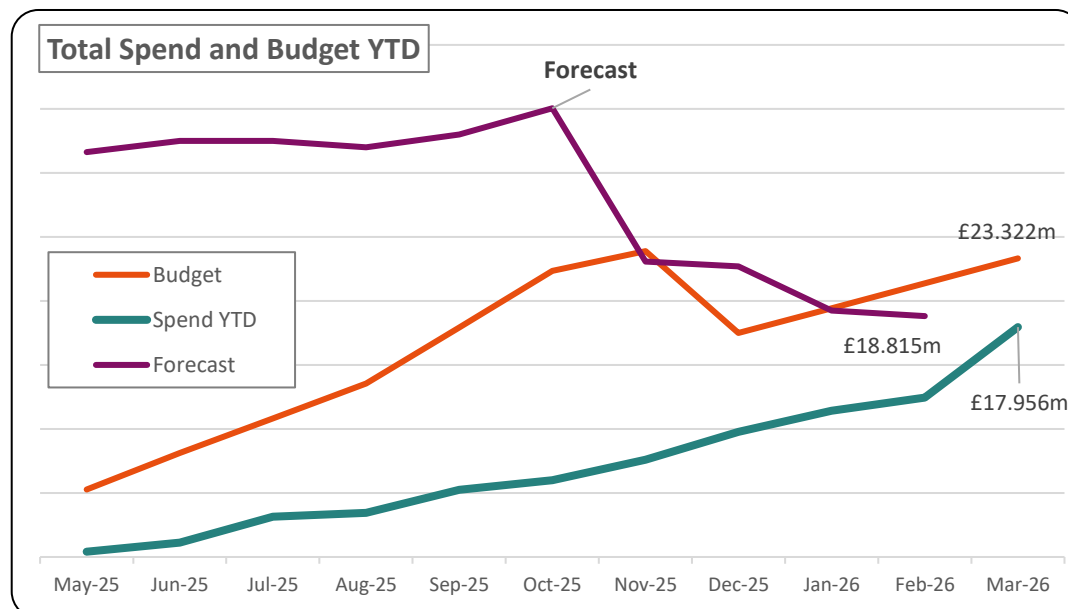
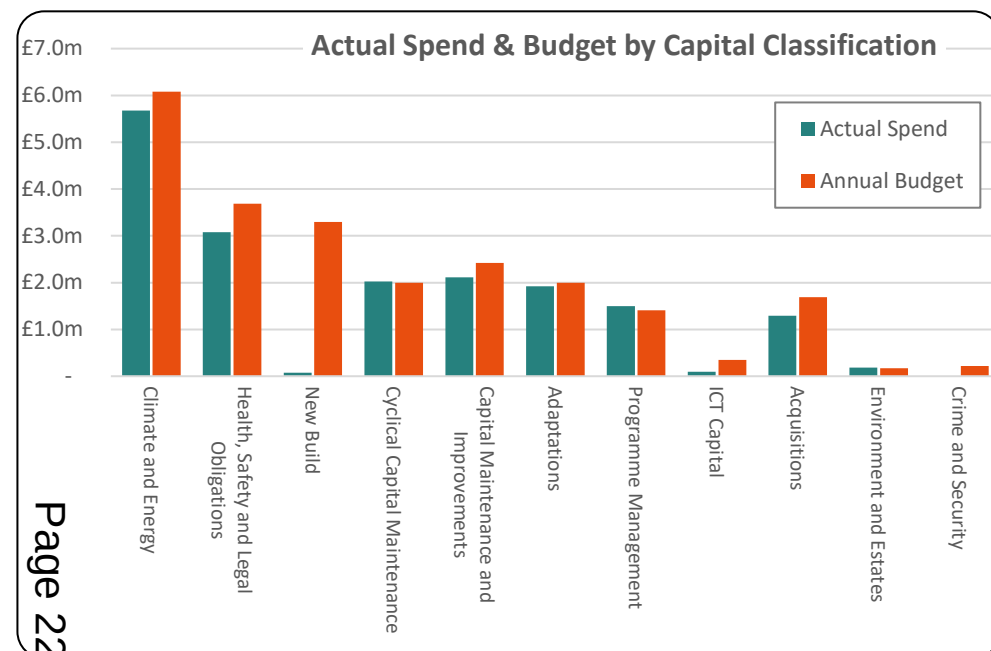
Payroll £000	Variance Split Between	
	Non-Pay £000	Income £000
(139)	191	(347)
(265)	827	(911)
(178)	(368)	107
(11)	161	185
49	(386)	(7)
(544)	425	(973)
-	-	-
-	228	-
-	-	206
(544)	653	(767)

Forecast Variance P09 £000	Movement from Forecast £000
(128)	(167)
68	(417)
(215)	(224)
268	67
(239)	(105)
(246)	(846)
-	-
130	98
116	90
-	(658)

Service Area	Variance £000	Explanation of Variances
Asset Management	(295)	(£139,000) net payroll underspends, (£129,000) Stock Condition Surveys (offset by use of HRA Reserves), (£101,000) SPMP contract overheads, (£90,000) Small Homes income, (£56,000) net Insurance income, (£44,000) Materials, (£45,000) Vehicle leases and (£42,000) Other minor variances; part offset by £302,000 DTD and Void sub-contractor costs.
Housing & Communities	(349)	(£266,000) Net payroll underspends, (£61,000) blocks utility costs, (£56,000) Ipswich House running costs, (£42,000) Support contract (offset by use of SCH Reserves) and (£40,000) net Court fees/ income. Part offset by £90,000 loss of Private ASB income, and £2,000 other minor variances.
Customer Service Transformation & Business Support	(439)	(£186,000) net payroll underspend (excluding Wellbeing/ HIA & OneSCH), (£106,000) OneSCH Project (offset by use of SCH Reserves), (£70,000) Consumer Regulation Readiness Project (offset by use of HRA Reserves), (£42,000) Saxon Court running costs and (£48,000) other minor net variances.
Chief Executive	(344)	(£281,000) Unallocated budget held to mitigate pressures, (£23,000) Apprenticeship Levy, (£20,000) Internal Audit investigations and (£15,000) other minor variances.
Building Safety & Compliance	335	£289,000 Electrical repairs, £143,000 Gas repairs and £141,000 Fire protection. Partly offset by (£174,000) Net Biomass variance (reduced utility and input costs offset by reduced tariff income, and RHI income relating to previous years), (£67,000) FRA related works and (£8,000) other minor net variances.
Revenue sub-total	(1,092)	Includes (£434,000) reduced spend from specific Reserves
Management fee/ Use of Reserves	434	Reduced use of SCH Reserves of: £89,000 Responsive Repairs, £77,000 OneSCH Project, £37,000 Support contract, £20,000 Hoarding Pilot, £4,000 Endeavour House refresh and £1,000 Mobysoft underspend. Reduced use of HRA Reserves of: £125,000 Stock Condition Surveys and £81,000 Consumer Regulation Readiness Project.
Net Revenue Position	(658)	

FINANCIAL DASHBOARD AS AT MARCH 2026

CAPITAL POSITION AT P12



Capital Classification	Annual Budget £000	Actual Spend £000	Final Variance £000	Explanation of Significant Variances
Climate and Energy	6,083	5,678	(405)	(£562,000) Biomass plant - mainly due to BMS programme, (£150,000) HNES Programmes, (£108,000) Energy Efficiency. Part offset by +£407,000 Boiler replacement programme progressing ahead of schedule, in order to expedite resulting savings on repairs costs.
Health, Safety and Legal Obligations	3,686	3,074	(612)	(£541,000) Fire Protection/ Building safety works - Fire door replacements within flats delayed by access issues, (£185,000) Electrical improvements and (£64,000) Structural works. Part offset by additional spend on Spandrel replacement project of +£185,000 .
New Build	3,298	78	(3,220)	Lakeside and Anglesey developments to progress in 2026/27.
Cyclical Capital Maintenance	2,000	2,023	23	
Capital Maintenance and Improvements	2,420	2,110	(310)	(£141,000) Kitchens/ Bathrooms, (£91,000) Garage Strategy, (£40,000) Damp & Mould and (£29,000) Drainage/ Curtilege.
Adaptations	2,000	1,922	(78)	
Programme Management	1,411	1,497	86	Capital Salaries recharges
ICT Capital	346	97	(249)	Expect further carry forward to 2026/27 for continuation of ICT projects.
Acquisitions	1,688	1,294	(394)	2x acquisitions in progress only, underspent on LAHF acquisitions.
Environment and Estates	170	183	13	
Crime and Security	220	-	(220)	No spend this financial year.
Capital Total	23,322	17,956	(5,366)	Reduced budget follows net carry forwards of £12.078m into 2026/27 (approved by Cabinet 11-December-25), further carry forwards to be requested as part of final outturn report.

FINANCIAL DASHBOARD AS AT MARCH 2026

RESERVES

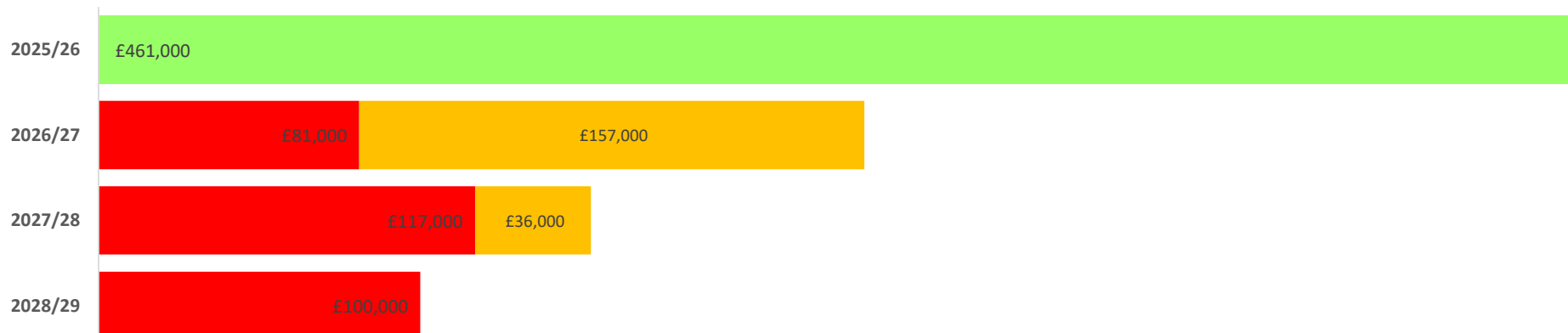
Solihull Community Housing Reserves (excluding Pension Reserve)	Balance 1-Apr-25 £000	Expected Use 2025/26 £000	Balance 31-Mar-26 £000	Committed/ Earmarked £000	Comments/ Notes on committed & earmarked use	Available Balances £000
Minimum Working Balance	1,500	-	1,500	(1,500)	Minimum requirement agreed with Auditor.	-
Budget Strategy Reserve (BSR)	3,604	(479)	3,125	-	Budgeted surplus/ deficit, current variance forecast, less earmarked sums approved by SCH Board.	3,125
BSR: Earmarked for Restructures	490	-	490	(490)		-
BSR: Other Earmarked Sums	1,526	46	1,572	(1,572)	OneSCH Project, 2025 Employers NI increase, Corporate Contract Officer, Mobyssoft contract, 2x year Safeguarding Co-Ordinator, Hoarding Pilot, PSL Reserve, 2x year x5	-
Total SCH Reserves	7,120	(433)	6,687	(3,562)		3,125
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	272	8,166	(6,590)	£2.0m working balance required, £4.590m Earmarked/ committed use of reserves.	1,576
Future Capital Investment	2,516	2,542	5,058	(286)		4,772
CAPITAL						
Major Repairs Reserve	4,091	(598)	3,493	(2,336)	£2.336m c/f into 26/27 from current underspend forecast.	1,157
Capital Receipts Reserves (inc.RTB)	11,869	6,344	18,213	(3,389)	Potential £1.581m LAHF round 4 co-funding and £1.500m Middlewood House	14,824
Capital Receipts Unapplied	132	124	256	-		256
Total HRA Reserves	26,502	8,684	35,186	(12,601)	HRA Reserve Balances (P11 estimates - final position to be determined by Council)	22,585

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 MARCH 2026

RENT & CHARGES DEBT

HRA Income	
Overall Income Due	£53,560,447
HRA Income	£51,553,683
Rent Roll	£52,184,596
Percentage rent collected of rent due	96.25%
Percentage rent collected of rent due excl. arrears b/fwd	98.79%

HRA Arrears	Total HRA Debt £	Impairment Required £
31-Mar-25	3,863,059	3,488,863
27-Mar-26	5,301,478	4,116,780
Increase/ (Decrease)		627,917
Add: Net Write offs YTD		91,444
TOTAL CHARGE TO DEBT IMPAIRMENT		719,361
Budget available (revised per draft 26/27 HRA MTFS)		865,000

SCH Income	
SCH Rents collectable	£219,010
SCH income of rent due	£217,015
SCH Collection percentage	99.09%

SCH Arrears	Total SCH Debt £	Impairment Required £
31-Mar-25	124,787	115,331
27-Mar-26	143,202	126,123
Increase/ (Decrease)		10,792
Add: Net Write offs YTD		7,749
TOTAL CHARGE TO DEBT IMPAIRMENT		18,541
Budget available		20,000

ACCOUNTS RECEIVABLE DUE DEBT

At 7-Apr-26	Current (0-30)		31-60		61-90		91-180		181-365		365+		Total Due	% of Due Debt	
Council Debtors	£	-	£	32,942	£	-	£	-	£	-	£	-	£	32,942	38%
Other Debtors	£	2,994	£	45,843	£	117	£	28	£	2,013	£	1,922	£	52,917	62%
Total AR Debtors	£	2,994	£	78,785	£	117	£	28	£	2,013	£	1,922	£	85,859	

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	

HOUSING REVENUE ACCOUNT INCOME AND EXPENDITURE ACCOUNT

<i>Total Outturn 2024/25 £000's</i>		<i>Original Estimate 2025/26 £000's</i>	<i>Actual Outturn 2025/26 £000's</i>	<i>Variation 2025/26 £000's</i>
	<u>INCOME</u>			
(49,455)	Dwelling -Rents	(50,662)	(51,249)	(587)
(1,245)	Non-Dwelling Rents	(1,296)	(1,248)	48
(3,801)	Charges for Services & Facilities	(3,522)	(3,758)	(236)
(54,501)	sub-total Income	(55,480)	(56,255)	(775)
	<u>EXPENDITURE</u>			
24,754	Management Fee	25,872	26,097	225
4,973	Client Costs	5,007	4,836	(171)
29,727	sub-total	30,879	30,933	54
11,727	Depreciation and Amortisation	13,393	12,911	(482)
-	Revaluation Gain on Non-Current Assets	-	(104)	(104)
71	Debt Management Costs	65	67	2
762	Movement in the Allowance for Bad Debts	866	556	(310)
42,287	sub-total Gross Expenditure	45,203	44,363	(840)
(12,214)	Net Income from Services	(10,277)	(11,892)	(1,615)
172	HRA services share of Corporate and Democratic Core	207	209	2
(12,042)	Net Income from HRA Services	(10,070)	(11,683)	(1,613)
	HRA Share of Operating Income and Expenditure			
(1,034)	Gain On Disposal of HRA Non-Current Assets	-	(3,024)	(3,024)
7,159	Interest Payable	7,104	7,194	90
(518)	Interest & Investment Income	(100)	(446)	(346)
(13)	Income, Expenditure and Changes in Fair Value of Investment Properties	(13)	51	64
(3,023)	Capital Grants and Contributions	-	(2,438)	(2,438)
(9,471)	(Surplus)/ Deficit on HRA Services	(3,079)	(10,346)	(7,267)

MOVEMENT ON THE HOUSING REVENUE ACCOUNT STATEMENT

<i>Actual Outturn 2024/25 £000's</i>		<i>Original Estimate 2025/26 £000's</i>	<i>Actual Outturn 2025/26 £000's</i>	<i>Variation 2025/26 £000's</i>
(9,471)	(Surplus) or Deficit on HRA Services	(3,079)	(10,346)	(7,267)
273	Transfers to/ (from) Major Repairs Reserve - Amount in Excess of Depreciation	-	482	482
621	Voluntary Set Aside for Debt Repayment	672	668	(4)
3,353	Capital Expenditure Funded by the HRA	-	830	830
-	Revaluation Gains/ (Losses) On Property, Plant & Equipment	-	104	104
3,023	Capital Grants and Contributions Applied	-	2,438	2,438
1,033	Cash Sale Proceeds less Amounts of Non-Current Assets Written Off on Disposal	-	2,963	2,963
47	Other Adjustments between Accounting Basis and Funding Basis Under Statute	-	47	47
8,350	Total Adjustments	672	7,532	6,860
(1,121)	(Increase)/ Decrease in HRA Balance	(2,407)	(2,814)	(407)
(9,289)	Balance Brought Forward	(10,410)	(10,410)	-
(1,121)	(Surplus)/Deficit For The Year	(2,407)	(2,814)	(407)
(10,410)	Balance Carried Forward	(12,817)	(13,224)	(407)

Meeting of the Board



Report title:	Equalities Annual Report		
Meeting date:	3 June 2026		
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 The purpose of this report is to provide the Board with an overview of the Equalities Annual Report (EAR) 2025/26 and highlight the key findings, themes and proposed next steps.
- 1.2 The report supports SCH's commitment to delivering fair, inclusive and accessible services and demonstrates how we are meeting our responsibilities under the Equality Act, the Regulator of Social Housing Consumer Standards and Housing Ombudsman expectations.

2. Recommendations

- 2.1 Board is recommended to:
 - Review the content of the Equalities Annual Report
 - Note and comment on the proposed action plan
 - Make any suggested additions in terms of data analysis or areas of interest Board would like to see included in this report, or subsequent annual reports.

3. Background

- 3.1 This is SCH's first EAR in this format and represents an important step forward in strengthening our understanding of customer needs, experiences and outcomes.

The report has been developed to:

- Improve organisational understanding of the diversity of our customers and communities;
- Identify any inequalities, disproportionality or barriers in service access and customer experience;

- Support evidence-based service improvement and compliance with regulatory expectations;
- Demonstrate transparency and accountability to customers, Board members and stakeholders.

3.2 The report also reflects the significant progress made through the 'Everyone Matters' initiative, which has improved the quality and breadth of customer equality and vulnerability information held by SCH.

3.3 The report is written for customers and includes:

- Customer demographic analysis;
- Review of service access across key operational areas;
- Customer satisfaction and customer voice analysis;
- Examples of wider equality and inclusion activity undertaken during the year;
- A consolidated action plan for improvement.

3.4 This report should also be read alongside SCH's Public Sector Equality Duty Report.

4. Key Takeaways

4.1 Overall, the report demonstrates that SCH has made positive progress in strengthening its understanding of customer equality data and embedding a more tailored and inclusive approach to service delivery.

4.2 The analysis shows that, in most areas, service access broadly reflects the overall customer profile. There is no clear evidence of systemic exclusion from services. However, the report does identify several areas of disproportionality and differing customer experience that require further investigation and targeted action.

4.3 Key themes emerging from the report include:

- Vulnerable customers are over-represented in complaints and ASB services, suggesting higher support needs and more complex customer journeys.
- Younger residents (particularly those aged 25-44) are disproportionately represented in ASB and complaints activity and report lower levels of satisfaction.
- Older residents are under-represented in complaints and ASB activity but report significantly higher satisfaction levels.
- Women engage with services at notably higher rates than men across all service areas.
- BAME customers are proportionately represented across most services, although complaint rates are slightly higher and some groups report lower satisfaction in specific services.
- Data quality has significantly improved through the Everyone Matters initiative, although gaps remain in areas such as religion and sexual orientation.
- The report evidences a growing organisational focus on tailoring services, accessibility, vulnerability support and proactive customer engagement.

4.4 The report also highlights a number of positive operational initiatives undertaken during the year, including:

- Introduction of the 'Needs on the Day' approach;
- Enhanced support for vulnerable customers;
- Accessibility improvements;
- Development of a Vulnerability and Tailoring Services Policy;
- Increased focus on early intervention and wellbeing support.

5. Next Steps

5.1 The report includes a detailed action plan which will be monitored through the Customer Experience Committee and reported back to customers and governance structures.

5.2 The overall direction of travel is focused on:

- Strengthening equality monitoring and customer insight;
- Improving understanding of identified disproportionality in service access and satisfaction;
- Increasing engagement with under-represented customer groups;
- Embedding more tailored, accessible and trauma-informed services;
- Improving the completeness and quality of equality data;
- Using customer voice and lived experience to shape future service improvements.

5.3 Priority actions during 2026/27 will include:

- Further analysis into higher complaint rates among vulnerable customers, younger residents and BAME customers;
- Engagement activity with customers aged 25-44 and residents aged 65+;
- Review of gender-related patterns in service reporting and engagement;
- Expansion of equality analysis within customer satisfaction reporting;
- Continued rollout and evaluation of the Everyone Matters and Needs on the Day initiatives.

6. Board Assurance and Considerations

6.1 The Board is asked to note that:

- This is SCH's first report of this nature and provides a strong baseline for future development. We are keen to hear from Board members on the structure and content of the report, in order to make improvements moving forward. We will also be working with the Customer Experience Committee to develop the reporting further.
- The quality and range of equality data available to SCH has improved significantly, although further work is required and underway to address remaining data gaps.
- The report does not identify evidence of systemic discrimination, but it does highlight areas where further investigation and targeted intervention are required.
- The establishment of the Customer Experience Committee provides an opportunity to strengthen scrutiny, customer involvement and oversight of equality-related outcomes.

- Equality, vulnerability and customer experience considerations are becoming increasingly embedded within operational service delivery.

6.2 The report represents an important step in evidencing SCH's commitment to fairness, inclusion and continuous improvement, whilst also supporting regulatory assurance and customer accountability.

7. Supporting the SCH Delivery Plan

7.1 The Equalities report supports the following:

- Customers at the heart of all we do - analyse and learn from complaints to drive improvements in service delivery;
- Support and value Team SCH - deliver Equality, Diversity & Inclusion Action Plan;
- Building a stronger organisation - deliver Regulation Improvement Plan.

8 Consultation and engagement

8.1 Residents have contributed to the report via engagement activity, complaints and completion of satisfaction surveys.

9. Financial implications

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

10. Legal implications

10.1 Equalities reporting is a regulatory requirement, and evidences our compliance with the Consumer Standards

11. Risk implications

11.1 Not meeting our responsibilities around EDI could lead to non-compliance with the consumer standards

12. Equalities implications

12.1 Significant implications as set out in the report. The action plan will be monitored

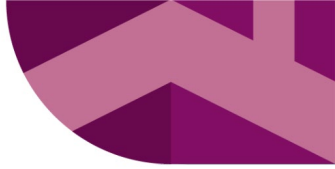
13. List of appendices

- Appendix A - Equalities Report



Solihull
Community Housing
Shaping our neighbourhoods

Annual Equalities Report 2025/26



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1. Introduction

At Solihull Community Housing, we are committed to providing fair, inclusive and accessible housing services to customers on behalf of Solihull Metropolitan Borough Council (SMBC). This Annual Equalities Report sets out how we understand, monitor and respond to the diverse needs of our customers, ensuring everyone is treated with dignity, respect and fairness. Promoting equality is not only central to our organisational values, but essential to delivering high-quality housing services that meet the needs of all our communities.

This report is important because it helps us to better understand who our customers are, identify inequalities or gaps in service delivery and ensure we are making informed decisions that improve outcomes for all. By analysing equality data, listening to customer feedback and acting on what we learn, we can design services that are more inclusive, remove barriers and support customers to thrive.

Our approach is guided by our regulatory obligations. SCH and SMBC are accountable to the Regulator of Social Housing (RSH), which expects landlords to demonstrate transparency, fairness and a clear understanding of tenant needs through its Consumer Standards. In addition, the Housing Ombudsman requires us to evidence how we treat customers fairly, learn from complaints and continuously improve our services. This report supports compliance with these expectations and demonstrates our commitment to openness and accountability.

This document provides a clear breakdown of our equality profile and the actions we are taking. It includes:

- A summary of our customer demographic data across protected characteristics.
- Insights from customer engagement and feedback.
- Analysis of service performance and outcomes for different customer groups.
- Key findings, areas for improvement and actions we will take moving forward.

This is the first Annual Equalities Report in this format. We will be working with the newly established Customer Experience Committee to build on this report for next year, developing more areas of monitoring and areas of interest for our customers.

The report can also be read in conjunction with our [Public Duty Equality Report](#).



2. Understanding and responding to our customers

Understanding who our customers are is fundamental to delivering fair, effective and accountable social housing services. To do this well, we must have a clear picture of the people we serve; their backgrounds, their characteristics and the barriers they may face. Good customer insight enables us to design services that are accessible, culturally appropriate and responsive to different needs. It also helps us identify where inequalities may exist, where particular groups may be under-represented and where targeted action is required. By building an accurate profile of our residents, we strengthen our ability to deliver equitable services, comply with our duties under the Equality Act and ensure our services reach people fairly.

2.1. Everyone Matters

We are committed to providing you, and those who live with you, with a more accessible, personalised and inclusive service tailored to meet your needs. This is why we introduced the 'Everyone Matters' initiative. It is designed to help us better understand who lives in our homes and what specific needs you have. We hold lots of information about you and your households that helps us do this, including vulnerability, disability and support needs.



What does this mean in practice for you?

We make adjustments to the way we deliver our services based on your individual needs. This could include:

- Providing documents in large print if you have a sight impairment.
- Using a hearing loop in our office if you have a hearing impairment.
- Arranging appointments with you to avoid hospital visits or your caring responsibilities.
- Providing key documents in a format that suits you such as easy read or translated into another language.
- Giving you more time at the door when we come to your home if you have mobility issues.
- Providing communications on yellow paper if you are dyslexic.
- Making sure you have an advocate present to support you, if you require one.
- Allowing longer response times or extra support during applications, complaints or assessments.
- Allocating one point of contact for complex issues.
- Providing same sex repairs operatives for customers who have experienced domestic abuse, wherever possible.

Case study:

Mr. Smith, who lives in a ground floor flat, contacted SCH to report that their extractor fan and window mechanism had stopped working during a period of very cold weather. The contact centre advisor noted that Mr. Smith had multiple sclerosis and a respiratory condition, and on discussing this with Mr. Smith, it was apparent that excess condensation and poor ventilation could quickly affect both their mobility and breathing.

The repair was reclassified from routine (28 days) to urgent (5 working days) and was completed by the end of the week.

Needs on the day

SCH have recently introduced a new approach called “needs on the day”. When we visit or are planning to visit you in your home, we will ask you a couple of practical questions such as:

“Is there anything you need from us today to help you with this repair/enquiry/visit?”

This helps us understand:

- **Temporary or one-off needs** – relevant only for that particular visit, call or enquiry, such as a broken leg, a bereavement or a short-term illness, that requires us to adjust the way we tailor our service.
- **Ongoing needs** – which, with your agreement, we will record (if we don’t already hold the information) so other members of the SCH team can make the right adjustments in the future.

We are starting to monitor the impact of this new approach and will update customers later in the year.



2.2. Demographic data

What other data do we use?

To ensure that our services are accessed and delivered in a fair and equitable way, we also collect and use other demographic information. This includes:

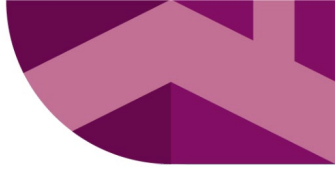
- Age
- Gender
- Ethnicity
- Religion
- Sexual orientation
- Communication preferences

We collect data primarily via the Everyone Matters initiative. We also collect this information when you first sign your tenancy, through the SCH Portal and when you receive particular services like ASB management and when making a complaint. We may also contact you if you haven’t updated your details for a while.

The full profile of SCH residents can be found at **Appendix A**. It shows that we hold good information across many of the demographics. However, there are some areas where we have gaps:

- We hold over 90% ethnicity data. However, we want to increase this to as close as 100% as possible.
- Religious affiliation is difficult to interpret due to higher levels of missing data.
- Sexual orientation data also has larger gaps, with nearly 40% recorded as ‘Not known’.

These gaps are being addressed through the Everyone Matters initiative. We aim to have spoken to all of our residents to address the gaps by September 2026.



In the next sections, we use the data to look at whether our services are fair and equitable and what you tell us through surveys. The focus is on key demographics where we hold more complete data:

- Age
- Gender
- Ethnicity
- Disability/vulnerability

2.3. What does the data we hold tell us?

- Customers are predominantly older, with over one quarter aged 65+, and strong representation across the 35–64 age range. Younger adults (16–24) make up only a small proportion of the group.
- Women make up a clear majority (63%) of customers. This broadly aligns with the borough's slightly female-skewed population.
- Around one in three customers report a disability or vulnerability, indicating a high level of need. This is in line with demographics across the north of the borough, where the majority of homes are.
- Our customers are predominantly White British/Irish (81%), while our BAME customers make up 9.6%. Ethnic diversity within the SCH customer bases is lower than that of the local ward populations (17.8%). This difference is slightly lower in the north of the borough, but still disproportionate. SCH will be carrying out further analysis to understand this difference.
- Religious affiliation is difficult to interpret due to higher levels of missing data, but among those who responded, Christianity is the most common religion, followed by those reporting no religion.
- Sexual orientation data also has larger gaps. Among those who did respond, the vast majority identify as heterosexual.

Useful links:

- More information about Solihull's population can be found on SMBC's website:
 - [Census](#)
 - [Ward profiles](#)
- You can find more general information about Everyone Matters and how we use your information here: [You searched for everyone matters](#)
- You can update your details here: [Everyone Matters online form](#)

3. Ensuring services are fair and equitable

This section examines how different customer groups access key services, with the aim of identifying any disproportionality that may indicate unequal experiences, unmet needs or barriers to engagement. By comparing the demographic profile of our overall customer base with the profile of those accessing services such as ASB, Repairs, the Contact Centre, Capital Works and Complaints, we can better understand whether particular groups are over- or under-represented.

The full data can be found at **Appendix B**.

3.1. Age-related patterns

Overall, younger residents are more likely to access services, particularly ASB and Complaints, while older residents are consistently under-represented across these service areas.

Key findings:

- Residents aged 25–34 make up 13.7% of the customer base but account for 22.2% of ASB reports and 20.8% of complaints.
- Residents aged 35–44 represent 19.7% of customers but make up 25.1% of ASB cases and 26.9% of complaints.
- Older residents (65+) are consistently under-represented:
 - 65–74s: 14.5% of customers but 8.8% of ASB and 10% of complaints.
 - 75–84s: 10.3% of customers but 5.9% of ASB and 4.4% of complaints.
 - 85+: 3% of customers but 0.8% of ASB and 0.7% of complaints.
- Younger customers use the Contact Centre at slightly higher rates than older customers.

Younger households appear to experience or report higher levels of ASB and dissatisfaction. It is not clear from the data whether older residents may face barriers to reporting (digital access, awareness, mobility) or may have lower service needs.

Next steps:

Investigate the over-representation of younger residents in ASB and complaints

- Explore whether this reflects higher levels of need, differences in household composition, or barriers to early intervention.
- Targeted engagement with residents aged 25–44 to understand drivers of dissatisfaction and ASB exposure.

Improve engagement with older residents (65+)

- Assess whether under-representation reflects lower need or unmet need.



3.2. Gender-related patterns

Women are over-represented in every service area, while men are consistently under-represented.

Key findings:

- Women make up **63%** of the customer population but:
 - 73.6% of ASB reports
 - 66.1% of Repairs
 - 67.9% of Contact Centre interactions
 - 71.1% of Complaints
- Men represent **37%** of customers but:
 - 26.4% of ASB
 - 33.9% of Repairs
 - 32.1% of Contact Centre
 - 28.9% of Complaints



Women engage with services at higher rates than expected, particularly in ASB and Complaints. Men may be less likely to report issues or seek support. It is unclear if this is potential unmet need.

Next steps:

- Conduct further analysis to understand why women account for a disproportionately high share of ASB reports and complaints.
- Explore whether men face barriers to reporting or are less aware of available support.
- Targeted communications encouraging men to report issues and seek assistance.

3.3. Ethnicity-related patterns

Ethnicity patterns are generally proportionate, with the exception of BAME residents in Complaints.

Key findings:

- BAME residents make up **9.6%** of the customer base but **13.4%** of Complaints.
- White British/Irish residents represent **81.1%** of customers and show proportional representation across all services (81–82%).

BAME residents appear more likely to raise complaints. It is not clear whether this indicates differing service experiences or levels of dissatisfaction.

Next steps:

Explore the higher complaint rates among BAME residents

- Audit of BAME customers' complaints to understand whether complaints relate to service quality, communication, or unmet expectations.
- Review whether service pathways are culturally responsive and accessible.
- Co-design any identified improvements with community groups.



3.4. Vulnerability/disability-related patterns

Overall, the data suggests that vulnerable customers are accessing services at broadly comparable levels to the wider customer profile. However, there is evidence of higher representation within some service areas, particularly complaints and ASB.

Key findings:

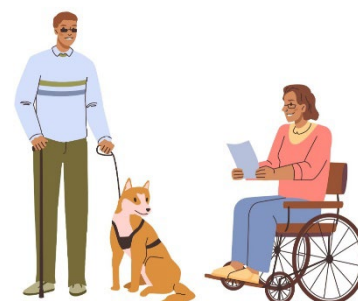
- Vulnerable customers are significantly over-represented across ASB and complaints.
- Vulnerable customers account for over half of all complaint contacts.
- This may indicate:
 - Higher support needs;
 - Greater dissatisfaction or barriers in service delivery;
 - Increased complexity of cases involving vulnerable households;
 - A greater reliance on the service.

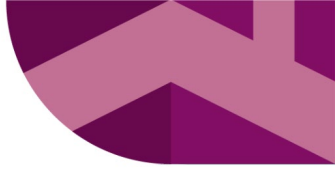
Last year, the Annual Complaints Report highlighted that more vulnerable customers made complaints. A project team looked at the reasons behind this via additional data analysis, audit of complaints casework and customer journey mapping. It found that it predominantly related to customers with a mental health condition and dissatisfaction was not related to the technical aspect of service delivery.

What was apparent is that issues around communication and coordination impacted more significantly on customers with a mental health condition. This is now feeding into the review of repairs communication, due to commence in June.

Next steps:

- Conduct further analysis to understand why customers with a disability account for a disproportionately high share of ASB reports.
- Continue monitoring service access and outcomes for vulnerable/disabled customers and track trends.





4. Customer Voice

Understanding how different customer groups experience our services is essential to ensuring fairness, accessibility and continuous improvement. This section examines satisfaction results across particular groups covering:

- Overall satisfaction
- Satisfied that SCH treats you with fairness and respect
- Satisfaction with the repairs service
- Satisfaction with the way we deliver building safety and compliance services (safer homes)
- Overall satisfaction for new tenants
- Satisfaction with the Contact Centre

Satisfaction is gathered using a perception survey, where we analyse by ethnicity and age, and through transactional surveys, after someone has received a specific service. This is analysed by ethnicity, gender and age. We will be introducing additional demographic information to the surveys moving forward, enabling us to build a more accurate picture of the customer experience and better target improvements where they are most needed.

The full data can be found at **Appendix C**.

4.1. Satisfaction by age

Satisfaction levels vary significantly across age groups, with a clear pattern of higher satisfaction among older residents and lower satisfaction among younger and mid-life tenants. This trend is consistent across most satisfaction measures, including overall satisfaction, fairness and respect, repairs, safer homes, and Contact Centre interactions. The data suggests that older residents generally report more positive experiences, while younger and middle-aged residents express more mixed or lower satisfaction.

Key findings:

- Younger tenants (25–34) show notably lower overall satisfaction (57.3%) compared with the total (78%). There is a well-established national trend showing that younger people are consistently less satisfied with public services than older people. This pattern appears across multiple national datasets.
- Mid-life tenants (35–44 and 55–64) also report below-average overall satisfaction (73.1% and 70.7%).
- Older tenants (65+) consistently report higher satisfaction across all measures, especially overall satisfaction (85–97%) and repairs (93–97%).
- Contact Centre satisfaction is lowest among younger groups (16–34s at 80–81%) and highest among older groups (55–84s at 87–88%).

Next Steps

- Investigate why mid-life customers report lower satisfaction, particularly around overall experience.
- Targeted communications to younger customers to understand and manage expectations.
- Review whether older customers' high satisfaction reflects genuinely good outcomes or lower reporting of issues.

4.2. Satisfaction by gender

Satisfaction levels across gender groups show relatively small differences, but some patterns emerge. Men report slightly higher satisfaction in repairs, while women report higher satisfaction in safer homes and Contact Centre interactions. Overall, gender does not appear to be a major driver of satisfaction differences.

4.3. Satisfaction by ethnicity

Satisfaction levels vary across ethnic groups, with white customers reporting satisfaction close to the overall average, while some minority groups show lower satisfaction in specific areas. Sample sizes for some groups are small, so findings should be interpreted with caution, but the patterns suggest areas where targeted engagement may help improve equity of experience.

Key findings:

- Black and Mixed ethnicity tenants report lower overall satisfaction (67.7% and 64.7%) compared with the total (78%).
- Asian tenants show very high satisfaction in fairness, repairs and safer homes (100% across several measures), but lower satisfaction as new tenants (58.3%).
- Asian and Mixed groups report lower Contact Centre satisfaction (71% and 73.7%) compared with the total (82.6%).
- White tenants' satisfaction closely mirrors the overall average across all measures.

Next steps:

- Engage Black and Mixed ethnicity tenants to understand lower overall satisfaction and Contact Centre experiences.
- Review onboarding processes for Asian new tenants, where satisfaction is notably lower.
- Co-design any service improvements with community groups to ensure cultural responsiveness.



5. What else have we done over the last 12 months?

Alongside analysing customer feedback and satisfaction, we continue to strengthen the way our services promote fairness, inclusion and equitable outcomes for all residents. We recognise that meeting our Equality, Diversity and Inclusion (EDI) responsibilities requires more than monitoring data; it requires proactive action, cultural awareness and a commitment to removing barriers wherever they exist. Over the past year, we have taken forward a range of initiatives designed to improve accessibility, tailor support to individual needs and ensure that every interaction with our organisation reflects our values. This section provides a summary of some of the things we have been doing.

- **Every Contact Counts**

In 2025, we introduced an initiative whereby we identify any support that customers might need when we visit them in their home. This means we can proactively identify things such as frailty, disrepair and hoarding and support people to get the help they need.

- **Enhanced void standard for care experienced young people**

Working with one of our contractors, Dodd Group, we are enhancing the standard of homes that care experienced young people are moving in to, giving them a better start to their journey to independent living.

- **Accessibility improvements**

We have made improvements to our website to ensure it meets accessibility guidelines. Some examples include alt text being added to all images, colour contrast being checked across the website for legibility, and the creation of a translation page so our website can be viewed in other languages. We also removed roadblocks for keyboard users and improved the browsing experience for people who use screen readers. An audit from an external company (Recite Me) found that our website is now adhering to the majority of accessibility guidelines.

- **Vulnerability and tailoring services policy**

Alongside our resident VIP panel, we have developed a new Vulnerability and Tailoring Services Policy. This clearly sets out our approach, ensures staff have a framework to work to, and ensures customers can hold us to account.

- **Celebrating diversity**

A diversity calendar is in place to raise awareness of diversity throughout the year. We celebrate with our staff and with our customers key religious festivals and campaigns such as Pride Month, Black History Month and Eid. We share lots of information on our website, across social media and in newsletters.

Case study - Every Contact Counts:

Our repairs operative, Jamie, went to a customer's home to rehang a radiator on the wall.

Jamie was professionally curious and asked the customer how the radiator had come off the wall. The customer explained that he had trouble walking and had used it to lean on to move through the hallway.

Jamie was able to refer this through to a central team. Staff from the Wellbeing team were able to go out, assess the customer's needs, and handrails were fitted around his home. We were also able to sign the customer up to the Safe and Well service and referred him to Adult Social Care at SMBC to help manage his risk of falling.



Staff enjoying a Bollywood dance lesson as part of South Asian Heritage Month.

- **Mental health advisor**

SCH employ a mental health advisor to support tenants with mental health issues where it is affecting their tenancy or living conditions. This could be supporting a resident to manage hoarding in their home, or supporting them with an ASB case or a complex repair. In 2025/2026, the mental health advisor supported 233 customers.

Case study – hoarding support:

A customer with hoarding behaviours felt unable to give electricians access to their home to carry out an electrical safety check. To ensure a clear and supportive approach, a neighbourhood officer and the mental health advisor visited the customer together to explain the housing processes and the safety requirements needed to protect her tenancy. By establishing regular, trust-based communication, we supported her to navigate complex care pathways, leading to a successful Adult Social Care assessment and assistance from the Reablement Team. We encouraged her to engage with mental health services, to further explore her feelings and build healthier coping strategies. The resident is now a member of our peer support group and has provided invaluable insights on how we can compassionately engage with tenants who experience hoarding behaviours.

6. Action plan

This action plan brings together the actions and next steps identified throughout the report. It will be monitored by the SCH Customer Experience Committee and progress published to customers twice a year.

Issue	Action	Completion
First Annual Equalities Report. Scope can be increased.	Develop additional areas of monitoring with new Customer Experience Committee.	March 2027
Needs on the day approach recently implemented.	Monitor the implementation of the needs on the day approach to ensure it has a positive impact on customers.	Initial evaluation: September 2026
Ethnic diversity within the SCH customer bases is lower than that of the local ward populations, and within the North Solihull wards.	Carry out further analysis to understand this difference.	August 2026
Over-representation of younger residents in ASB and complaints.	Investigate the over-representation: Explore whether this reflects higher levels of need, differences in household composition, or barriers to early intervention. Targeted engagement with residents aged 25–44 to understand drivers of dissatisfaction and ASB exposure.	complaints as part of the Complaints Annual Report: August 2026 Incorporate into the Resident SCHape Panel review: November 2026
Improve engagement with older residents (65+).	Assess whether under-representation reflects lower needs or unmet needs – additional analysis and direct engagement with older residents.	Project: August 2026
Over representation of woman across most service areas	Conduct further analysis to understand why women account for a disproportionately high share of ASB reports and complaints.	Project: June 2026
Under representation of men across most service areas.	Explore whether men face barriers to reporting or are less aware of available support.	Project: October 2026



	Targeted communications encouraging men to report issues and seek assistance.	
Over representation of BAME customers making a complaint.	Audit of BAME customers to understand whether complaints relate to service quality, communication, or unmet expectations. Review whether service pathways are culturally responsive and accessible. Co-design any identified improvements with community groups.	Project: December 2026
Over representation of vulnerable or disabled customers for ASB	Conduct further analysis to understand why customers with a disability account for a disproportionately high share of ASB reports.	November 2026
Satisfaction is only analysed by age and ethnicity (TSM) with additional analysis of gender for transactional surveys.	Increase the analysis of satisfaction by a wider range of demographic information.	From June onwards
Lower overall satisfaction of younger and midlife customers.	Investigate why mid-life customers report lower satisfaction, particularly around overall experience. Targeted communications to younger customers to understand and manage expectations.	Additional analysis: June 2026 Comms campaign: August 2026
Higher level of satisfaction of older residents.	Review whether older customers' high satisfaction reflects genuinely good outcomes or lower reporting of issues.	Link to project to improve engagement with older residents (65+) (see above)
Differences in satisfaction for some BAME customers.	Engage Black and Mixed ethnicity customers to understand lower overall satisfaction and Contact Centre experiences. Review onboarding processes for Asian new tenants, where satisfaction is notably lower.	Focus group: July 2026 Project: September 2026

7. Appendices

Appendix A

A.1 Resident profile

Age	Number	Percentage
16 to 24	308	3.2%
25 to 34	1305	13.7%
35 to 44	1885	19.7%
45 to 54	1523	15.9%
55 to 64	1877	19.7%
65-74	1387	14.5%
75-84	982	10.3%
85+	285	3.0%
Not known	12	0.1%
Total	9564	100.1%
Gender	Number	Percentage
Female	6021	63.0%
Male	3542	37.0%
Non-binary	1	0.01%
Not known	0	0.0%
Total	9564	100%
Disability/vulnerability	Number	Percentage
No	7224	66.7%
Yes	3604	33.3%
Do not wish to say	0	0.0%
Not known	0	0.0%

Ethnicity	Number	Percentage
BAME	917	9.6%
White British/Irish	7754	81.1%
Not known	893	9.3%
Total	9564	100%
Religion	Number	Percentage
Christian	2412	25.2%
Buddhist	12	0.1%
Hindu	2	0.02%
Jewish	3	0.03
Muslim	165	1.72
Sikh	1	0.01%
Other	163	1.7%
No Religion	1736	18.1
Do not wish to say	1421	14.9
Not Collected	3649	38.2
Total	9564	100
Sexual orientation	Number	Percentage
Bisexual	42	0.4%
Gay man	30	0.3%
Gay woman/lesbian	40	0.4%
Heterosexual/straight	5199	54.4%
Other	18	0.2%
Do not wish to say	912	9.5%
Not known	3323	34.7%
Total	9564	100%

A.2 Disability/Vulnerability information

Disability/vulnerability *	Number	Percentage
Chronic Illness	762	14.4
Learning Difficulties	645	12.2
Mental Health Condition	1294	24.4
Physical mobility issues	1806	34.1
Sensory impairment	766	14.5
Hoarding	23	0.4

**No of reported disabilities/vulnerabilities. Many customers have multiple disabilities/vulnerabilities.*

Service Access: Demographic profile

This data shows the overall customer profile and the profile of who is accessing our key services. This allows us to compare whether access rates are the same for all, or if they differ by particular characteristics.

Overall customer profile			ASB	Repairs		Contact Centre		Capital works		Complaints	
Age	Number	Percentage	%	No.	%	No.	%	No.	%	No.	%
16 to 24	308	3.2%	4.2%	243	3.2%	225	3.6%	39	3.2%	12	2.9%
25 to 34	1305	13.7%	22.2%	1057	13.7%	908	14.7%	146	12.1%	85	20.8%
35 to 44	1885	19.7%	25.1%	1521	19.8%	1286	20.8%	247	20.4%	110	26.9%
45 to 54	1523	15.9%	16.7%	1198	15.6%	1045	16.9%	188	15.5%	73	17.8%
55 to 64	1877	19.7%	16.3%	1479	19.2%	1200	19.4%	256	21.1%	67	16.4%
65-74	1387	14.5%	8.8%	1130	14.7%	808	13.1%	170	14.0%	41	10.0%
75-84	982	10.3%	5.9%	819	10.6%	535	8.7%	130	10.7%	18	4.4%
85+	285	3.0%	0.8%	243	3.2%	174	2.8%	35	2.9%	3	0.7%
Not known	12	0.1%	0	6	0.1%	2	0.0%	0	0.0%	409	100.0%
Total	9564	100.1%	100	7696	100.0%	6183	100.0%	1211	100.0%	409	100%
Gender	Number	Percentage	%	No.	%	No.	%	No.	%	No.	%
Female	6021	63.0%	73.6%	5084	66.1%	4198	67.9%	806	66.6%	291	71.1%
Male	3542	37.0%	26.4%	2612	33.9%	1985	32.1%	405	33.4%	118	28.9%
Non-binary	1	0.01%	0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
total	9564	100%	100%	7696	100.0%	6183	100.0%	1211	100.0%	409	100.0%
Disability/vulnerability	Number	Percentage	%	No.	%	No.	%	No.	%	No.	%
No	5906	61.2%	54.2%	4632	60.2%	3644	58.9%	736	60.8%	214	47.7%
Yes	3748	38.8%	45.8%	3264	39.8%	2539	41.1%	475	39.2%	195	52.3%



Ethnicity	Number	Percentage	%	No.	%	No.	%	No.	%	No.	%
BAME	917	9.6%	8.0%	736	9.6%	634	10.3%	122	10.1%	55	13.4%
White British/Irish	7754	81.1%	83.2%	6273	81.5%	5093	82.4%	990	81.8%	332	81.2%
Not known	893	9.3%	2.3%	687	8.9%	456	7.4%	99	8.2%	22	5.4%
Total	9564	100%	100%	7696	100.0%	6183	100.0%	1211	100.0%	409	100.0%

Satisfaction: Demographic profile

This data shows satisfaction by different indicators (repairs, new tenants etc.). This is broken down by age, gender and ethnicity. This allows us to compare whether satisfaction is the same for all, or if they differ by particular characteristics.

Profile	Overall satisfaction (TSM)		Treat with fairness and respect (TSM)		Repairs (transactional)		Safer homes (transactional)		New tenants (transactional)		Contact Centre (transactional)	
Age	No.	%	No.	%	No.	%	No.	%	No.	%		
16 to 24	18	88.9%	17	100.0%	26	100.0%	5	100.0%	32	90.6%	32	81.3%
25 to 34	82	57.3%	69	71.0%	105	90.5%	23	91.3%	30	93.3%	132	80.3%
35 to 44	108	73.1%	98	76.5%	188	86.2%	56	94.6%	30	73.3%	194	76.8%
45 to 54	95	77.9%	85	84.7%	149	91.3%	37	91.9%	24	79.2%	159	83.0%
55 to 64	58	70.7%	54	75.9%	210	91.4%	41	90.2%	21	95.2%	191	88.5%
65-74	140	85.0%	132	84.1%	172	95.3%	48	97.9%	7	71.4%	143	82.5%
75-84	61	96.7%	57	96.5%	125	93.6%	27	96.3%	2	100.0%	85	87.1%
85+	21	95.2%	20	100.0%	40	97.5%	3	100.0%	1	100.0%	24	79.2%
All	583	78.0%	532	83.3%	1015	91.7%	240	94.2%	147	85.7%	960	82.6%
Gender	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Female	Data not collected				730	90.8%	162	96.3%	95	85.9%	661	84.0%
Male					285	94.0%	78	89.7%	55	85.5%	299	79.6%
Non-binary					0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total					1211	91.7%	240	94.2%	147	85.7%	960	82.6%
Ethnicity	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Asian	12	83.3%	12	100.0%	28	100.0%	2	100.0%	7	58.3%	31	71.0%
Black	31	67.7%	31	82.8%	26	96.2%	8	100.0%	9	100.0%	48	79.2%
Mixed	17	64.7%	17	69.2%	22	90.9%	7	85.7%	11	91.7%	38	73.7%
Not captured	50	84.0%	50	81.8%	83	89.2%	20	95.0%	3	100.0%	69	79.7%

Other	3	66.7%	3	33.3%	5	100.0%	1	100.0%	2	100.0%	3	100.0%
White	470	78.7%	470	83.8%	851	91.5%	202	94.1%	94	86.2%	771	83.9%
Total	583	78.0%	583	83.2%	1015	91.7%	240	94.2%	126	85.7%	960	82.6%

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Meeting of the Board



Report title:	Human Resources and Organisational Development Annual Report		
Meeting date:	3 June 2026		
Report from:	Paul Edwards - Executive Director Customer Experience and Corporate Support		
Report author/lead officer:	Emma Birch and Carole Nock 0121 704 8667	HR Business Manager Organisational Development Lead	
Report type:	Open	If the item is confidential, explain briefly why this is the case (e.g. commercial confidentiality).	
Decision type:	Assurance	Approval	Information

1. Report overview/purpose

- 1.1 To provide an annual update for the Board on Human Resources and Organisational Development activities

2. Recommendations

- 2.1 The Board is asked to:
- (1) Note the content of the report

3. Background

Workforce Profile

- 3.1 SCH had a headcount of 279 staff as at 31 March 2026. This compares with 292 on 31 March 2025.
- 3.2 The workforce is predominantly fulltime 79.6%, with 20% part-time and a very small proportion on zero hours contracts. The zero hours staff provide out of hours services.
- 3.3 The age profile shows the largest groups in the 55–64 (33.7%) and 45–54 (26.2%) bands. Women make up 55.2% of the workforce and men 44.8%.

- 3.4 In terms of diversity, 80.3% of employees identify as White and 12.5% as BME, with 5% not specifying. 5% of employees have declared a disability. Most employees identify as heterosexual (75.6%), with 11.1% preferring not to specify.
- 3.5 Religious belief is varied, with 43.7% Christian, 26.9% reporting no religion, and small proportions identifying with other faiths.
- 3.6 Length of service is broadly distributed, with the largest groups being 10–20 years (24%) and 5–10 years (22.6%).
- 3.7 Average sickness absence stands at 10.26 days per employee for the year to March 2026. This has reduced slightly from 10.6 in the previous year. It compares with average sickness of 11.04 days at Solihull Council.

4. Management of Change

- 4.1 During the year, we instigated a Management of Change process. This reshaped the Operations Directorate which includes:
- Housing & Communities
 - Asset Management & Development
 - Property Services & Building Safety
- 4.2 The new structures are designed to ensure we are best placed to meet the challenges facing the housing sector. This includes the challenges of social housing regulation, ensuring we keep customers safe and deliver good quality services within the available funding envelope available.
- 4.3 The Management of Change process started in December 2025 and concluded in April 2026.

5. Recruitment activities

- 5.1 Over the course of the year there were 15 new starters and 29 leavers, resulting in a net reduction of 14 staff. This was largely driven by the Management of Change where vacancies were held pending the new structure which in turn contributed to the use of agency staff.
- 5.2 The spend on agency staff in 2025/26 compared to the spend in 2024/25 is shown in the table below.

Directorate	2025/26	2024/25	Variance
Housing	368,139	173,620	194,519
Customer Experience	132,346	186,208	(53,862)

Building Safety	114,923	140,417	(25,494)
Asset Management	928,714	813,317	115,397
Capital	116,133	105,115	11,018
Total	1,660,254	1,418,677	241,578

- 5.3 Total agency spend for 2025/26 was £1.66m an increase of £241k from the previous year, driven mainly by higher costs in Housing and Asset Management. This represents 11.38% of the overall salary budget. It is anticipated that this will reduce significantly in 2026/27 as the new structure takes effect and recruitment to permanent roles is completed.

6. Industrial relations

- 6.1 We continue to have strong relationships with the Trade Unions and meet formally every quarter through the Joint Negotiating and Consultative Committee (JNCC). SCH is represented at the JNCC by the two Executive Directors, and other senior staff as appropriate. The Trade Unions represented are Unison and Unite. In addition, HR has monthly informal meetings to discuss local issues.
- 6.2 We also have an active Staff Engagement Group which meets on a regular basis and played a leading role in developing and organising the recent staff conference.

7 Organisational Development

- 7.1 Organisational Development (OD) is a key enabler of SCH's Delivery Plan ensuring that our people, culture and capability evolve in line with the organisation's future needs. Our People Strategy focuses on building workforce capacity, strengthening leadership, improving organisational culture and supporting change. This work underpins service improvement, tenant experience and long-term organisational resilience.
- 7.2 A key focus of our work is to ensure we are well prepared to respond to the Government's professionalisation agenda. In response to high-profile cases and developments in the housing sector, central government has intensified efforts to raise standards and enhance the lives of social housing residents. As part of these initiatives, the Social Housing (Regulation) Act 2023 now mandates professional qualifications for social housing managers, ensuring a high-quality service and accelerating the professionalisation of the sector. The new Competence and Conduct Standard which mandates qualification expectations takes effect from October 2026. A transition period of three years will follow, allowing time for full implementation and adjustment across the sector.
- 7.3 SCH is well advanced in our preparations having determined which staff are within scope of the new requirements and assessed existing qualification levels against the standards. A training provider has been procured to deliver Chartered Institute of Housing Level 4 and Level 5 qualifications.

- 7.4 Five members of staff are currently studying for CIH level 5 qualifications with a further cohort being finalised to study for the Level 4 qualification. The timetables are being finalised for other staff within scope to study for relevant qualifications. We also have five members of staff undertaking CIH Level 4 apprenticeships as development opportunities.
- 7.5 The Organisational Development Manager is meeting with Heads of Service and Managers across SCH to develop training matrices for roles within teams as part of our wider response to the professionalisation agenda.
- 7.6 Over the last 12 months significant effort has been expended to increase compliance with mandatory e-learning requirements. Core mandatory training for all staff was 86.7% in April 2026 compared to 64.4% twelve months previously. Managers' mandatory e-learning has increased from 45.8% to 82.2% over the same period. Work will continue in the current year to get this close to 100%.

8 People Strategy

- 8.1 Our People Strategy aims to ensure we are known as an employer that supports and values our staff. It reinforces the importance of investing in staff development and enhancing and developing leadership skills to create a culture of performance and accountability. We want colleagues to feel engaged and supported and to equip our teams to meet future challenges and opportunities.
- 8.2 The People Strategy is built around five themes and progress against each is summarised below.

8.3 *Equipping our teams for the future*

- 8.3.1 Workforce planning is a critical area of focus. Our Human Resources and Organisational Development leads have met with Heads of Service to review workforce data, using a Workforce Planning model to support their discussions. Key topics explored have included ageing workforce, single points of failure, hard-to-fill posts and succession planning, including coaching and mentoring.
- 8.3.2 Initial findings have been shared with Executive Leadership Team (ELT) and work is taking place to consider next steps and priorities.

8.4 *Invest, engage and develop*

- 8.4.1 A key early focus has been the professionalisation agenda as described in paragraphs 7.2 to 7.5 above.

8.5 *Culture and Leadership*

- 8.5.1 There has been a focus on greater visibility of senior management with regular broadcasts to all staff from the Chief Executive and more recently the wider ELT.

There has also been a focus on professionalisation and more opportunities for development for future leaders. A more proactive approach to training and development and the use of apprenticeships to create opportunities for future leaders has been well received.

8.6 Wellbeing

- 8.6.1 A blended approach to building and maintaining resilience has been developed. A training session has been designed and is available to support staff, particularly when they are going through change and supporting articles, podcasts, webinars have been put together in a toolkit for further reading and is available on the SCH intranet.

8.7 Performance and accountability

- 8.7.1 Work is ongoing to develop a code of professional behaviours which will reinforce ownership and accountability. It is anticipated that this will be launched later in the year. We have also used events such as the recent staff conference to celebrate success.

9. Supporting the SCH Delivery Plan

- 9.1 Our People Strategy is one of the core strategies that supports the Strategic Aims of our Vision and Delivery Plan. It particularly supports the strategic aim 'Support and Value Team SCH' but also underpins our ability to deliver our other strategic aims.

10. Consultation and engagement

- 10.1 The People Strategy was developed with our People Strategy Working Group, which includes representation from across SCH, including representation from our Staff Engagement Group and our Staff Equalities Forum.

11. Financial implications

- 11.1 The People Strategy will be delivered within existing budgets.

12. Legal implications

- 12.1 There are no legal implications arising directly from this report.

13. Risk implications

- 13.1 'Failure to develop organisation and its staff to meet sector and local challenges' is a risk within our Corporate Risk Register. Delivering our People Strategy is a key tool for mitigating this risk.

14. Equalities implications

- 14.1 SCH adopts all key human resources policies, procedures and recording systems that apply at SMBC. HR colleagues from SMBC are responsible for ensuring that policies and procedures reflect legal requirements and best practice where appropriate and conduct Fair Treatment Assessments as required. Trade Unions are consulted prior to policy approval.
- 14.2 SMBC's IT systems are used for human resource management. Relevant information is accessible to SCH managers. The IT system enables individual employees to upload personal information and protected characteristics. Recent changes to the IT system enables automatic notification to managers when an employee discloses their disability status so that early discussions can start about reasonable adjustments.
- 14.3 SCH receives HR support and uses the same recruitment platform (WM Jobs) as SMBC for most routine appointments. Whilst the system captures diversity data of applicants, personal details of candidates is not available to selection panel members to demonstrate fairness and transparency. Reasonable adjustments are offered to candidates with disabilities as necessary. Further work will be undertaken during 2026/27 to review equalities data at each stage of the recruitment process.
- 14.4 The Staff Equalities Network continues to provide a safe space for employees to raise any concerns and general EDI awareness.
- 14.5 SCH has published a Gender Pay Gap Report, which includes information in relation to SCH's role as an employer (attached at Appendix A).
[SCH-Gender-Pay-Gap-Report-2026.pdf](#)



Solihull
Community Housing
Shaping our neighbourhoods

Gender Pay Gap Report 2026

Data as at 31 March 2025

For reporting deadline of 4 April 2026

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Introduction

Welcome to the Solihull Community Housing (SCH) Gender Pay Gap (GPG) Report 2026.

This is the annual report under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 introduced for public sector organisations with 250 employees or more on the 'snapshot date' of the 31 March every year. This report covers the snapshot date as at the 31 March 2025. For Arms Length Management Organisations (ALMOs) of which SCH is one, the government guidelines provide that although ALMOs deliver public functions, for GPG purposes, they are treated as a private organisation who are required to submit their GPG calculations by the 4 April of each year on the Government's GPG Portal.

GPG analysis shows the difference in average pay between all men and women in a workforce, expressed as a percentage of men's earnings. 'Workers' are defined as those who count as 'employees' under the Equality Act 2010 and may include some self-employed people.



GPG reporting is different to equal pay reporting and looks at the mean and median average. Both equal pay and GPG reporting deal with matters of pay, but equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The **mean**, commonly known as the average, is calculated for the GPG when you add up the hourly rates of all male full pay relevant employees and divide the figure by the number of male employees and then do the same for female full pay relevant employees. Once this is completed, the two average hourly rates are compared. The mean GPG is the percentage difference between average male pay and female pay. For example, if the mean hourly rate for a male is £10 and the mean hourly rate of a female is £8, then the GPG amount is £2 less or 20%. So, using this example, for every £100 earned by a man, a woman would only earn £80.

The **median** is the figure that falls in the middle of a range when male then female hourly rates are lined up from smallest to largest. The **median gap** is the difference between the employee in the middle of the male hourly rate and the middle employee in the range of female hourly rate. The figure is then expressed, in GPG reporting terms, as a percentage.

There are two terms used for employees for the required calculations:

- **Relevant employees** include those who are being paid less than their usual basic pay or piecework rate, or nil or deductions in their pay. This can include deductions for unpaid leave for example, or if someone is on maternity leave and in receipt of statutory maternity pay that is lower than their normal pay or even due to working reduced hours.

Relevant employees are only included in **bonus** GPG calculations.

- **Full pay relevant employees** who are paid their usual full ordinary pay (or pay for piecework). If an employee is paid less than their usual basic pay or piecework rate for reasons other than leave (for example because they have been on strike), they still count as a **full-pay relevant employee**. Full pay relevant employees are included in **all** the GPG calculations.

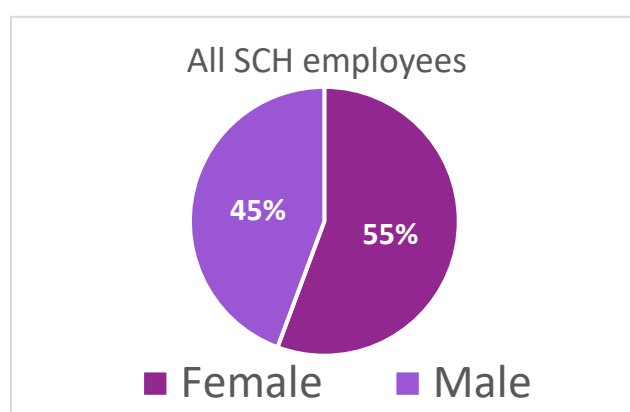
SCH Workforce Makeup

The number of employees in SCH is based on head count per worker and may include individuals who have a contract personally to do work for the organisation, which could include those who are self-employed.

As at 31 March 2025, Solihull Community Housing had **273 relevant employees** of which **236** of those employees were classed as **full pay relevant employees (FPR)** for the purposes of the GPG mandatory calculations. This means that most of the statutory calculations given on the GPGs will reflect the 86.4% of SCH employees.

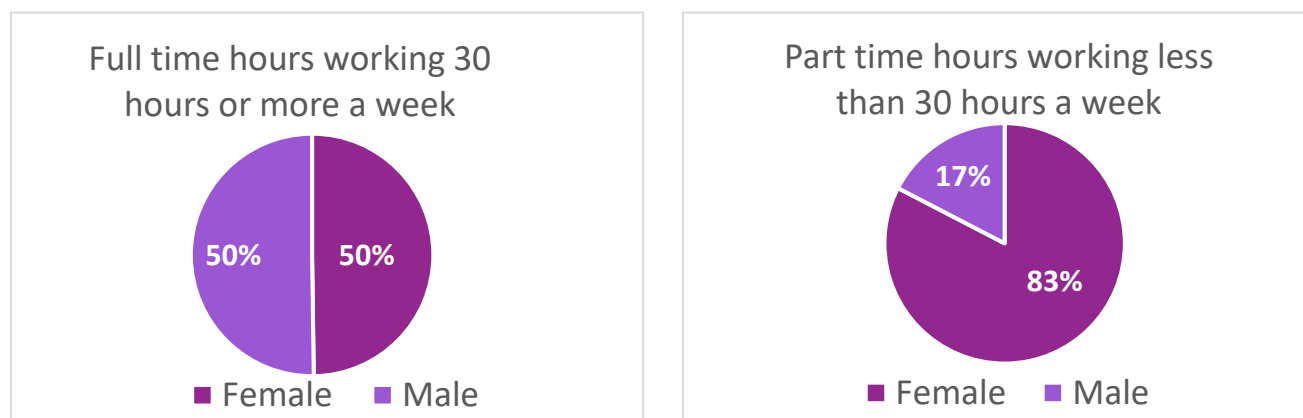
The representation of female employees in SCH changed slightly from the previous year reporting which reduced from 57% to 55% and male employees increased from 43% to 45%.

The table below shows the makeup of employees by sex at 31 March 2025 based on the total of 151 females and 122 males.



Out of the total workforce of 273 staff, 83% (227 staff) worked full time leaving 17% (46 staff), who worked part time.

The representation of SCH employees working full and part time by sex, is illustrated below. There was nearly an equal split of female staff (113) and male staff (114) who worked full time (30 hours or more). When these figures were compared to those who worked part time (less than 30 hours a week), the representation differed showing that 83% (38) of female staff and 17% (8) of male staff worked part time. It was also noted, when compared to last year, that the percentage of males working part time, increased from 9% at 31 March 2024 to nearly double that amount (17%) at 31 March 2025.



Gender Pay Gap calculations for SCH data as at 31 March 2025

There are six statutory calculations we are required to publish and upload to the Government's GPG Portal, of which four calculations refer to the **mean** (average) or **median** (actual midpoint of hourly pay) GPG.

At 31 March 2025, the mean GPG at SCH was 13.7%, and the median GPG was 12.5%. These figures represent only small movements compared with the previous year. Overall, SCH's GPG profile remains broadly stable between 2024 and 2025.

The table below compares SCH mean and median pay gap to the comparators below:

Comparator	Gender Pay Gap %	
	Mean	Median
United Kingdom	13.4	12.8
England	14.1	13.5
Solihull Borough*	15.6	23.2
Solihull Community Housing	13.7	12.5
Solihull Council	6.2	4.1

Source: ONS Data. ASHE October 2025. *ONS PROV estimates based on the location where people work and not where they live -Work geography table 7.12 and Provisional data 25.12

The total six statutory GPG figures for SCH are:

1. The **mean** (average) gender gap is:



Men earn on average £20.60 per hour

13.7%

Average hourly rates have increased for both men and women however, men are paid £2.83 per hour more than women on average in SCH. This percentage is calculated by taking the value gap of £2.83 and comparing it against the hourly rate of what men earn.



Women earn on average £17.77 per hour

The gap in the average mean hourly rates increased from 10.9% in March 2024 to 13.7% in March 2025.

2. The **median** (actual midpoint of hourly pay) gender gap is:



Men earn £19.01 per hour

12.5%

This means that on average men are paid £2.38 per hour more than women at the median point. This percentage is calculated by taking the value gap of £2.38 and comparing it against the hourly rate of what men earn which has then been rounded up and expressed as a %.



Women earn £16.63 per hour

The gap in the median average hourly rate slightly decreased by 2.4% from 14.9% in March 2024 to 12.5% in March 2025.

3. The **mean** (average) **bonus** gender pay gap is:



9.4%

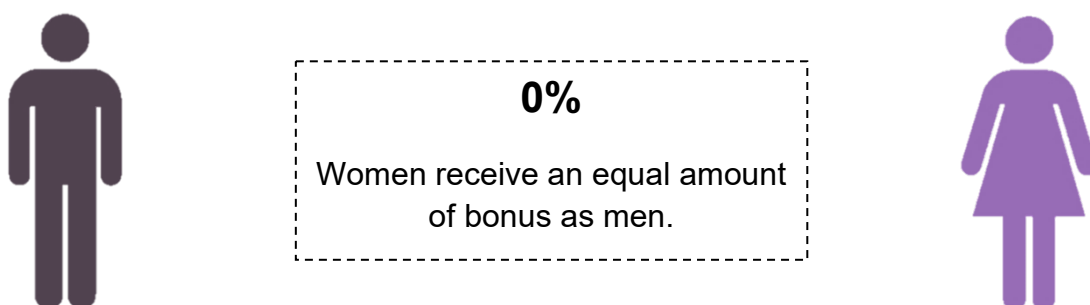
Is the gap in bonuses between men and women.



In terms of the public sector, bonus pay means any remuneration that is in the form of money or vouchers that relates to productivity, performance, incentive or commission. In SCH, this covers performance payments and long service awards.

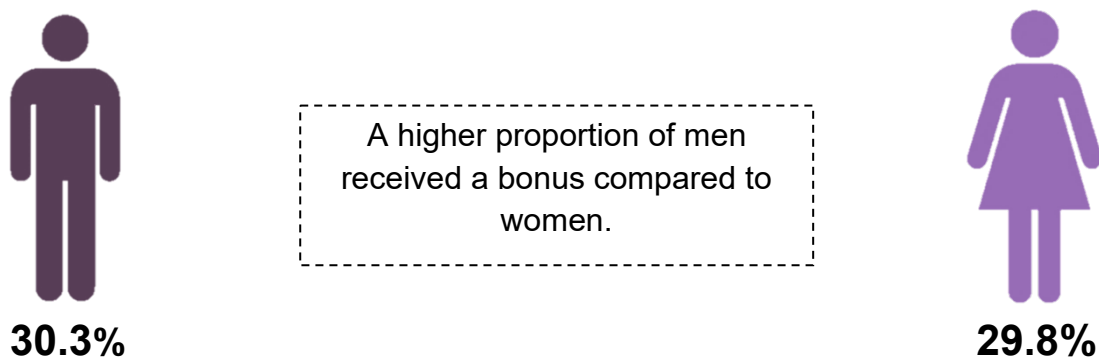
The mean average bonus pay increased from 4.3% in March 2024 to 9.4% in March 2025. This figure is noted to fluctuate each year.

4. The **median** (actual midpoint of) **bonus** gender pay gap is:



This figure has remained the since March 2022. It shows that where the middle of a range of bonus pay for men and women were lined up from smallest to largest, typical bonus outcomes shows no gap in bonus pay.

5. The **proportion** of males and females receiving a bonus:



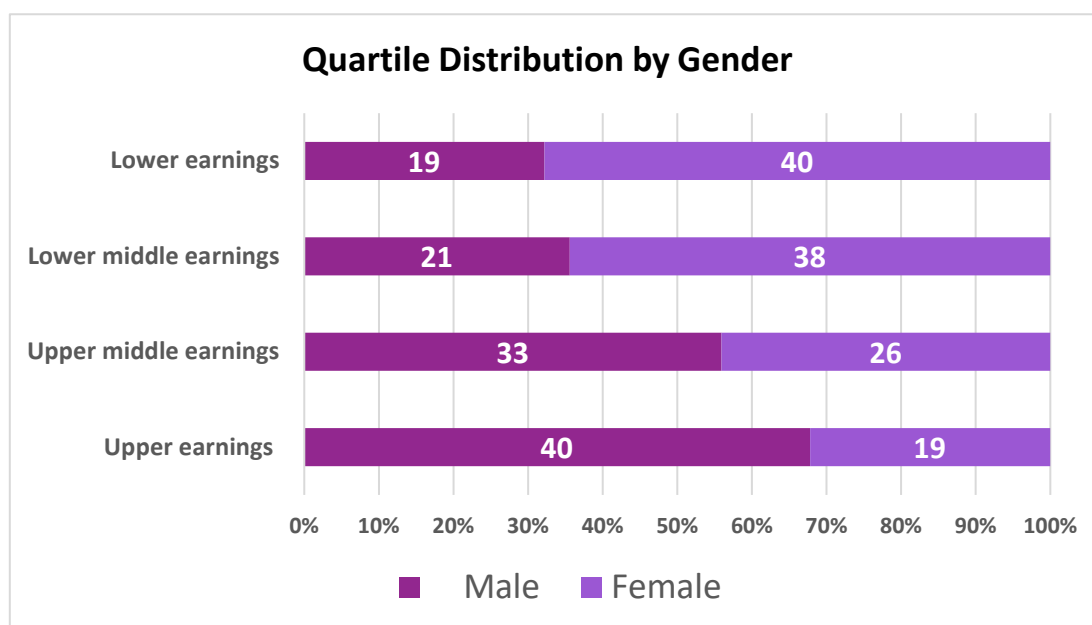
Bonus participation increased for both men and women in 2025, and the proportions receiving a bonus are now very similar. This narrowing of participation differences is a positive indicator that access to bonus-eligible roles and reward opportunities is becoming more balanced. Many employees receiving a bonus worked full time; this was for both male and female employees.

6. The **proportion** of males and females in each quartile pay band:

This calculation in the table below divides all full pay relevant employees into four equal groups ordered from the highest to lowest hourly pay for males and females.

As at 31 March 2025:

Quartile	Male	Female	Total employees	% Male	% Female
Lower earnings (On or below £14.82 per hour)	19	40	59	32.2	67.8
Lower middle earnings (£14.82 to £17.59 per hour)	21	38	59	35.6	64.4
Upper middle earnings (£17.59 to £22.11 per hour)	33	26	59	55.9	44.1
Upper earnings (£22.11 per hour and above)	40	19	59	67.8	32.2
Total numbers of staff:	113	123	236		



The distribution of men and women across pay quartiles continues to reflect the demographic profile of SCH, with a higher proportion of women working in roles within the lower middle and lower quartiles. Whilst this pattern remains broadly consistent with the previous year, 2025 shows some movement of women into the upper and upper middle quartiles, indicating gradual progression into more senior or higher-graded roles. SCH continues to monitor quartile distribution closely as part of its commitment to supporting gender equality and career development.



Summary:

Overall, SCH's GPG profile shows broad stability between 2025 and 2026 reporting. Hourly pay gaps remain largely unchanged year-on-year, while bonus participation has moved closer to parity. The median bonus gap of 0% shows that typical bonus outcomes were equivalent for men and women in 2025. The quartile distribution continues to reflect the workforce profile, with early indications of increased female representation in higher quartiles.

SCH has a heavily female dominated lower quartile of staff. Representation steadily drops with each quartile, reaching only 32.2% women in the highest quartile. This pattern strongly correlates with the pay gap in the UK where more women are in lower-paid roles and fewer women in higher-paid roles. This imbalance is recognised across all the organisations we benchmarked the GPG data with and remains an ongoing action to address fresh approaches. SCH remains committed to monitoring these trends and promoting equal opportunities for progression across the organisation.

Progress on the Gender Pay Gap action plan to 31 March 2026

The actions in the plan formed part of the overarching equality and diversity action plan for SCH on developing a diverse and inclusive workforce.

The new HR and Payroll system was implemented in SCH. However, there are a number of new data and function enhancements planned. As a result of this, actions 1) to 3) in the action plan for 2025/2026 will be carried over for completion later in 2026.

Benchmarking of GPG data across four selected ALMO's and Solihull MBC was compared to SCH GPG data using the last statutory reporting deadline data on the Government's GPG Portal (data at 31 March 2024). Our findings shown that SCH GPG hourly pay gap was highest across the comparators selected; we will continue to monitor progress and take further steps to reduce the organisations GPG and gender balance.

Gender Pay Gap actions from April 2025 to March 2026

Action		Intended Outcome	Due date	Progress
1	Benchmark GPG data reported on the Government's GPG Portal across a select number of neighbouring ALMO's and SMBC Council.	To compare the GPG outcome results uploaded for March/April 2025 reporting on the Government's GPG Portal to measure SCH current performance against other public bodies.	June 2025	Action completed and commentary given above.
2	Analyse bonus payments over the last 3 years.	To examine the differences between the performance scores of men and women to ensure SCH are providing equal compensation for equal work.	October 2025	Covered in the report from GPG data which continues to show that the proportions receiving a bonus are now very similar. The median bonus figure shows no gap in bonus pay.
3	Analyse SCH employee data for women at the stages of recruitment and leaving the organisation over the last 3 years to understand any trends.	To understand the level of women into and leaving roles and professions across SCH.	September 2025	This action is now in progress and will be completed in 2026/27.
4	Measure take up of shared leave or parental leave requests.	To see if these workplace opportunities are being realised.	December 2026	System enhancement pending.
5	Consideration will be given to how best address the GPG as part of the work to develop a new People Strategy and Action Plan.	To take forward further work in SCH that will consider the organisational proactive approach for addressing GPG disparities where possible in the organisation.	December 2025	The new People Strategy contains a number of objectives to develop and invest in staff and to advance our equalities ambitions towards workforce gender balance.
6		Work with other neighbouring ALMO's and SMBC to share good practice and identify new actions to reduce the GPG in SCH.	December 2025	This work is ongoing so will be carried over into 2026/2027. A study was completed across the selection of GPG organisations we benchmarked our GPG data with and we are in the process of identifying which actions will add value to the work we are doing.

Gender Pay Gap actions from April 2026 to March 2027

Action		Intended outcome	Due date
1	Carry over action: Analyse SCH employee data for women at the stages of recruitment and leaving the organisation over the last 3 years to understand any trends identified.	To understand the level of women progressing into and leaving roles and professions across SCH. This includes where they are underrepresented to help identify barriers, and actions to tackle negative differences.	September 2026
2	Measure take up of shared leave or parental leave requests.	To determine where these workplace opportunities are being realised.	December 2026
3	Deliver our People Strategy.	Developing our future workforce which includes investing a gender balance in talent.	Ongoing

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Board Forward Plan

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
	Quarterly Capital Investment Programme Update	Darren Baggs
	Annual Human Resources and Organisational Development Report	Paul Edwards
	Committee Memberships Update report	Paul Edwards
	Review of Standing Orders, Financial regs, Rules for Contracts	Paul Edwards, Sam Gilbert, Charlotte Kings
	Equality, Diversity and Inclusion Report	Becci Youlden
	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 Performance and Safety Committee on 11 May 2026	Phil Hardy
	Corporate and Joint Risk Management Report	Mark Wills
	Corporate Assurance Dashboard	Paul Edwards
Tuesday 15 September 2026 Q1 – <i>Chair to sign statutory accounts</i>		
	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