Public Document Pack

Solihull Community Housing

SCH: Board Meeting

Tuesday 10 November 2026 - 6.05 pm at Endeavour House - Meriden Drive, Kingshust

Agenda

Ref	Item	Purpose	Lead	Report Type	Report classification
1.	Chair's Welcome and Introduction	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 15 September 2026	For decision	Simon Wilson	Written 3 - 18	Closed
5.	Action Log	For decision	Simon Wilson	Written 19-22	Open
6.	Chief Executive's Update	For decision	Mark Pearson	Written 23-32	Open
7.	Strategic Performance Report Quarter 2 2026/27	Assurance	Becci Youlden	Written 33-50	Open
8.	Building Safety Report Quarter 2 2026/27	Assurance	Becci Youlden/ Darren Dunphy	Written 51-68	Open
9.	Corporate and Joint Risk Management Report	Assurance	Mark Wills/ Paul Edwards	Written 69-78	Open
10.	Health and Safety Quarterly Report Quarter 2 2026/27	Assurance	Mark Wills	Written 79-84	Open
11.	Financial Monitoring and Forecast - Quarter 2 2025/26	For decision	Sam Gilbert	Written 85-92	Open
12.	SCH Budget 2027/28 to 2029/30	For decision	Sam Gilbert	Written 93-120	Closed
13.	Annual Governance Review of Compliance against the NHF Code of Governance	For decision	Paul Edwards	Written 121-132	Open

14.	Alignment of Board and Committee Dates for Performance and Financial Reporting	For decision	Paul Edwards	Written 133-142	Open
15.	SCH Delivery Plan 2026/27 Quarter 2 Update	Assurance	Paul Edwards	Written 143-152	Open
16.	Chair's Report from Audit & Risk Committee Meeting held on 19 October 2026	Assurance	Mark Thrasher	Written 153-168	Closed
17.	Chair's Verbal Report from Customer Experience Committee Meeting on 4 November 2026	Assurance	Susan Buckley	Verbal	Closed
18.	Chair's Verbal Report from Performance and Safety Committee Meeting on 5 November 2026	Assurance	Phil Hardy	Verbal	Closed
19.	Forward Plan	Information	Simon Wilson	Written 169-170	Open
20.	Any Other Business	For discussion	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	Review and enhance Board performance reporting to improve timeliness, clarity and assurance, including narrative on non-recoverable indicators, risk appetite, customer impact and any material changes arising since the reporting period.	Paul Edwards / Becci Youlden	From Q2 report onwards	Q3 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 but not concluded. It is included in the review of performance reporting, which will be concluded in December.	
20260224-BOARD-010	Provide an update regarding the Saxon Court service charge issue.	Paul Edwards	June 2026	31 December 2026	This work is being led by SMBC. Progress being tracked through SMBC's Rent Assurance Action Log. A further update will be provided when this work is concluded.	
20260603-BOARD-001 ***incorporated into 20260915-BOARD-007***	Provide the Board with the outcome and recommendations of the Council-led review of the biomass heating system.	Mark Pearson	31.10.26	30 October 2026	This action will be incorporated into 20260915-BOARD-008	
20260603-BOARD-002 - ***incorporated into***	Occupied properties with a capped gas supply - include future reporting on compliance access issues, including the number of affected properties and	Darren Dunphy	4.9.26	30 October 2026	This will be included as part of future performance reporting. Currently these are being reviewed and will be introduced for Q2.	

20260915-BOARD-003	welfare checks undertaken where compliance actions cannot be completed.					
20260603-BOARD-003	Arrange for Tenant Mystery Shoppers to review the accessibility and ease of the complaints process and provide feedback.	Becci Youlden	31.10.26	30 October 2026	Completed and ongoing	
20260603-BOARD-004 - ***incorporated into 20260915-BOARD-003***	Consider how future Building Safety reports can provide additional assurance regarding the overall safety position alongside performance information.	Darren Dunphy	4.9.26	30 October 2026	This information will be incorporated into future performance reporting. A review of the current position is underway, and reporting on compliance access issues, will be introduced from the Q2 reporting cycle onwards.	
20260617-BOARD-001	Hold a more detailed discussion with Deb Bannigan regarding equality data collection methodologies and engagement approaches, including the collection of LGBTQ+ data.	Becci Youlden	4.9.26	30.10.26	Completed. Building ideas into the Engagement framework and tailoring services FAQs	
20260915-BOARD-001	Review the alignment, timeliness and clarity of Board reporting and consider any further improvements required.	Mark Pearson/ Paul Edwards	30 October 2026		Report to be provided to Board in November.	
20260915-BOARD-002	Include a concise update within future performance cover reports highlighting any material changes since the period covered by the formal report.	Becci Youlden/ Darren Dunphy	30 October 2026		Completed and reflected in covering report	
20260915-BOARD-003	***Incorporates 20260603-BOARD-002 and 20260603-BOARD-004*** Review and enhance Building Safety and Compliance reporting to provide the Board with greater assurance on the overall safety position, alongside performance information, including compliance access issues, affected properties, welfare checks undertaken where compliance actions cannot be	Becci Youlden	30 October 2026		Completed and reflected in covering report	

	completed, key risks, mitigating actions and any Board support required.					
20260915-BOARD-004 and 006	Undertake a review of the Board's risk appetite and risk scoring methodology and present recommendations to the Board. Review arrangements for identifying, assessing and reporting emerging risks and bring forward proposals for routine reporting of emerging risks to the Board and Audit & Risk Committee.	ELT/Mark Wills	January 2027			
20260915-BOARD-005	Review with SMBC the proposed closure/review of the joint housing stock management risk and bring back a recommendation to the Board on the future status of the risk.	Paul Edwards/ Satnam Kaur/Sam Gilbert	30 October 2026	February 2027	This action will be considered as part of the wider review of the Risk Management Framework and Risk Appetite. A report setting out the findings and recommendations will be presented to the Audit & Risk Committee in January 2027. Progress and any agreed actions will then be overseen through the Committee and subsequently reported to the Board in February 2027.	
20260915-BOARD-007	***Incorporates 20260603-BOARD-001*** Present a comprehensive biomass report including the findings of the SMBC independent review and proposed principles for future tariff setting, efficiency savings and subsidy arrangements.	Darren Baggs	30 October 2026		SMBC Scrutiny T&F are to receive and review the work commissioned by SMBC via Sustainable Energy Limited (SEL). The Chair of the SMBC T&F will present their recommendations to Nov26 Board. SCH will consider recommendations made by the T&F and include in a future paper to Board, early 2027 that will also address the actions from Sept 2026 Board meeting.	
20260915-BOARD-008	Ensure significant financial pressures are communicated to Board Members at the earliest opportunity rather than	Sam Gilbert	30 October and ongoing		Verbal update to be provided during the Board meeting on 10.11.26	

	waiting for the next formal reporting cycle.					

Meeting of the Board

Report title:	Chief Executive's Update		
Meeting date:	10 November 2026		
Report from:	Mark Pearson	Chief Executive	
Report author/ lead officer:	Mark Pearson	Chief Executive	
	07736 693132	markpearson@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.

(2) APPROVE the Board is recommended to approve a leave of absence for Dale Taber from 10 November 2026 to 22 February 2027 on medical grounds and authorise the associated administrative arrangements (10.3 of the report).

3. Housing Delivery Model Review

3.1 Members will recall that at the recent Board Away Day, a presentation was shared by Council Officers on the review into SMBC's housing delivery model. Altair has now commenced the review, which involves interviewing key stakeholders from across SMBC and SCH. These interviews are underway and due to be concluded shortly. The report from Altair is due to be received by SMBC colleagues before the end of the calendar year.

4. Social Housing Regulation

4.1 We have recently participated in a mock inspection carried out by Campbell Tickell. This involved a series of mock interviews and a 'mini' document review. The interviews included senior staff from SCH and SMBC; the SCH Board Chair; Chair of Audit and Risk and the SMBC Cabinet Portfolio Holder for Housing and Chair of

the Economic Development and Managed Growth Scrutiny Board (which oversees the housing portfolio).

4.2 At the time of writing we are awaiting the initial feedback. A round table session is to be scheduled for late November/ early December to discuss findings, learning and next steps.

5. Performance Framework

5.1 We are currently viewing our Performance Management Framework with a view to creating a proportionate performance hierarchy identifying measures to be reported to Board, executive team, heads of service and operational managers. The intention is to streamline the framework to remove some of the detail reported to Board as a matter of course, while incorporating an escalation framework which will provide assurance to the Board that issues will be escalated where appropriate. We are keen to work closely with Council colleagues to develop this framework.

6. Housemark TSM Audit

6.1 The Tenant Satisfaction Measures (TSMs) are subject to a specific methodology, set by the Regulator of Social Housing (RSH). The methodology defines how each measure must be calculated and reported, including standardised definitions, data requirements and calculation methods to ensure consistency and comparability.

6.2 SCH commissioned Housemark to perform an in-depth audit to assess the quality, completeness and robustness of the data and processes underpinning the reported TSMs.

6.3 Housemark reported that 7 areas were assessed as having reasonable assurance, and three areas of limited assurance.

6.4 Housemark has made 28 recommendations. SCH has adopted all of them and has a plan in place to address and implement the recommendations.

6.5 A similar exercise will be undertaken for the 2026/27 TSM submission.

7. Operations (Property Services, Building Safety and Housing Services)

7.1 Implementation of Awaab’s Law (Phase 2)

7.1.1 Preparation for the implementation of Phase 2 of Awaab's Law remains a key organisational priority. The recently established Healthy Homes Service has strengthened governance, accountability and operational oversight of damp and mould cases, ensuring a more coordinated and risk-based approach to case management. Performance continues to improve and SCH is strengthening its capacity and capability to meet the enhanced requirements of the evolving legislative framework. Whilst challenges remain, particularly in relation to access issues and complex cases requiring extensive remedial works, appropriate mitigating controls are in place, and improvement activities continue to be progressed. A broader review of operating procedures, resources and systems is also underway to ensure SCH is well prepared for future phases of Awaab's Law and the wider regulatory landscape.

7.2 Water Safety

7.2.1 Following contact from the UK Health Security Agency (UKHSA) regarding a reported case of Legionnaires disease at Redwood House, SCH undertook precautionary investigations and implemented a comprehensive suite of water control measures throughout the building, including individual homes and communal areas. Whilst legionella was detected in the water system of a specific property that triggered SMBC standing up an incident management team, it was not confirmed through UKHSA laboratories that the resident's legionella and that within the home were the same strain. UKHSA also advised that there had been an increase in reported legionella cases across the wider region. The incident triggered our review of assurance arrangements, reinforcing ongoing water safety management, monitoring and reporting processes.

7.2.2 More recently, SCH worked with UKHSA to support an investigation following the death of a resident at Chiswick Walk where Legionella had been diagnosed. Although the recorded cause of death was multiple organ failure, precautionary water testing was undertaken at the property from 6 outlets. UKSHA wrote to SMBC on 20 October to confirm all results were satisfactory.

7.3 Kingshurst 5 (KH5) Building Safety Issue

7.3.1 Intrusive investigations undertaken as part of wider fire safety improvement works and exploration of potential grant funding through Cladding Safety Scheme (CSS) funding at the Kingshurst 5 high-rise buildings identified deficiencies in historic cavity fire protection measures, including the absence of cavity barriers around window openings and within stairwell cavities. Following specialist fire engineering review, SCH submitted Mandatory Occurrence Reports to the Building Safety Regulator and reviewed existing interim controls, including existing sprinkler protection, confirmation of the continued suitability of the stay-put strategy, communal area monitoring, resident communications and emergency stairwell fire-stopping proposals. Six individual homes currently without sprinklers are being progressed. Section 8.3.1 provides additional detail of longer-term considerations.

7.4 Biomass Heating Network and Council Scrutiny

7.4.1 SCH continues to work constructively with SMBC officers, Members and external advisers as part of the ongoing review of the biomass district heating network and associated Heat Network Efficiency Scheme (HNES) investment programme. Whilst all parties acknowledge the historic challenges and inefficiencies of the network, current activity is increasingly focused on evidencing the benefits delivered through Phase 1 investment, including improved operational performance, system efficiency and the long-term sustainability of the network. With phase 2 and all remaining building management systems nearing completion, further evidence of operational efficiencies will be reportable over the coming months.

7.4.2 Our third HNES funding application has been submitted, with anticipated results of the application outcomes being announced towards the end of the year. SCH is supporting Council assurance and scrutiny processes through the provision of detailed technical, financial and performance information, and welcomes appropriate challenge as part of transparent governance arrangements. The review remains ongoing, with further evidence and analysis being developed to

inform future decisions regarding network optimisation, resident tariffs and potential future investment.

7.4.3 The Scrutiny Task and Finish Group is scheduled to meet on 11 November 2026 to undertake a further review of the findings from the SMBC client team's independently commissioned work carried out by Sustainable Energy Limited (SEL), together with the responses provided to those findings by SCH and its Strategic Property Maintenance Partnership (SPMP) Contractor, Dodd Group.

8. Asset Management and Development

8.1 Capital Programme Update

8.1.1 Delivery of the 2026/27 Capital Programme continues across a broad range of investment works. At the September reporting point, a number of key programmes were reported as progressing well or on track, including central heating upgrades, pitched roofing, window replacements, structural works and the wider energy-efficiency programme. The HNES Phase 2 programme was also reported as progressing well and on course for completion in November 2026

8.1.2 There are, however, some areas of delivery pressure. The kitchen and bathroom programme has experienced a delayed start associated with transition to the Dodd Group SPMP contract, with the 2026/27 delivery target revised to 150 units and an underspend anticipated. The low-rise envelope programme is progressing, although delivery is likely to reduce to nine blocks with a potential underspend of approximately £250k. Cyclical maintenance similarly identified a potential underspend of around £200k, with both areas affected by transition from Novus to the SPMP arrangements.

8.1.3 Alongside current delivery, development of the 2027/28 Capital Programme is now well advanced supporting a transparent and evidence-led approach, balancing identified stock investment requirements with affordability, deliverability, repairs intelligence and customer priorities. Governance and customer involvement are also being strengthened, with clearer oversight through ELT, SCH Board and SMBC and consultation informing the programme before final approval.

8.2 Development Programme and Kingshurst Regeneration Update

8.2.1 Delivery continues across the development programme, with key projects progressing through design, procurement and construction stages.
Following Cabinet approval in July, the Anglesey Avenue contract is ready for execution, subject to completion of the land appropriation process and party wall award. A start on site is anticipated in January 2027.

8.2.2 Progress on the Kingshurst regeneration programme also continues, with Cabinet approving Phase 2 in September. The contract documentation is currently with SMBC for signature, with works scheduled to commence on site at the end of November.

8.3 Spandrel Panels

8.3.1 **KH5 – External Envelope / Fire Barrier Works** - further intrusive investigations have identified cavity fire-barrier issues around communal and dwelling windows.

This has broadened the scope of consideration and requires the relationship between these works, the existing spandrel programme and wider external-envelope requirements to be fully assessed before revised delivery dates can be confirmed.

8.3.2 A comprehensive options appraisal is therefore being developed, considering design and technical requirements, Building Safety Regulator/Gateway 2 implications where applicable, programme sequencing, cost, resident impact, risk and potential Cladding Safety Scheme (CSS) funding. Five CSS applications have been submitted, with final fire risk appraisals of external walls (FRAEW) reports currently expected in late November/early December 2026. Initial assessment of Digby House also indicates potential CSS eligibility, although the scope and potential funding value remain to be confirmed.

8.3.3 Asset Management is coordinating this work to establish an integrated approach rather than progressing individual elements in isolation. The existing programme and associated milestones are consequently being reviewed and will be updated once the interdependencies, technical requirements and delivery options have been sufficiently established. In the interim, immediate fire-safety and assurance actions continue separately and are not dependent upon completion of the longer-term options appraisal.

9. Housing and Neighbourhoods

9.1 Domestic Abuse Housing Alliance (DAHA)

9.1.1 We are delighted to have been awarded Bronze Accreditation by the Domestic Abuse Housing Alliance (DAHA) in October 2026. This national accreditation recognises the work undertaken across SCH to ensure that we provide a safe, effective and survivor-centred response to victims and survivors of domestic abuse.

9.2 Corporate Parenting (Care Leavers)

9.2.1 During 2026, SCH has worked in partnership with Dodd Group, Children's Services and care leavers to redesign and strengthen our enhanced void offer for those moving into independent accommodation. Through co-design with young people and Social Value investment from Dodd Group, we have developed a more sustainable and robust offer, supported by improved governance and oversight arrangements. The redesigned scheme is now live, with 5 care leavers currently progressing through delivery, helping young people start their tenancy journey with greater confidence and support. SCH anticipates that next year we will be able to support 25-30 care leavers through this enhanced offer.

10. Customer Experience and Corporate Support

10.1 Engagement Activity Update

10.1.1 Pop ups - the 2026 high-rise pop-up events took place during September, which saw staff out and about in our communities, talking to high-rise customers learning and finding out how they feel about SCH and the services we deliver. We also provided key organisational messages, with a focus on building safety.

10.1.2 While the Customer Engagement team led on the pop-ups, colleagues from across the organisation were very much encouraged to take part. In total, 87 staff attended the pop-ups, including the Executive Team.

10.1.3 In summary:

- we spoke to 429 residents across 22 sessions. That's 34% more than the pop-ups we held in 2024.
- 221 issues were raised around new and existing repairs, safety issues and requests for additional support.
- 126 residents updated their details with us.

10.1.4 The main themes to emerge were:

- drug use and general ASB in blocks.
- aerial fly-tipping.
- non-residents getting into blocks.
- repairs needed in communal areas.

10.1.5 All of the feedback has been passed to the relevant teams and actions are being developed.

10.2 Organisational Development

10.2.1 **Team SCH** - The Chief Executive is now three months into the role and continuing with a programme of engagement with colleagues, Board Members, SMBC representatives and key stakeholders. Monthly 'virtual' Team Briefs are about to be introduced to help further improve communication and engagement with colleagues. Initial priorities have focused on developing relationships, reviewing organisational priorities, supporting the continued delivery of SCH's strategic objectives and considering resource and capacity to help deliver at a greater pace.

10.2.2 **Staff Survey 2026** - the SCH Staff Survey 2026 is currently underway. Acuity hosts the survey to ensure the confidence around anonymity and EDI demographics is going to be included. Communications have been sent out to the colleagues, including regular reminders.

10.2.3 **Facilitation of events** - the OD Manager has been involved in facilitating several strategic events, including the Board Away Day, Executive Leadership Team (ELT) Away Day, and Wider Leadership Team Away Day, and is currently involved in preparations for the Management Conference in November. These events are designed to strengthen organisational alignment, leadership capability, and delivery of the strategic priorities set out within the Delivery Plan.

10.2.4 **Competence and Conduct Standard October 2026 -** the Standard came into effect from 1 October 2026, with a transition period for qualification compliance of 3 years.

10.2.5 The Standard requires social housing providers to ensure that staff responsible for housing services have the skills, knowledge, experience and behaviours needed to deliver safe, high-quality services and treat tenants with respect. The standard emphasises professionalism, accountability, continuous learning, and a culture that listens and responds to residents' concerns.

10.2.6 In response, SCH is progressing work across all aspects of the standard to provide assurance to both the SCH Board and Solihull Council.

10.2.7 **Arrangement of External courses for Staff Development -** External training opportunities are being commissioned to support workforce development in response to both internal priorities and external regulatory requirements. Examples include Conflict Management training for staff who may encounter challenging or aggressive behaviour, support and awareness sessions relating to the implementation of Awaab's Law Phase 2, and additional Customer Experience training to support the Customer Experience Strategy.

10.3 Board Membership

10.3.1 The Board is asked to approve a leave of absence for Dale Taber on medical grounds from 10 November 2026. During this period, he will remain a member of the Board but will not be expected to attend Board or Committee meetings. Dale Taber has requested that his remuneration ceases for the duration of the approved absence and the Board is asked to authorise the appropriate administrative arrangements. The approved period of absence will not be treated as non-attendance for the purposes of any constitutional provisions relating to attendance at meetings. The position will be reviewed on 22 February 2027.

10.3.2 On behalf of the Board and the organisation, I would like to place on record our sincere thanks to Dale Taber for his contribution to the work of SCH and extend our best wishes for a full and speedy recovery.

11. National Policy Update – Housing Sector

11.1 The October 2026 policy update from the National Federation of ALMOs (NFA) is attached at Appendix 1 for the Board's information. The update summarises key national housing policy, regulatory and sector developments, including announcements arising from the Government's Budget, changes relating to social housing regulation and building safety, recent publications from the Housing Ombudsman Service and Regulator of Social Housing and current government consultations.

- There will be a 10-year plan which sets out the vision and priorities ahead of the next spending review in 2027. This will 'detail reforms to ensure that councils have the capacity to start building at scale again, significantly reduce the complexity and cost of the development process, and release public land for affordable housing.'
- There is an additional £1.5bn to deliver around 10,000 homes. Funding will be prioritised for social rent, especially council homes, and will be for the period 2027/28 – 2030/31. It will gradually increase as council capacity increases.
- An extra £432m over 2027/28 and 2028/29 to extend the programme aimed at giving every rough sleeper in England a route off the streets.
- In relation to devolution – the next spending review 'will act as a further enabler' of the radical change, including a roadmap to fiscal devolution.
- Introducing a zero rate of VAT for land sold to registered social housing providers to expedite the construction of social housing. It has been confirmed that this includes local authorities that are registered providers as well as housing associations.

- They will not make major changes to building regulations for the remainder of this Parliament – except those relating to building safety and implementing recommendations from the Grenfell Inquiry.

12. Housing Ombudsman Service (HOS) Determinations

12.1 Since the last Board report, the Housing Ombudsman Service (HOS) has issued determinations on one case, summarised below.

12.2 The case related to a tenant in a high rise flat with concerns about:
- the safety of their Fire Door (their front door).
- smells entering the home.

12.3 SCH carried out an assessment of the fire door and concluded that it was safe.

12.4 The tenant was concerned about burning smells. On investigation the smell was identified as incense being burned in a neighbour's home. There was a delay in responding to the report of the smell and £50 compensation was offered and paid.

12.5 The decision from HOS was:
- offer of reasonable redress has been made regarding the smells into customers property.
- no maladministration in complaint handling.

12.6 HOS noted that the Stage 1 complaint included a 'good level of detail which was important to reassure the resident we were taking his concerns seriously'.

12.7 HOS flagged that delays were down to record keeping and communication issues. This was communicated to the relevant teams in order for lessons learnt to be implemented.

13. List of Appendices

13.1 Appendix 1 – National Federation of ALMOs Policy Update, Issue 10, October 2026

Policy Update

NEWS AND VIEWS OF THE HOUSING WORLD

Issue #10 • October 2026

NFA

Championing better homes and communities

Government News

The Chancellor presented his budget on the 28 October. Of note:

*There was an additional £1.5bn for the Social and Affordable Homes Programme (to be prioritised for social rent, especially council homes).

*There was additional funding for the programme to support rough sleepers off the streets to make it multi-year.

*The PWLB preferential rate that local authorities borrow at has been extended for another year.

*Government will introduce new VAT relief on land sold to registered housing providers to 'expediate' the construction of social housing.

Government has also announced next steps in its review of local government reorganisation in five areas. Every outstanding area will have an outcome by early next year.

Ministry for Housing, Communities and Local Government (MHCLG)

The Government has introduced the Remediation of Unsafe Cladding Bill to parliament.

The Government has published its own amendments to the Social Housing Bill. This includes changes to the social housing Right to Manage framework. A factsheet sets out the changes here.

The government's response to the Right to Manage review is available here.

TMOs will become subject to FOI rules from April 2027.

Government has published regulations on Empty Dwelling Management Orders which are designed to make it easier for councils to take control over empty homes. The regulations will come into force from 5 November.

MHCLG has published its response to the Social Housing Tenure Standard: Direction to the Regulator of Social Housing consultation. It has also published its Direction to the Regulator.

Housing Ombudsman Service (HOS)

HOS has published its Annual Complaints Review.

Regulator of Social Housing (RSH)

The RSH has published its 2026 Sector Risk Profile. It has also published social housing statistics.

The RSH has also published financial forecasts of private registered providers.

Other government and related

The Home Office has published statutory guidance in relation to ASB which came into force 26 October 2026. A press release on the changes is available here.

Ofgem has published a list of heat networks that have been registered with them so far prior to the January deadline.

DWP has published a press release on the new benefit rules for residents in supported housing.

The Dept of Health and Social Care has published guidance for housing providers to help them safeguard telecare users during the digital phone switchover.

The LGA has launched a four year £104m MHCLG-funded Brownfield Land Release Fund.

Research and useful information

The CIH has published the 2026 UK Housing Review Autumn Briefing paper.

Shelter has published Foundation to Thrive, how to unlock a council housing revolution. While the **Centre for Cities** has published Rewiring council housebuilding: A programme for the 21st century.

Consultations

MHCLG has launched its consultation on **extending Awaab's Law to the private rented sector and accommodation occupied under licence** (including supported housing, temporary accommodation and care leaver accommodation). The consultation is open until 18 December.

MHCLG is consulting on the draft supported housing licencing regulations, which closes 10 December. The NFA is not intending to respond to this consultation unless members share concerns with the proposals.

The Office for Zero Emission Vehicles has launched two consultations:

- On options to expand electric vehicle charging access for tenants and leaseholders.
- On considering amendments to the Building Regulations: Part S.

The NFA is not planning to respond to these consultations unless members share concerns with the proposals. The deadline is 16 December 2026.

NFA UPDATE

Media

Inside Housing has published a two-part investigation on disrepair legal claims. The second part talks about the NFA-authored local authority research into the extent of claims harvesting in the sector, and quotes NFA MD Eamon McGoldrick.

Meetings for 2026

We have the below officer meetings for the rest of 2026:

BSR (Property Management sub group): 5 November (10am)

Complaints Handling: 11 November (10am)

Tenant Engagement: 17 November (2pm)

Housing Management: 26 November (10am)

Property Management: 10 December (10am)

NFA - National Federation of ALMOs
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Meeting of the Board

Report title:	Strategic Performance Report – Quarter 2 2026/27		
Meeting date:	10 November 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 the Board with an update on SCH's Q2 2026/27 Strategic Performance Report.

2. Recommendations

2.1 The Board is recommended to:

1) **Review** Q2 performance contained within the Strategic Performance Report.
2) **Note** and comment on the action being taken where performance targets are not being met.

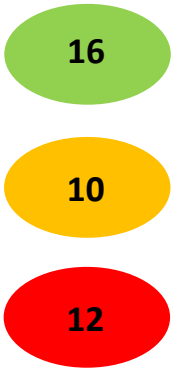
3. Background

3.1 The main SCH Strategic Performance Report is a consolidation of individual dashboards covering Asset Management, Building Safety and Compliance, Housing Services and Customer and Corporate Services.

3.2 The dashboards include regulatory indicators such as Tenant Satisfaction Measures (TSMs) and other high-level Key Performance Indicators (KPIs) which support the Delivery Plan. The report is attached as Appendix 1.

4. Performance measures

4.1 There are 38 KPIs where targets have been set across the dashboards. At the end of Q2 2026/27, 68% of KPIs were at or above target or were within tolerance. This is a slight increase from 64% last quarter.



Target was met

Performance was within the tolerance range

Target has not been met

5. Areas where the target was met or exceeded

5.1 Key areas of positive performance include:

- **Stage 1 complaints resolved within timescale** – 96.44% YTD, 6.44% above target.
- **Customer satisfaction with Disabled Facilities Grants** – 96.36%, above the target of 94%.
- **Non-emergency repairs completed within target timescale** – 88.47% for Q2, above the target of 85%.
- **Percentage of rent loss due to voids** – 0.77%, better than the target of 1.25%.
- **Dwellings vacant but available to let** – 0.54%, better than the target of 0.8%.
- **Average relet time** – 55.07 days, better than the target of 60 days.
- **Average stay in temporary accommodation for adult-only households** – 77 days, better than the target of 120 days.

5.2 TSM perception measures:

5.2.1 Year to date perception KPIs are now calculated as a 12 month rolling average. This is to ensure that the results are statistically significant and to help identify actual trends. TSM perception measures that are at or exceed target on a 12-month rolling average are as follows:

- **Satisfaction that SCH listens to and acts upon tenants' views** – 71.40%, above the target of 70%.
- **Satisfaction with the time taken to complete the last repair** – 80.06%, above the target of 80%.
- **Satisfaction that SCH makes a positive contribution to the neighbourhood** – 70.87%, above the target of 70%.

5.2.3 Satisfaction has decreased in varying degrees across all perception indicators in Q2. Because the quarterly sample is relatively small (150 respondents) the statistical significance is +/- 8%. This means that for all but one indicator, it is not clear if there is a material change from last quarter across the wider customer population. However, a review is underway to ascertain if there are any key drivers affecting the satisfaction, compared with Q2.

5.2.4 The drop in satisfaction has impacted on **overall satisfaction** which has moved from in target (which is set at 78%) to **out of target but within tolerance** (77.72%). This is also the case for:

- Satisfaction that SCH keeps you informed about things that matter to you (76.29%, against a target of 77%).
- Satisfaction that SCH treats tenants fairly and with respect (83.58%, against a target of 85%).
- Satisfaction with SCH's approach to handling complaints (36.27%, against a target of 40%).
- Satisfaction with repairs in the last 12 months (77.30%, against a target of 80%).
- Satisfaction that home is well maintained (74.22%, against a target of 75%).
- Satisfaction that SCH keeps communal areas clean and safe (68.68%, against a target of 72%).
- Satisfaction with SCH's approach to handling ASB (56.56%, against a target of 60%).

6. Areas where performance requires improvement

6.1 Stage 2 complaints resolved within timescale

6.1.1 The Board will recall that during a Housemark Audit, an issue was identified with the calculation methodology of complaints resolved in timescale. This impacted negatively on the outturn for 2025/26 and the performance in early Q1.

6.1.2 A centralised case management process has now been introduced to manage complaint correspondence, which has mitigated the issue of Stage 2 complaint acknowledgments not being completed within five working days. This has led to a much-improved position in Q2, and in September, 100% of Stage 2 complaints were completed within target.

6.1.3 The YTD position is still out of target (77.67%, against a target of 96%). However, this is an 8.82% increase from the YTD position last quarter.

6.1.4 If the volume of stage 2 complaints continues, and we meet the target completion dates, the year-to-date target remains achievable.

6.2 Contact centre average speed of answer (ASA):

6.2.1 ASA increased to 543 seconds in September. This was impacted by higher ASA on Monday and Tuesday after the Bank Holiday, averaging over 1,000 seconds. Because of this, it was difficult to recover throughout the rest of the month.

6.2.2 The percentage of calls offered increased significantly this month (9,717 calls, compared to 7,875 in August) but the number handled has decreased (70.5% compared to 79% in August). The main driver of reduced calls answered were weather related repairs, an increase in whole-business communications (predominantly leasehold letters and tenancy agreement communications) and an increased number of complex mental health calls leading to the involvement of emergency services.

6.2.3 The new online portal (SCH Online) has been fully launched, and 996 households have signed up. From October onwards, data is being monitored to assess the

impact on call volumes, particularly in relation to rent enquiries, as this is the most significant area of online information to customers currently.

6.2.4 Due to the high ASA from April to July and September, it is likely that this KPI is not recoverable. However, it should be noted that the majority of September showed a downward trend and this continued into October, which is likely to finish in the low 300s.

6.3 Homes that do not meet the Decent Homes Standard:

6.3.1 193 homes (1.99%) are currently reported as non-decent, meaning over 98% of the housing stock remains compliant with the Decent Homes Standard.

6.3.2 Stock condition intelligence has continued to improve through survey and validation activity, increasing confidence in the underlying data. Investment programmes are actively targeted towards non-decent properties and component replacement priorities.

6.3.3 Performance is monitored monthly, enabling timely intervention where adverse trends emerge. The Asset Management Strategy, stock condition programme and capital investment plan continue to focus alignment reducing non-decency and achieving the year-end target position.

6.4 Emergency repairs completed within timescale:

6.4.1 Emergency repairs completed within target timescale were 91.77% for Q2, a similar figure to the one recorded in Q1 (91.81%). This is against a target of 95.5%. Whilst this indicator is in tolerance, it is an area of focus for improvement given the lower percentage of completions for contractors (external emergency repairs achieved 84.42%, compared with 99.15% for internal repairs.)

6.4.2 Reconciliation of Dodd and Open Housing data continues and this remains an area of focus for system and process improvements., with support from MRI.

6.4.3 ARK have also commenced a comprehensive deep dive into responsive repairs to review demand, capacity and performance. This will help to identify efficiencies, improvements and a plan to move forward. This is due to report in November.

6.5 Current tenant arrears:

6.5.1 Current tenant arrears stood at 4.48% of rent debit at the end of September, against a target of 3.20%. This represents an increase of 0.26 percentage points compared with August and is 1.28 percentage points above the year-end target.

6.5.2 The position reflects a number of operational and environmental factors, including growth in Universal Credit caseloads and affordability pressures experienced by customers.

6.5.3 Mitigating actions include:

- Early intervention and daily arrears monitoring.
- Proportionate legal enforcement.

- Appointment of two new income account managers and continued recruitment to a third position.
- Partnership working with Solihull Metropolitan Borough Council.
- Systems improvements.
- Increased automation, including the UC Bot introduced in April 2026.
- Progression of implementing MRI Health Check improvement actions (due for completion in November 2026).
- Implementation of a rent first campaign in the second half of the financial year.

6.5.4 Although the current trajectory is above target, arrears are tracking closely to the position reported during 2024/25 and there is confidence that performance can recover during the remainder of the year and achieve a position below the KPI target by year end.

6.6 Average stay in temporary accommodation – families with children:

6.6.1 Average stay in temporary accommodation for families with children remains out of target at 334 days for Q2, against a target of 250 days. However, this indicator has shown an improving position through Q2, with an average of 182 in September, which is below target.

6.6.2 The movement of households who have experienced particularly long stays into permanent accommodation can have a negative impact on the KPI, while delivering a positive outcome for those households. There has nevertheless been a reduction in the number of households that have been in temporary accommodation for one year or more.

6.6.3 Changes to the Housing Allocation Scheme are supporting more households to move into suitable social housing. The service is also focusing on prevention and alternative tenure options, including the private rented sector.

6.6.4 Performance is expected to fluctuate during the year, but the increased priority afforded to homeless households is expected to support a reduction in temporary accommodation over time.

6.7 Homeless approaches where prevention or relief achieved:

6.7.1 Performance was 48.27% for Q2, against a target of 58%.

6.7.2 The overall percentage of successful prevention and the percentage of successful relief is around the same this year as it was last. The only difference is that 56% of duties ended this year are relief compared to 45% last year. This indicates improved case management and more effective progression of cases as would be symptomatic of the new practice where officers take cases from start to end.

6.7.3 As the service restructure settles it is anticipated that improvements will be made to delivery against this KPI, and it will be possible to meet the target by year end.

6.8 Building Safety and Compliance

6.8.1 Building Safety and Compliance indicators remain part of the SCH Strategic Performance dashboard and contribute to the overall KPI position reported in this

report. Detailed performance, statutory compliance and improvement activity are reported separately to Board through the Building Safety and Compliance Performance Report – Quarter 2 2026/27 (Agenda Item 8).

6.8.2 This separate report provides detailed assurance on gas, electrical, fire, water, asbestos, lifts, damp and mould and follow-on compliance actions.

6.9 Work In Progress (WIP)

6.9.1 Overdue WIP has now been incorporated into the dashboard, as this is an area of focus and improvement. Overdue WIP has risen over the last three months, to a total of 1012 at the end of September. This represents 4.83% of the total raised repairs. There is no target currently set against WIP.

6.9.2 A review of internal resource is underway to ensure the DLO has sufficient resource to deliver the service. In the interim Dodd Group will be taking an extra 250 jobs per month to assist with working through overdue WIP. We have also reallocated some void operatives to day-to-day repairs to assist.

6.9.3 External jobs are being impacted by data transfer issues within the interface. A project is progressing with the support of MRI to review the interface with the main aim being the development of a new interface.

7. Supporting the SCH Delivery Plan

7.1 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.

8. Consultation and engagement

8.1 Residents have contributed to the reports through 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 Tenant Satisfaction Measures and associated perception indicators are regulatory requirements. Accurate calculation and management of the TSMs is necessary to ensure SCH meets its regulatory obligations.

11. Risk implications

11.1 The Strategic Performance Report provides oversight of performance against key strategic and regulatory measures.

11.2 Where performance is below target, management actions are in place to improve performance and mitigate associated risks.

12. Equalities implications

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

13. List of appendices

13.1 Appendix 1 - SCH Strategic Performance Report - Q2

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Appendix 1

Customer & Corporate Services Dashboard

			Jun-26	Jul-26	Aug-26	Sep-26		YTD		26/27 Target	25/26 Target	Benchmark*	DoT**	Comment
CH01a	Stage 1 complaints per 1,000 properties	TSM MI	8.71	6.56	4.71	7.74		36.62		N/A	N/A	46.30	N/A	**Status:** 74 Stage 1 complaints were received in September, the second highest number received in month for this year.
CH01b	Stage 2 complaints per 1,000 properties	TSM MI	1.90	1.23	1.74	2.27		10.73		N/A	N/A	7.70	N/A	**Status:** 17 Stage 2 complaints were received in September. This is the second highest total ever received in a single month.
CH02a	Complaints resolved in timescale (Stage 1)	TSM MI	100.00%	96.20%	95.92%	92.73%		96.44%		90.00%	85.00%	85.90%	↓	**Status:** 51 out of 54 Stage 1 complaints were completed on time **Forecast :** On target.
CH02b	Complaints resolved in timescale (Stage 2)	TSM MI	63.33%	81.25%	93.75%	100.00%		77.67%		96.00%	96.00%	85.00%	↑	**Status:** all 10 Stage 2 complaints (TSM only) were completed on time in September **Mitigation:** The new system for monitoring escalation correspondence is working well and ensuring we meet the 5 workday target to acknowledge complaints. This has brought about a significant increase in stage 2 complaints completed on time. **Forecast:** The year-end target can be achieved if the higher volume of stage 2 continues, and close to 100% of Stage 2 complaints are resolved for the remainer of 26/27.
TP01	Overall satisfaction with services provided by SCH	TSM P	81.08%			71.62%		77.72%		78.00%	80.00%	71.10%	↓	**Status:** Year to date (YTD) KPI is now calculated as a 12 month rolling average. This is to ensure that the results are statistically significant and to help identify actual trends. Overall satisfaction has dropped in Q2. Because the quarterly sample is relatively small (150 respondents) the statistical significance is +/- 8%. This means there is a material change from last quarter, but it is hard to ascertain the size of change in satisfaction across the wider tenant population. However, as there has been a decrease across most perception measures a review is underway to ascertain if there are any key drivers affecting the satisfaction in Q2.
TP06	Satisfaction that SCH listens to and acts upon tenants' views	TSM P	75.89%			68.14%		71.40%		70.00%	71.00%	59.10%	↓	**Status:** slightly below target in quarter, but meets target on the rolling 12 month average. Note the review underway to ascertain if there are any key drivers affecting the satisfaction in Q2.
TP07	Satisfaction that SCH keeps you informed about things that matter to you	TSM P	79.49%			68.18%		76.29%		77.00%	79.00%	68.50%	↓	**Status:** Satisfaction is slightly lower than target on the rolling 12 month average. Note the review underway to ascertain if there are any key drivers affecting the satisfaction in Q2.
TP08	Satisfaction that SCH treats me fairly and with respect	TSM P	85.19%			81.95%		83.58%		85.00%	85.00%	77.00%	↓	**Status:** Satisfaction is slightly lower than target on the rolling 12 month average. Note the review underway to ascertain if there are any key drivers affecting the satisfaction in Q2.
TP09	Satisfaction with SCH's approach to handling complaints	TSM P	47.37%			26.92%		36.27%		40.00%	45.00%	34.10%	↓	**Status:** Satisfaction is slightly lower than target on the rolling 12 month average. Note the review underway to ascertain if there are any key drivers affecting the satisfaction in Q2.

WB13	Customer satisfaction (disabled facilities grants)	SCH KPI	100.00%	90.91%	100.00%	100.00%		96.36%		94.00%	94.00%	N/A		**Status:** On target with 100% satisfaction for two consecutive months.
CR2	Overall satisfaction (transactional)	SCH KPI	82.92%	82.33%	82.64%	81.09%		82.85%		87.00%	87.00%	N/A		**Issue:** Below target but within tolerance. Lower Contact Centre satisfaction and Repairs satisfaction impacting the KPI. **Mitigating Actions:** A detailed review last quarter show a that the key driver of dissatisfaction was repairs communication. A full review of repair communication and coordination is underway with the SCHape panel. **Forecast**: The target is recoverable if Contact Centre satisfaction can be improved to 2025/26 levels and the upturn in Repair's satisfaction continues.
CR36	Contact centre ASA	SCH KPI	354	371	277	543		436		210	210	185		**Status:** ASA increased to 543 seconds in September. The main driver for this was the high ASA on Monday and the Tuesday after the Bank Holiday averaging over 1000 seconds. Because of this, it was difficult to recover throughout the rest of the month. **ASA 543 (excluding callback calls)** **Calls Offered** : 9,717 calls (August 7,875) **% Calls Answered**: 70.5% (August 79%) The percentage of calls offered increased significantly this month, but the number handled has decreased. The main driver of reduced calls answered were as follows -Weather – increase in Repair activity. -Increase of whole business Comms – leasehold letters, Tenancy agreement comms, housing allocation comms -Increased complex cases – MH issues leading to more calls for ambulance and police **Channel shift:** The portal has been fully launched and 996 households have signed up. from October onwards, data is being monitored to assess impact on call volumes for rent enquiries, as this is the most significant area of online information to customers. **Forecast:** Due to the high ASA from Apr-Jul and Sep, it is likely that this KPI is not recoverable. The rest of September showed a downward trend and this continued into October, which is likely to finish in the low 300s.

*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

			Jun-26	Jul-26	Aug-26	Sep-26	YTD	26/27 Target	25/26 Target	Benchmark*	DoT**	Comment
RP01	Homes that do not meet the Decent Homes Standard	TSM MI	1.32%	1.39%	1.84%	1.99%	1.99%	1.75%	2.00%	1.74%	↓	**Status:** Monthly reporting on this KPI reflects a snapshot in time and hence can vary month on month. Only 193 homes (1.99%) are currently reported as non-decent, meaning over 98% of the housing stock remains compliant with the Decent Homes Standard. **Mitigation:** Stock condition intelligence has continued to improve through survey and validation activity, increasing confidence in the underlying data. Investment programmes are actively targeted towards non-decent properties and component replacement priorities **Timescales:** Performance is monitored monthly, enabling timely intervention where adverse trends emerge with the Asset Management Strategy, stock condition programme and capital investment plan continue to focus on reducing non-decency and achieving the year-end target position.
RP02a	Repairs completed within target timescale (emergency)	TSM MI	93.95%	90.47%	93.12%	91.74%	91.77%	95.50%	95.50%	95.00%	↓	**Status:** 91.74% of emergency repairs were completed within target timescales in September. Performance for external emergency repairs was 84.42%, compared to 99.15% for internal repairs. **Mitigation:** ARK have commenced a comprehensive deep dive into Responsive Repairs to review demand, capacity and performance. This will help to identify efficiencies, improvements and a plan to move forward. **Timescales:** Review end of November
RP02b	Repairs completed within target timescale (non-emergency)	TSM MI	87.30%	88.26%	89.06%	89.72%	88.47%	85.00%	85.00%	84.80%	↑	**Status:** 89.72% of non-emergency repairs were completed within target timescales in August. Performance for external non-emergency repairs was 96.36%, while internal repairs achieved 85.23%.
TP02	Satisfaction with repair in the last 12 months	TSM P	80.21%			76.60%	77.30%	80.00%	80.00%	72.80%	↓	**Status:** Year to date (YTD) KPI is now calculated as 12 month rolling average. This is to ensure that the results are statistically significant and to help identify actual trends. Satisfaction has dropped in Q2. The 12 month rolling average is above target. Because the quarterly sample is relatively small (150 respondents) the statistical significance is +/- 8%. This means it is not clear if there has been a material change from last quarter in terms of satisfaction across the wider tenant population. However, as there has been a decrease across most perception measures a review is underway to ascertain if there are any key drivers affecting the satisfaction in Q2.
TP03	Satisfaction with time taken to complete the last repair	TSM P	80.85%			82.98%	80.06%	80.00%	76.00%	68.30%	↑	**Status:** Satisfaction surpassed the target.
TP04	Satisfaction that home is well maintained	TSM P	77.62%			72.03%	74.22%	75.00%	80.00%	71.00%	↓	**Status:** Whilst the in quarter KPI is below target, the rolling 12 month figure The figure surpassed the target.

	Overdue Works in Progress (WIP)	SCH		685	892	1012		1012		N/A	N/A	N/A	**Status:** Overdue WIP increased in September. External 494 - an increase from 365 last month Internal 518 - a decrease from 527 last month WIP as percentage of total repairs = 4.83% Breakdown is as follows: There are 68 overdue WIP cases that relate to Damp & Mould, we do not abandon DMC cases. so where access issues arise, these reflect as overdue WIP. **Mitigation:** A review of Internal resource is underway to ensure DLO has sufficient resource to deliver service. External jobs are being impacted by data transfer issues within the interface. A project is underway with the support of consultants to review the interface with the main aim being the development of a new interface.
	Percentage of homes with an EPC rate of C or above	SCH	75.00%	74.90%	74.90%	74.90%		74.90%		76.00%	76.00%		**Status** 940 properties with an expired EPC; 3,529 properties with an RdSAP assessment; and 7 properties where no SAP calculation is currently held. The measure is therefore based on a comprehensive assessment of the housing stock rather than EPC certificates alone, providing a broader understanding of energy performance across the portfolio. **Mitigation.** Whilst current performance remains marginally below target, there is a clear programme of work in place to improve both the energy performance of homes and the quality of the underlying data. The increased organisational focus on EPC compliance, combined with energy efficiency investment delivered through the capital programme, provides assurance that appropriate actions are being taken to support future performance improvement and prepare for forthcoming legislative changes.

	Emergency	Urgent	Routine	Standard
Overdue (< 3 months)	146	52	513	78
Overdue (3-6 months)	52	3	97	34
Overdue (6-12 months)	5	0	23	3
Overdue (12 + months)	0	0	6	0

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.

Solihull Community Housing
Shaping our neighbourhoods

Housing Services Dashboard

			Jun-26	Jul-26	Aug-26	Sep-26		YTD		26/27 Target	25/26 Target	Benchmark*	DoT**	Comment
NM01	ASB cases per 1,000 properties	TSM MI	1.82	3.07	3.38	3.38		16.81		tracking indicator	N/A	43.40	N/A	**Status:** 33 ASB cases were recorded in September, the same number as the previous month.
NM01a	ASB cases per 1,000 properties (Hate Crime)	TSM MI	0.00	0.20	0.00	0.10		0.41		tracking indicator	N/A	0.50	N/A	**Status**: There was Hate Crime recorded in September.
TP10	Satisfaction that SCH keeps communal areas clean and safe	TSM P	70.59%			62.86%		68.68%		72.00%	70.00%	65.80%	↓	**Status:** Year to date (YTD) KPI is now calculated as 12 month rolling average. This is to ensure that the results are statistically significant and to help identify actual trends. Satisfaction has dropped in Q2. The 12 month rolling average is below target but within tolerance. Because the quarterly sample is relatively small (150 respondents) the statistical significance is +/- 8%. This means it is not clear if there has been a material change from last quarter in terms of satisfaction across the wider tenant population. However, as there has been a decrease across most perception measures a review is underway to ascertain if there are any key drivers affecting the satisfaction in Q2. Initial analysis shows that a significant proportion relates to tenant behaviour in communal areas
TP11	Satisfaction that SCH makes a positive contribution to the neighbourhood	TSM P	72.63%			65.22%		70.87%		70.00%	74.00%	63.70%	↓	**Status:** Whilst the in quarter KPI is below target, the rolling 12 month figure The figure surpassed the target.
TP12	Satisfaction with SCH's approach to handling ASB	TSM P	58.33%			57.14%		56.56%		60.00%	60.00%	58.00%	↓	**Status:** The in quarter KPI is below target and the rolling 12 month figure is below target but within tolerance. Note the review underway to ascertain if there are any key drivers affecting the satisfaction in Q2.
VL13	Percentage of rent loss due to voids(Exc. TA)	SCH KPI	0.91%	0.89%	0.81%	0.77%		0.77%		1.25%	1.25%	2.34%	↑	**Status:** Meets Target and continues to decrease, which would be expected with the low number of current voids over the last 3 months.
VL4	Percentage of dwellings vacant but available to let	SCH KPI	0.76%	0.61%	0.51%	0.54%		0.54%		0.80%	N/A		↓	**Status:** Meets Target and only slightly higher than August.
VL1	Average relet time (all)	SCH KPI	53.03	55.17	56.75	47.26		55.07		60 days	N/A		↑	**Status:** Meets target and under 50 days for the first time since Jul-25.
WR15	Current tenant arrears as % of rent debit	SCH KPI	3.75%	3.91%	4.22%	4.48%		4.48%		3.20%	3.50%	2.37%	↓	**Status:** Current tenant arrears stand at 4.48%, above target but broadly in line with historic seasonal trends. Affordability pressures and increasing Universal Credit dependency remain key risks; however, strong collection performance, increased staffing capacity and targeted interventions provide confidence that arrears levels will reduce during the second half of the financial year. **Key Controls and Mitigating Actions** To maintain performance and manage risk, the following measures remain in place: • Two new Income Account Managers have been appointed. Further interviews are scheduled during October to fill the remaining vacancy, further strengthening operational capacity and resilience. • Early intervention, daily arrears monitoring and proportionate legal enforcement activity continue to support collection performance. • Partnership working with SMBC remains focused on maximising Housing Payment support for vulnerable households. • MRI Health Check improvement actions are progressing and remain on track for completion by November 2026, with no material impact on service delivery. • The UC Bot implementation continues to deliver efficiency improvements and increase operational capacity. **Forecast** Additional staffing capacity, ongoing system improvements and strengthened arrears management processes provide a strong platform for improved performance during the second half of the financial year. The service will be driving a 'rent first' approach, encouraging earlier engagement and a positive shift in customer payment behaviours to support tenancy sustainment and maximise income collection. These measures, alongside strong collection performance and targeted customer support, provide confidence that arrears levels will reduce over the remainder of the financial year and move closer to the year-end target position.
HO1b	Average stay in temporary accommodation (adult only households) - days	SCH KPI	88	72	29	145		77		120	N/A	N/A	↓	**Status:** This KPI has been achieved April- August. However, performance in September has decreased significantly, and is directly related to significant staff absence. Where singles and childless couples are placed, it is vital that enquiries are made in a timely way to ascertain the duty owed, and the outcome required. Despite this being focused upon in the TA move-on meetings, the additional capacity to do this investigative work is impacted, resulting in single households remaining in TA longer. When they do move on, this average is increased and impacts the outturn of the KPI. **Mitigating Actions:** Management carry out robust case reviews to ensure timely decision and robust well-informed decisions are made around priority need. We need to work in a timely way to avoid the burden of main duty decisions. The reduced staffing due to sickness creates considerable pressures; we cannot deal with presentations as quickly as we would like but are always working on solutions to address this. Despite this, we are currently concentrating on this cohort and trying to find areas of resolve. We have a reduced TA portfolio and if we want to maintain our record of low bed and breakfast usage – we need to ensure focus remains on this cohort. Work continues in conjunction with HR to ensure we support staff back into the workplace as soon as possible, use agency staff in the interim, and recruit swiftly to vacant posts. **Timeframe:** Immediate and ongoing **Forecast:** KPI remains in target for year YTD, recovery of current position is achievable in next 3 months.

HO1a	Average stay in temporary accommodation (families with children) - days	SCH KPI	**463**	**375**	**262**	**182**		**334**		250	95	N/A		**Status:** The KPI of under 250 days for households with children remains a challenging one, however in September, this has been achieved and considerably under target at 182 days. This included one household who was housed following a TA stay of over 2 years and another of 1.5 years. The average however was lowered where 4 households left TA after very short stays of around 1-39 days. The positive factor taken from these short stays is that whilst some left as a result of the temporary accommodation offer, one of the households secured an early Part 6 offer of social housing and another an offer in the private sector, supported by Solihome. It will be this fact that has secured the in-target outcome in September although similarly it is worth noting that the staff work hard to minimise TA use wherever possible and move on as soon as they can those who need TA however the long stayers will continue to impact on the overall KPI outcome as it stands currently as and when they move on. **Key Controls and Mitigating Actions** Currently the team are affected by high levels of staff sickness, and this means that casework suffers and TA stays may not be resolved or addressed as promptly as we would like. There are households matched to social tenancies, awaiting completion of the void process. We look at the private rented sector wherever possible and not rely on the social sector for households. We are fortunate that we have direct links to secure private rented accommodation in a proactive way and as ever, the overall aim is to prevent homelessness wherever possible. The management team maintain focus on reducing TA with weekly meetings to address move-on. **Forecast:** I It is predicated that there will be fluctuation in this KPI over the next 12 months and beyond, particularly as the target is affected by the stay at the point in which they moved on from TA. We are currently still having to mitigate unprecedented levels of sickness in the team which are and will continue to impact on our performance. We are recruiting to vacant roles and using agency staff in the interim. The anticipated need for four beds for larger families, will continue to make this target a challenge to achieve as this accommodation is more elusive
HO5	Percentage of homeless approaches where prevention or relief achieved	SCH KPI	**53.06%**	**53.57%**	**63.77%**	**44.87%**		**48.27%**		58.00%	60.00%	N/A		**Status:** The average in HO5 has dropped further and is outside of tolerance for the month and for the YTD. This is impacted by the staff shortages, However the team made 72 relief duty decisions in September (the most this year) and 29 prevention decisions (the fewest this year). The overall percentage of successful prevention and the percentage of successful relief is around the same this year as it was last. The only difference is that 56% of duties ended this year are relief compared to 45% last year. This indicates improved case management and more effective progression of cases as would be symptomatic of the new practice where officers take cases from start to end. **Mitigating Actions:** This has been and continues to be an area of focus, and the team are encouraged to be innovative, as well as carrying out more robust casework and making negative decisions where it is deemed to be the case. The in-house link to supported provision and the private rented sector helps to support outcomes. The Team leaders carry out detailed case reviews, and this helps to identify solutions where possible. **Timeframe**: All mitigating actions are in place and ongoing **Forecast:** As the service restructure settles this will allow us to concentrate on KPIs and in particular HO5 , to achieve the target set.
H08	Total households in temporary accommodation (all)	SCH KPI	**207**	**210**	**211**	**214**		**214**		-	N/A	N/A		There are two more two households in TA at the close of September. This has been achieved whilst staffing pressures are increased due to absence. This reflects the collaborative effort across the team to reduce the pressure on TA.
HO8b	Total households in temporary accommodation with children(Hotel not included)	SCH KPI	**179**	**176**	**175**	**179**		**179**		-	N/A	N/A		The number of families/ households with children in TA remains steady fairly consistent (Though not necessarily the same households). The total number of children in TA has increased from previous months, by 11 to 421 children. In September, the 'duty to notify' places further expectation on the team to ensure that any placement into TA where children are part of the household, health and education are notified of the TA status via health visitor services, GPs and schools . June 435 July 416 August 410 September 421

*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.

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Building Safety & Compliance Dashboard

			Jun-26	Jul-26	Aug-26	Sep-26		YTD		26/27 Target	25/26 Target	Benchmark*	DoT	Comment
BS01	Percentage of properties with valid gas certificate	TSM MI	100.00%	99.99%	99.95%	99.90%		99.90%		100.00%	100.00%	99.97%	↓	**Status:** There were 8 properties overdue at the time of reporting. 4 properties are still overdue by the 19th October. One property has been served a Section 41 and gas servicing will be completed on the 2nd November when the locks are changed. One property has a joint legal process with NS. The other two properties have confirmed appointments which have even been rearranged or were no access. The no access process continues to be followed to achieve access. **Mitigating Actions:** A robust policy and procedure are in place which is followed.
BS02	Percentage non-domestic assets covered by a valid FRA	TSM MI	97.35%	94.85%	99.88%	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	94.19%	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	84.62%	96.08%	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%	100.00%	↔	Meets target.
TP05	Satisfaction that home is safe	TSM P	81.82%			79.41%		80.79%		80.00%	81.00%	77.30%	↓	**Status**: Meets target.
AM1b	Percentage domestic properties with a satisfactory Electrical Installation Condition Report	SCH KPI	98.83%	98.86%	98.87%	98.92%		98.92%		100.00%	100.00%	95.40%	↑	**Status:** There were 105 properties overdue at the time of reporting. **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 19/10/2020 **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. We have recruited a Legal Enforcement Officer and their priority is to process the outstanding EICRs on a risk based priority. A replacement Electric Contract Coordinator will be in position on the 2nd November. SCH have extended the remit for the Customer Experience team to include access. 2 Customer Liaison Officers have been appointed and are working along side the Legal Enforcement Officer to gain access. A consultant, Anthony Brown has been supporting the review and tackling of the outstanding EICRS
DM1	Percentage Damp and Mould inspections completed within timescale	Awaab's Law	89.04%	92.23%	90.91%	83.33%		91.49%		100.00%	100.00%		↓	**Status:** Performance for damp and mould inspections was 83.33% at the end of September. In total, 120 inspections were completed and 20 were completed outside of timescale. 10 inspections were completed on target day but outside of target hours 5 inspections were extended due to return visit required 1 inspection was OOT due to unable to contact tenant 2 inspections were OOT due to appointment availability by SCH 2 Inspections were OOT due to tenant availability **Mitigating Actions:** SCH are developing case management software which will help to enhance oversight and ensure compliance and working with the no access group to overcome the access issues. Also exploring use of C365 as a compliance risk management tool. **Timescales:** phase 1 -Pushed back to jam 27 (may be superseded by C365) phase 2 - April 27

DM2	Percentage Damp and Mould remedials completed within timescales	Awaab's Law	89.29%	89.38%	98.21%	91.30%		92.29%		100.00%	100.00%	N/A		**Status:** Performance for damp and mould remedials was 91.30% at the end of September. There were 31 remedial cases completed in the month of September and 1 of those was completed out of target. 15 remedial works were completed without an inspection of those, three of those were out of target. 99 cases were linked to an inspection. Property 1, 2 and 3 were due to access issues. Property 4 was delayed by external contractor **Mitigating Actions:** We are currently undertaking a detailed review of the process for damp and mould cases (DMC) as part of the wider Awaab's phase 2 project and no access project group continues to support with the older more difficult access cases. A Healthy Homes Manager is now in post. We are also working with BI to implement Create for case management for all DMC jobs to improve visibility and control . we are reviewing process and considering whether we can produce an inspection report for every case reported, even if damp and mould are not found , however this is resource dependant.
AM1k	Percentage of fire safety remedial actions completed to timescale	SCH KPI	81.18%	87.10%	64.29%	70.59%		76.58%		100.00%	80.00%	N/A		**Status**: 57 overdue FRA actions at month end. 7 are high risk, 4 are medium risk and 46 are Low risk. Oldest action: 14/11/2024 **Mitigating action**: The High-risk action is being prioritised. Remaining actions are being progressed with the relevant teams and contractors including customer-access requirement, with completion evidence uploaded to C365. **Forecast:** The target remains zero overdue actions, with progress monitored monthly.
AM1ka	Percentage of all follow-on compliance actions completed on time	SCH KPI	95.58%	21.45%	18.41%	66.67%		65.80%		100.00%	N/A			**Status :** 23 actions completed in September, with 6 completed past their action due date. Gas actions - of the 15 completed actions, all were completed out of target. Fire Actions - of the 96 completed actions, 32 were completed out of target **Mitigating Actions:** Not provided

*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
NM01	ASB cases per 1,000 properties	TSM	Number of Public ASB cases received in month, scaled by stock number
HP01	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
DM1	Percentage Damp and Mould inspections completed within timescale	Awaab's Law	Percentage of damp inspections completed in month which have met their target timescale
DM2	Percentage Damp and Mould remedials completed within timescales	Awaabs Law	Percentage of damp remedial works completed in month which have met their target timescale
VL13	Percentage of rent loss due to voids	SCH KPI	Percentage of rent loss from void properties, excluding non lettable properties
CWR15	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

Meeting of the Board

Report title:	Building Safety and Compliance Performance Report - Quarter 2 2026/27		
Meeting date:	10 November 2026		
Report from:	Head of Property Services & Building Safety		
Report author/ lead officer:	Darren Dunphy 07980 804284	darrendunphy@solihullcommunityhousing.org.uk	
Report type:	Confidential ~~Open~~		
Decision type:	Assurance	~~Approval~~	Information

1. Report overview/purpose

1.1 This report provides an update on quarter two performance on Building Safety and Compliance.

2. Recommendations

2.1 The Board is recommended to:

1) **Note** the performance dashboard at Appendix 1 for quarter two.
2) **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 1.

4. Building Safety Compliance Dashboard

4.1 At the end of Quarter two, overall performance across Building Safety and Compliance remained stable, with strong compliance levels maintained across gas, fire risk assessments, water hygiene, asbestos and lift safety. Gas compliance remained above 99.9%, whilst fire, water, asbestos and lift compliance continued at 100%.

4.2 Electrical compliance remains the principal area below the 100% target; however, domestic EICR compliance at 98.9% continues to compare favourably with many peer ALMOs and social housing providers, demonstrating a strong level of assurance. Communal EICR compliance is currently 96.3%, and improvement

activity remains focused on achieving full compliance through the Electrical Compliance Improvement Plan, supported by dedicated access resources, targeted legal enforcement, enhanced contractor management arrangements and strengthened oversight of outstanding inspections and remedial actions.

4.3 Electrical Safety

4.3.1 There were 105 overdue domestic EICRs and 24 overdue communal EICRs at the end of Quarter two. Progress continues through targeted enforcement activity, enhanced customer engagement and support from specialist consultancy resources. Communal non-compliance primarily relates to locations where electrical supplies are currently derived from privately owned properties. A significant capital investment programme is being delivered by the Asset Management Team to install dedicated landlord electrical supplies to affected communal areas, with works now underway and all currently non-compliant communal locations targeted for completion by the end of the financial year. This programme will provide a sustainable long-term solution and further strengthen electrical compliance assurance across the stock.

4.4 Water Safety

4.4.1 WRA compliance remains at 100%; however, a number of remedial actions remain outstanding. Phase 1 delivery works continue, focusing on priority blocks and domestic properties, with completion of the highest-risk actions expected during 2026. Robust mitigation measures remain in place, including temperature monitoring, outlet flushing and tank cleaning regimes. During the reporting period, SCH was notified of the death of a tenant where Legionella had initially been identified as a potential factor. Subsequent investigations, including testing undertaken by the UK Health Security Agency (UKHSA), confirmed that Legionella was not present within the SCH-managed property and was not considered to be a contributing factor. This case provided further assurance regarding the effectiveness of SCH's water safety management arrangements and investigation processes.

4.5 Fire Safety

4.5.1 All Fire Risk Assessments remain in date across both high-rise and low-rise stock. There are currently 57 overdue FRA remedial actions, including seven high-risk actions, all of which are subject to enhanced monitoring through established governance arrangements. Of the seven high-risk actions, two relate to ongoing works at Kinghurst High 5 (KH5), specifically the MoR and spandrel panel improvement works. Appropriate interim mitigation measures, including the provision of sprinkler protection and additional building safety controls, remain in place whilst the works programme is being delivered. One high-risk action relates to a leaseholder fire door, where legal action is currently being progressed to secure compliance. The remaining four actions relate to notional fire doors which, whilst not meeting current standards, have been assessed as low to medium risk.

4.5.2 Independent review and validation of these doors has been commissioned through Tersus to ensure that the most appropriate remedial approach is adopted. The newly established Access Team continues to support progression of actions

requiring resident access, helping to reduce delays and strengthen overall compliance assurance.

4.6 Smoke and Carbon Monoxide Alarms

4.6.1 Compliance for smoke alarms is 94.6% and carbon monoxide alarms is 92.9%. Where alarms are identified as failed during Landlord Gas Safety Record (LGSR) visits, battery-operated replacement alarms are installed immediately to maintain resident protection, with follow-on remedial works raised to achieve full and permanent alarm coverage where required. A risk-based programme of remedial works remains in place, and a detailed review is currently underway to better understand the residual risk within the remaining non-compliant properties, enabling targeted actions and prioritisation of future improvement activity.

4.7 Damp and Mould

4.7.1 Performance continues to improve in readiness for Awaab's Law implementation and provides increasing assurance that cases are being identified, risk assessed and managed appropriately. There were 314 open damp and mould cases at the end of Quarter two, with 110 cases reported as overdue. A detailed review indicates that the majority of the oldest cases relate to access challenges or follow-on remedial works rather than the continued presence of damp and mould hazards. In all cases, damp and mould is removed and treated during the initial operative visit, effectively mitigating the immediate risk to residents. Open repair orders predominantly relate to longer-term solutions such as ventilation upgrades, insulation improvements and other property enhancements, with cases remaining open until all associated remedial works have been fully completed. Risk-based triage arrangements remain in place to ensure higher-risk cases are prioritised and monitored, while the expanded No Access Team, Healthy Homes Service and the development of a dedicated case management solution continue to strengthen oversight, performance monitoring and compliance assurance.

4.8 No access

4.8.1 Breakdown

Overview since launch (8 June 2026)				
Service	**Open**	**Completed**	**Total**	**Rate**
Betterment	320	22	342	6.4%
Biomass Improvement	161	10	171	5.8%
Biomass Low Usage	215	0	215	0.0%
Biomass Zero Usage	129	0	129	0.0%
DMC	10	1	11	9.1%
EICR	96	83	179	46.4%
Gas	27	135	162	83.3%
HHSRS Cat 1	19	0	19	0.0%
HHSRS Cat 2	12	0	12	0.0%
Legionella	9	0	9	0.0%
MST	29	0	29	0.0%
Sprinklers	49	4	53	7.5%
Stock Condition	210	82	292	28.1%
Total	**1286**	**337**	**1623**	**20.8%**

4.8.2 The case snapshot includes activity across different service areas and may include some properties that appear in more than one workstream.

4.8.3 The Customer Liaison Officers (CLOs) are currently working on 156 active cases. This is a mix of 80% highest priority cases and 20% other, less complex cases. As of 21 October 2026, 337 cases have been resolved.

4.8.4 Focussed work continues on the EICR no access properties, primarily through the legal enforcement officer. Work has been undertaken with legal services to agree a process of escalation, and this is underway, with the first batch of cases moving into the legal process.

4.9 Assurance Statement

4.9.1 SCH continues to maintain high levels of compliance across its core landlord safety responsibilities and has appropriate controls, monitoring arrangements and mitigation measures in place to manage areas of underperformance. Focus remains on improving electrical compliance, reducing outstanding remedial actions and strengthening delivery arrangements in preparation for the wider implementation of Awaab's Law. Based on the information presented, there is reasonable assurance that statutory compliance obligations continue to be effectively managed.

5. Supporting the SCH Delivery Plan

5.1 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.

6. Voice of the Customer

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 SCH has statutory and regulatory obligations across the building safety and compliance areas covered by this report. Maintaining accurate compliance records and completing required inspections and remedial actions is necessary to meet these obligations.

9. Risk implications

9.1 Failure to maintain statutory compliance, or delays in completing identified remedial actions, could increase health, safety, regulatory and reputational risks. Targeted improvement activity and ongoing monitoring are in place to manage these risks.

10. Equalities implications

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

11. Data

11.1 This report is based on compliance performance information and statutory safety records held within SCH's management and compliance systems

12. List of appendices

12.1 Appendix 1 - Building Safety Compliance Dashboard

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Performance as at: End of September 2026

Description: Building Safety & Compliance Dashboard provides our performance against legislative and best practice cyclical anniversary dates.

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Appendix 1

Building Safety & Compliance Dashboard

Compliance area	Total properties	Properties/assets with compliance requirement	Properties/assets with no compliance requirement	Compliant	%	Not Compliant	%				Commentary	Due in next 30 days
Domestic Dwellings												
Gas	9678	7915	1763	7907	99.90%	8	0.10%	↓	**8**	**0**	**Status:** There were 8 properties overdue at the time of reporting. 4 properties are still overdue by the 19th October. One property has been served a Section 41 and gas servicing will be completed on the 2nd November when the locks are changed. One property has a joint legal process underway with NS. The other two properties have confirmed appointments which have been rearranged or were no access. The no access process continues to be followed to acheive access. **Capped Gas Supply:** 294 dwellings have their gas supply capped and 41 of those have had their supply capped for over 3 months. Work is underway to contact all households to ascertain what heating and hot water provision is in the home, and esnsure vyulnerable households are supported and/or signposted.	21
Electric (5-year programme)		9678	0	9573	98.92%	105	1.08%	↑	**22**	**85**	**Status:** There were 105 properties overdue at the time of reporting. **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 19/10/2020 **Mitigating Actions:** All EICRs which are beyond the 5 year re-inspection requirement are due to no access and are part of performance improvement plan overseen by the Building Safety Manager. We have recruited a Legal Enforcement Officer and their priority is to process the outstanding EICRs on a risk based priority. A replacement Electric Contract Coordinator will be in postion on the 2nd November. SCH have extended the remit for the Customer Experience team to include access. 2 Customer Liaison Officers have been appointed and are working along side the Legal Enforcement Officer to gain access. A consutlant Anthony Brown has been supporting the review and tackling of the outstanding EICRs **Forecast:** March 2027	79
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	886	6	880	6	100.00%	0	0.00%	↔	**0**	**0**	Meets target.	2
Electric (5-year programme)		657	229	633	96.35%	24	3.65%	↓	**2**	**22**	**Status**: 24 communal EICRs overdue. These communal electrical installations are supplied by adjacent domestic properties, the properties are now privately owned and not the responsibilty of SCH. **Oldest Compliance Due Date :** The oldest overdue communal EICR has a due date of 08/10/2023 **Mitigating Actions:** The Capital Team are installing a communal electrical suppply, which will enable SCH to complete these communal electrical inspections. **Timeframe:** March 2027	2
Asbestos surveys (re-inspection)		688	198	688	100.00%	0	0.00%	↔	**7**	**0**	Meets target.	33
Water Risk Assessment (WRA) (2-year programme)		51	835	51	100.00%	0	0.00%	↔	**0**	**0**	Meets target.	6
Lifts (passenger and goods)		75	N/A	75	100.00%	0	0.00%	↔	**0**	**0**	Meets target.	16

Performance as at: End of September 2026

Description: Building Safety & Compliance Dashboard provides our performance against legislative and best practice cyclical anniversary dates.

Building Safety & Compliance Dashboard

Compliance area	Total properties	Properties/assets with compliance requirement	Properties/assets with no compliance requirement	Compliant	%	Not Compliant	%				Commentary	Due in next 30 days
Fire Risk Assessments (FRA)		847	39	847	100.00%	0	0.00%	↑	**0**	**0**	Meets target.	197
Communal Fire Door Inspections		37	849	37	100.00%	0	0.00%	↑	**0**	**0**	Meets target.	0
Structural Surveys		37	849	37	100.00%	0	0.00%	↔	**0**	**0**	Meets target.	0

Compliance area	% completed	RAG	% completed	RAG	%		DoT*				Commentary	Due in next 30 days
							0					

Damp & Mould	Sep-26		YTD		Target	Previous Year	DoT*	Commentary
Percentage Damp and Mould Inspections completed within timescale	83.33%		91.49%		100%		↓	**Status:** Performance for damp and mould inspections was 83.33% at the end of September. In total, 120 inspections were completed and 20 were completed outside of timescale. 10 inpsections were completed on target day but outside of target hours 5 inspections were extended due to return visit required 1 inspection was OOT due to no access 2 inspections were OOT due to appointment availability by SCH 2 Inspections were OOT due to tenant availability **Mitigating Actions:** SCH are developing case management software which will help to enhance oversight and ensure compliance and working with the no access group to overcome the access issues. Also exploring use of C365 as a compliance risk management tool. **Timescales:** phase 1 -Pushed back to jan 27 (may be superceeded by C365) phase 2 - April 27

Performance as at: End of September 2026

Description: Building Safety & Compliance Dashboard provides our performance against legislative and best practice cyclical anniversary dates.

Building Safety & Compliance Dashboard

Compliance area	Total properties	Properties/assets with compliance requirement	Properties/assets with no compliance requirement	Compliant	%	Not Compliant	%				Commentary	Due in next 30 days
Percentage Damp and Mould remedials completed within timescales	91.30%		92.29%		100%		⬇				**Status:** Performance for damp and mould remedials was 91.30% at the end of September. There were four cases out of target. Property 1, 2 and 3 were due to access issues. Property 4 was delayed by external contractor **Mitigating Actions:** We are currently undertaking a detailed review of the process for damp and mould cases (DMC) as part of the wider Awaab's phasse 2 project and no access project group continues to support with the older more diffcult access cases. A Healthy Homes Manager is now in post. We are also working with BI to implement Create for case management for all DMC jobs to improve visibility and control . we are reviwing process and considering whether we can produce an inspection report for every case reported, even if damp and mould are not found , however this is resource dependant. **Note:** 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. 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.	

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

**Throughout this report, there has been a change in calculation between November/December to only include socially rented stock

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	87	6	Category 1 (At Risk or Immediately Dangerous)	3	**Status**: There were 3 Immediately dangerous faults identified relating to ventilation, gas escape and boiler flue test cap **Mitigating actions**: All completed **Case 1** ventilation - penny vents installed **Case 2** - smell of gas - engineer states meter compartment is used for storage and may have been knocked after service. Engineer replaced the gas run. **Case 3**- boiler flue test cap - found on top on boiler and replaced during audit. **Timeframe**: N/A **Forecast**: N/A	
				Category 4 (Certificate Errors or Omissions)	3	**Status**: There were 3 audit findings relating to incorrect LGSR certificates. **Mitigating actions**: Cert re-wrote for 2. Incorrect cert was sent in the last case, the correct cert sent to auditor **Timeframe**: N/A **Forecast**: N/A	

Description: Risk Register Performance Report provides performance on completion of follow-on action identified following compliance service visits. This measured against the recommended time period to complete the actions. High Risk Actions were erroneously identified using the complete by date given by the contractor - of these none are actually high risk going forward SEVERITY will identify high risk actions.

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				
Fire Risk Assessments	High-Rise	FRA Action	44	16	12	4	48	0	2	4	0	12	26	63.64%	**Status:** 16 overdue FRA actions at month end, 12 are Low Risk. 4 are Medium and relate to the domestic door replacement programme. 10 of the Overdue actions are in 7 domestic dwellings. **Oldest action:** 02/10/2025. **Mitigating action:** Actions are being progressed with the relevant teams and contractor, including customer-access requirements and the upload of completion evidence to C365. Fire Team BSM has been absent meaning less staff available to chase actions. **Timeframe**: KPI meetings in place with contractors, these are due to commence 02/10/2026 **Forecast:** The target remains zero overdue actions, with progress monitored monthly.	↑	5
	Low-Rise	FRA Action	279	41	37	4	281	7	8	0	1	34	229	85.30%	**Status:** 41 overdue FRA actions at month end: 7 High and 34 Low risk. Of the Overdue actions 4 are in 3 domestic dwellings. **Oldest action:** 14/11/2024. **Mitigating action:** The High-risk action is being prioritised. Remaining actions are being progressed with the relevant teams and contractor, with completion evidence uploaded to C365. **Forecast:** The target remains zero overdue actions, monitored monthly.		15
Fire Door Inspections	High-Rise	Fire Door Inspection Action(Communal)	4942	385	291	94	557	214	0	45	4072	126	485	92.21%	**Status:** 277 overdue actions. C365 records 109 High, 42 Medium and 126 Low; however, the underlying findings comprise 198 Serious and 68 Trivial actions, so the recorded risk classifications require validation. High Actions relate to Oldest action: 31/05/2026. **Mitigating action:** The communal fire-door programme is due to be reviewed in November currently there are more actions than expected this is due to the level of duplication which in some cases means that an action has been replicated 3 times. BST are reviewing and will remove duplicates leaving the oldest action in management once this reconciliation has been completed we should have a better understanding of the any outstanding actions. Forecast: The overdue total should reduce as repairs are completed and the reconciliation has been completed and verified.	↓	2551
		Fire Door Inspection Action(Domestic)	340	297	0	297	109	5	0	289	43	3	0	12.65%	**Status:** 297 overdue actions. C365 records 5 High, 289 Medium and 3 Low; these classifications require validation against the underlying inspection findings. **Oldest action:** 24/04/2026. **Mitigating action:** Fire door programme is due to be reviewed and currently there are more actions than expected this is due to the level of duplication which is not a true reflection of outstanding actions. The BST are reviewing the situation and will remove duplicates leaving the oldest action in management. Once this reconciliation is completed we should have a better understanding of any outstanding actions. **Timeframe:** Review to be undertaken by the BSM to develop an action plan to ensure future actions remain on target.	↓	0
	Low-Rise	Fire Door Inspection Action(Communal)	170	167	0	167	9	0	0	166	3	1	0	1.76%	**Status:** 173 overdue actions. Outstanding actions relate to defects identified through communal fire door inspections and are progressed through responsive repair or planned/betterment routes as appropriate. 172 medium 1 low risk **Oldest Action:** 31/05/2026 **Mitigating action:** Actions primarily relate to difficulties gaining access to customers' homes. Work is underway through the No Access Steering Group, and a process has been developed with the Leasehold Team to secure access to leasehold properties. **Timeframe:** Review to be undertaken by the BSM to develop an action plan to ensure future actions remain on target.	↔	0
		Fire Door Inspection Action(Domestic)	215	164	1	163	56	0	0	164	51	0	0	23.72%	**Status: 164** overdue actions. all 164 active actions are medium risk. **Oldest action:** 30/06/2026. **Mitigating action:** Actions primarily relate to difficulties gaining access to customers' homes. Work is underway through the No Access Steering Group, and a process has been developed with the Leasehold Team to secure access to leasehold properties. Timeframe: Review to be undertaken by the BSM to develop an action plan to ensure future actions remain on target.	↓	0
Water Risk Assessments	High-Rise		399	319	126	193	4	165	0	135	27	19	53	20.05%	**Status:** There are currently 402 outstanding WRA actions. Of the overdue actions 186 are in domestic dwellings. 154 of the total overdue actions are possible duplications from new 2026 WRA being loaded into C365. A data cleanse in currently underway. We are awaiting completion certification for a further 57 overdue actions that have been completed as part of Phase 3, priority 1 blocks, and remedial works of a further 24 overdue actions is currently underway as part of the planned programme. **Oldest Actions :** 25/10/2024 - Due to be completed end October 2026 (resident access permitting) **Mitigating Actions:** A programme of water control regime is in place. This includes regular monitoring of temperatures, flushing outlets and cleaning tanks. We have queried if there is a need for further interim measures via a specialist consultant whilst we continue to progress the actions. **Timeframe**: High Risk Actions will be completed alongside the planned programme with completion expected by end 2026. These account for 42 of the overdue High Risk Actions. **Forecast:** Phase 3 works currently underway relates in the main to actions in domestic dwellings and will now expand from the 10% of properties captured with the WRA. Priority 1 blocks in Phase 3 are forecast to be completed by end 2026.	↓	128
	Low-Rise		101	83	26	57	1	40	0	39	3	4	15	17.82%			34
Passenger Lifts (LOLER)	High-Rise		1	0	0	0	22	0	0	0	1	0	0	100.00%	Meets target	↔	0
	Low-Rise		0	0	0	0	5	0	0	0	0	0	0	100.00%	Meets target	↔	0

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				
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	⬌	**0**
Structural Surveys	**High rise**	**167**	**37**	**37**	**0**	**37**	0	0	0	0	37	130	77.84%	**Status:** Actions relate to a final stage of the building of c365 to include in future electronic surveys for the estates team to complete as part of block inspections final build for C365 is due in December actions will be updated to reflect this expected completion date.	⬆	**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		
Electrical	**High-Rise**	**5**	**4**	**3**	**1**		0	0	4	1	0	0	20.00%	**Status:** There are 20 overdue actions. All actions have been instructed. Completion of the required work has been inhibited by access. **Mitigating actions:** Access issues are being monitored and managed by the Compliance Team and The Customer Experience Access Team. **Timeframe**: N/A **Forecast**: Forecast: March 2027
	Low-Rise	**25**	**16**	**5**	**11**		0	0	16	9	0	0	36.00%	

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	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Target	Commentary
Total number of building safety concerns reported	23	35	41	44	104	55	48	60	36	28	19	43	46	60	65	91	81	45	67	N/A	
Completed	12	26	28	32	64	30	23	28	10	4	0	12	0	26	24	32	42	21	32		
% Completed in timescale	100.00%	42.86%	68.75%	46.15%	59.00%	55.22%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%	100%	100%	100%	85.00%	
Open High Priority Concern (Cumulative)	10	3	5	8	15	17	2	0	1	12	7	24	4	5	7	0	0	0	0		**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
Of which are overdue	9	3	1	6	14	16	0	0	1	12	0	0	0	0	3	0	0	0	0	0	
Open Medium Priority Concern	24	38	44	43	23	51	37	20	16	11	11	5	24	22	40	88	76	22	22		
Of which are overdue	5	7	7	23	12	22	0	0	0	0	0	0	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	33	16	3	5	23	13		
Of which are overdue	0	10	9	11	10	16	0	0	0	0	0	0	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	28	42	58	38	20	35		
Of which are overdue	14	20	17	40	36	54	62	0	1	8	0	0	1	0	3	0	0	0	0	0	

Description: Damp and Mould dashboard provides performance against timescales in terms of inspections and remedial works relating to damp and mould.

Damp & Mould

	Detailed Performance	Jul-26	Aug-26	Sep-26		YTD		Target	Commentary
DMC Cases	**Number of Open Damp and Mould Cases**	267	291	314		314		0	There are 110 over due cases relating to DMC. All historic cases over 6 months old relate to access issues, we are working with the no access team to over come these cases. On investigation, the majority of DGFM external cases relate to loft insulation or electrical fans. Of the overdue cases, these include: 28 follow on jobs required, 25 no access/ tenant refusal, 27 with DGFM, 5 require further materials. These have been raised to the HH Manager to prioritise and manage.
	Cases overdue by <1 month	**31**	**28**	**36**		36		0	
	Cases overdue by 1-3 month	**48**	**62**	**55**		55		0	
	Cases overdue by 3-6 months	**10**	**10**	**14**		14		0	
	Cases overdue by 6+ months	**3**	**6**	**5**		5		0	
Damp & Mould Remedial Works	**Number of open remedial works out of target**	**93**	**97**	**91**		91		0	**Status**: Performance for damp and mould remedials was 91.30% at the end of September. There were 31 remedial cases completed in the month of September and 1 of those was completed out of target. 15 remedial works were completed without an inspection of those, 3 of those were out of target. **Oldest overdue remedial works:** There are 6 properties where the remedial cases exceed over 6 months- these all relate to access issues. This has reduced from 11 since last months reporting. .On investigation there appears to be a mix of access issues, follow on works required and delays with external contractors. **Mitigating Actions:** We have referred the oldest cases and are working with tenancy to try to gain access. We are working on the development of a case management software to provide greater oversight of damp and mould cases alongside Awaabs phase 2 Hazards. **Timeframe:** Mid 2027
	Number of open remedial works in target	206	230	227		227		N/A	
	Total of open remedial works	299	327	318		318		N/A	
	Remedials raised	220	192	184		1138		N/A	
Damp & Mould Inspection	**Number of open inspections out of target**	**3**	**16**	**30**		30		0	**Status:** There Were 153 inspections raised in September There were 83 open inspections, 53 of those are in target, 30 inspections were out of target for September. Of these, 20 were no access/ no response from tenant, 2 were incorrectly stage coded but were no access 8 were competed but OOT following reporting. **Mitigating Actions:** Staff leave has impacted on appoitment availability. We are progressing further recruitment in the team. **Timeframe:** Ongoing
	Number of open inspections in target	26	38	53		53		N/A	
	Total Number of open inspections	29	54	83		83		N/A	
	Inspections raised	93	118	153		604		N/A	
HHSRS/Disrepair	Open HHSRS issues involving damp & mould (cat 1)								
	Open HHSRS issues involving damp & mould (cat 2)								
	Open disrepair cases involving damp & mould								

Description: Stock Condition dashboard provides performance relating Decent Homes Standard and completion of Stock Condition Survey across managed properties

Stock Condition

Detailed Performance		Jul-26	Aug-26	Sep-26		YTD		Target	Commentary
Stock Condition	Total Number of Asets	9690	9685	9683		9683			**Status:** Alongside the current programme of stock condition surveys, we are also prioritising properties that have not yet had a stock condition survey currently at 631, which is a reduction from 906 in August. We have a rolling programme of circa 2000 SCS per year. Through 2026/27 additonal survey will be undertaken in response to bulk SCS undertaken in 2021/22. To address this situation, SCH have commissioned Pennington Choices to undertake an additional 2000 SCS to those that are planned in house, this financial year taking the total number of SCS targeted 2026/27 to circa 4000+ and the target of 85% of SCH managed properties with a SCS within the past 5 years. **Plans to return to compliance:** Capital programmes works during 2026/2027 are prioritising non decent stock and properties with the potential to become non decent. No access or hard to access homes where SCS are needed will be included in the scope of works via the new No Access team/process.
	Number of Compliant Assets	9555	9507	9490		9490			
	Number of Non-Compliant Assets	**135**	**178**	**193**		**193**		170	
	Compliance (%)	**98.61%**	**98.16%**	**98.01%**		**98.01%**		**98.25%**	
Stock Condition Survey Breakdown	Assets that have had a stock condition survey within the last 2 years	5527	5936	6437		6437			
	Assets that have had a stock condition survey within the last 5 years	8071	8024	8415		8415			
	Assets that have had a stock condition survey within the last 10 years	8843	8779	9053		9053			
	Assets that have had a stock condition survey over 10 years ago	0	0	0		0			
	Assets that have no stock condition survey on record	847	906	631		604			
HHSRS	Open HHSRS issues involving damp & mould (cat 1)		0	0		0			
	Open HHSRS issues involving damp & mould (cat 2)		130	159		159			

Description: Smoke and CO Alarms dashboard provides performance on installation of smoke alarms in all properties, and CO alarms in properties with gas boilers.

Smoke, CO Alarms and Sprinklers Systems

Detailed Performance	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Jul-26	Aug-26	Sep-26		YTD		Target	Commentary
Progress on fitting of Sprinklers	97.24%	97.24%	97.24%	97.24%	97.34%	97.34%	97.34%	97.45%	97.45%			97.45%		100.00%	Out of the 1,919 high-rise flats, 49 dwellings were outstanding from the sprinkler fitting program due to access issues.
Number of Properties without Sprinklers	53	53	53	53	51	51	51	49	49			49		0	
Progress on fitting of smoke alarms	100.00%	97.80%	98.17%	97.28%	96.29%	95.63%	95.63%	95.51%	95.03%	94.59%		94.59%		100.00%	**Status:** There are 435 properties reported as having failed or missing smoke alarms at the end of the month. An increase from 423 last month. **Oldest Actions:** The oldest smoke detector issue was identified on gas record completed on 08/05/2025. **Mitigating Actions:** A programme of works has been developed and jobs have been issued to Dodds on risk based approach. Actions will be closed down when evidence is provided. All properties which fail tests have lithium battery alarms installed on the service to provide cover while hard wired solutions are scheduled. **Timeframe**: All mitigating measures in place.
Progress on fitting of CO alarms	100.00%	97.14%	97.42%	96.45%	94.79%	94.26%	94.26%	94.04%	93.51%	92.90%		92.90%		100.00%	**Status:** There are 472 properties reported as having failed or missing smoke alarms at the end of the month. An increase from 455 last month. **Oldest Actions:** The oldest CO detector issue was identified on gas record completed on 08/05/2025. **Mitigating Actions:** A programme of works has been developed and jobs have been issued to Dodds on risk based approach. Actions will be closed down when evidence is provided. All properties which fail tests have lithium battery alarms installed on the service to provide cover while hard wired solutions are scheduled. All properties which fail tests have lithium battery alarms installed on the service to provide cover while hard wired solutions are scheduled. **Timeframe:** All mitigating measures in place.

Smoke and CO Alarms Non-Compliant Properties

Dwelling unit has been non-compliant for <3 months								340	352	324		324		0
Dwelling unit has been non-compliant for 3-6 months								143	160	190		190		0
Dwelling unit has been non-compliant for 6-12 months								185	194	239		239		0
Dwelling unit has been non-compliant for >12 months								71	111	131		131		0

Fire Incidents								
Detailed Performance	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	YTD	Commentary
Fire incidents in high rise properties	0	0	0	0	0	0	0	There was no fire incident in September
Fire incidents in low rise properties	0	0	0	0	0	0	0	
Fire incidents in other residential properties	0	0	0	0	1	0	1	
Total fire incidents	0	0	0	0	1	0	1	

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Meeting of the Board

Report title:	Corporate and Joint Risk Management Report	
Meeting date:	10 November 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 risk management arrangements in the organisation through regular reports.

4. Matters for consideration

4.1 ELT has continued reviewing its corporate risks based on risk profile. The corporate risk register currently has 9 risks. A calendar of risk deep dives undertaken through ELT focuses on specific risks in place. The corporate risk register, covering themes that impact SCH across business areas was reviewed by ELT this quarter and there were no new risks identified.

4.2 The Corporate Risk Register currently contains a number of risks assessed as being outside of SCH's risk appetite. Four of these are rated amber. The summaries below outline the key drivers for each risk being outside of appetite, together with the measures in place to manage and mitigate their impact. The other out of appetite risks are rated as yellow.

- 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 place to enhance critical service recovery plans, supported by clear procedures, contingency arrangements to follow when systems are unavailable. Mock exercises and trainings have been scheduled;

- 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, the use of asset condition data from multiple sources, and established supply chain and resources arrangements to support effective delivery, 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 in the operational risk registers. There are currently no operational risks escalated to ELT for oversight. A summary of the position of the corporate, joint and cyber risks is provided in Appendix B of this report.

4.3 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)

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APPENDIX A- MEASURES OF LIKELIHOOD AND IMPACT

RISK SCORING MARTIX

IMPACT						
	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. Very low	2. Low	3. Medium	4. High	5. Very high
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 mot 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

Impact Scale	1. Very low	2. Low	3. Medium	4. High	5. Very high
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

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Meeting of the Board

Report title:	Occupational Health and Safety Report: Jul - Sep 2026 (Quarter 2)	
Meeting date:	10 November 2026	
Report from:	Mark Wills	SMBC Health, Safety & Risk Service Manager
Report author/ lead officer:	Dan Dalton 07467688389	SMBC Senior Health and Safety Advisor 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 and corporate health and safety activity for the reporting period. The report also highlights any areas of concern and includes recommendations for improvement by the SMBC Health, Safety and Risk Service.

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 role of the SMBC Health, Safety and Risk Service (HSRS) is to provide occupational health and safety advice, guidance and assistance to help the SCH Leadership Team fulfil their health and safety responsibilities.

1.4 The occupational health and safety and building and resident safety groups meet quarterly with representation from service managers and staff. Progress of these groups is reported to ELT including any matters that require escalation. The Performance and Building Safety Committee attended by Board Members also meets quarterly, which includes reviewing the latest building safety and performance assurance report and action plan. SMBC also has a Joint Executive Delivery Group for building safety assurance.

2. Executive Summary

2.1 The Occupational Health and Safety Action Plan for SCH was reviewed by the Occupational Health and Safety Group and discussed at SLT. Managers have been assigned to cover action points contained within the plan. Progress will be shared and monitored at the Occupational Health and Safety Group with escalation as necessary.

2.2 There was a total of 32 incidents reported in Q2 2026/27, slightly higher than Q1 2026/27 (30), but slightly lower than the same reporting period the previous year in Q2 2025/26 (37). Three of the incidents were deemed to be SCH work-related and that further preventative action could have been taken to help prevent the occurrence. Despite the large number of repairs and customer contacts that have been undertaken in the quarter, SCH recognises the importance of taking action regarding these incidents for continual improvement. Action was taken accordingly to prevent recurrences and / or investigations are still ongoing. Further detail on accidents/incidents is provided in the main section of the report.

2.3 In Q2 2026/27, there have been three asbestos-related incidents or complaints from tenants. The investigations are still ongoing; however, based on information to date and as a result of the incidents, some face-to-face asbestos awareness sessions have been scheduled. A training needs analysis is due to be undertaken for the asbestos removal operatives.

2.4 At the end of September 2026, SCH were informed that a resident of Chiswick Walk died due to existing health conditions, whilst also having been diagnosed with legionella. An investigation was carried out, and it was deemed that the property was low risk in terms of water hygiene and there does not appear to be an obvious link to the property or SCH work activity.

3. Recommendations

The Board is recommended to:

(i) NOTE the contents of this report.

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 are managing health and safety for employees, agency staff and contractors, and residents. Key areas for measuring health and safety performance include accident and incident reporting data, audits, inspections and levels of training and risk assessments completed.

5. Matters for consideration

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

5.2 **Legislative/Guidance Updates**: There were no significant legislative updates in Q2 2026/27.

5.3 **Health, Safety and 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, SMBC Health, Safety and Risk Service Manager, and Dan Dalton, SMBC Senior Health and Safety Advisor. Operational support is also provided, where required by Bruce Joubert and Sharon McDermott, SMBC Health and Safety Advisors.

5.4 The support provided by HSRS includes:

- Providing professional occupational 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 reports and making recommendations for improvement where necessary to assist managers in meeting health and safety requirements.
- 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 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. It has been agreed which managers at SLT level will be responsible for local action plans and HSRS support is in place. A review of progress is due at the Q2 2026/27 Occupational Health and Safety Group meeting scheduled for November 2026.

5.7 **Escalation process**: Issues and concerns raised from the relevant health and safety groups have a formal escalation process to ELT.

6. Accident/Incident Reporting Analysis Q2 2026/27

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 2 2026-27 are noted below.

6.2 There was a total of 32 incidents reported this quarter, slightly higher than the previous quarter (30) but slightly lower than Q2 2025/26 (37). There is no apparent upward or downward trend in the number of reported incidents.

6.3 In Q2 2026/27, there have been three asbestos-related incidents or complaints from tenants. The investigations are still ongoing; however, based on information to date and as a result of the incidents, some face-to-face asbestos awareness sessions have been scheduled. A training needs analysis is due to be undertaken for the asbestos removal operatives.

6.4 At the end of September 2026, the UK Health Security Agency (UKHSA) notified SMBC that a resident of Chiswick Walk had died and had been diagnosed with legionella. SCH carried out an investigation along with sampling; however, it was deemed that the property was low risk in terms of water hygiene and there does not appear to be an obvious link to the property or SCH work activity.

6.5 Three of the 32 incidents reported in Q2 2026/27 were deemed to be SCH work related and that further preventative action could have been taken to help prevent these:

- It is understood that an employee was carrying out planned threshold adjustment works to the floor in a tenanted property, however, the presence of asbestos was not checked prior to commencing work and asbestos floor tiles were present in the area. SCH management have reported that the investigation is ongoing to establish the root causes. Further training has been scheduled for relevant staff.

- A tenant's foot/leg allegedly went through a floorboard in a tenanted property. The floorboards are thought to have been cut by a contractor (Dodds) consistent with a rewire or central heating replacement, however, the boards were not reinforced following the works e.g. fitting noggins to the cut to prevent the extra flex caused by the cuts. The contractor has been informed of the defect and toolbox talks held to remind staff of the importance of reinforcing cut floors. The investigation is ongoing.

- A tenant tripped on patio slabs that were deemed to be in an unsafe state of repair. The issue had been previously identified, and it was deemed that the repair should have been undertaken prior to the incident.

6.6 As part of reviewing incidents on the Assure system, it is felt that some investigations are not being completed in a timely manner. Work is underway to support and remind managers of the importance of updating incident and investigation records, to further improve incident management, learnings and prevention.

6.7 During this quarter, no incidents were reported under the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR), which is positive.

6.8 All tenant and employee/agency worker/contractor/other incidents reported to SCH are recorded on the corporate online reporting system, Assure. 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 that staff and residents are safer, morale is improved, legal action is avoided, and adverse financial implications are reduced. This enables individuals and SCH as an organisation to be more resilient and fulfil the goals of the Delivery Plan.

8 Voice of the Customer

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

9 Financial implications

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

10 Legal implications

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

11 Risk implications

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

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 Not applicable.

15 Background documents

15.1 Not applicable.

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Meeting of the Board

Report title:	Financial Monitoring and Forecast – September 2026 (Quarter 2)	
Meeting date:	10 November 2026	
Report from:	Samantha Gilbert, Chief Finance Officer	
Report author/ lead officer:	Gemma Farrington 0121 704 6855	SCH Finance Manager gfarrington@solihull.gov.uk
Report type:	~~Confidential~~ Open	
Decision type:	~~Assurance~~	~~Approval~~ Information

1. Report overview/purpose

1.1 To update the Board on the forecast financial performance as at 30 September 2026 (Quarter 2).

2. Recommendations

2.1 The Board is asked to:

(1) **NOTE** the revenue and capital forecasts to the year end for the current financial year 2026/27.
(2) **NOTE** the current and forecast reserves position.
(3) **NOTE** the progress of savings delivery for the next three years.
(4) **NOTE** the age of outstanding Accounts Receivable and Rent Debt.
(5) **APPROVE** the use of the SCH Budget Strategy Reserve in the event that the year-end position is in deficit, for up to £13,000 for one-off pensions costs as detailed in paragraph 4.12.

3. Background/context

3.1 This report summarises the revenue and capital forecast financial performance based on the six-month period to 30 September 2026. The Financial Dashboard is attached at Appendix A.

3.2 The Financial Dashboard also includes an update on rent collected and an update on the expected SCH and HRA Reserves outturn position.

3.3 The net revenue position shows a forecast outturn position of a £291,000 overspend (1.1%).

3.4 The capital position shows a forecast outturn position of a (£3.884 million) underspend (10.1%) against budget.

3.5 The forecast reserves position shows available balances of £3.681 million and £28.305 million of SCH and HRA balances respectively.

3.6 The savings tracker shows that £81,000 (34.0%) of the savings targets agreed for 2026/27 are currently rated Red. The non-delivery of these savings is included within the forecast outturn position.

3.7 Outstanding SCH Accounts Receivable debt features on the revised dashboard, there are no significant issues of concern to highlight as at Quarter 2.

4. Matters for consideration

Commentary on Revenue Financial Performance 2026/27

4.1 As at 30 September 2026 the Executive Directors are forecasting an overspend against budget of +£291,000 by the end of the financial year.

4.2 Significant expected variances are set out in Appendix A; the most notable areas of overspend being electrical +£178,000 and gas +£176,000 day to day repairs costs, where forecast activity is expected to be similar to 2025/26. There are further pressures of +£99,000 on Biomass; and +£81,000 for savings targets currently rated red (see paragraph 4.10).

4.3 These pressures are partly offset by a (£200,000) underspend on vehicle leases, where the retender process has been deferred so the additional budget is no longer required and an overall pay underspend of (£282,000).

Impact on SCH Medium Term Financial Strategy (MTFS)

4.4 The consequences of issues highlighted within this report have been considered as part of the preparation for the SCH MTFS, elsewhere on this agenda. Oversight of these implications and savings delivery will remain a major focus for the Executive Leadership Team as part of their monthly financial monitoring processes.

Commentary on Capital Financial Performance 2026/27

4.5 At the Full Cabinet meeting on 12 February 2026 the base housing capital budget of £33.225 million was approved for 2026/27 to be delivered by SCH on behalf of the Council.

4.6 This budget was subsequently increased by £5.271 million rephasing of net underspends from the 2025/26 outturn position as approved by Cabinet on 25 June 2026, resulting in a revised delegated capital budget of £38.496 million.

4.7 As at 30 September 2026 the spend to date is only £4.774 million, which equates to 12% of the available budget, although the current forecast is a (£3.884 million) underspend against the revised programme. The key reasons for the forecast underspend are (£1.859 million) on Warm Homes works, (£384,000) on ICT capital and (£341,000) on the Local Authority Housing Fund, each of which will be requested

to be carried forward to the 2027/28 capital programme. In addition, there has been a delay on a number of capital workstreams transitioning to the Strategic Property Maintenance Partnership, which has resulted in a forecast underspend of (£1.300 million). A proportion of this underspend, in the region of £700,000 - £800,000 will be requested to be earmarked as matched funding for a new Heat Network Efficiency Schemes grant application for the remaining phase of the Biomass programme.

SCH and HRA Reserves Position

4.8 The total SCH Usable Reserves as at 1 April 2026 were £6.573 million. This includes the Budget Strategy Reserve of £4.577 million, of which £490,000 is earmarked for restructure costs and £1.773 million is earmarked to fund Board approved projects, and the minimum working balance of £1.500 million. As shown in Appendix A, £3.681 million of the Budget Strategy reserve is forecast to be available as at the end of the financial year (i.e. not committed or earmarked).

4.9 HRA Reserves are also shown within Appendix A for information; these are held by the Council and decisions on their use are made by the Cabinet Member for Housing. The HRA Reserves as at 1 April 2026 were £35.185 million made up of £13.223 million revenue reserves and £21.962 million capital reserves. As detailed in Appendix A, £8.468 million and £19.837 million of these total balances remain available in revenue and capital reserves respectively (i.e. not committed or earmarked).

Savings Tracker

4.10 The savings tracker included within Appendix A shows the RAG rating for the savings approved for the period 2026/27 to 2028/29. Details are also given of targets rated as red in the current financial year, totalling £81,000. These are included within the overall net variance position.

Accounts Receivable Debt

4.11 The accounts receivable information provided within Appendix A show a total outstanding due debt of £52,000 at 30 September 2026. There are no significant areas of concern to be highlighted at this time.

Request use of SCH Reserves

4.12 A request for flexible retirement, which will result in an annual salary saving of £19,000 was approved by the Executive Leadership Team at its August meeting. This request included a pension capital cost of £13,000. SCH are requesting that this amount is funded from the SCH Budget Strategy Reserve in the event that there is an overall deficit.

HRA Rent Collection and Debt Impairment (Information Items)

4.13 Rent collection and Debt Impairment tables are also included within the dashboard for information. Rental income is received directly into the Council's HRA account, albeit any change to rental income ultimately affects HRA funds available for future years' SCH management fees. The dashboard shows that for HRA owned properties

the percentage of rent collected in relation to rent due is 94.32%, the equivalent collection figure for SCH owned property debt is not currently available.

4.14 The dashboard shows that at Quarter 2, the forecast for the amount required to be set aside as an impairment allowance is £782,000 compared to an annual budget of £896,000.

5. Supporting the SCH Delivery Plan

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

6. Consultation and engagement

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

7. Financial implications

7.1 Details are set out in the matters for consideration.

8. Legal implications

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

9. Risk implications

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

10. Equalities implications

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

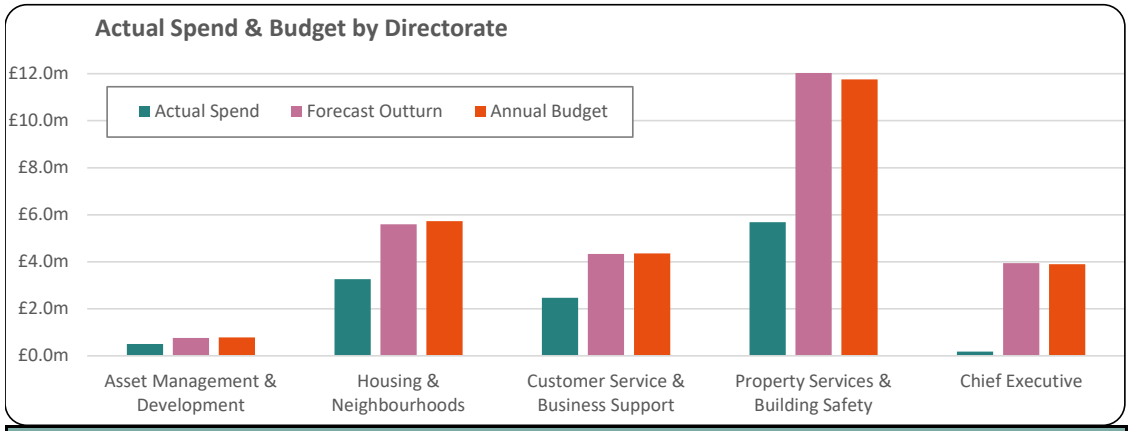
11. List of appendices

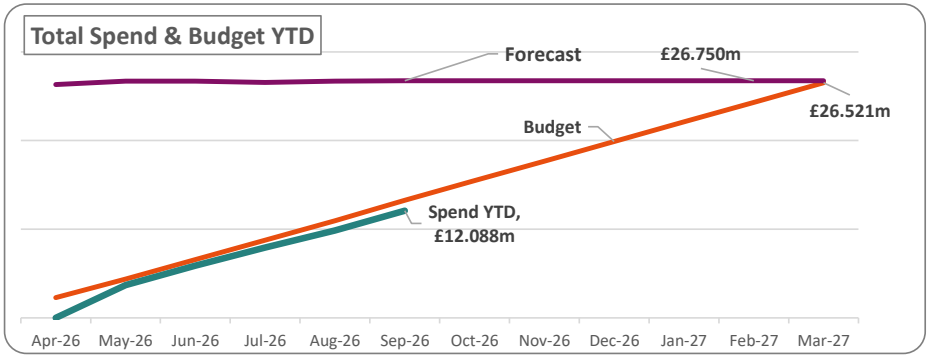
Appendix A – Q2 Financial Dashboard

12. Background documents

SCH Board 2026/27 Revenue and Capital Budget report 17 November 2025.

Appendix A - FINANCIAL DASHBOARD AS AT SEPTEMBER 2026



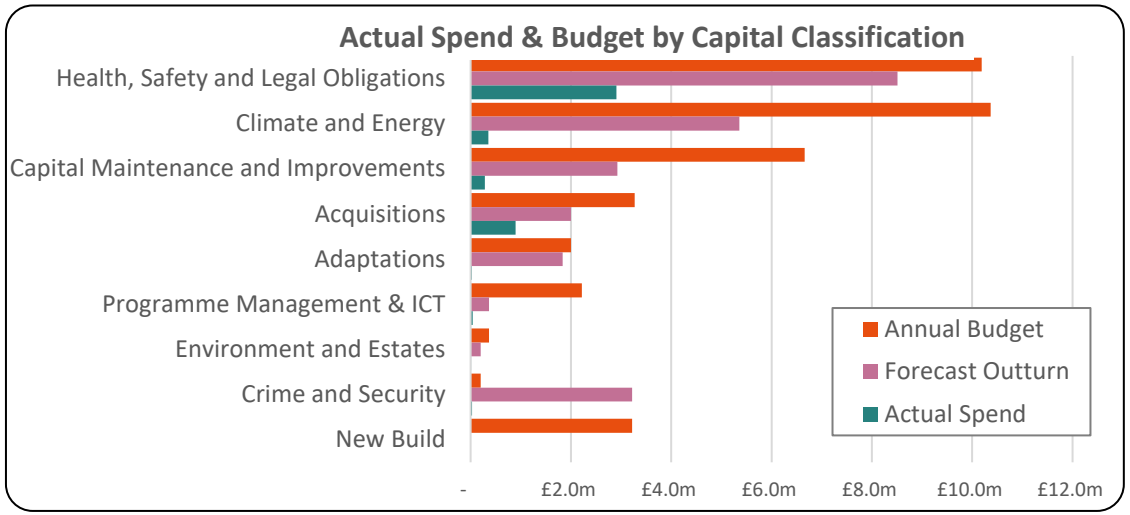


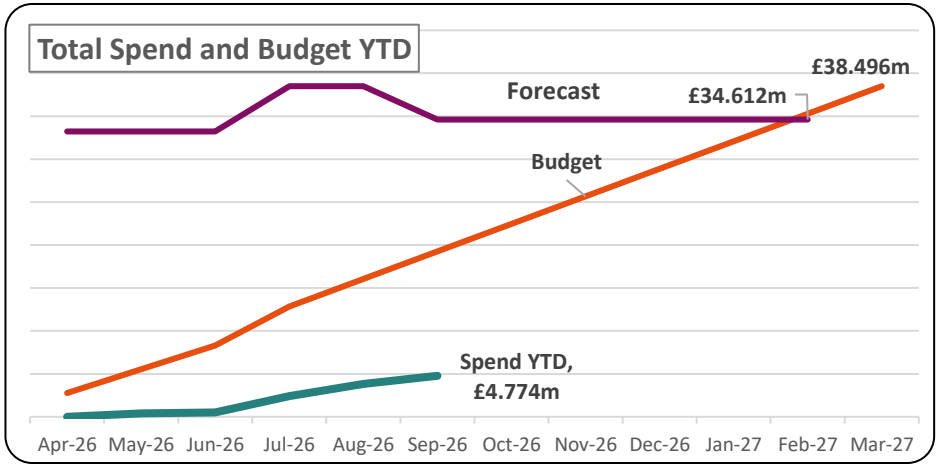
Service Area	Annual Budget	Actual Spend	Forecast Outturn	Forecast Variance	Variance Split Between			Forecast Quarter 1	Movement in Forecast
					Payroll	Non-Pay	Income		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Asset Management & Development	784	501	765	(19)	(35)	16	-	16	(35)
Housing & Neighbourhoods	5,725	3,259	5,589	(136)	(122)	(3)	(11)	53	(189)
Customer Service & Business Support	4,353	2,473	4,334	(19)	(136)	62	55	55	(74)
Property Services & Building Safety	11,760	5,680	12,115	355	(4)	375	(16)	140	215
Chief Executive	3,899	175	3,947	48	15	24	9	(105)	153
Revenue sub-total	**26,521**	**12,088**	**26,750**	**229**	**(282)**	**474**	**37**	**159**	**70**
Revenue Management fee	(26,339)	(13,200)	(26,339)	-	-	-	-	-	-
Contributions to/ (from) SCH Reserves	131	-	193	62	-	62	-	-	62
Contributions to/ (from) HRA Reserves	(313)	-	(313)	-	-	-	-	-	-
Net Revenue Position	**-**	**(1,112)**	**291**	**291**	**(282)**	**536**	**37**	**159**	**132**

Service Area	Variance £000	Explanation of Variances
Asset Management	(19)	(£35,000) net payroll variance, +£16,000 Savings target rated RED
Housing & Neighbourhoods	(136)	(£122,000) net payroll underspends, (£45,000) Court fees and (£39,000) additional RTB Administration income based on 40x sales in year. Part offset by +£48,000 Savings targets rated RED and +£22,000 utility costs in Temporary Accommodation.
Customer Service Transformation & Business Support	(19)	(£80,000) net payroll underspend forecast excluding SILS (includes £40k offset by use of Reserves) and (£1,000) other minor net variances. +£45,000 IT Licences and +£17,000 Savings target rated RED.
Chief Executive	48	+£59,000 recruitment and Executive team costs. Part offset by (£11,000) other minor net variances.
Building Safety & Compliance	355	+£178,000 Electrical and +£176,000 Gas day to day repairs, forecast in line with 2025/26 activity levels; +£99,000 net Biomass pressure, +£50k Complaints compensation/ legal fees, +£50k Void repairs and +£2,000 other minor net variances. Part offset by (£200,000) due to deferring of vehicle lease retender.
Revenue sub-total	**229**	
Management fee/ Use of Reserves	62	+£40k OneSCH Project funding to be used in 27/28, +£22k Corporate Contract Officer post vacant
Net Revenue Position	**291**	

FINANCIAL DASHBOARD AS AT SEPTEMBER 2026

CAPITAL POSITION AT P06





Capital Classification	Annual Budget £000	Actual Spend £000	Forecast Outturn £000	Forecast Variance £000	Explanation of Significant Variances
Health, Safety and Legal Obligations	10,190	220	10,190	-	
Climate and Energy	10,369	2,910	8,510	(1,859)	Warm Homes works delayed due to Trustmark certification delays, any underspend to be ring-fenced and carried forward in order to complete part grant-funded project.
Capital Maintenance and Improvements	6,659	354	5,359	(1,300)	Underspends forecast on programmes transitioning to the SPMP contract, namely Kitchens & Bathrooms, Low Rise envelope works and cyclical maintenance.
Acquisitions	3,270	282	2,929	(341)	Underspend due to rephasing of the LAHF delivery programme agreed with MHCLG.
Adaptations	2,000	899	2,000	-	
Programme Management & ICT	2,218	24	1,834	(384)	ICT Capital underspends to be proposed as carry forward for future system developments.
Environment and Estates	370	42	370	-	
Crime and Security	200	11	200	-	
New Build	3,220	32	3,220	-	
Capital Total	**38,496**	**4,774**	**34,612**	**(3,884)**	Overall budget includes final net carry forwards from 2025/26 of £5.271m.

FINANCIAL DASHBOARD AS AT SEPTEMBER 2026

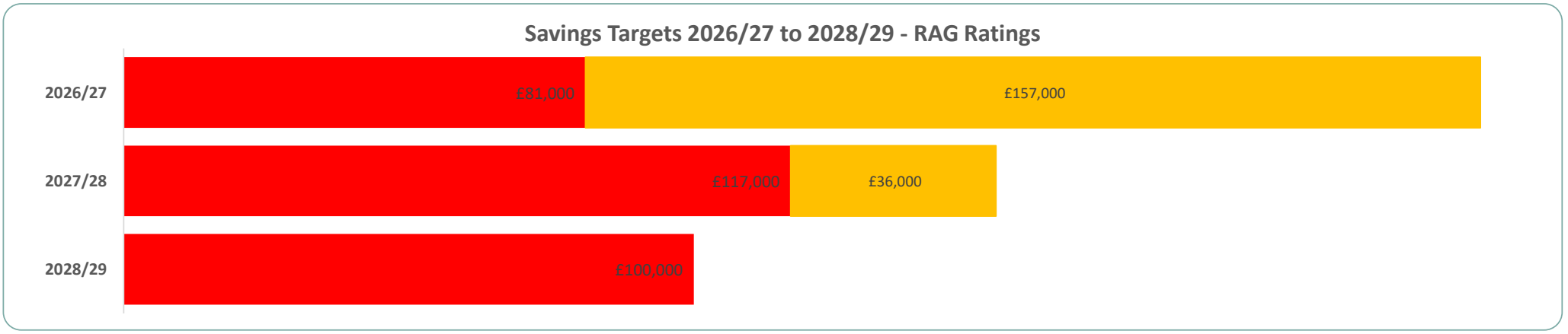
RESERVES

Solihull Community Housing Reserves (excluding Pension Reserve)	Balance 1-Apr-26 £000	Expected Use 2026/27 £000	Balance 31-Mar-27 £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)	2,810	871	3,681	-		3,681
BSR: Earmarked for Restructures	490	-	490	(490)		-
BSR: Other Earmarked Sums	1,773	(907)	866	(866)	Board approved use of SCH Reserves	-
Total SCH Reserves	6,573	(36)	6,537	(2,856)		3,681
Any under-achievement of savings targets (see below) may result in a further call on reserves.						

Housing Revenue Account Reserves REVENUE	Balance 1-Apr-26 £000	Expected Use 2026/27 £000	Balance 31-Mar-27 £000	Committed/ Earmarked £000	Comments/ Notes on committed & earmarked use	Available Balances £000
HRA Balances/ General Reserves	8,166	(2,523)	5,643	(4,067)	£2.0m working balance required, £3.758m Earmarked/ committed use of reserves.	1,576
Future Capital Investment	5,057	2,135	7,192	(300)		6,892
CAPITAL						
Major Repairs Reserve	3,493	(2,336)	1,157	-		1,157
Capital Receipts Reserves (inc.RTB)	18,213	3,239	21,452	(3,028)	Earmarked sums for LAHF Round 4 co-funding & Middlewood House development.	18,424
Capital Receipts Unapplied	256	-	256	-		256
Total HRA Reserves	35,185	515	35,700	(7,395)	Council HRA Reserve Balances	28,305

SAVINGS TRACKER

RED & AMBER Rated Savings Targets 2026/27:			
Customer Services & Business Support	£	50,000	CS04 - Business Processes and Support Review a. implementing 'one person one device' to make savings on telephone budgets b. centralising administration functions
Asset Management	£	30,600	AM01 - Increase income from solar panels (or even wind turbines)
Property Services & Building Safety	£	157,000	AM12 - Increased capital investment to replace components on lifecycle and condition rather than on asset failure, such as Boilers



FINANCIAL DASHBOARD AS AT SEPTEMBER 2026

RENT & CHARGES DEBT

HRA Income	
Overall Income Due	£27,927,920
HRA Income	£26,341,250
Rent Roll	£27,221,996
Percentage rent collected of rent due	94.32%
Percentage rent collected of rent due excl. arrears b/fwd	96.76%

SCH Income	
SCH Rents collectable	£114,619
SCH income of rent due	£110,093
SCH Collection percentage	96.05%

HRA Arrears	Total HRA Debt £	Impairment Required £
05-Apr-26	4,897,466	3,859,024
30-Sep-26	6,024,660	4,547,570
Increase/ (Decrease)		**688,546**
Add: Net Write offs YTD		93,828
TOTAL CHARGE TO DEBT IMPAIRMENT		**782,374**
Budget available (revised per draft 26/27 HRA MTFS)		896,000

SCH Arrears	Total SCH Debt £	Impairment Required £
31-Mar-26	129,275	121,727
30-Sep-26	164,712	143,877
Increase/ (Decrease)		**22,150**
Add: Net Write offs YTD		2,564
TOTAL CHARGE TO DEBT IMPAIRMENT		**24,714**
Budget available		20,000

ACCOUNTS RECEIVABLE DUE DEBT

At 30-Sep-26	Current (0-30)	31-60	61-90	91-180	181-365	365+	Total Due	% of Due Debt
Council Debtors	£ -	£ -	£ -	£ 188	£ -	£ 173	**£ 361**	*1%*
Other Debtors	£ 743	£ 4,410	£ 6,866	£ 2,321	£ 9,094	£ 28,585	**£ 52,019**	*99%*
Total AR Debtors	£ 743	£ 4,410	£ 6,866	£ 2,509	£ 9,094	£ 28,758	**£ 52,380**	

At 31-Mar-26								
Council Debtors	£ -	£ -	£ -	£ -	£ -	£ 173	**£ 173**	*0%*
Other Debtors	£ 629	£ 2,120	£ 1,368	£ 3,066	£ 7,698	£ 21,914	**£ 36,794**	*100%*
Total AR Debtors	£ 629	£ 2,120	£ 1,368	£ 3,066	£ 7,698	£ 22,087	**£ 36,967**	

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Meeting of the Board

Report title:	National Housing Federation Code of Governance	
Meeting date:	10 November 2026	
Report from:	Paul Edwards, Executive Director – Customer Experience and Corporate Support	
Report author/ lead officer:	Sarah Brookes 07771 946494	Business Support Manager sbrookes@solihullcommunityhousing.org.uk
Report type:	~~Confidential~~ Open	
Decision type:	Assurance	~~Approval~~ Information

1. Report overview/purpose

1.1 This report presents the outcome of the annual self-assessment against the National Housing Federation (NHF) Code of Governance 2020 and provides assurance that SCH continues to maintain effective governance arrangements and remains compliant with the Code.

1.2 The report also provides an update on the actions identified through the 2025 review and highlights any areas where further development is required to support continuous improvement.

2. Recommendations

2.1 The Board is asked to:

1. **Note** the outcome of the 2026 self-assessment against the NHF Code of Governance 2020.
2. **Take assurance** that SCH remains substantially compliant with the requirements of the Code.
3. **Approve** the actions identified to support the ongoing development of SCH's governance arrangements.

3. Background

3.1 SCH adopted the National Housing Federation Code of Governance (NHF) 2020 as its chosen code of governance and undertakes an annual review to assess compliance against its principles and requirements.

3.2 The NHF Code sets out the standards expected and promotes effective leadership, accountability, control and customer influence. Annual assessment against the Code supports good governance and provides assurance that SCH's governance arrangements remain fit for purpose.

3.3 The recent assessment reviewed compliance against all requirements of the Code and considered supporting evidence, including Board and Committee arrangements, strategic planning processes, customer engagement mechanisms, policy frameworks, Board development activities and governance documentation.

4. Progress Against the Actions identified in the 2025 Review

4.1 The 2025 review identified several opportunities to strengthen our compliance with the Code. Significant progress has been made during 2026, with the majority of actions now completed.

Requirement	Action	Update
The Board sets and actively drives the organisation's social purpose, mission and values.	Review SCH's vision as current vision runs to 2025	**Completed.** SCH's Vision and strategic priorities have been reviewed and refreshed.
There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision making.	Consider creating a Customer Committee	**Completed.** A new Customer Experience Committee has been formed.
	Review Customer Engagement Framework	***In progress.*** This is underway and is expected to be considered by the Customer Experience Committee in February 2027.
Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose.	Review Board and committee structure and associated terms of reference	**Completed.** SCH have completed changes to the committee structure which took effect in April 2026. New Terms of Reference have been agreed for all committees.
The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves.	Continue to strengthen recruitment pathways to reach more diverse candidates.	***Ongoing.*** We aim to ensure that recruitment pathways reach a range of diverse candidates at each recruitment event. We continue to keep this under review.
The Board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required	Review Board skills matrix as part of review of Board and committee structure.	***Partially completed.*** Further review required to align with future succession planning requirements.

4.2 Completion of these actions demonstrates SCH's commitment to continuous improvement and the effective governance.

5. Outcome of the 2026 Self-Assessment

5.1.1 The 2026 review concluded that SCH remains compliant with the NHF Code of Governance 2020.

5.1.2 The assessment identified evidence of strong compliance across all key areas of the Code, including:

- Effective leadership and strategic oversight by the Board.
- Clear governance structures with defined responsibilities and delegated authority.
- Robust financial and risk management arrangements.
- Effective Board and Committee operation.
- Continued focus on customer influence and engagement.
- A commitment to Board skills, development and succession planning.
- Appropriate controls to ensure integrity, accountability and transparency.

5.1.3 Since the previous assessment, SCH has strengthened its governance arrangements through the implementation of a revised governance structure, the establishment of the Customer Experience Committee and the refresh of its strategic priorities.

5.1.4 Several opportunities for further development were highlighted to ensure governance arrangements continue to evolve and reflect best practice.

5.2 Areas for Further Development

5.2.1 The review identified the following actions to support ongoing governance improvement.

Requirement	Action	Lead officer	Target Date
Board renewal and succession planning	Refresh the Board Skills Matrix to align with future strategic priorities and succession planning arrangements.	Paul Edwards	June 2027
Board effectiveness	Review the Board and Committee appraisal framework to ensure continued effectiveness.	Paul Edwards	December 2026
Governance framework and standards of conduct	Review and update the Board Code of Conduct to ensure it remains aligned with current governance best practice, expected	Paul Edwards/ Sarah Brookes	April 2027

	behaviours and SCH's governance framework		
Risk management	Review and further develop SCH's Risk Appetite Framework.	Paul Edwards/ Mark Wills	March 2027
Customer influence	Review the effectiveness of the Customer Experience Committee	Becci Youlden	September 2027
Board diversity	Continue to strengthen recruitment and succession planning arrangements to achieve greater diversity and representation.	Paul Edwards	Ongoing

5.2.2 These actions are focused on continuous improvement and do not indicate any significant governance concerns or areas of material non-compliance.

5.2.3 The Board can therefore take assurance that SCH's governance arrangements remain effective, proportionate and compliant with the requirements of the NHF Code of Governance 2020.

5.3 Board and Committee membership

5.3.1 At the Annual General Meeting held in November 2025, Simon Wilson was appointed Chair of the Board. Phil Hardy and Mark Thrasher were each appointed to a second term of office, whilst Lynsey Beckley stepped down from the Board following her resignation during the year.

5.3.2 At the time of the AGM, Gail Sleigh and Bernie Donnelly were re-appointed by the Council as Council nominees to the Board for a second term of office. Whilst Council representation subsequently changed following the local elections in May 2026, those changes fall outside the reporting period covered by this review, which considers governance arrangements up to 31 March 2026.

5.3.3 During the year, Mani Roberts stepped down from their role as a Co-opted Member of the Audit & Risk Committee due to work commitments. The Board would like to record its thanks to all Board and Committee members who stepped down during the year for their valuable contribution, dedication and service to SCH.

5.3.4 The table at **Appendix 1** sets out the Board and Committee membership as of June 2026. The Board also continues to allocate champion responsibilities to individual members, with Phil Hardy, Chair of the Performance and Safety Committee, acting as Board Champion for health and safety and Susan Buckley, Chair of the Customer Experience Committee, acting as Board Champion for complaints.

5.3.5 The Board's membership includes independent, tenant and local authority representatives, providing a broad range of skills, experience and perspectives. Committee memberships have been structured to ensure effective oversight of performance and safety, risk management, customer influence and remuneration matters. Following a successful recruitment campaign during the year, all Board vacancies have now been filled, ensuring an appropriate balance of skills, knowledge and experience to support effective governance and strategic oversight.

5.3 Board attendance/expenses

5.4.1 Prior to the implementation of the new governance structure the Board attendance averaged 90% during 2025/26, representing an increase from 83% in 2025/26. Committee attendance also remained strong across the governance structure, with the Human Resources and Remuneration Committee achieving 100% attendance. Average attendance at the Audit and Risk Committee was 80%, while the Housing Operations Committee achieved 88% and the Building Safety Committee averaged 70%.

5.4.2 Expenses claimed by Board and Committee members during 2025/26 totalled £867.18, compared with £583.63 in 2024/25. The increase primarily reflects mileage, conference attendance and accommodation costs incurred in support of SCH's governance and strategic objectives.

5.4.3 **Appendix 2** provides detailed information on Board and Committee attendance, declarations of interest and member expenses during 2025/26.

6. Supporting the SCH Delivery Plan

6.1 This report supports SCH's commitment to maintaining effective governance, accountability and transparency. Compliance with the NHF Code of Governance helps ensure the organisation remains well governed, customer focused and able to deliver its strategic objectives whilst meeting regulatory expectations.

6 Voice of the Customer

7.1 This report provides an assessment of compliance with the NHF Code of Governance and therefore no specific customer consultation has been undertaken. However, the review considers SCH's arrangements for customer engagement and influence, including the role of the Customer Experience Committee, to ensure customers can contribute to strategic decision-making.

8. Financial Implications

8.1 There are no direct financial implications arising from the recommendations within this report. Any actions identified through the self-assessment will be delivered through existing resources and budgets.

9. Legal Implications

9.1 Regular review of compliance with the NHF Code of Governance supports SCH in meeting its legal and regulatory obligations, including the expectations of the

Regulator of Social Housing in respect of good governance, accountability and transparency.

10. Risk Implications

10.1 Effective governance is fundamental to SCH's control framework and supports the management of strategic, operational, financial and regulatory risks. The review identified no significant governance risks; however, the actions identified through the self-assessment will support the continued effectiveness of governance arrangements and mitigate future risks. 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.

11. Equalities Implications

11.1 This report does not introduce any new policies or changes to service delivery and therefore does not require a separate Fair Treatment Assessment. Consideration of equality, diversity and inclusion forms part of the annual governance review, including Board diversity, succession planning and customer influence arrangements.

12. Data

12.1 The report is informed by the annual NHF Code of Governance self-assessment, Board and Committee documentation, governance records, strategic planning documents, Board appraisal information and customer engagement arrangements.

13. List of Appendices

13.2 **Appendix 1** - Board and Committee membership as of June 2026.
13.1 **Appendix 2** - Review of Compliance Against the NHF Code of Governance 2020 and Action Plan 2026

14. Background Documents

14.1 National Housing Federation Code of Governance 2020

Appendix 1 - Solihull Community Housing Committee Membership 2026/27

Committee	Membership
Performance and Safety	***Phil Hardy (Chair) (Independent)*** Gottfried Plange-Welbeck (Independent) Dave Pinwell (Local authority) Michael James (local authority) Shajeda Ashraf (Tenant)
Audit & Risk	***Mark Thrasher (Chair) (Independent)*** Deb Bannigan (Independent) Dave Pinwell (Local authority) Michael Carthew (Local authority) Paul Robinson (Co-optee)
Customer Experience	***Susan Buckley (Chair) (Tenant)*** Dale Taber (Tenant) Shajeda Ashraf (Tenant) Simon Wilson (Independent) Customer Committee members (5 appointees): • Denis Carlin • Yasmeen Akhtar • Louise Tubbs • Susan Gallagher • Leah Marks
Remuneration	***Simon Wilson (Chair) (Independent)*** Phil Hardy (Independent) Mark Thrasher (Independent) Susan Buckley (Tenant)
Finance Working Group (Advisory)	***Mark Thrasher (Chair) (Independent)*** Simon Wilson (Independent) Phil Hardy (Independent)

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Appendix 2 – Annual Governance Review: Attendance/Expenses

1. Member Attendance at Meetings from April 2025 – March 2026

Housing Opps	12.5.25	01.09.25	03.11.26	9.2.26	TOTAL	Potential Attendance	Percentage Attendance 24/25
Phil Hardy	1	1	1	1	4	4	100%
Susan Buckley	0	1	1	1	3	4	75%
Dave Pinwell	0	1	1	1	3	4	75%
Gail Sleigh	1	1	1	1	4	4	100%
Total	**2**	**4**	**4**	**4**	**14**	**16**	**88%**
Audit & Risk	**7.7.25**	**10.11.25**	**28.1.26**	**23.3.26**	**TOTAL**	**Potential Attendance**	**Percentage Attendance 24/25**
Mark Thrasher	1	1	1	1	4	4	100%
Bernie Donnelly	1	0	0	0	1	4	25%
Dave Pinwell	1	1	1	1	4	4	100%
Mani Roberts	1	0	1	1	3	4	75%
Paul Robinson	1	1	1	1	4	4	100%
Total	**5**	**3**	**4**	**4**	**16**	**20**	**80%**
Building Safety	**28.4.25**	**28.7.25**	**27.10.25**	**2.2.26**	**TOTAL**	**Potential Attendance**	**Percentage Attendance 24/25**
Richard Hyde	1	0	0	0	1	1	100%
Simon Wilson	0	1	1	1	3	3	100%
Lynsey Beckley	0	1	0	0	1	4	25%
Bernie Donnelly	0	1	1	0	2	4	50%
Phil Hardy	1	1	0	1	3	4	75%
Mark Thrasher	1	1	1	1	4	4	100%
Total	**3**	**5**	**3**	**3**	**14**	**20**	**70%**
HR, E & R	**29.9.25**				**TOTAL**	**Potential Attendance**	**Percentage Attendance 24/25**
Simon Wilson	1				1	1	100%
Susan Buckley	1				1	1	100%
Dave Pinwell	1				1	1	100%
Total	**3**				**3**	**3**	**100%**
Board	**2.6.25**	**15.9.25**	**17.11.25**	**24.2.26**	**TOTAL**	**Potential Attendance**	**Percentage Attendance 24/25**
Simon Wilson	1	1	1	1	4	4	100%
Lynsey Beckley*	1				1	1	100%
Susan Buckley	1	1	0	1	3	4	75%
Bernie Donnelly	1	1	1	0	3	4	75%
Phil Hardy	1	1	1	1	4	4	100%
Dave Pinwell	1	1	1	1	4	4	100%
Gail Sleigh	1	1	1	1	4	4	100%
Mark Thrasher	0	1	1	1	3	4	75%
Total	**7**	**6**	**6**	**6**	**26**	**29**	**90%**

*Term of office ended at the AGM on 17.11.25

2. Comparison with 2024/25

2.1 Attendance levels remained strong across SCH's governance structure during 2025–26. Full Board attendance increased from 83% to 90%, whilst attendance across most committees remained satisfactory. The biggest reduction was for the Building Safety Committee, where attendance decreased from 88% to 70%.

Committee	2024–25	2025-26	Change	Comment
Full Board	83%	90%	↑7%	Attendance improved and exceeded the previous year's performance.
Audit & Risk	90%	80%	↓ 10%	Attendance reduced compared to the previous year.
Housing Operations	92%	88%	↓ 4%	Attendance remained strong with consistently high levels of member participation.
Building Safety	88%	70%	↓ 18%	Attendance reduced during the year; this has been considered through the governance review and improvement actions identified.
HR, Equalities & Remuneration	100%	100%	No change	Full attendance at the single meeting during the year.

3. Attendance by category

3.1 The table below shows attendance by Committee and by category of Board member.

	Full Board	Audit & Risk	Building Safety	Housing Operations	Human Resources, Equalities & Remuneration
Overall %	90	80	70	88	100
Tenant %	75	0	0	75	100
Council %	92	63	50	88	100
Independent %	92	92	80	100	100
No. achieving 100%	5 (out of 11 members*)	3 (out of 5 members)	3 (out of 6 members*)	2 (out of 4 members)	3 (out of 3 members)
No. of meetings not quorate	0	0	0	1	0

*Refers to total number of members during the year, although not all members have been members throughout the year.

4. Declarations of Interest

4.1 Annual declarations of interest were completed by all serving Board and Committee members during the reporting period. No declarations of hospitality were received by the Company Secretary during 2025/26.

5. Member Expenses

5.1 Expenses claimed by, or on behalf of, members during 2025–26 totalled £867.18, compared to £583.63 in 2024–25, £709.96 in 2023–24 and £943.45 in 2022–23. Expenditure related primarily to mileage, conference attendance and overnight accommodation to support members in undertaking their governance responsibilities.

Financial Year	Total Expenses (£)	Change (£)	Change (%)
2023–24	709.96	(233.49)	↓ 25%
2024–25	583.63	(126.33)	↓ 18%
2025–26	867.18	+283.55	↑ 49%

8.2 Whilst member expenses increased during 2025–26 compared with the previous year, the increase reflects expenditure associated with member attendance at meetings, conferences and governance-related activities, including travel and overnight accommodation. The overall level of expenditure remains proportionate and supports members in effectively discharging their governance responsibilities.

8.3 Four members submitted claims during the year. The highest individual claim was £387.00 for mileage expenditure associated with meeting attendance. All claims were made in accordance with SCH's approved expenses arrangements and continue to represent an appropriate and transparent use of organisational resources.

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Meeting of the Board

Report title:	Alignment of Board and Committee Dates for Performance and Financial Reporting	
Meeting date:	10 November 2026	
Report from:	Paul Edwards, Executive Director – Customer Experience and Corporate Support	
Report author/ lead officer:	Sarah Brookes 0771 946494	Business Support Manager sbrookes@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 review the alignment of the Board and Committee meeting calendar with the production and presentation of quarterly performance and financial information.

1.2 The review follows an action arising from the Board meeting held in September to consider whether the timing of meetings enables Board and Committee members to receive information in a timely manner to support effective scrutiny, constructive challenge and informed decision-making.

1.3 The report summarises the current position, considers the available options and sets out a recommended approach for future reporting arrangements.

2. Recommendations

2.1 The Board is asked to:

(1) **Note** the challenge arising from the timing required to produce reports and the alignment of the reporting timetable with the existing Board and Committee calendar.

(2) **Approve** the retention of the established Board and Committee meeting calendar and the introduction of an enhanced reporting approach that provides more up-to-date performance and financial information, where practicable.

(3) **Agree** that the reporting timetable and approach are reviewed annually to support effective scrutiny, timely information and good governance.

3. Background/context

3.1 SCH produces quarterly performance and financial reports covering Quarter 1 (April to June), Quarter 2 (July to September), Quarter 3 (October to December) and Quarter 4 (January to March).

3.2 Following the end of each quarter, approximately three to four weeks are required to collate, validate, analyse and quality-assure the information, complete the necessary governance processes and prepare reports for consideration by the relevant Committees and Board.

3.3 This production period is necessary to ensure that the information presented is sufficiently accurate, consistent and reliable to support effective oversight and decision-making.

3.4 The current meeting calendar does not include meetings during August. Consequently, the first meetings following the end of Quarter 1 take place in September, creating a gap between the quarter-end date and the consideration of formal reports. As a result, members may be considering information that no longer reflects the most current operational or financial position.

3.5 Similar timing issues can arise during the year where the reporting cycles, meeting dates and time required to prepare papers do not align. Formal quarterly reports provide a consistent record against agreed targets but may not always fully reflect the latest position when members consider them.

3.6 The challenge is to balance timely information with accurate, validated quarterly reporting, while maintaining an effective and manageable governance calendar.

4. Matters for consideration

4.1 Option 1: Introduce meetings during August to consider Quarter 1 reporting

4.1.1 Under this option, meetings would be scheduled during August to enable the Quarter 1 performance and financial reports to be considered earlier in the governance cycle.

4.1.2 This would require the rescheduling of three meetings during August: *Performance and Safety Committee, Customer Experience Committee and Board.*

Advantages

- Enables formal Quarter 1 reporting to be considered earlier.
- Reduces the gap between the quarter-end and formal governance scrutiny.
- Establishes a closer relationship between the reporting cycle and the meeting calendar.

Disadvantages

- Requires changes to the established governance calendar and members' availability.
- August meetings may be difficult to accommodate because of annual leave and reduced availability.

- The three-to-four-week production period would remain necessary, meaning that the earliest possible meeting dates would need to be determined carefully.
- Could create additional pressure on officers preparing reports and supporting meetings during the summer period.

4.2 Option 2: Retain the established meeting calendar and provide a more up-to-date reporting position

4.2.1 Under this option, the established meeting calendar would be retained broadly in line with 2026, but the reporting approach would be adjusted to provide members with a more current view of performance and financial information alongside the formal quarterly reports. It is proposed that the formal Quarter 1 Performance Report be circulated to Board members for information during August. The September Board meeting would then receive the July Performance Report, providing a more up-to-date view of operational performance alongside the formal quarterly reporting.

4.2.2 This approach would enable Board and Committee members to consider both the formal quarterly position alongside any material developments since the quarter ended, without requiring the full quarterly reporting process to be completed earlier than is practicable.

Advantages

- Improves the timeliness and relevance of information available to members.
- Maintains the integrity and consistency of formal quarterly reporting.
- Avoids the need to introduce three meetings during August.
- Supports effective scrutiny of emerging performance issues, financial pressures and management actions.
- Provides a proportionate approach that can be applied consistently across the reporting year.

Disadvantages

- Requires coordination between Finance, Performance leads and report authors.
- Requires clear definitions and caveats so that members can distinguish final quarter-end results from more recent management information.

4.3 Sector Practice and Good Governance

4.3.1 Published governance and performance reporting arrangements across the social housing sector indicate that quarterly performance reporting is established practice, although organisations use different approaches to align reporting cycles with governance meetings.

4.3.2 Some organisations supplement formal quarterly reports with more recent management information. This enables governing bodies to consider validated quarter-end results alongside the latest available operational and financial position, including emerging risks and management actions.

4.3.3 This approach can preserve a consistent quarterly reporting framework while providing members with more timely information to support scrutiny, challenge and decision-making.

4.4 Assessment of SCH's Current Approach

4.4.1 SCH's quarterly reporting framework supports established practice of regular performance and financial oversight across the social housing sector.

4.4.2 The main issue is the alignment of the reporting production timetable with the governance calendar, rather than the frequency of reporting itself. Introducing August meetings could bring formal Quarter 1 reporting forward but would create additional scheduling and resource implications. It would not remove the need for the three-to-four-week production period.

4.4.3 Retaining the established calendar and supplementing formal quarterly reporting with more up-to-date management information at September meetings is considered the most proportionate and effective response. This would enable members to consider formal quarterly results alongside emerging trends, current financial pressures and any significant developments since the quarter end.

4.4.4 It is therefore recommended that SCH retains the established Board and Committee meeting calendar broadly in line with the 2026 arrangements and adopts an enhanced reporting approach that supplements formal quarterly reports with the latest available management information, where practicable. This approach is considered to provide the best balance between assurance, timeliness, resource requirements and effective governance, while supporting informed scrutiny, challenge and decision-making.

4.4.5 The proposed 2027/28 Board and Committee meeting calendar, attached at Appendix 1, has been developed based on the recommended Option 2. Should this option not be approved, the calendar will be amended accordingly.

5. Supporting the SCH Delivery Plan

5.1 The proposal supports SCH's wider objectives by strengthening the information available to the Board and Committees for oversight, challenge and decision-making. It supports effective governance and helps members identify performance concerns, financial pressures and corrective action in a timely way.

6. Voice of the Customer

6.1 No direct customer consultation has been undertaken specifically for this report, as it concerns internal governance arrangements and the timing of management reporting. The proposal is intended to support better oversight of services and performance on behalf of customers.

7. Financial implications

7.1 No direct additional expenditure is anticipated from retaining the existing meeting calendar and providing a concise supplementary management update. Any additional officer time required will be managed within existing resources.

8. Legal implications

8.1 No specific legal implications have been identified in relation to the proposed reporting timetable. The approach should continue to support the Board in

exercising its governance and oversight responsibilities. Legal advice should be sought if any material legal issue is identified during final review.

9. Risk implications

9.1 The principal risk is that supplementary management information may be incomplete or provisional and could be confused with validated quarter-end results. This will be mitigated by clearly labelling the reporting period and data status, explaining any limitations, and distinguishing formal results from subsequent management information. A further risk is additional pressure on officers; this will be managed through advance planning and a proportionate, focused update.

10. Equalities implications

10.1 The proposal relates to internal reporting and meeting arrangements and does not in itself change service delivery or customer eligibility. No direct equalities impacts have been identified.

11. Data

11.1 The report is based on SCH's Board and Committee meeting calendar, the quarterly performance and financial reporting timetable, and the time required for report production and governance processes. The proposed supplementary updates would use the latest available performance and financial management information, subject to validation and clear disclosure of any limitations.

12. List of appendices

12.1 Appendix 1 – 2027 Board and Committee Meeting Schedule.

13. Background documents

13.1 None

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Solihull Community Housing
Shaping our neighbourhoods

Board/Committee Meetings

Appendix 1

2027

Audit & Risk | CEC | P&S | QMB | Full Board/training/away days | FWG | BH | Sch Hol

January 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Fri	Sat	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Sun	Mo	Tu	We	Th	Fr	Sat	Sun
Audit & Risk																															

February 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su
CEC																												
P&S																												
QMB																												
Board																												

March 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We
Audit & Risk																															

April 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	

May 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo
CEC																															
Perf. & Safety																															
QMB																															

June 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We
Full Board																														
Board Training																														

July 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
Audit & Risk																															

August 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu

September 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th
Customer Experience																														
Perf. & Safety																														
Full Board																														

October 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su
Board Away Day																															
Audit & Risk																															

November 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We
Customer Experience																															
Full Board																															
Board																															

December 2027	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr
Board Training																															

Key

- Audit & Risk
- Customer Experience
- Performance and Safety
- QMB
- Board/Training/Away Day
- Finance Working Group
- Bank Holiday
- School holiday

Quarter	Period Covered	Performance & Finance Report Available	A&R Committee	CEC	P&SC	Board	Finance Working Grp	Other
Q3 2026/27	**Oct-Dec 2026**	26-Jan-27	25-Jan-27	03-Feb-27	08-Feb-27	22-Feb-27		
Q4 2026/27	**Jan-Mar 2027**	28-Apr-27	22-Mar-27	12-May-27	17-May-27	21-Jun-27		**Board Training** 30-Jun-27 01-Dec-27
Q1 2027/28	**Apr-Jun 2027**	28-Jul-27	12-Jul-27	06-Sep-27	13-Sep-27	27-Sep-27		
Q1 2027/28	**Jul-Sep 2027**	27-Oct-27	18-Oct-27	03-Nov-27	08-Nov-27	22-Nov-27		**Board Away Day** 13-Oct-27

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Meeting of the Board

Report title:	SCH Delivery Plan 2026-2031 Annual Delivery Actions – Quarter 2 update	
Meeting date:	10 November 2026	
Report from:	Paul Edwards, Executive Director – Customer Experience & Corporate Support	
Report author/ lead officer:	Paul Edwards 07990 648392	Executive Director pauledwards@solihullcommunityhousing.org.uk
Report type:	~~Confidential~~ Open	
Decision type:	~~Assurance~~	~~Approval~~ Information

1. Report overview/purpose

1.1 This report provides the Board with a summary of progress at the end of quarter 2 against the Annual Delivery Actions 2026/27 which support the SCH Delivery Plan 2026-2031.

2. Recommendations

2.1 The Board is asked to note the progress made at the end of quarter 2.

3. Background/context

3.1 SCH's Delivery Plan 2026-31 sets five strategic aims for the organisation. Each of the strategic aims is supported by a short narrative alongside key delivery objectives and high level outcomes that we want to achieve over the five years of our plan The strategic aims and supporting strategies are illustrated in the diagram below.

Strategic Aims 2026 - 2031

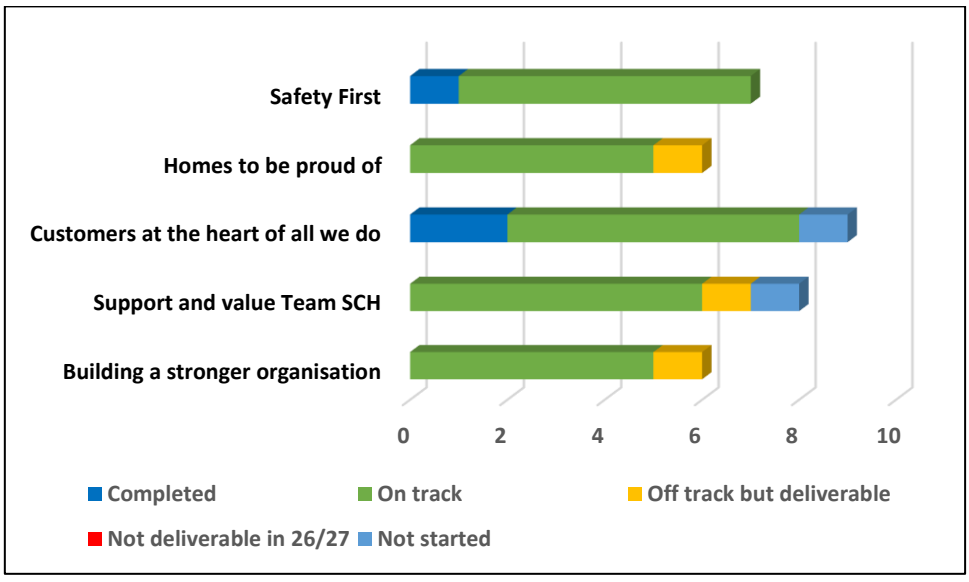
- Safety first - homes & neighbourhoods
- Homes to be proud of
- Customers at the heart of all we do
- Support & value Team SCH
- Building a stronger organisation

Our Strategies

- Asset management
- Building safety
- Customer experience
- Knowledge, Information & Data Management
- People

3.2 We also produced a set of delivery actions targets that set out the things we plan to carry out during the year to help achieve our delivery objectives and outcomes. This report sets out our progress against the delivery actions for 2026/27 at the mid-point of the year.

3.3 Progress against the delivery actions by strategic aim is summarised in the chart below



3.4 Overall, good progress has been made. Three actions have been completed; 28 are on track; three are off track but deliverable and two have not started. More detail can be found at Appendix 1 – Delivery Plan Tracker 2026-27.

3.5 Our performance against the key performance indicators and targets for 2026/27 is reported separately on the agenda as part of the Strategic Performance Report.

4. Supporting the SCH Delivery Plan

4.1 This report shows progress against our Delivery Plan.

5. Consultation and engagement

5.1 Customers were consulted on the SCH Vision and Delivery Plan via the Big Conversation which took place during September 2025. 838 residents were spoken to, with 229 taking part in a full survey on our new Vision and the outward facing Strategic Aims.

6. Financial implications

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

7. Legal implications

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

8. Risk implications

8.1 SCH operates a comprehensive risk management framework, recording and managing risks at both a strategic and operational level. Risk reviews are carried out on a regular basis and relevant risks amended or new risks added according to the prevailing situation.

9. Equalities implications

9.1 We carry out a Fair Treatment Assessment on specific initiatives as they are developed. Our annual equalities report includes an assessment of equity in access to services and service outcomes.

10. List of appendices

10.1 **Appendix 1**: Delivery Plan Tracker 2026-27

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Solihull Community Housing Delivery Plan Tracker 2026/27

ACTION	LEAD(S)	PROGRESS	STATUS
Safety first - homes & neighbourhoods			
Embed C365 compliance management software	Kenny Dalglish	Compliance areas have been set up on the system. Next steps are to automate the updating process	**On track**
Deliver scheduled programme of stock condition surveys	Amanda Badman	A 5 year rolling programme of stock condition surveys has been implemented and resourced.	**On track**
Develop building safety delivery framework	Darren Dunphy	In partnership with SMBC, the Building Safety Framework defines operational delivery required to meet the Building Safety Act 2022, combining statutory council accountability, SCH Board oversight, with proactive resident engagement and rigorous compliance checks across gas, electric, fire, water, asbestos, lifts, damp, mould and condensation.	**Completed**
Drive improved performance	All	A regular weekly meeting has been introduced to review performance against compliance activity and additional resource has been allocated to support this work.	**On track**
Enhance building safety engagement strategy	Becci Youlden	This is part of a broader review of the Customer Engagement Framework which is scheduled to be reported to the Customer Experience Committee in February 2027.	**On track**
Damp and mould cases are identified and responded to	Samantha Brotheridge	All damp and mould cases identified are logged, triaged and inspected in risk rated timeframes and remedial works are carried out. Overdue cases are monitored and reported. No Access team is engaged on oldest cases. Work is well advanced to ensure SCH is ready to respond to the requirements of Phase 2 of Awaab's Law	**On track**
Initiate a trial test and evaluate property monitoring sensor technology	Stuart Baxter/ Building Safety Team	Damp and mould project work has started.	**On track**

Homes to be proud of			
New build schemes to start on site and planning permission secured for future schemes	Andy Duke	Programme of new developments in place for 2026/27, supported by future pipeline programme. Anglesey Avenue - 3 no. 2 bed and 2 no. 3 bed homes commencing Q3 2026/27 Future pipeline projects across 6 sites delivering 76 homes have planning permission with contract assembly underway.	**On track**
Develop data and customer insight led 5-year capital investment plan	Amanda Badman	Outline 30-year business plan completed May 2026. Methods of customer consultation to be developed to identify customer priorities.	**On track**
Deliver the agreed capital programme	Amanda Badman	Business as usual - delivery of Capital Programme 2026/27 in progress	**On track**
Deliver our repairs continuous improvement plan	Samantha Brotheridge	Progress against the plan is continually monitored. ARK have been engaged to carry out an external review of the repairs service. A key target is to reduce the level of overdue work in progress.	**Off track, but deliverable**
Review the asset management strategy	Gwen Haq	Assessment of the 2023/33 Asset Management Strategy undertaken, minor amendments identified and in progress	**On track**
Deliver planned improvements to the district heating system	Andy Duke	HNES grant funding has supported completion of phase 1 comprising 3 energy centres serving 8 high rise buildings. Phase 2 comprising 5 energy centres serving 10 high rise blocks has target completion of Q3 2026/27. HNES funding application for Phase 3 comprising 5 energy centres serving 5 high rise buildings to be submitted in October 2026 and anticipate successful outcome in Q4 2026/27 with delivery expected by Q4 2027/28 if application successful.	**On track**

Appendix 1

Customers at the heart of all we do			
Launch a new customer portal	Jatinder Matharu	Soft launch now complete. Full launch scheduled for quarter 4.	**On track**
Develop incentives to encourage channel shift	Jatinder Matharu/ Claire Albrighton	Next steps: definition of incentives, agreement on incentives - to be scoped in quarter 3 and delivered in quarter 4	**On track**
Analyse and learn from complaints to drive improvements in service delivery	Claire Albrighton	Operational focus on key areas, 1/4ly meetings booked to review complaint trends and themes with SLT member. VOC will also extract themes from complaints for the business to address. Reporting in Netcall being enhanced to enable more efficient detailed reporting	**On track**
Implement refreshed engagement strategy	Sophie Ashford	The review of the Customer Engagement Framework is in progress and is scheduled to be reported to the Customer Experience Committee in February 2027.	**On track**
Roll out a programme of mystery shopping	Sophie Ashford	An ongoing programme of mystery shopping is now underway as part of business as usual	**Completed**
Review our approach to customer communications	Paul Castles	We have signed up to a new service called Granicus. This will enable us to send bulk e-mails and texts to individual groups of tenants, enabling us to respondto events in real timesuch as a power loss in a high rise building	**On track**
Identify support organisations for proactive and early stage referrals	Becci Youlden/Will Bryant	This will follow the completion of the customer engegement strategy review and will be the subject of a report in quarter 4.	**Not started**
Review of repairs communication based on customer feedback	Paul Castles/Sophie Ashford	This work has commenced with the SCHape Panel and will report in quarter 4.	**On track**
Embed enhanced tailoring service approach across the business	Becci Youlden/ Will Bryant	This has been rolled out and is now part of business as usual.	**Completed**

Support and value Team SCH			
Develop workforce plan	Emma Birch/Carole Nock	The initial focus for workforce planning is on Property Service, given the age profile of the workforce and the specific challenges within the service.	**On track**
Deliver plans to ensure managers and leaders meet requirements of the competence and conduct standard	Carole Nock	Staff covered by the qualification requirements have been identified and initial cohort are undertaking relevant courses. A Training Plan is in place and divisional training matrices being developed with each team	**On track**
Invest in digital literacy skills	Carole Nock	Training is in place for staff involved in the One SCH Programme	**On track**
Develop and design a talent pool including early talent pathways	Carole Nock	This is linked to the Workforce Planning initiative. Work on this has been deferred until 2027/28 to focus on developing a potential apprenticeship programme for Property Services	**Off track, but deliverable**
Review and simplify the performance and development review process	Carole Nock	Work on this will start in quarter 3.	**Not started**
Support and develop internal staff networks	Carole Nock	SCH support a Staff Engagement Group and Staff Equalities Forum. We continue to promote these groups and encourage attendance and participation	**On track**
Increase knowledge of wellbeing offer	Emma Birch/Carole Nock/All	The wellbeing officer is regularly promoted via internal communication channels	**On track**
Deliver equality, diversity and inclusion action plan	Niku Mawby/All	In progress	**On track**

Building a stronger organisation			
Deliver rolling programme of risk management reviews through Audit & Risk Committee, Executive and Senior Leadership teams	Sarah Brookes	In progress	**On track**
Deliver knowledge, information and data management (KIDM) strategy action plan	Becci Youlden	External support has been commissioned from Housemark to develop an appropriate data governance framework	**Off track, but deliverable**
Ongoing development and delivery of solutions via the netcall create platform	Jatinder Matharu	SCH QuickVIew schuedl for November launch Damp and Mould Case management - launch date TBC Cllr. Enquiries - Launch date TBCSafeguarding csae management - launch date TBC	**On track**
Embed building safety compliance management software (C365)	Kenny Dalglish	Compliance areas have been set up on the system. Next steps are to automate the updating process	**On track**
Continue to strengthen and expand our partnerships and collaborative work	All	There is regular collaboration with the Community Development Forum and ongoing work with Family Hubs.	**On track**
Deliver regulation improvement plan	Sarah Brookes	SCH is strengthening its assurance and performance reporting framework to demonstrate resident outcomes alongside statutory compliance. Independent assurance activity and enhanced Board reporting will provide further evidence of service effectiveness and positive outcomes for tenants.	**On track**

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Board
Forward Plan

Tuesday 10 November 2026		
	AGM	Sarah Brookes/ Andrew Kinsey
	CEO report (HOS, QMB, Board Away Day)	Mark Pearson
	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
C/f Feb 27	Biomass Report	Darren Baggs
	Chair's Report from Audit and Risk Committee 19 October 2026	Mark Thrasher
	Chair's Report from Customer Experience Committee 4 November 2026	Susan Buckley
	Chair's Report from Performance Safety Committee 5 November 2026	Phil Hardy
	SCH Delivery Plan - Q2 Update	Paul Edwards
	Annual Review of Compliance against the NHF Code of Governance	Paul Edwards
	Alignment of Board and Committee Dates including Board and Committee Dates 2027	Sarah Brookes/Paul Edwards
	Corporate and Joint Risk Management Report	Mark Wills
C/f to Feb 27	Engagement framework	Becci Youlden
	SCH Delivery Plan – Annual Delivery actions & indicators	Paul Edwards
To be confirmed		
	CEO report (HOS, QMB)	Mark Pearson
	Quarter 3 2026/27 Strategic Performance Report	Becci Youlden
	Quarter 3 2026/27 Health and Safety Report	Mark Wills
	Quarter 3 2026/27 Financial Monitoring and Forecast	Sam Gilbert
C/f from Nov 26	Biomass Report including tariff review	Darren Baggs
	Chair's Report from Audit and Risk Committee	Mark Thrasher
	Chair's Report from Customer Experience Committee	Susan Buckley
	Chair's Report from Performance Safety Committee	Phil Hardy
	SCH Delivery Plan - Q2 Update	Paul Edwards
	Corporate and Joint Risk Management Report	Mark Wills
C/f from Nov 27	Engagement framework	Becci Youlden
	SCH Delivery Plan Update	Paul Edwards

Regular Items (every meeting):

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

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