

Berneslai Homes Board

27th May 2025 AT 4 .00 P.M.

Public Agenda

- | | | |
|------------|--|--------------------|
| 1.0 | Apologies | 16:00 |
| 2.0 | Declarations of Interest | 16:00 (1m) |
| 3.0 | Tenants Voice - Young Care Leavers
<i>For Information</i> | 16:01 (10m) |
| 4.0 | Annual Governance Report
<i>For Approval</i>

SR | 16:11 (10m) |
| 5.0 | Governance Changes (DTP Review)
<i>For Approval</i>

SR | 16:21 (10m) |
| 6.0 | People Strategy
<i>For Approval</i>

RT | 16:31 (10m) |
| 7.0 | Annual Self-Assessment against the Housing Ombudsman Service (HOS) Complaint Handling Code
<i>For Approval</i>

DF | 16:41 (5m) |
| 8.0 | BH Annual Investment Strategy (Referred from Audit & Risk Committee)
<i>For Approval</i>

RT | 16:46 (5m) |

9.0	Quarterly Risk Update <i>For Approval</i> RT	16:51 (5m)
10.0	Annual Complaints Handling and Learning Report <i>For Information</i> DF	16:56 (10m)
11.0	Gender Pay Gap 2024 <i>For Information</i> RT	17:06 (5m)
12.0	2024/25 Year End Performance Summary <i>For Information</i> RT	17:11 (10m)
13.0	Update on Berneslai Homes Annual Business Action Plan and 3 year vision 24/25. <i>For Information</i> SR	17:21 (5m)
14.0	Resource Information Papers:- <i>For Information</i>	17:26 (1m)
	14.1 Board Fact Sheet <i>For Information</i>	17:27
15.0	Minutes of the Public Board Meeting held 27th March 2025 <i>For Approval</i>	

Report Title	Annual Governance Report	Confidential	No
Report Author	Executive Director of Resources	Report Status	Approval
Report To	Board 27/5/2025	Officer Contact Details	Claire Denson Risk and Governance Manager clairedenson@berneslaihomes.co.uk

1. Executive Summary	<p>This report provides Board with an update on the annual governance activities.</p> <p>1.1 To advise Board of the outcomes against the annual review of the Board's suite of governance indicators for the period 1st April 2024 to 31st March 2025. (Appendix A)</p> <p>1.2 The report provides members with the annual review of the Board Register of Interests (Appendix B) and Board and employee Register of Gifts and Hospitality (Appendix C).</p> <p>1.3 Board members undertook their annual self-evaluation. The combined responses are at Appendix D, anonymised feedback from EMT and the Head of Governance, Strategy & IT was also sought.</p> <p>1.4 Board committed to the requirements of the National Housing Federation (NHF) Code of Governance 2020. The self-assessment is completed on an annual basis and is attached at Appendix F.</p> <p>2. <u>Customer Voice/Impact</u></p> <p>2.1 The aim of the annual review is to scrutinise the internal management system and therefore customer views are not sought for this report. Customer data is, however, used to benchmark the board model diversity profile.</p> <p>2.2 The governance KPIs and board register of interests are published on the BH website.</p> <p>2.3 The Board and NHF Self-Assessments consider the effectiveness of Board considering the customer voice in decision making.</p>
-----------------------------	--

2. Recommendation/s	<p>It is recommended that Board:</p> <ol style="list-style-type: none"> 2.1 Review and comment as necessary on the annual governance performance data included in this report. 2.2 Agree to the continued collection of the governance indicators and for the information to be published on the Berneslai Homes website. 2.3 Consider whether to align the board diversity targets in Appendix A to the associated BH customer data. 2.4 Consider whether targets are necessary for the Reporting Mechanism section in Appendix A. 2.5 Discuss and agree how it wishes to consider the areas where it could do better based on the feedback from the self-evaluation 2.6 Consider the Self-Assessment against the NHF Code of Governance, agreeing the areas of non-compliance and the actions required to achieve compliance (Appendix F) 2.7 Agree that a statement of compliance with the NHF Code of Governance be included into the Annual Accounts on a comply or explain basis.
----------------------------	--

3. Background

3.1 This report provides Board with an update on the following annual governance activities.

- a) To advise Board of the outcomes against the annual review of the Board's suite of governance indicators for the period 1st April 2024 to 31st March 2025.
- b) The annual review of the Board Register of Interests and Board and employee Register of Gifts and Hospitality.
- c) The Board annual self-evaluation.
- d) The annual self-assessment against the NHF Code of Governance.

4. Current Position/Issues for Consideration

Annual Review of Board's Suite of Governance Indicators (Appendix A)

4.1 Berneslai Homes suite of governance indicators are a useful governance tool to help the Board to reflect on their key performance data. The indicators are reviewed annually in preparation for this report to ensure the exercise remains useful. The indicators include co-optees and independents.

The suite of indicators includes:

- Attendance
- Board member appointments and retirements and average length of tenure
- Reporting mechanisms
- Administration
- Board profile
- Appraisal
- Attendance of public at Board

- 4.2 The reporting dates have now been aligned to the financial year, commencing with 2024-25, however, to ensure no data was missed during the process, the calendar year of 2024 was also added.
- 4.3 The analysis for 1st April 2024 to 31st March 2025, and comparative data are at **Appendix A**. The figures show the targets set and the achievements against the targets.

KPI	Summary	Target
Board attendance	Attendance at Board meetings is slightly below target at 87%, compared to 90% in 2023.	90%
Committee attendance	Remains above target at 82%	80%
Board Strategic Planning Day attendance	Remains above target at 90%.	80%
Training sessions attendance	Attendance at the training sessions has decreased again to 56%, which is under target. However, much of the required training was undertaken at the Strategic Planning days. Board development has also been drilled down into smaller group sessions for knowledge-based training, where not everyone is required to attend.	80%
Balance of reports for decision	Remains below target. There is a continuing low figure of reports requiring to be referred to the shareholder for approval. And the balance of public and confidential reports remains on target. Board are asked to consider whether targets are necessary for this section of reporting, due to being unable to proactively effect this target.	60%
Board model diversity profile	The board model diversity profile has been reviewed against recent BH customer data. Females continue to be underrepresented. Age has increased in the older brackets. Board ethnicity is 100% White British compared to 87% of customers. Board are asked to consider whether to align the board diversity targets to the associated BH customer data.	See appendix A for full profile

- 4.4 Berneslai Homes continues to take steps to ensure vacancies are open to a wide range of audiences. Vacancies are distributed via all forms of media, via our partners and through our links with Equality and Diversity forums. Further work to balance the board in this area will be a key focus as future vacancies arise, with key focus during the succession planning for upcoming board vacancies over the next 12-18 months. As part of the requirements of the NHF Code of Governance: Board must demonstrate a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition."

Annual Review of the Register of Interest (Appendix B) and Register of Gifts and Hospitality (Appendix C)

- 4.5 The NHF Code of Governance requires that the Board review the register of interests annually. This ensures that any potential conflicts of interest are identified and managed appropriately, keeping the governance process transparent and trustworthy.
- 4.6 Board annually reviews the Register of Interest and Register of Gifts and Hospitality for both employees and Board members. The staff register of interests was reviewed by Board on 27 March 2025.
- 4.7 Board members must declare (as soon as the interest arises) any other employment or business or other relationship that conflicts, or might reasonably be predicted could conflict, with the interests of Berneslai Homes. All declared interests are formally recorded in the Register of Interests.
- 4.8 The Company's Code of Conduct defines the requirements in relation to hospitality and gifts, including meals or refreshments, accommodation or travel and conferences or seminars. It also outlines specific instances in which an offer can be accepted. For all offers of hospitality and gifts, employees and Board members are required to complete the Notification of an Offer form. In all cases, whether an offer has been accepted or rejected, details are included in the Register of Gifts and Hospitality.
- 4.9 As recommended by BMBC Auditors, Directors of Service are informed of all interests declared by Officers/Board Members relevant to their area, to enable checks and appropriate safeguards to be established, where required.
- 4.10 Board was asked in August 2024 to complete the annual Register of Interests Form, as well as providing ongoing updates as necessary. The responses attached as **Appendix B**.
- 4.11 The Board member register of interests is published on the BH website.
- 4.12 The Register for Gifts and Hospitality are recorded on the Notification of Offer Form on an ongoing basis by Board Members and employees. **Appendix C** lists the items added to the employee and Board register for 2024. There were no declarations made by Board members in 2024 and 2025. There were 6 employee declarations in 2024 and 2025, compared to 6 in 2023. The People team communicate staff responsibilities within the gifts and hospitality policy at least annually, with the last update sent in July 2024, and a further comms undertaken in April 2025.

Board Self-Evaluation (Appendix D) and 360 Degree evaluation

- 4.13 This annual formal board appraisal process is considered best practice and is also a requirement of the NHF Code of Governance: "The organisation is led by a skilled and diverse board which regularly reviews and capably manages its own performance and effectiveness and ensures that it complies with this code."
- 4.14 Board self-evaluations are a valuable tool to strengthen corporate governance, enabling board to measure how they are performing against their own governance objectives.

- 4.15 In conjunction with individual board member appraisals and ongoing feedback from board members, the self-evaluations feed into the annual and ongoing board development plan.
- 4.16 Annually, Board members are asked to individually complete the board self-evaluation checklist with the results being reported to Board, including an annual action plan. However, 3-yearly, this process is externally facilitated and was undertaken for 2024 by DTP.
- 4.17 As part of the 2025 evaluation, the Chair requested that EMT and the Head of Strategy, Governance and IT complete a 360-degree evaluation.
- 4.18 The [linked DTP action plan for 2024-25](#) identifies where actions have been completed and where actions are ongoing.
- 4.19 The outcome of the 2025 evaluation is positive, with responses reflecting the consensus of generally good performance throughout. The feedback which includes suggestions of 'What could we do better?' from the Board self-evaluation are at Appendix D and from the EMT/Head of Governance 360 Evaluation.
- 4.20 It is positive the review has identified further areas for improvement. Board are requested to consider how they wish to develop actions to respond to the areas highlighted for improvement. Options include establishing a Task & Finish Group or discussions at the next Strategic Planning Event.

NHF Code of Governance Annual Self-Assessment

- 4.21 The Board committed to the requirements of the National Housing Federation (NHF) Code of Governance in 2021 and completed an in-depth assessment. Each year we undertake an annual self-assessment against the Code.
- 4.22 The document will also be reviewed by BMBC Corporate Assurance, with the outcome of the audit report, timetabled at Audit and Risk Committee in June 2025.
- 4.23 The 2024-25 self-assessment has been undertaken (**Appendix F**) which has highlighted two areas of non-compliance:
- 3.4 (3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion.
 - 4.3 (7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place.

Appendix F also includes proposed actions for Board to agree to ensure full compliance. Progress against these actions will continue to be monitored by Board as part of the Governance Update report.

4.24 Board are asked to agree that a statement of compliance with the NHF Code of Governance be included into the Annual Accounts, on the basis of 'comply and explain'.

5. Risk and Risk Appetite

5.1 There is a risk that the Board, Audit and Risk Committee and management do not appreciate Berneslai Homes' key vulnerabilities and take appropriate action to manage them. The annual review of board data and Register of Interests and Gifts and Hospitality and the assurance provided within this annual report, ensures that effective mechanisms are in place for the management of associated risks.

5.2 Strategic Risk Appetite – Risk Adverse: We aim to comply with all relevant legislation and have zero tolerance for regulatory compliance issues. We give priority to internal audit recommendations and EMT receive a monthly report to monitor the undertaking of these actions. We have zero tolerance for failure to meet deadlines from regulators.

6. Strategic Alignment

6.1 The report aligns to the requirements from BMBC (Barnsley Metropolitan Borough Council) for the effective governance of Berneslai Homes. Good governance links to the successful achievement of all our ambitions:

- Hearing Customers
- Keeping tenants Safe
- Growth of Homes and Services
- Technology and Innovation
- Employment and Training
- Zero Carbon

7. Data Privacy

7.1 There are no data privacy implications arising from this report. This report undertakes the process of turning personal data into anonymous statistics. This is an internal process using existing personal data. No DPIA (Data Protection Impact Assessments) is required.

8. Consumer Regulatory Standards

8.1 This report relates to the Transparency, Influence and Accountability Standard, as it reviews performance reporting and decision-making to ensure best practice.

9. Other Statutory/Regulatory Compliance

9.1 No additional requirements.

10. Financial

10.1 Whilst there are no financial implications arising directly from this report, the actions highlighted throughout may themselves incur costs to implement, which will need to be delivered within existing budgets.

11. Human Resources and Equality. Diversity and Inclusion

- 11.1 Berneslai Homes aims for its services to be accessible to all our users, and it is important that the Board in its strategic capacity are representative of the community.
- 11.2 Employees and Board Members are required to complete a Declaration of Interest as part of their induction, annually and when changes occur. They are required to declare offers of gifts etc., as and when they occur to safeguard against allegations of fraud.
- 11.3 The process of reviewing board data and declarations of interests and gifts and hospitality does not require an EIA.

12. Sustainability Implications

- 12.1 No specific zero carbon implications from this report

13. Associated Background Papers

Not applicable.

14. Appendices

- 14.1 Appendix A – Board Governance KPIs data.
- 14.2 Appendix B – Board Member Register of Interests.
- 14.3 Appendix C – Employee and Board Register of Gifts and Hospitality.
- 14.4 Appendix D – Board self-evaluation
- 14.5 Appendix E – 360 Evaluation by EMT and Head of Governance, Strategy & IT-
Confidential not attached
- 14.6 Appendix F – Self Assessment against the NHF Code of Governance

Appendix A

BERNESLAI HOMES GOVERNANCE INDICATORS – 2024 to 2025

	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2024-2025 (new reporting timeline)</u>	<u>Target</u>
ATTENDANCE					
Board	81%	90%	89%	87%	90%
Sub-Committees	83%	83%	87%	82%	80%
Training Sessions	55%	82%	56%	56%	80%
Board Strategic Planning days (at least 2)	89%	89%	91%	90%	80%
Board members appointed	3	2	1	1	N/A
Board members retired	3	2	1	0	N/A
Average time of tenure for retired members	7 years	4.5 years	17 months (no longer a tenant)	n/a	6 years
BOARD MEETINGS					
Frequency	Five	Five	Five	Six	Five
Reporting Mechanisms					
Reports: % Decision	46%	50%	53%	49%	60%
% Information / Discussion	54%	50%	47%	51%	40%
Decision: % Board	100%	93%	89%	90%	65%
% Referred to Council	0%	7%	11%	10%	35%
Agenda: % Public	59%	76%	75%	70%	70%
% Confidential	41%	24%	25%	30%	30%
AUDIT COMMITTEE					
Frequency	Five	Five	Five	Five	Five
Reporting Mechanisms					
Reports: % Decision	36%	41%	34%	33%	N/A
% Consideration / Scrutiny	64%	59%	66%	67%	N/A
Annual Reports to Companies House					
Annual Reports to Companies House	100%	100%	100%	100%	100%

	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2024-2025 (new reporting timeline)</u>	<u>Target</u>
Papers distributed 5 working days prior to meeting	100%	100%	100%	100%	100%
	Appraisal - Chair				
Frequency	Annual review	Annual review	Annual review	Annual review	No target
By whom	Committee Chairs	SID and ARC Chair	SID and ARC Chair	SID and ARC Chair	
	Appraisal - NEDs				
Frequency	Annual with 6 month review	Annual with 6 month review	Annual review	Annual review	No target
BY WHOM	Chair	Chair	Chair	Chair	
	Appraisal - Board				
Frequency	December 2022	Delayed to February 2024	February 2024	May 2025	No target
By whom	Board Self-Assessment	External Review	External review	Board self-assessment (plus 360 degree with EMT and Head of service	

<u>BOARD DIVERSITY</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2024-2025</u>	<u>Customer Base 2024 comparative (main tenant)</u>	<u>Target</u>
	Gender					
Male	50%	70%	64%	67%	61%	50%
Female	50%	30%	36%	33%	39%	50%
	Ethnicity					
White British / English	70%	80%	82%	100%	87%	<90%
White Other	10%				2%	
Bangladeshi	10%	10%	9%		0.02%	
White and Black African	10%	10%	9%		0.10%	
Other					11%	

BOARD DIVERSITY	2022	2023	2024	2024-2025	Customer Base 2024 comparative (main tenant)	Target
	Disability					
None	90%	80%	73%	67%		<60%
With disability		10%	9%	11%	40% disclosed	40%
Not disclosed	10%	10%	18%	22%		
	Sexuality					
Heterosexual/Straight	80%	80%	82%	89%	73%	<90%
Not disclosed	20%	20%	18%	11%		
Gay man or					0.5%	10% or
Gay woman/Lesbian					0.5%	10%
Bisexual					1%	
	Faith					
Christian	60%	50%	55%	56%	52%	<70%
Muslim	10%	10%	9%		1%	30%
Other	20% (none) 10% (not disclosed)	30% (none) 10% (not disclosed)	27% (none) 9% (not disclosed)	33% (none) 11% (not disclosed)	32% (none)	
	Age					
18-25					3%	10%
26-35	10%	10%	9%		12%	
36-45	30%	10%	9%		17%	20%
46-55	30%	40%	27%	33%	16%	20%
56-65	30%	40%	55%	67%	19%	20%
66+					32%	30%

Register of Interest for Board Members – April 2025

Name	Details
Ken Taylor	a) NED of Efficiency North Holding Ltd b) NED of EN:Procure c) Chair of EN:Able Communities CIO
Sarah Tattersall	a) Elected Councillor of Barnsley MBC
Mark Johnson	a) Shares with Johnson Matthey, ITM Power
Richard Fryer	a) Governor, Stokesley School and 6th Form College b) Independent Member of the Audit and Risk Committee at Lincolnshire Rural Housing Association.
Jo Sugden	a) Executive Director of Ongo Group b) Company Secretary for the Ongo Group
Adam Hutchinson	a) Executive Director at Incommunities Ltd b) Voting member of Bradford Amateur Rowing Club
Kevin Osborne	a) Elected Councillor of Barnsley MBC b) Beneficial Interest in a property
Gez Morrall	a) BMBC Tenant b) Mapplewell And Staincross Village Hall Limited, Director c) Mapplewell & Staincross Village Hall (Trading) Ltd, Director
Rebecca Mather	a) BMBC Tenant

Appendix C - Register of Gifts and Hospitality for Employees and Board

No.	Register Date	Details of offer	Offer Accepted / Rejected
1	14/06/2024 (Employees x 2)	Provided as a thank you by Barnsley College. Buffet lunch, approx. £18 for both.	Accepted
2	27/06/2024 (Employee)	Provided as a thank you by Tenant. Box of chocolates – approx. £5	Accepted
3	23/09/2024 (Employee)	Sent as an apology due to no warning of cancelled event by WISH. Flowers – approx. £15	Accepted
4	25/11/2024 (Employee)	Provided as a thank you by Tenant. Calendar - £6.99	Accepted
5	02/12/2024 (Employees x 3)	Provided as a thank you by Barnsley College. Box of chocolates – approx. £5	Accepted
6	28/01/2025 (Employee)	Provided as a thank you by Tenant. Handmade Teddy - Approx £?	Accepted

Appendix D - Board Self-Evaluation.

Q.	Question	Fully	Partially	Not at all	Feedback and suggestions on what we could do better?
1	The Board determines the strategic direction and culture of the organisation and ensures that it achieves its aims and objectives.	7	1		<ol style="list-style-type: none"> 1. Annual objectives and targets are set by BMBC without reference to Board. 2. Board has had good discussion and input recently into strategic direction of the organisation. 3. The question of diversification and appetite for that feels like it is unresolved. 4. This has improved a lot since the new Chair started. 5. As a Board, we are fully engaged in setting the strategic direction of Berneslai Homes, as in the recent away day, aligning our decisions with core values and long-term objectives. We review progress to ensure accountability and positive outcomes for residents, although this could possibly be done on a more regular basis. It's important that going forward we keep a strong focus on ensuring the organisation's vision is translated into deliverable goals.
2	The Board supports and provides clear direction to Berneslai Homes Chief Executive.	8			<ol style="list-style-type: none"> 1. Clear approved strategies plans. 2. Need to understand how CEO performance is measured, assessed and agreed in the absence of RemCom. 3. We have a constructive and open relationship with the Chief Executive, offering clear guidance while respecting the distinction between strategic leadership and operational delivery. I believe the Board provides a supportive environment for Amanda which ensures that she is empowered to lead effectively.
3	The Board works well with the Executive Team and effectively challenges the Executive.	8			<ol style="list-style-type: none"> 1. Good challenge and support of Exec in mutually respectful manner. 2. The relationship between the Board and the Executive Team is based on mutual respect and I have good relationships with all members, and they are very open to discussions. While we work collaboratively, we also exert challenge where appropriate to ensure that decisions are robust, evidence-based, and in the best interest of residents. An example of this are the recent discussions around Voids.

Q.	Question	Fully	Partially	Not at all	Feedback and suggestions on what we could do better?
4	The focus of Board decision making is strategic rather than operational	4	4		<ol style="list-style-type: none"> 1. We're an operational delivery company, so right to focus on operations – in a strategic way. Some contributions from members can be very operational and this could be addressed in and out of meetings. 2. Not sure that this is always the case, or even if it should be – the world has changed with Boards needing to have more operational oversight and knowledge especially given the Consumer Standards, so I think this should be a balance. 3. There are times when immediate issues are made reference, but this is not a hinderance to the functioning of the Board. Important tat 'in the news' issues are discussed. 4. There is further scope to improve performance reporting to facilitate strategic discussion of key themes, rather than getting into the detail of individual metrics. 5. The Board maintains a clear focus on strategic matters, trusting the Executive Team to manage day-to-day operations. We ensure that our time and discussions are used effectively to consider long-term priorities, risks, and opportunities.
5	The Board has access and insight into the needs of Berneslai Homes residents, and this is used to inform decision making?	4	4		<ol style="list-style-type: none"> 1. Good use of customer insight in board reports. Detailed session on survey results. 2. Need to keep focus in board decision on how they relate to particular customer insights and needs. 3. Given the current budgetary constraints and the need to make savings I think the Board need more conversations about how this may affect services to tenants. Board need to make those strategic decisions about where priorities should be focussed and any potential impacts of those decisions. 4. I believe there could be greater insight into the views of tenants but also those on the waiting list. 5. Need to ensure customer engagement activity is aligned with the Board action plan to enable tenant views to be taken on board for key items. 6. More use could be made of the Customer Services Committee, with a stronger tenant voice, to explore issues in-depth on behalf of the Board. 7. Understanding the needs of our residents is central to our work and we always need to be mindful of the real reason we are here. BH use a variety of channels—such as residents on the Board, surveys, and community engagement activities—to gain insight.

Q.	Question	Fully	Partially	Not at all	Feedback and suggestions on what we could do better?
					This does inform our strategic decisions and helps ensure that resident voices are at the heart of everything we do, but we can do better here.
6	The Board provides an appropriate degree of constructive challenge that enhances the decision-making process	7	1		<ol style="list-style-type: none"> 1. Good debate at meetings from different perspectives. 2. The above comments apply to this and hence why I've only scored "partially". (5.3) 3. Our board meetings are marked by a healthy level of scrutiny and constructive challenge. Our approach improves the quality of decision-making and ensures that all perspectives are considered before key decisions are made. Ken is a real asset in this regard.
7	The Chair leads effectively on meeting management, inclusiveness, consensus seeking and dealing with conflicts	7 n/a			<ol style="list-style-type: none"> 1. We benefit from very good chairing 2. Excellent Chair who seeks and incorporates all views. 3. Ken plays a pivotal role in ensuring meetings are well-structured, inclusive, and focused. They foster a culture of openness and respect, facilitating balanced discussion and ensuring that any disagreements are handled professionally and constructively. The relationships with Council colleagues are noticeably more positive and collaborative.
8	The Board works effectively as a team and debates issues sufficiently	8			<ol style="list-style-type: none"> 1. Everyone needs to be mindful of the agenda and level of debate required for each decision/paper. 2. We need to read papers in advance and ask questions of clarification ahead of time, so meeting time is spent on assurance etc. 3. In my opinion, we operate as a cohesive team, bringing diverse experiences and viewpoints to the table. Debate is encouraged, and we engage in meaningful dialogue to reach informed and well-supported decisions that benefit the organisation and its stakeholders.
9	The Board makes effective decisions. The frequency, timing of meetings, and the quality of Board papers aid effective decision making.	7	1		<ol style="list-style-type: none"> 1. In person Board meetings are good. 2. Once we agree time/date it is helpful to stick to it – March meeting in and out and in diaries. 3. There is further scope to improve performance reporting to facilitate strategic discussion of key themes, rather than getting into the detail of individual metrics. 4. In my experience, the BH Board meetings are timely and the Board makes well-informed decisions. The scheduling and frequency of meetings are appropriate to

Q.	Question	Fully	Partially	Not at all	Feedback and suggestions on what we could do better?
					ensure we maintain strategic oversight without becoming operational. Board papers are generally clear and comprehensive, and distributed with enough time for proper review, supporting effective discussions and decision-making.
10	The Board manages risk, information governance & cyber security effectively with an appropriate level of delegation to the Audit & Risk Committee.	8			<ol style="list-style-type: none"> 1. Really good structures for risk management, including info gov and cyber. 2. Need to keep them fresh, and ensure Board fully aware of its responsibilities. 3. Risk management is taken seriously by the Board, with appropriate oversight through regular reporting and updates. As a member of the A&R committee I can confirm that this area is a real strength and well chaired by Adam.
11	The Board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all the organisation's activities and in our own composition.	4	4		<ol style="list-style-type: none"> 1. Chair has particular focus which I support. Keep Chair's challenge on the agenda. 2. This is always an area of improvement and a journey. Board diversity needs to be looked at following recent changes. 3. Need to increase the diversity of the Board 4. The composition of the Board has become less diverse in the last year. This should be addressed in future recruitment and succession. 5. There is a strong and visible commitment to EDI across the BH Board. We shape policies, scrutinise service delivery, and review our own composition, as is often the case in this area, we can do better. Barnsley is a challenging area for EDI. We are actively supporting BH Exec initiatives to ensure that Berneslai Homes reflects the communities it serves and fosters a culture of inclusion.
12	The Board receives the appropriate level of training to ensure they can operate effectively as a Berneslai Home Board member.	8			<ol style="list-style-type: none"> 1. Good training offer. 2. I feel well-supported in developing the skills and knowledge needed to contribute effectively. Where further training is required, it is identified and addressed in a timely manner though self-assessment and reviews with the Chair.
13.	The board understands the key risks that are on the horizon.	8			<ol style="list-style-type: none"> 1. Good board with range of skills and experience. 2. Strategy sessions helpful 3. The Risk framework is in my opinion exemplary.
14.	The board understands Berneslai Homes' key relationships/partners.	5	3		<ol style="list-style-type: none"> 1. It might be helpful to be clearer on BMBC vision and strategy – perhaps policy briefing at some time from the new Service Director?

Q.	Question	Fully	Partially	Not at all	Feedback and suggestions on what we could do better?
					<p>2. Developing a new relationship with the council representative following Cathy's departure – might be good to have an informal session to get to know them a bit better and vice versa</p> <p>3. The Board understands the relationship with the Council but the links between the Board and the Council could be clearer and stronger.</p> <p>4. The Board has limited insight and involvement with the other partners BH engages with.</p> <p>5. We are well-briefed by the Chair and CEX on BH's key external partnerships, particularly with Barnsley Council, regulatory bodies, and local stakeholders. This understanding helps ensure that our decisions support and strengthen those relationships in pursuit of shared goals for the community.</p>

Code of Governance – Compliance Check list – 2024-2025 Review

Key - Compliance (Y/N): **Green** – compliant, no actions **Red** – not compliant

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
Principle 1: Mission and values			
The board sets and actively drives the organisation’s social purpose, mission and values and through these embeds within the organisation resident focus, inclusion, integrity, openness and accountability.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>Evidence:</p> <ul style="list-style-type: none">• Strategic plan – annual review by Board – approved Dec-24• Memorandum and Articles – Approved by Board Aug-24• Management Agreement and delegated functions with BMBC – last reviewed and agreed at Cabinet Sept-20.• Board Terms of Reference:<ul style="list-style-type: none">◦ ‘Setting and ensuring compliance with the values, mission and strategic objectives of the organisation and ensuring its long-term success’.• ARC Terms of Reference:<ul style="list-style-type: none">◦ ‘to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements.’• CS Committee Terms of Reference:<ul style="list-style-type: none">◦ ‘to ensure that we engage effectively with our customers and focus on enhancing the delivery of our customer experience’.• Board and Committee forward plans – reviewed at every meeting.• Customer Service Committee’s held out in the communities twice per year and a pre meet advertised for tenants to come along, meet the committee and listen and hear their views – Nov-24• Tenant representatives attend Customer Services Committee in an advisory capacity• Board chair is an ambassador with greater visibility• Board Bulletin monthly to board members – encourages customer and staff engagement• Board Champions in EDI, customer engagement and complaints, H&S, Repairs and Assets – working with staff to drive the culture from Board. – Agenda item on every board mtg.• Board discuss strategic direction and operating context at Strategic Planning days:<ul style="list-style-type: none">◦ Jul-24: External facilitator HDN. Developing an EDI vision.◦ Nov-24: External facilitator DTP. Social housing operating environment.◦ Mar-25: External facilitator DTP. Strategic Plan review and Governance arrangements.	Action needed:
	Comments: The strategy, vision and values are all set and owned by the Board. The People Strategy covers development of the culture. Area of continuous improvement		By whom:
			By date:
Compliance: from principle to practice			
1.1 Mission: the board leads the organisation in pursuit of achieving its social purpose. The board sets the organisation’s mission and values, and regularly reviews and reaffirms their relevance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p>Evidence:</p> <ul style="list-style-type: none">• Strategic plan – annual review by Board – approved Dec-24• Various underpinning strategies• Delegated decision framework in place identifying Board, Committee and EMT areas of responsibility – approved by Board Sep-2024.• Board Terms of reference• ARC Terms of Reference – reviewed by Ctte Jan-24• CS Committee Terms of Reference – reviewed by Ctte Nov-24• Board & EMT Strategic Planning days to review strategy and operating environment:<ul style="list-style-type: none">◦ Nov-24: External facilitator DTP. Social housing operating environment.◦ Mar-25: External facilitator DTP. Strategic Plan review and Governance arrangements.• Board Self Evaluation – annual• CS Ctte and ARC annual self-assessments – Nov-24 / Jan-25• Committee debriefs presented by Ctte Chair at each Board.• Board role profiles• Board development schedule regarding operating environment:	Action needed:
	Comments: The Board leads the organisation and sets and reviews the mission and values.		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
1.2 Resident focus: the needs and safety of the organisation's current and future residents and other customers are placed at the heart of the board's decision-making.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> HIGHLIGHT AS AREA FOR CONTINUOUS IMPROVEMENT AND LINK TO DTP WORK	Evidence: <ul style="list-style-type: none"> Achieved C1 Consumer Standard Grading from Regulator of Social Housing Resident Insight and Engagement Strategy – approved by Board Feb-25 (numerous consultation sessions with involved tenants, with associated action plan) Key Ambitions in our Strategic Plan – Keeping Tenants Safe / Hearing Customers Tenant Voice Panel reps attend customer services Committee in an advisory role Board includes 2 Tenant Board members Tenant Board members on the CSC, ARC. TSA compliant tenant annual report. - approved by CSC Aug-24. Also to Board from 2025. Compliance and performance management of Health and Safety KPIs, includes Damp and Mould – to each board meeting Customer First video to board mtgs regularly – the difference tenants make - Dec-24 Tenant Satisfaction Measures and Mid-Year results and actions - Dec-24 Board Complaint Performance and Learning – quarterly to CSC, Annual to Board RSH Consumer Standards – Regulatory Board set up in April 2023 to assess and drive compliance with new set of Consumer Standards – this board met frequently up until the Inspection in September 2024 resulting in C1 rating. The meetings recommenced in March 2025 5-weekly called the Consumer Standards Oversight Board. Tenant reps on panel. Regulatory board reports to CS Cttee and BMBC. Quarterly performance monitoring to CSC, Board, Council Board Champions: complaints and customer engagement, H&S, Repairs and Assets, EDI Fire Safety updates to Board – May-24 Reports to Board include section on tenant voice on page one. Board chair – ambassador with increased visibility, proactively engages with Tenant Groups Hearing Tenants – Involvement and Influence quarterly update to CSC Building Safety Resident Engagement Panel – 6 monthly updates to CSC Annual assessment against Housing Ombudsman Code – To CSC May-24 Disrepair policy – Board Dec-24 	Action needed:
	Comments:		By whom:
	A huge amount of work is being done in this area and we do meet the code but there are still actions needs to ensure this is embedded further and we continue to ensure board have oversight and assurance of these areas.		By date:
(1) There are policies, frameworks and opportunities which enable, encourage and support residents and other customers to engage with, influence and contribute to strategic decision-making.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Resident Insight and Engagement Strategy – approved by Board Feb-25 (numerous consultation sessions with involved tenants, with associated action plan) Policy and procedure framework - Involving tenants in changes and creation of new policies via TVP, Scrutiny and Check-it Challengers Tenancy Policy – approved by Board Dec-24 – inc tenant consultation 2024 Tenant Satisfaction Survey Results and Actions – to Board Feb-25 Tenant Satisfaction Mid-Year Survey results and actions – to Board Dec-24 Hearing Tenants – Involvement and Influence quarterly update to CSC, inc Customer Engagement round-up. Building Safety Resident Engagement Panel – report to CSC 6-monthly Tenant Scrutiny reports to CSC – E&A Major Adapts to CSC May-24 TVP reps on the CSC Customer views section on all board and committee reports – inc in the Exec Summary Tenant Board Members – 1 on CSC and 1 on ARC Complaint Performance and Learning – quarterly to CSC, Annual to Board Jul-25 Housing Ombudsman Code – Annual Self-Assessment – to CSC May-24 Information to tenants via social media, Berneslai Bulletin and BH website to inform them of ways they can influence strategic decision making Customer Panel to gain feedback from customers to influence strategic decision making – Lettings Policy Nov-24, RSH Landlord performance Feb-25 (board invited) 	Action needed:
	Comments:		By whom:
			By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Tenant Satisfaction Measures Mid-Year Survey results and actions – to Board Dec-24 Annual TSM Survey results reported to Board with associated Action Plan in February 2025 	Action needed:
	Comments:		By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(2) The board has access to insight into the views and needs of the organisation's residents and other customers (including insight into their concerns and complaints) and uses this to inform decisions where appropriate.		<ul style="list-style-type: none"> Complaint Performance and Learning – quarterly to CSC, Annual to Board Jul-24 Annual assessment against Housing Ombudsman Code – To CSC May-24 – Tenant Voice Panel reps on Customer Services Ctte Customer views section on all board and committee reports – also in Exec Summary Examples of where customer feedback insights have informed Board decision making: <ul style="list-style-type: none"> Tenancy Policy – approved by Board Dec-24 – inc tenant consultation Lettings Policy new – impact of policy measured at Customer Panel 2024 and reported to CSC Nov-24 Customer First video item on Board agenda throughout the year Sessions Board are invited to, to hear tenants voice: <ul style="list-style-type: none"> Board chair – ambassador with increased visibility, proactively attends Customer Engagement events Customer Panel – Lettings Policy Nov-24, RSH Landlord performance Feb-25 Board encouraged to attend estate walkabouts Board Bulletin monthly contains opportunities to engage with tenants and staff Reports detailing feedback from customers: <ul style="list-style-type: none"> Hearing Tenants – Involvement and Influence quarterly update to CSC, inc Customer Engagement round-up. Building Safety Resident Engagement Panel – report to CSC 6-monthly Tenant Scrutiny reports to CSC – E&A Major Adapts to CSC May-24 Board Champions: includes Complaints and Customer Engagement champion (who attends the complaints review meetings with other tenants) – Agenda item at every board meeting for champions to feedback. 	By date:
(3) There are policies in place which reflect that the safety of residents and other customers (as well as that of the workforce and the wider public) is an overriding priority, and the board receives reports annually on their operation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Building Safety Policy – To Board Sept-24 Fire Safety Policy – To Board Sept-24 Management Plan for Fire and Building Safety – To Board Sept-24 Disrepair Policy – Board Dec-24 Compliance Policy – To Board Sep-24 Annual Reporting to Board on operation of policy: <ul style="list-style-type: none"> BMBC management of H&S Audits – summarised annually to Board Sep-24 Employee H&S report to board annually Jul-24 Building Safety Compliance Year-end Report 2023/24 – Board Jul-24 Other reporting to Board/Committees: <ul style="list-style-type: none"> Fire Safety & Building Safety Update – Board May-24 Building Safety & Compliance Scorecard reported quarterly to Audit & Risk Committee Performance Scorecard (including TSM KPIs) reporting quarterly and annually to CSC, Board, Council Board Fact sheet (compliance) – quarterly to Board Dec-24 Corporate Assurance Audits reported to Audit & Risk Committee: Lift Compliance 2024. Annual Committee and board workplans include safety reports Governance framework includes the following: <ul style="list-style-type: none"> Asset Management Housing Stock board – EMT, Board and BMBC reps. Building Safety Board – tenant reps Building Safety Resident Engagement Panel – 6 monthly updates to CSC 	Action needed:
	Comments:		By whom:
			By date:
(4) The organisation regularly reports to its residents on how its commitments to resident focus have been delivered.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Communications Strategy Strategic Plan and Annual Business Action Plan on website – Board Dec-24 Annual report to tenants on website – also included this information in libraries, on screens in public buildings to increase awareness. Approved by CSC Aug-24. Public Board reports and Ctte meeting summaries on website Board meetings advertised on website – anyone can attend public meetings CSC – 2 per year in the community – Nov-24 Performance section on website - quarterly meeting held with tenants to discuss performance Results of customer satisfaction surveys on website – repairs, complaints, contact centre, ASB, 	Action needed:
	Comments:		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Income calls, annual survey, TSM performance. Customer Engagement monthly round-ups on website Berneslai Bulletin to tenants - monthly Berneslai Beacon published quarterly Customer Panel Sessions delivered in 24/5 included – Lettings Policy Nov-24, RSH Landlord performance Feb-25 Social media – Facebook, Instagram Building Safety Board – tenant reps Check It Challengers (relevant updates covered in the report to CSC Hearing Tenants – Involvement and Influence Update) Tenant Voice Panel (relevant updates covered in the report to CSC Hearing Tenants – Involvement and Influence Update) Tenant Scrutiny (relevant updates covered in the report to CSC Hearing Tenants – Involvement and Influence Update) Estate walkabouts (relevant updates covered in the report to CSC Hearing Tenants – Involvement and Influence Update) Customer Panel (relevant updates covered in the report to CSC Hearing Tenants – Involvement and Influence Update) TARAs (relevant updates covered in the report to CSC Hearing Tenants – Involvement and Influence Update) Customer Engagement Quarterly Newsletter published on website - Mar-25 Community Champions network 	
1.3 The board demonstrates a clear and active commitment to achieve equality of opportunity, diversity and inclusion in all of the organisation's activities, as well as in its own composition. It has policies and statements which meaningfully demonstrate this commitment and sets priorities and objectives for the organisation to achieve.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Strategic Plan includes commitment to EDI – approved by Board and published. Equality, Diversity and Inclusion Strategy 2022-2025. Updates on actions to Rem Ctte Aug-24 Suite of EDI policies Board Succession and Recruitment policy inc Diversity Board EDI champion, who also attends corporate EDI Steering Group and feeds back at each board meeting Chair signed up to NHF EDI Chairs Challenge Publish Gender pay gap – Board May-24 HDN session with Board to raise awareness of EDI- 2024 Quarterly Performance reports monitors one protected characteristic (disability) of staff – to CSC, Board Board KPIs reported annually which includes board diversity – ARC Jan-24. One Board Member participating in the HDN Board mentoring EDI is a mandatory section within all ctte and Board reports. 	Action needed:
	Comments: work is being done in this area and we do meet the code but there are still actions needs to ensure this is analysed further and we continue to ensure board have oversight and assurance of these areas.		By whom:
			By date:
(1) The board seeks regular assurance about how these commitments and objectives are being delivered in practice, and tracks progress against the priorities it has set.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Equality, Diversity and Inclusion Strategy 2022-2025. Updates on actions to Rem Ctte Aug-24 Board EDI champion, who also attends corporate EDI Steering Group and feeds back at each board meeting Quarterly Performance scorecard monitors one protected characteristic (disability) – to CSC, Board Board KPIs which includes diversity reported annually – ARC Jan-24. Gender pay gap published – Board May-24 Mandatory section within all ctte and Board reports. Hearing Tenants report quarterly to CSC (increases ability to identify different needs) Complaints Performance and Learning – quarterly to CSC, to Board Jul-25 (increases ability to identify different needs) Board Succession and Recruitment policy inc Diversity EDI data update to Rem ctte Dec-24. 	Action needed:
	Comments:		By whom:
			By date:
(2) The organisation annually publishes information about its work to deliver these commitments and objectives, and the progress it has made.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Gender Pay Gap published Strategic plan and action plan published, with progress published in the Annual Report to Tenants 	Action needed:
	Comments:		By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Board public reports and Ctte meeting summaries published includes EDI progress Performance section on website includes – Quarterly performance on one protected characteristic (disability) Tenant EDI stats published EDI engagement calendar Reasonable adjustments section on website 	By date:
1.4 Culture: the board regularly considers and defines the culture and behaviours that will best enable the organisation to deliver its mission and values.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Code of Conduct Strategic Plan sets out values People Strategy sets out culture and behaviours Board Code of Conduct – signed at induction Employee and Board Register of Interest and register of gifts and hospitality – Aug-24 – reported to board Jan-25 Board Self Evaluation considers culture and behaviours –completed annually with results reported to Board Board meetings all face to face. Board chair – ambassador with increased visibility Board induction programme. Board Champions in EDI, customer engagement and complaints, H&S, Repairs and Assets – working with staff to drive the culture from Board. – Agenda item on every board mtg. 	Action needed:
	Comments:		By whom:
			By date:
(1) The board leads by example and promotes the culture of the organisation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> People Strategy sets out the vision for the organisational culture Annual report to tenants demonstrates value of customer first Board invited to attend customer and staff engagement events, including Customer Panel and Estate Walkabouts Customer services committee in the communities meeting tenants – twice per year – Nov-24 Board chair – ambassador with increased visibility Board Code of Conduct Individual board appraisals highlight importance of leading by example Board encouraged to undertake job shadowing: <ul style="list-style-type: none"> Attended Building Safety Board – ST, 2025 Attended with ASB Team – KT 2025 Attended a H&S site visit – GM 2025 Attended with Lettings – GM 2025 Attended with Tenants First – KT 2024 Board Champions in EDI, customer engagement and complaints, H&S, Repairs and Assets – working with staff to drive the culture from Board. – Agenda item on every board mtg. Board meetings face to face 	Action needed:
	Comments:		By whom:
			By date:
(2) (2) The board seeks regular assurance that its desired culture and behaviours are being enacted in practice in alignment with its mission and values	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> 2024 Tenant Satisfaction Survey Results and Actions – to Board Feb-25 Tenant Satisfaction Mid-Year Satisfaction results and actions – to Board Dec-24 People and culture presentation to Rem Ctte Mar-25 highlighted challenges regarding culture and actions being taken Board Champions in EDI, customer engagement and complaints, H&S, Repairs and Assets – working with staff to drive the culture from Board. – Agenda item on every board mtg for Champions to feedback to Board. Complaints Performance and Learning – quarterly to CSC Housing Ombudsman Code – Annual Self-Assessment – to CSC May-24 – due to Board Jun-25 and then to BMBC Tenant Scrutiny reports to CSC – E&A Major Adapts to CSC May-24 	Action needed:
	Comments:		By whom: Head of Customer Services
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
1.5 Integrity: the board, its members and the organisation maintain high standards of probity and conduct.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Code of conduct signed by all members Employee Code of Conduct 	Action needed:
	Comments:		By whom:
			By date:
(1) The board adopts a formal code of conduct to which all its members adhere.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Code of Conduct 2023-25 – approved by Board May-23 Board signed by all members 	Action needed:
	Comments:		By whom:
			By date:
(2) The board has clear policies and procedures for its members to identify, declare, record and manage any actual, potential and perceived conflicts of interest	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Standard agenda item for all Committee and Board meetings Gifts and hospitality declaration policy Gifts and Hospitality Policy – Board Expenses policy – Board Code of Conduct – signed at induction Employee and Board Register of Interest and register of gifts and hospitality – Aug-24 – reported to board Jan-25 and May-25. 	Action needed:
	Comments:		By whom:
			By date:
(3) There is a publicly available register for board and committee member declarations of interest which is reported on annually to the board	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Register of interest form completed – induction, annual and as required Board register of interests published on the BH website. Employee and Board Register of Interest reported to board twice per year 	Action needed:
	Comments:		By whom:
			By date:
(4) Where there is a material conflict of interest, any individual concerned withdraws from the board's discussions and decisions on relevant matters.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Standard agenda item for all Committee and Board meetings Board Code of Conduct – approved by Board May-23 Memorandum and Articles of Association Board and Committee Terms of Reference Minutes of meetings record any interests and whether the individual withdraws from the meeting. 	Action needed:
	Comments:		By whom:
			By date:
(5) In case of a fundamental or ongoing material conflict, the board determines whether the person concerned should cease to be a board member.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Member Agreement of Service – covers material conflict Board Code of Conduct covers conflicts of interests Memorandum and Articles covers reasons why members can't be on the board Board appraisals (annual) discusses any actual or perceived conflicts. 	Action needed:
	Comments:		By whom:
			By date:
1.6 Accountability: the board operates openly and transparently, and demonstrates accountability to key stakeholders including residents, other customers, and partner statutory bodies.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Public board meetings published on website, inviting public to attend Key decisions published within board reports – public board reports published, inc minutes published separately Summaries of ARC and Customer Services Committee published online Board and Cttes section on website Tenant and Councillor reps on Board and Cttes Tenant Voice Panel reps on CSC Annual report to tenants published on BH website and distributed 	Action needed:
	Comments:		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Annual accounts and AGM published on BH website Reports from Board to BMBC (as key stakeholder and landlord) inc Performance, finance Stakeholder representative (BMBC) at every Board meeting Tenant Scrutiny reports to CSC 	
(1) The board publishes information annually about the organisation's activities, performance and plans for future improvements which is accessible to its key stakeholders, and covers the matters referred to in this code.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Tenant Voice influence 23/24 on website Board meetings advertised on website – anyone can attend public meetings Performance section on website - Annual and quarterly Performance published. Results of customer satisfaction surveys (inc TSM) on website – repairs, complaints, contact centre, ASB, Income calls, annual survey, TSM performance. Strategic Plan 21-31 – annual review published, including Annual Business Action Plan Annual report to tenants published AGM – annual report and financial statements published, includes disclosure on compliance with this code . Social media used Berneslai Bulletin Annual Board reports published on the website 	Action needed:
	Comments:		By whom:
			By date:
(2) The organisation systematically identifies and regularly communicates with its key stakeholders and receives feedback about their views. In doing so it has regard to the communication needs of the diverse groups and communities it serves.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> ALMO liaison meetings – monthly and quarterly – attended by EMT, , BMBC BMBC rep at Board meetings Relevant reports to Cabinet / Council Tenant Voice Panel – 2 reps on CSC Customer Views section within board and committee reports at the beginning of the report Customer Panel – attended by board members and EMT. Tenant Satisfaction Measures and Mid Year results and actions published on BH website with action plan Resident Insight and Engagement Strategy – approved by Board Feb-25 (numerous consultation sessions with involved tenants, with associated action plan) Complaint Performance and Learning – quarterly to CSC, Annual to Board TSA compliant tenant annual report - approved by CSC Aug-24. Also to Board from 2025. Communications strategy – monthly bulletin, social media, website, SMS messages Hearing Tenants – Involvement and Influence quarterly update to CSC, inc Customer Engagement round-up. Board Champions in EDI, customer engagement and complaints, H&S, Repairs and Assets – working with staff to drive the culture from Board. – Agenda item on every board mtg. Annual Staff satisfaction survey results reported to Board and updates provided to Rem Co on actions developed. Recognition of trade unions and regular trade union liaison meetings well embedded Employee Engagement groups – Board received the staff Comms as part of the Board bulletin Regulatory oversight board– attended by BH, tenant board member and BMBC, Tenant rep. 	Action needed:
	Comments:		By whom:
			By date:
(3) Opportunities and information are provided for residents and other customers independently to scrutinise the work of the organisation and to hold it to account, and the board reviews these arrangements regularly to ensure that they remain fit for purpose.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Tenant Voice Panel – 2 reps on CSC Customer Panel – attended by board members and EMT. Resident Insight and Engagement Strategy – approved by Board Feb-25 (numerous consultation sessions with involved tenants, with associated action plan) Hearing Tenants – Involvement and Influence quarterly update to CSC, inc Customer Engagement round-up. Building Safety Resident Engagement Panel – report to CSC 6-monthly Tenant Scrutiny reports to CSC – E&A Major Adapts to CSC May-24 Annual assessment against Housing Ombudsman Code – To CSC May-24 – due to Board Jun-25 and then to BMBC Annual report to tenants Customer Services Ctte includes customers – scrutinise performance 	Action needed:
	Comments:		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Tenant Board Members Cllr Board members Board reports published Performance reports published and these are aligned with TSM and revised consumer standards Website in line with Consumer standards Board Champions in EDI, customer engagement and complaints, H&S, Repairs and Assets – working with staff to drive the culture from Board. – Agenda item on every board mtg. Regulatory oversight board – attended by BH, tenant board member and BMBC, Tenant rep. 	
(4) The organisation publishes clear and up-to-date information about its board members, committees, and governance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board section on the BH website Companies House filing and updates published on-line Annual report and financial statements published on website, includes all board members, details of committees and governance arrangements Board Public reports and minutes published on the BH website Governance Indicators published annually on the BH website Tenant newsletter regularly covers board Committee meeting summaries published on website Declarations of interest published 	Action needed:
	Comments:		By whom:
			By date:
(5) The organisation responds in a considered, open and transparent way to requests for information about its work, activities, and decisions made by the board, where it cannot provide certain information it gives clear reasons as to why this is the case.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> FOI responses published on website Publication scheme on website DPO Assurance report to ARC Info Gov and Security Compliance quarterly update to ARC (inc FOIs, SARs, breaches) – Jan-25 Corporate Assurance reviews reported to ARC – monthly AMA reporting to EMT and quarterly AMA reporting to ARC Dedicated Governance email address for information requests Data Protection inbox – SARs, FOIs, breaches – info on how to contact BH on website Use ICO guidance for exemptions on FOIs and SARs 	Action needed:
	Comments:		By whom:
			By date:
(6) The role of shareholders in the governance of the organisation is documented and understood.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association -BMBC is sole member Role profile for BMBC Shareholder attending board mtgs – to Board Feb-23 Management Agreement and delegated functions with BMBC 	Action needed:
	Comments:		By whom:
			By date:
(7) Organisations with open shareholding publish their policy for admission of shareholders.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence	
	Comments		
		NOT APPLICABLE	
1.7 Reputation and trust: the board takes into account in its actions and decisions the importance of maintaining trust in the organisation and upholding its reputation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Code of Conduct 2023-25 – approved by Board May-23 Gifts and Hospitality Policy – Approved by Rem Ctte Nov-22, Updated version emailed to Board Feb-25 (approved by the Chair). Board Expenses policy – approved by Rem Ctte Jun-24 Board Code of Conduct– signed at induction Employee and Board Register of Interest and register of gifts and hospitality – Aug-24 – reported to board Jan-25 and May-25. Declaration of interests – standard board and committee agenda item Public Board papers and minutes of the Board Meetings published. Ctte meeting summaries published Dedicated Board section on website – Board register of interests, annual KPIs 	Action needed:
	Comments:		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none">Quarterly and annual risk reports to ARC and Board – reputation recognised as a strategic risk	
Principle 2: Strategy and delivery			
The board sets ambitions, plans and strategies which enable the organisation to fulfil its social purpose and remain viable and sustainable, and exercises demonstrable and effective oversight of their delivery.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none">Strategic plan 21-31 – annual review by Board – approved Dec-24Board set the direction in the strategic plan which is reviewed annuallyBoard EMT Strategic Planning daysRisk management framework Strategy 2024-2026 - annually reviewed by ARC then Board Aug/Sep-24Asset Management Strategy 21-26 – Board May-21. Reviewed by CSC Dec-23.Resident Insight and Engagement Strategy – approved by Board Feb-25 (numerous consultation sessions with involved tenants, with associated action plan)Equality, Diversity and Inclusion Strategy 2022-2025 – Approved by Board Dec-21. Updates on actions to Rem Ctte Aug-24People Strategy – to Rem Ctte Mar-25HWB Strategy 2022-25 – approved by Board Jul-23. Update to Rem Ctte Aug-24Value for Money strategy and reporting to Board – Feb-25Annual Investment Strategy to ARC and Board –Procurement Strategy – to ARC Oct-24Delegated decision-making framework and terms of reference for Committees – annual reviewBoard and Committee forward plans – standard agenda itemAll Board and Committee papers circulated 5 working days in advance electronicallyAll agendas and minutes formally recorded.All Public Board papers published on BH websiteCtte meeting summaries published on websiteAll reports in standard format.Regulatory oversight board– attended by BH, tenant board member and BMBC, Tenant rep.	Action needed:
	Comments:		By whom:
			By date:
Compliance: from principle to practice			
2.1 Strategy, resources and plans: the board sets the organisation’s overall direction and strategy in line with its charitable, community benefit or other constitutional purposes.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none">Strategic plan 21-31, annual review by Board – approved Dec-24 – published on the website, in line with BH & BMBC Services AgreementAnnual Business Action Plan approved by Board –Board EMT Strategic Planning days	Action needed:
	Comments:		By whom:
			By date:
(1) The board sets financially sustainable plans to ensure that the organisation has the resources it needs to deliver its strategy.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none">Strategic Plan – annual review by Board, aligned to available resourceProposed Budget and HRA Budget annual report to board – Mar-25, then to BMBC for approvalAnnual Investment Strategy to ARC and Board – Board Strategic planning days – discussions regarding financial viabilityFinancial update reports to BoardValue for Money strategy and reporting to Board – Feb-25Repairs and Maintenance Investment plan – to Board Sep-24	Action needed:
	Comments:		By whom:
			By date:
(2) The board gives specific consideration in setting such plans to value for money, financial sustainability; carbon neutrality and environmental sustainability; and social sustainability.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none">Strategic PlanValue for Money strategy and reporting to Board – Feb-25Financial update reports to ARC and BoardBoard approve annual budgetsIncluded in reports to Board are financial implications, zero carbon, sustainability and value for money - Board report template.Asset Management Strategy 21-26 – Board May-21. Reviewed by CSC Dec-23.	Action needed:
	Comments:		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Sustainability Strategy 2022-27 (approved by Board Sep-22) with Actions Plan Progress Reviews – Board Feb-24 Procurement Strategy (ARC Oct-24) and update reports to ARC 	
2.2 Structures: organisational and governance structures support the delivery of the organisation's social purpose and strategic objectives.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum of Association and Articles of Association details constitution and membership - Terms of References Board and Committees Board Role Profiles – Sept 2020 	
(1) Structures are designed to support effective delivery and oversight of strategy, are clearly set out, and are regularly reviewed to ensure they remain fit for purpose.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: As above <ul style="list-style-type: none"> Memorandum & Articles of Association Terms of References Board and Committees – annually reviewed Board composition 	Action needed: By whom: By date:
(2) The board considers regularly whether the organisation's purpose could be better achieved through changes to its group, governance or staffing structures.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: AS AN ALMO BH MUST COMPLY WITH THE MEMORANDUM & ARTICLES OF ASSOCIATION AS AGREED BY BMBC, THEREFORE, DO NOT CONSIDER A GROUP STRUCTURE. <ul style="list-style-type: none"> Board determine the appropriate Sub-Committee Structure – review partially completed during 2024/25 to be completed during 2025/26 Staffing structures delegated to EMT – Decisions approved by Board for larger scale restructures. (If more than 10% of the organisation it goes to Board or restructure at EMT level) – Delegations framework 	Action needed: By whom: By date
2.3 Working with others: within the organisation's overall corporate strategy (or associated strategies and plans) there is consideration given to whether and how active cooperation, collaboration, joint working or partnership with other organisations could enable it to deliver its social purpose and strategies more effectively and economically.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic plan 21-31 is aligned to BMBC 2030 vision – annual review with Board and BMBC, ambitions include working in partnership with local organisations CEO is a member of the Barnsley 2030 Board BMBC BH Management Agreement 10 years Procurement Strategy VfM Strategy Sustainability Strategy Asset Management Strategy UKSPF Procurement Strategy 	Action needed: By whom: By date:
2.4 The chief executive: the organisation has a chief executive, or equivalent, with the delegated authority to oversee and manage operational delivery of the strategies set by the board.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Delegated Decision framework JD and person spec for CEO Annual appraisal by Chair, Chairs of Committees and the SID 	Action needed By whom: By date:
(1) The responsibilities of, and delegations to, the chief executive are clearly set out.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Delegated Decision framework 	Action needed: By whom: By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Action needed:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(2) The chief executive has a formal contract of employment; this and the remuneration under it are reviewed regularly, with independent advice as required.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> All employees, inc CEO, have Contract of employment. Public sector pay award in line with national negotiated local government conditions of service. External review of Board and Senior management remuneration 2023 	<div></div> <div>By whom:</div> <div>By date:</div>
(3) The chief executive's remuneration package is set at a level which is proportionate to the organisation's size, complexity, level of risk, and resources; it is also aligned with the organisation's social purpose and wider reputation.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> External benchmarking undertaken against similar sized organisations and also considered against BMBC executive salaries 2023 for Board and Senior management 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(4) If the chief executive's contract is to be determined, any extra contractual severance payments or benefits are approved by the board with the reasons, costs and reputational risks clearly minuted.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> Remuneration Committee and Terms of Reference (during 2024/25) 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(5) There is a formal process for the chief executive's annual appraisal, overseen by the board or an appropriate committee.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> Annual PDR (documented process) of CEO carried out by Chairs and SID 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
2.5 Workforce: the board ensures that its workforce policies and practices support the success of the organisation and reflect its values and its commitments to equality, diversity and inclusion.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> Suite of HR Policies and Procedures approved by Committees and Board, delegated framework to EMT People Strategy Gender Pay report to Board and published in line with statutory requirements Equality, Diversity and Inclusion Strategy 2022-25 (approved by Board) Performance management framework monitors against protected characteristics. (approved by Board) Equality and Diversity overseen by Board – Board champion for EDI Clear and transparent Recruitment and Selection Policy agreed and followed Equality and Employment data reported to Board Culture programme – quarterly updates to EMT, Culture presentation to Rem Ctte Dec-24 and Mar-25 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(1) The board has access to insight into the views of staff, such that their opinions and needs are understood, and influence the board's decisions as appropriate.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> Annual Staff survey – reported within the Performance report HWB Strategy 2022-25 (built around survey results) –. Update to Rem Ctte Aug-24 People Strategy All Board reports include HR implications for consideration. Encourage to job shadowing in the Board Bulletin monthly 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(2) The board determines a strategy for remuneration of the workforce which is aligned to the organisation's size and complexity, and to its purpose and values.	<div> <div>Yes <input checked="" type="checkbox"/></div> <div>No <input type="checkbox"/></div> </div> <div>Comments:</div>	<div>Evidence:</div> <ul style="list-style-type: none"> Workforce remuneration is defined by national local government conditions of service Any remuneration outside of this is subject to Board report and approval e.g. market factors payments – Delegated decision EMT 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(3) The board has policies on the safety and wellbeing of its workforce and reviews their effectiveness.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Employee Health and Safety policy and annual report to Board Health and Wellbeing surveys – HWB Strategy H&S Board Champion Policies and procedures approved by Board Procurement of health services is subject to periodic reviews 	Action needed:
	Comments:		By whom:
			By date:
2.6 Performance: the board has demonstrable oversight of the organisation's performance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Performance reporting quarterly and annually to CSC, Board, Council Board Fact sheet (compliance) – quarterly to Board Dec-24 Corporate Assurance Audits – annual Audit plan to ARC and Board Employee H&S report to board annually Jul-24 Repairs Backlog updates to Board – Dec-24 Building Safety Compliance Yearend Report 2023/24 – Board Jul-24 Fire Safety & Building Safety Update – Board May-24 Asset Management Housing Stock board – EMT, Board Champion and Cllr reps. Regulatory oversight board – monthly – attended by BH, tenant board member and BMBC, Tenant rep. Complaints Performance and Learning – quarterly to CSC, to Board Jul-25 Board KPIs reported annually – ARC Jan-24. Commencing to Board May-25. Hearing Tenants – Involvement and Influence quarterly update to CSC, inc Customer Engagement round-up. Annual assessment against Housing Ombudsman Code – To CSC May-24 – due to Board Jun-25 and then to BMBC PRIP performance report – quarterly to CSC and Board from Q3 24/5 Tenant Scrutiny reports to CSC – E&A Major Adapts to CSC May-24 	Action needed:
	Comments:		By whom:
			By date:
(1) The board exercises active and regular oversight of delivery of strategies and plans. This includes scrutinising key operational and finance performance information, and information concerning resident insights and satisfaction.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Performance reports list above Financial Performance reported to Board on quarterly basis Strategic plan – annual review by Board – approved Dec-24 Delegated decision framework in place identifying Board, Committee and EMT areas of responsibility – demonstrates responsibility for oversight Risk management framework Strategy 2024-2026 - annually reviewed by ARC then Board Aug/Sep-24 Board and Ctte workplans include monitoring operational and financial performance and resident insights and satisfaction Board approve annual budgets i.e. PSRT Annual Accounts – Board/AGM – Sep-24 TSM Satisfaction Results and action plan reported to Board 	Action needed:
	Comments:		By whom:
			By date:
(2) The board has assurance that the reports it receives provide an accurate picture of performance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Corporate Assurance audit plan External Audit DTP Governance reviews 2020, 2022, 2023 and 2025 Stock Condition Survey Outcome Report and Presentation by Pennington Choices – Board Jul-24 customer satisfaction surveys – repairs, complaints, contact centre, ASB, Income calls, annual survey by ARP Research, TSM performance validated by Corporate Assurance. Annual Staff satisfaction survey – HWB Strategy 2022-25 (built around survey results TVP members attend ALMO Liaison Meetings Annual Complaints Report presented to Board Hearing Tenants – Involvement and Influence quarterly update to CSC, inc Customer Engagement round-up. 	Action needed:
	Comments:		By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Tenant Scrutiny reports to CSC – E&A Major Adapts to CSC May-24 Board reports go through an approval process, inc EMT House Mark annual benchmarking 	
2.7 Group structures: organisations with subsidiaries ensure that these entities support and enhance delivery of the group parent's mission.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(1) Where the group parent is not a registered provider, formal arrangements are in place to ensure that any registered provider subsidiaries remain compliant with their own charitable or community benefit purposes, and with regulatory requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(2) Where a subsidiary is to be or has been established, the benefits, risks and relationship are reviewed by the board of the parent beforehand and thereafter regularly.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(3) The board of a parent organisation in a group structure has the responsibility and the reserve powers to direct, and if necessary, intervene in the governance of its subsidiaries.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(4) The constitutional relationship and arrangements between parent and each subsidiary including how oversight and control will be exercised, are formally documented.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(5) The board of the parent approved the group's plans and budgets, and holds the board of each subsidiary accountable for the delivery of its objectives.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(6) The board of the parent considers and determines whether and how this code should apply to each of its subsidiaries.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
(7) Where, within a group, there are people who serve on more than one board, there is guidance and documentation to set out how board members must deal with their overlapping responsibilities and any resulting conflicts of interest.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(8) Where there is, within a group, a single or common board which governs more than one organisation, the organisation has documented how its meetings will be conducted, serviced and minuted.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: n/a	
2.8 Joint ventures and partnerships: organisations that set up joint ventures or partnership vehicles with external counterparties ensure that these are in support of their mission and objectives.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: N/A	
(1) There are formal documented arrangements concerning the accountability, performance, compliance, risk management and governance of such entities	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: N/A	
(2) The benefits and risks of such entities are reviewed annually.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: N/A	
Principle 3: Board effectiveness			
The organisation is led by a skilled and diverse board which regularly reviews and capably manages its own performance and effectiveness, and ensures that it complies with this code.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual self-assessment against Code of Governance reported to Board and audited by Corporate Assurance Board recruitment in accordance with Board Succession and Recruitment policy inc Diversity Governance reviews supported by DTP in 2020, 2022, 2023 and 2025 Board EMT Strategic planning days has covered governance Board KPIs reported annually Board Self Evaluation – annual -CS Ctte and ARC annual self-assessments – ARC Terms of Reference – reviewed by Ctte Jan-24 CS Committee Terms of Reference – reviewed by Ctte Nov-24 Board Terms of Reference – reviewed by Board Feb-24 Board appraisals with Chair, Chair appraisal with SID and ARC Chair – annual – Jul-24 Board development schedule – annual and ongoing Committee debriefs presented by Ctte Chair at each Board. Delegated decision framework in place identifying Board, Committee and EMT areas of responsibility – approved by Board Sep-2024. Board skills matrix annual review in line with appraisals Role Profiles - Sept 2020 Board composition – reviewed 2020 for key membership and reviewed Dec 2024 removed co-optees. 	Action needed:
			By whom:
			By date:
Provisions			
3.1 Roles and responsibilities: the statutory and governance roles and responsibilities of the board, of its individual members, office holders and of others who work to the board are clearly set out.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association Board Terms of Reference Committee Terms of Reference Board KPIs targets agreed by Board – reviewed by Ctte Nov-24 Governance Handbook – Decision Time includes all documentation Delegated decision framework in place identifying Board, Committee and EMT areas of responsibility Role Profiles - Sept 2020 	Action needed:
			By whom:
			By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Board Code of Conduct incorporates NHF Code of Conduct 2023 Board Agreement of Service signed at induction Board Succession and Recruitment policy inc Diversity 	
(1) The board elects or appoints a chair with appropriate skills to be responsible for leading the board and ensuring its effectiveness.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Succession and Recruitment policy inc Diversity – Chair independently appointed by Board – Chair's Role Profile - 2020 Use of external recruitment consultant (Campbell Tickell) – 2023 Interview panel for Chair Oct-23 – BH Chief Exec, BMBC Shareholder rep, BH Cllr Board member, BH Senior Independent Director. 	Action needed:
	Comments:		By whom:
			By date:
(2) The chair of the board does not chair and is not a member of the committee responsible for audit, nor does the chair of the board chair the committee responsible for remuneration.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> ARC terms of reference: "For further avoidance of doubt, the Board Chair may not serve as the Committee Chair." Remuneration Ctte terms of Reference: "The Chair of the Board and Chief Executive will not be a member of the Committee but will be invited to attend." 	Action needed:
	Comments:		By whom:
			By date:
(3) Where there are executive board members, the board formally records and publishes policies about the role they play on the board and committees, and makes clear those matters for which they must leave the meeting, or not participate in debate or decision-making.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association – Board Aug-24 – Article 20 (16): "A person shall be ineligible for appointment to the Board and if already appointed shall immediately cease to be a Board Member if the relevant individual... is or becomes a paid employee of the Organisation." 	Action needed:
	Comments:		By whom:
			By date:
(4) The roles of chair of the board and standing committees (and those of vice chair or senior independent director as applicable) are not held by an executive.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association – Board Aug-24 – Article 20 (16): "A person shall be ineligible for appointment to the Board and if already appointed shall immediately cease to be a Board Member if the relevant individual... is or becomes a paid employee of the Organisation." 	Action needed:
	Comments:		By whom:
			By date:
(5) Executives are not members of the committees responsible for nominations, remuneration or audit.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association – Board Aug-24 – Article 20 (16): "A person shall be ineligible for appointment to the Board and if already appointed shall immediately cease to be a Board Member if the relevant individual... is or becomes a paid employee of the Organisation." 	Action needed:
	Comments:		By whom:
			By date:
(6) There is a clear, documented framework setting out delegations to staff, committees and subsidiaries.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Delegated Decision Framework Management Agreement between BMBC and BH Board and Committee terms of reference 	Action needed:
	Comments:		By whom:
			By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association Board terms of reference 	Action needed:
	Comments:		By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
3.2 Functions of the board: there is a record of the essential functions and other matters which are reserved for board decision and cannot be delegated. In addition to matters set out in law, statute, regulations and in the organisation's constitution these include as a minimum:		<ul style="list-style-type: none"> Delegated Decision Framework Management Agreement between BMBC and BH 	By date:
(1) Setting and ensuring compliance with the values, vision, mission and strategic objectives of the organisation, ensuring its long-term success;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association Board terms of reference Board Member role profiles Delegated framework 	By whom: By date:
(2) Establishing a culture that is positive, focused on the needs of current and future residents, other customers and other key stakeholders, and embeds equality, diversity and inclusion in the organisation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic Plan BH's vision and values agreed by Board People Strategy – covers culture Equality, Diversity and Inclusion Strategy 2022-2025 Memorandum & Articles of Association Management Agreement between BMBC and BH Board Terms of Reference 	Action needed: By whom: By date:
(3) Ensuring the organisation operates effectively, efficiently and economically;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Strategic Plan Value for Money Strategy Procurement Strategy Financial Regulations Memorandum & Articles of Association Management Agreement between BMBC and BH Board Terms of Reference 	Action needed: By whom: By date:
(4) Providing oversight, support, direction and constructive challenge to the organisation's chief executive and other executives;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum & Articles of Association Board and Committee Terms of Reference Chair's Role Profile Board Member Role Profile 	Action needed: By whom: By date:
(5) Appointing and, if necessary, dismissing the chief executive;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board terms of reference: "Appointing (and if necessary, removing) the Chief Executive and approving their benefits and terms of employment." 	Action needed: By whom: By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum & Articles of Association Board Terms of Reference 	Action needed: By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(6) Satisfying itself as to the integrity of financial information, and setting and approving each year's budget, business plan and annual accounts prior to publication;		<ul style="list-style-type: none"> Board appointment of external auditors (following procurement) Board approve financial statements, presented with the external audit management letter 	By date:
(7) Establishing, overseeing and regularly reviewing a framework of delegations to committees and staff;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Delegated decision framework in place identifying Board, Committee and EMT areas of responsibility 	Action needed:
	Comments:		By whom:
			Date:
(8) Establishing and overseeing control and risk management frameworks in order to safeguard the assets, compliance and reputation of the organisation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Terms of Reference ARC Terms of Reference Risk Management Strategy 	Action needed:
	Comments:		By whom:
			By date:
(9) Holding to account the organisation's subsidiary boards, committees and senior staff for the exercise of any powers delegated to them.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Terms of Reference Committee Terms of Reference Delegated Decision-Making Framework Role profiles 2020 Board Code of Conduct 23-25 	Action needed:
	Comments:		By whom:
			By date:
3.3 Board composition: board members have the attributes and time needed to govern effectively, and each member exercises independent judgement in doing so.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Succession, recruitment and Induction policy, recruitment considers skills gaps and that board members have the time to govern effectively Skills Matrix – updated annually by Board members in line with their annual appraisals and reported to Board Annual Personal and Board development programme Role profiles Formalised induction process for new board members Annual Board and Cttes self-assessments consider skills Code of Conduct 23-25 signed by new board members Board Member Agreement signed by all new board members HDN Board Excellence prog for tenant board members 	Action needed:
	Comments:		By whom:
			By date:
(1) The organisation determines, documents and regularly reviews the board composition best suited to its needs; in the case of a group subsidiary, this may be a matter for the group parent.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles Board composition reviewed December 2024 – removed co-optees Skills Matrix - annual review and reported to Board Outcome of Annual appraisals reported to Board, highlighting any skills gaps Annual Board and Ctte self-assessment 	Action needed:
	Comments:		By whom:
			By date:
(2) The board has between five and 12 members, including and co-optees and executive members.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association – Article 13. Board and Committees terms of reference 	Action needed:
	Comments:		By whom:
			By date:
	Yes <input type="checkbox"/> No <input type="checkbox"/>		

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(3) Executive board members, if appointed, are in a minority on the board and in the quorum for a board meeting.	Comments:	Evidence: n/a	
(4) There is a dedicated senior board member (normally a vice-chair or senior independent director) with duties that include appraisal of the chair and assisting the chair to ensure the effectiveness of the board.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none">Senior Independent Director appointed SID Role profile - Undertakes Chair appraisal with ARC ChairMemorandum and Articles	Action needed: By whom: By date:
3.4 Board election, selection and appointment: the board has a diverse membership with the collective skills and attributes needed to govern effectively.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none">Board Succession, Recruitment and Induction policy 23-25Board diversity and skills analysis reported to Board	Action needed: By whom: By date:
(1) The board understands, states and regularly reviews the collective skills and attributes it requires to be effective.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none">Board skills required agreed by Board (used as the basis of the skills analysis) within the annual appraisal and when new Board Member commencesAnnual skills analysis reported to Board and used as a basis for the annual development programmeBoard and Ctte self-assessments – annual considers skills required	Action needed: By whom: By date:
(2) Prospective board and committee members undergo an open and merit-based assessment process to establish their suitability. Where the organisation's constitution provides for one or more board members to be nominated by an external body, or directly elected, the organisation ensures that those coming forward have the necessary attributes and qualities, and that they are aware of the responsibilities of the role, including those of exercising independent judgement.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none">Board Succession, Recruitment and Induction policy 23-25 applies to all Board Members, co-optees and members of Committees. - Full recruitment process application and shortlisting process based on skills and interview with CEO/member of EMT, BMBC Rep and Board Members.Memorandum and ArticlesRole profilesTerms of references for Board and Committees	Action needed: By whom: By date:
(3) The membership of board and committees comprises people with diverse backgrounds and attributes, having regard to the diversity of the communities the organisation serves and in line with the organisation's stated commitments to equality, diversity and inclusion.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none">EDI StrategyThe Chair has committed to the NFA Chairs Challenge (action)Monitoring, reported to Board, has highlighted Board and Committee Diversity does not reflect the community served.	Action needed: 1. Diversity to be considered in future Board Recruitment with a view to widening the diversity of Board, co-optees and tenant members. By whom: 1. Chair of the Board By date: 1. Recruitment throughout 2025/26
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence:	Action needed: By whom

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(4) People with direct lived experience of (or particular insight into) the communities served by the organisation are meaningfully engaged in governance structures.		<ul style="list-style-type: none"> Board Composition (Memorandum & Articles of Association) includes 2 Tenant Board Members and 2 Board Members Tenants Voice Panel – 2 reps on Customer Services Committee – CSC Terms of Reference 	<div>By date:</div>
(5) Shareholders who are not board members are supported and informed to play their proper constitutional role in the organisation's governance and in particular in the election of board members.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles of Association BMBC is the sole member of BH. BMBC rep role profile attends all board meetings 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(6) The organisation annually publishes information about the appointment of new board members, and about the diversity, skills and attributes of all the board members.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Membership published in annual report and financial statements, includes all appointments and retirements Dedicated Board page on website – details of all board members Board Directors published on Companies House (legal requirement to keep the directors up to date) Board Governance KPIs include the diversity of the Board, published on BH website Tenant Newsletter updates e.g. announcement of a new board member Press releases where relevant 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
3.5 Committees: committees are established where the board determines that they will enable it to exercise more effective scrutiny, control or oversight of particular areas of the organisation's activity.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Customer Services Ctte – terms of reference Audit & Risk Ctte – terms of reference Remuneration Ctte 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(1) Each committee has formally recorded terms of reference approved by the board, and reports regularly to the board on its work and the exercise of any delegated authority.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Terms of references for all committees and Board annually reviewed and refreshed as required Minutes of Ctte to Board Committee debriefs presented by Ctte Chair at each Board Annual self-assessment and report to Board from CSC and ARC 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
(2) The membership of committees is determined on the basis of the skills, attributes and diverse characteristics which the board determines are appropriate.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual appraisal, inc Skills self-assessments (matrix) used to determine which members skills meet each committee. Board appoints Board Member Committee Members 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
3.6 Board remuneration: organisations paying non-executive board members have an objective mechanism for setting payment levels. This will normally be the responsibility of a committee responsible for remuneration, using independent advice. Such payment is:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Remuneration Policy – External review of board and EMT pay (Approved by Board May-23) compared to peers. New process in place for Board pay to be reviewed 3 yearly by an independent source. 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(1) Permitted by law and by the organisation's own constitution;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: Memorandum and Articles – Article 27	Action needed:
	Comments:		By whom: By date:
(2) Agreed by the board as being in the best interests of the organisation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Board Remuneration Policy – External review of board and EMT pay (Approved by Board May-23) compared to peers. New process in place for Board pay to be reviewed 3 yearly by an independent source.	Action needed:
	Comments:		By whom: By date:
(3) Aligned with the organisation's social purpose and wider reputation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Board Remuneration Policy – External review of board and EMT pay (Approved by Board May-23) compared to peers. New process in place for Board pay to be reviewed 3 yearly by an independent source.	Action needed:
	Comments:		By whom: By date:
(4) Proportionate to the organisation's size, complexity, level of risk and resources;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Board Remuneration Policy – External review of board and EMT pay (Approved by Board May-23) compared to peers. New process in place for Board pay to be reviewed 3 yearly by an independent source.	Action needed:
	Comments:		By whom: By date:
(5) Linked to the role's responsibilities, against which performance is reviewed;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Board Remuneration Policy links the remuneration to the role • Annual Board appraisals monitors performance against role profiles •	Action needed:
	Comments:		By whom: By date:
(6) Regularly reviewed, drawing on external advice as necessary;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • External review of board and EMT pay (Approved by Board May-23) compared to peers. Remuneration Policy requires Board pay to be reviewed 3 yearly by an independent source.	Action needed:
	Comments:		By whom: By date:
(7) Disclosed in the organisation's annual financial statements.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Disclosed in the Annual Report & Financial Statements – published on the BH website	Action needed:
	Comments:		By whom: By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Memorandum and Articles – article 13 (16) - terms of 6 years - can extend to 9 years by exception if Board agrees	Action needed:
	Comments:		By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
3.7 Tenure and renewal: tenure for non-executive board members (and independent committee members) complies with the organisation's constitution and is managed so as to enable the organisation to achieve an appropriately skilled, diverse and independent board membership.		<ul style="list-style-type: none"> Board tenure considered and agreed by Board as part of succession planning 	By date:
(1) The board has a strategy for its own renewal which is based on an agreed statement of the skills, qualifications, diversity and other attributes required.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Succession, recruitment and Induction Policy Board considers renewal at Board meetings at least annually, based upon skills and diversity 	Action needed: By whom: By date:
(2) Where a member is at the end of a term of office and is eligible for reappointment, this is subject to considering the member's performance and skills, and the needs of the board.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Annual appraisal and skills assessment monitors performance and skills Board considers reappointment based upon needs of Board, skills and diversity. 	Action needed: By whom: By date:
(3) Maximum tenure will normally be up to six consecutive years (typically comprising two terms of office), but where a member has served six years, and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles – Article 13 (16) - terms of 6 years - can extend to 9 years by exception if Board agrees Extensions beyond the 6 years would be approved by Board – no extension agreed during 2024/25 	Action needed: By whom: By date:
(4) A member who has left the board is not re-appointed for at least three years.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles – Article 13 (17) 	Action needed: By whom: By date:
(5) These provisions concerning tenure apply to office held across all of the organisation's boards and committees, and those of predecessor organisations, including service as a co-optee.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles – Article 13 (17) – all committee members and board members, including co-optees are covered under the Mem and Arts 	Action needed: By whom: By date:
3.8 Conduct of business: the board and its committees conduct their business efficiently, and on the basis of an appropriate level and quality of information.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board and Committee Terms of Reference Board / Committee workplans in accordance with Terms of Reference Decision-making framework Competent Staff and Executive – JDs, Role Profiles Structured Cttee and Board reports, to ensure all relevant info is captured Approval process for reports to Board and Cttes – inc EMT approval 	Action needed: By whom: By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Action needed:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(1) The board has appointed (and is responsible for the removal of) a company secretary who is accessible to all board and committee members and accountable to the board for advising on governance matters.	<div> <div></div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Memorandum & Articles of Association Exec Dir of Resources - Appointed as Company Secretary – approved by Board Mar-25 Head of Governance and Strategy supports the Exec Dir of Resources held post of Company Secretary throughout 2024/25 to 27.3.25 </div>	<div> <div></div> <div>By whom:</div> <div>By date:</div> </div>
(2) Board and committee meetings are quorate.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Memorandum and Articles – Article 30 Board and Ctte terms of reference state quorum Company Secretary checks quorum prior to meeting commencing Minutes of meetings </div>	<div> <div>Action needed:</div> <div>By whom:</div> <div>By date:</div> </div>
(3) Scheduled board and committee meetings are based on agendas and documents circulated well in advance. Decisions and the main reasons for them are recorded in the minutes.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Forward workplans/Agendas for Cttes and Board – standard agenda item Papers circulated 5 working days in advance of meetings via decision time Minutes record decisions, discussions, challenge and actions. </div>	<div> <div>Action needed:</div> <div>By whom:</div> <div>By date:</div> </div>
(4) Urgent decisions between board meetings are taken in accordance with predetermined and formally recorded arrangements.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Board Terms of references Urgent decision procedure – via Decision Time Critical Incident Framework Serious Incident Protocol </div>	<div> <div>Action needed:</div> <div>By whom:</div> <div>By date:</div> </div>
(5) Meetings are fully inclusive and accessible, with adjustments made as necessary so that all members are able to attend and participate.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Meetings held in person at accessible locations Board Members and other Members provided appropriate equipment and support to attend virtual meetings </div>	<div> <div>Action needed:</div> <div>By whom:</div> <div>By date:</div> </div>
(6) Where meetings are conducted remotely, arrangements are made and support provided so that all members can fully participate and contribute.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Tablets and Laptops provided to all board members apart from Cllrs who have their BMBC laptops – with network access (limited) Ongoing review of suitable IT equipment to enable good access, as part of the corporate policy Digital Communications Policy </div>	<div> <div>Action needed:</div> <div>By whom:</div> <div>By date:</div> </div>
(7) There is a policy and procedure setting out how disputes and grievances involving members of the board can be raised and are responded to.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Agreement for Services Board Code of Conduct 23-25 – approved by Board May-23 Memorandum and Articles – Article 19 </div>	<div> <div>Action needed:</div> <div>By whom:</div> <div>By date:</div> </div>
3.9 Board performance, review and learning: the board reviews and seeks to improve its performance.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div> <div>Evidence:</div> <ul style="list-style-type: none"> Annual appraisal with chair, inc annual Skills self-assessment Chair annual appraisal with SID and ARC Chair </div>	<div> <div>Action needed:</div> <div>By whom:</div> </div>

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		<ul style="list-style-type: none"> Annual Board Development plan Board EMT Strategic Planning days Board and Committees annual self-assessments Annual Governance KPIs 	By date:
(1) All boards and committees consider their effectiveness annually and assess how they conduct their business, including their:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Annual appraisal with chair, inc annual Skills self-assessment Chair annual appraisal with SID and ARC Chair Annual Board Development plan Board EMT Strategic Planning days Board and Committees annual self-assessments Annual Governance KPIs ARC and CSC Annual Report to Board 	Action needed:
	Comments:		By whom:
			By date:
(a) Composition, skills, experience and diversity;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Annual appraisal with chair, inc annual Skills self-assessment reported to Board includes skills analysis Chair annual appraisal with SID and ARC Chair reported to Board Annual Governance KPIs reported to Board, includes Board diversity 	Action needed:
	Comments:		By whom:
			By date:
(b) Effectiveness in role-modelling the desired culture, values and behaviours of the organisation;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Annual appraisal with chair, inc annual Skills self-assessment Chair annual appraisal with SID and ARC Chair Annual Board and Committee Self-Assessments Annual Governance KPIs reported to Board Actions taken to improve performance: <ul style="list-style-type: none"> Annual Board Development plan Board EMT Strategic Planning days Board invited to attend tenant engagement events e.g. Customer Panel, Estate Walkabouts Board champions 	Action needed:
	Comments:		By whom:
			By date:
(c) Governing instruments, delegations, regulations, standing orders, structures, systems and other formal documentation as referred to in this code;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board reviews relevant documents/policies in accordance with the policy review timescale or as a result of on-going review of performance/best-practice. Documents reviewed in 2024/25 include: <ul style="list-style-type: none"> Memorandum and Articles Board and Ctte Terms of references Contract Procedure Rules Decision Making Framework 	Action needed:
	Comments:		By whom:
			By date:
(d) Timing and frequency of meetings;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Agreed forward plan for committees and Board meetings – undertaken annually Meetings scheduled the year before to ensure maximum availability 	Action needed:
	Comments:		By whom:
			By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(e) Format of agendas, quality and scope of papers, minutes and communications;	Comments:	<ul style="list-style-type: none"> Annual Board and Committee self-assessments cover these aspects. Board determines to take actions accordingly. Board notified of appointment of DTP to support a review of some of these aspects in February 2025. 	By whom:
			By date:
(f) Effectiveness of decision-making, including how the views and needs of key stakeholders, including residents and other customers, have informed decisions;	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Annual Board and Committee self-assessments Board Member Appraisals 	By whom:
			By date:
(g) Compliance with this code and legal duties.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Self-assessment of this code consulted with EMT, reported to Board for approve Audited by BMBC Corporate Assurance Board agrees to compliance with Directors' responsibilities when approving the Annual Report and Financial Statements 	By whom:
			By date:
(2) These matters are regularly and formally reviewed.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Outcomes of reviews reported to Board and Committees – Governance Update report to every Board meeting, included in forward plan Annual Governance Report covers most of the reviews. Board consider actions required and next steps. Annual reports from Committees included in forward plans 	By whom:
			By date:
(3) All new board and committee members receive a full induction.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Formal induction plan 	By whom:
			By date:
(4) All members have an agreed programme of ongoing learning and development opportunities, including to address needs identified through the appraisal process.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Skills self-assessment completed in line with annual appraisal, forms the basis of the Annual Board Development plan Annual and ongoing Personal Development plans for Board Members from appraisals Outcomes of the above reported to Board HDN Board Mentoring prog as required 	By whom:
			By date:
3.10 Member appraisal: A full, rigorous and documented appraisal process for the individual members of the board and its committees, including the chairs, is carried out at least every two years.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Annual formal appraisal documented – inc completion of skills self-assessment Annual Chair appraisal undertaken by SID and ARC Chair 	By whom:
			By date:
(1) The appraisal of the board's chair is led by a senior board member, informed by the views of all board members.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:
	Comments:	<ul style="list-style-type: none"> Chair appraisal undertaken by ARC Chair and SID – feedback sought from board members prior to appraisal 	By whom:
			By date:
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Action needed:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
(2) There is an appropriate process for responding to under-performance by individual board members, and to any conduct which may breach policies or codes.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <ul style="list-style-type: none"> Agreement for Services Memorandum and Articles – Article 19 Board Code of Conduct – approved by Board May-23 	<div>By whom:</div> <div>By date:</div>
3.11 Compliance with this code: a compliance statement is published with the annual report, with an explanation given for any non-compliance.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>Annual Report and Financial Statements</div>	
(1) Where the formal constitution of an organisation conflicts with the code, the constitution takes precedence.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>Annual Report and Financial Statements</div>	
(2) Where a statement of non-compliance is needed it sets out:	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>Annual Report and Financial Statements</div>	
(a) The reasons for non-compliance, and an explanation of how the relevant principle in this code is being upheld; and	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>Annual Report and Financial Statements</div>	
(b) Summary plans for the achievement of compliance, if applicable.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>Evidence:</div> <div>Annual Report and Financial Statements</div>	
(3) Where an organisation has subsidiaries which have not adopted this code, the reasons for this are given.	<div> <div>Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>N/A</div>	
(4) All policies, documents and statements referred to in this code are formally recorded as appropriate and are regularly reviewed.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <div>Governance Manual</div>	
Principle 4: Control and assurance			
The board actively manages the risks faced by the organisation, and obtains robust assurance that controls are effective, that plans and compliance obligations are being delivered, and that the organisation is financially viable.	<div> <div>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Comments:</div> </div>	<div>Evidence:</div> <ul style="list-style-type: none"> Risk management framework Strategy 2024-2026 - annually reviewed by ARC then Board Risk Appetite statement by Board reviewed 2025 Internal controls annual assurance to Audit Ctte and Board – Annual Governance Statement Quarterly and annual risk update to Audit ctte and board Corporate Assurance use the risk registers to inform the audit plan as well as inform individual audits Quarterly and annual Risk updates to ARC and Board – ongoing Performance Management framework – Quarterly and annual to CS Ctte and Board – includes compliance (H&S and Building Safety) Mandatory section on Ctte and Board reports for Risk and Finance Finance reports to Board Annual Report & Financial Statements approved by Board after considering the External Audit Management Letter 	<div>Action needed:</div> <div>By whom:</div> <div>By date:</div>
Provisions			

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
4.1 Audit: the board has formal and transparent arrangements ensuring that the organisation is financially viable and maintains both a sound system of internal audit and controls and an appropriate relationship with its external auditors.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board Terms of Reference ARC Terms of Reference includes responsibilities regarding internal and external audit Corporate Assurance Annual Plan to Board after approval by ARC CA Activity Report quarterly, including Summary of Audits carried out and outcome of works reported to ARC. CA Annual report ARC External Audit Plan – ARC External Audit Management letter – ARC prior to being reported to Board Annual agenda item for ARC members to speak separately with external Audit Corporate Assurance attends every Audit Ctte Financial performance monitoring reports to Board 	Action needed:
	Comments:		By whom:
(1) The board can have confidence in the information it receives and there are robust internal controls and systems for business and control assurance in place which are reviewed annually.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> ARC Chair reports to Board on work of ARC at each Board meeting Corporate Assurance Annual Report sets out overall assurance regarding the systems of internal control External Audit Management Letter reports on internal controls which have been reviewed as part of the audit AGS reported to Board Sep-24 	Action needed:
	Comments:		By whom:
(2) There is a committee primarily responsible for audit, and there are arrangements for effective internal control assurance and audit functions.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Audit and Risk Ctte with a terms of reference which covers internal and external audit Service Level Agreement with Corporate Assurance External Auditors appointed by the Board following recommendation from ARC Internal controls annual assurance report – AGS to ARC then Board Audit Ctte annual self-assessment and report 	Action needed:
	Comments:		By whom:
(3) The organisation's external auditors are independent and effective, and their appointment is reviewed at least every six years.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Tender exercise to appoint our auditors on 1-year contract with the option to extend for 2 x 2 further years - assessed on 60:40 quality: price ratio and requires references from other organisations. External Audit Plan External Audit Management letter They are formally appointed annually at our AGM Sep-24 	Action needed:
	Comments:		By whom:
4.2 Audit committee: a committee exercises independent scrutiny and challenge to provide the board with assurance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> All members are non-executive members and are not employed by Berneslai Homes – Mem and Arts The Chair is a qualified accountant Private meetings held with both internal and external auditors without management present, recorded that these meetings were held Minutes and action log from each meeting Ctte Chair provides written update to Board after each Ctte mtg ARC Annual self-assessment and report to Board 	Action needed:
	Comments:		By whom:
(1) The committee responsible for audit meets regularly and its minutes are available to the board.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Quarterly Audit Ctte meetings scheduled each year Minutes mandatory and reported to board ARC Terms of reference 	Action needed:
	Comments:		By whom:
(2) The committee exercises oversight of the internal and external audit functions.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Clear terms of reference oversight of internal audit plans, reports, follow ups, Recommend external audit appointment to Board following involvement in tender exercise and 	Action needed:
	Comments:		By whom:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
		evaluation <ul style="list-style-type: none"> Corporate Assurance Annual Plan (ARC Jan-25) CA Fraud 6 Monthly Update to ARC Apr-25 CA Activity Report quarterly, including Summary of Audits carried out. CA Annual report ARC Jun-24 External Audit Plan – ARC Apr-25 External Audit Management letter – ARC Aug-24 Annual agenda item for ARC members to speak separately with external Audit – Aug-24 Corporate Assurance attends every Audit Ctte Committee effectiveness review Tracking of Agreed Management Actions from Audits 	By date:
(3) The committee annually meets with the external auditors with only non-executives present.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Standard annual August agenda item with only non-execs present 	Action needed:
	Comments:		By whom:
			By date:
(4) The chair of the committee is a member of the board and regularly reports to it.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> The Chair is also a member of the board and reports the minutes/summary of every ctte meeting to board Annual report to Board on the work carried out by Audit and Risk Committee 	Action needed:
	Comments:		By whom:
			By date:
(5) The membership of the committee includes at least one person with recent and relevant financial experience, proportionate to the size and complexity of the organisation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Chair is a qualified accountant and is currently employed in an accounting role external to BH 	Action needed:
	Comments:		By whom:
			By date:
4.3 Risk: the board retains ultimate responsibility for risk management and ensures that appropriate risk management arrangements are in place.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Board approved Risk Management Policy Quarterly and annual risk reporting to Board including updates on key risks, control effectiveness Risk Appetite set by Board – annually reviewed) Risk section on all reports to cttes and Board 	Action needed:
	Comments:		By whom:
			By date:
(1) The board may delegate the detailed scrutiny and evaluation of risk to a committee.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Quarterly detailed reporting to Audit ctte Detailed annual risk reporting to Audit Ctte Standard Agenda item 	Action needed:
	Comments:		By whom:
			By date:
(2) The board has a suitable risk management framework in place; it understands the organisation's risk profile and the effectiveness of key controls.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Documented Risk Management Framework reviewed annually Comprehensive and dynamic risk register reported to Board and ARC quarterly Board risk appetite – reviewed annually by ARC and Board Internal controls annual review and report (AGS) to Audit ctte and Board Assurance Framework reviewed annually with AGS Corporate Assurance monitor and review risks – reports to ARC 	Action needed:
	Comments:		By whom:
			By date:
(3) The board establishes and documents its appetite for the risks	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence:	Action needed:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
the organisation faces in pursuit of its strategy.	Comments:	<ul style="list-style-type: none"> Risk appetite session and risk appetite statement produced by Board reviewed annually 	By whom: By date:
(4) The board ensures that the organisation is resilient to the risks it may face, with appropriate mitigations and a suitably comprehensive, tested and up-to-date business continuity plan.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Risk appetite Statement Escalation protocol and serious Incident protocol Horizon scanning update by CEO at every board meeting Business Continuity and Emergency Resilience Plan – reviewed annually and as required – linked on the risk reports to Board Quarterly emergency planning update in risk report to ARC and Board and annual update in Annual Governance Statement to ARC and Board Corporate Assurance review of Business Continuity Plans March 2025 Identified as a risk on risk register and monitored by Board 	Action needed: By whom: By date:
(5) The board includes members with skills and experience appropriate to the level and type of risks faced by the organisation.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Thorough, open and transparent recruitment process – Board Succession, Recruitment and Induction Policy Board skills matrix and Annual Skills self-assessment Annual Board effectiveness review Board annual development plan 	Action needed: By whom: By date:
(6) The board regularly reviews the risks the organisation faces and how they are being managed; this includes the risks associated with activities carried out by subsidiaries or partnership vehicles.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Board Risk Appetite statement Quarterly and annual risk reporting to Audit Cttee and Board of the risk register Risk is a standing item on all Board and Audit and Risk Committee agendas Risk considerations section on all Board and Cttee reports Horizon scanning update by CEO at every board meeting strategic plan Corporate Assurance audits of high-risk areas – plan agreed annually by Board, and outcomes reported to Audit Committee PRIP performance monitoring by CSC and Board Quarterly and annual performance reports to CSC and Board and BMBC 	Action needed: By whom: By date:
(7) The board regularly participates in stress-testing of its plans, to identify the risks (or combination of risks) that may pose a material threat to the viability of the business and ensure that appropriate mitigations are in place.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> As an ALMO this is not a requirement by the Regulator of Social Housing. It is good practice to stress test financial plans. 	Action needed: 1) Stress Testing exercise to be completed with BH Board By whom: 1) Executive Director of Resources By date: 1) March 2026
(8) The organisation's annual report includes a statement about the risk management work of the board, including its understanding of principal and emerging risks and how these are being managed or mitigated.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Included in the annual financial statement – approved by Board Sep-24 	Action needed: By whom: By date:
4.4 Compliance: in line with its mission and values, the board retains ultimate responsibility for the organisation's compliance with all legal, statutory,	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comments:	Evidence: <ul style="list-style-type: none"> Memorandum and Articles Board Code of Conduct Terms of References for Cttees and Board 	Action needed: By whom: By date:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
regulatory and constitutional requirements.		<ul style="list-style-type: none"> Agreement for Services Decision Making Framework and Delegations Company Secretary Management Contract with BMBC 	
(1) The board has a robust internal control framework and has regular assurance about the effectiveness of key controls including controls to ensure compliance.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Internal Controls annual assurance – AGS Board Sep-24 in line with annual accounts Corporate Assurance External Audit Quarterly Financial reporting Quarterly data protection reporting Annual H&S reporting Memorandum and Articles Board Code of Conduct 23-25 Terms of References for Cttes and Board Agreement for Services Decision Making Framework and Delegations Company Secretary 	Action needed:
	Comments:		By whom:
			By date:
(2) The board has regular assurance about compliance, including those requirements relating to the health and safety of residents, other customers and employees, and to safeguarding.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Compliance scorecard Internal Audits External Audits H&S annual report to Board Internal control framework to Board 	Action needed:
	Comments:		By whom:
			By date:
(3) The board publishes an annual statement setting out its approach to compliance and internal control.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Internal Controls Annual Statement (AGS) in the annual financial statement AGS also published as part of the board papers 	
	Comments:		
4.5 Whistleblowing and confidential concerns: there are clear and well-publicised arrangements for members of staff and others associated with the organisation to raise confidential concerns with a designated non-executive member of the board (other than the chair), where these are serious concerns and cannot appropriately be raised through the usual channels, and for these to be dealt with through proportionate and independent investigation as necessary.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Whistleblowing policy (Inc Board) 2024-26 – approved by ARC and Board Aug/Sep-24 Whistleblowing officer (Exec Dir of Resources) supported by Head of Gov and Strategy Included in Annual Governance Statement Whistleblowing form on the website for tenants and public Regular team brief item – Dec-24 Quarterly requests to key managers for any reports so it can be centrally logged and reported 	Action needed:
	Comments:		By whom:
			By date:
(1) The board ensures that appropriate whistleblowing policies and procedures are in place.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: <ul style="list-style-type: none"> Whistleblowing policy (Inc Board) 2024-26 – approved by ARC and Board Aug/Sep-24 Whistleblowing officer (Exec Dir of Resources) supported by Head of Gov and Strategy Included in Annual Governance Statement – Sep-24 	Action needed:
	Comments:		By whom:
			By date:
(2) The board (or an appropriate	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Action needed:

The Code of Governance	Compliance (Y/N) Comments:	Evidence:	Action needed to achieve compliance :
committee) regularly receives an account of matters raised under these policies, and actions taken in response.		Evidence: • Included in AGS to board Sep-24	
	Comments:		By whom:
			By date:
(3) If a board member has concerns about the board or the organisation that cannot be resolved, these concerns are shared with the board and formally recorded.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Evidence: • Whistleblowing policy – reported to Board as part of AGS • Board Code of Conduct – approved by Board May-23 • Memorandum and Articles • Agreement for Services. • Corporate Assurance	Action needed:
	Comments:		By whom:
			By date:

Report Title	Governance Changes – DTP Review	Confidential	No
Report Author	Head of Governance and Strategy	Report Status	For Approval
Report To	Board 27/05/2025	Officer Contact Details	samantharoebuck@berneslaihomes.co.uk

1. Executive Summary	<p>Following the Board Strategic Planning Day in November 24 David Tolson Partnerships (DTP) were asked to complete a governance review for Berneslai Homes related to Board and Committees. The scope of this review was reported to Board in December 24 and February 25.</p> <p>Work has continued and the review and has now focused on the Terms of Reference. The review of the Terms of Reference (TOR) covered the following:</p> <ul style="list-style-type: none"> • Response to the reduction in the number of committees within the governance structure, (dissolution of the Remuneration Committee from 31.3.25 approved by Board December 24). • General updating to reflect best practice and to address the regulatory requirements of the revised Regulatory Standards, 2024 and the National Housing Federation (NHF) Code of Governance 2020. • A review of each TOR to remove any overlap in activity, or where overlap is deemed to be appropriate, to clarify the specific purpose of that dual approach and how this adds value to the Board's oversight and assurance. • Review to update and clarify the membership, function and remit of the Customer Services Committee. <p>A Board session was held on the 19th May 2025 to discuss the recommendations for change put forward by DTP.</p>
-----------------------------	---

	<p><u>Customer Voice/Impact</u></p> <p>Customer views were not sought in undertaking this report, however their views are sought as part of the wider customer engagement approach, and these changes will further enhance the voice of tenants across Berneslai Homes governance arrangements. Having good governance which is streamlined and delivers value for money positively impacts on delivery of services to tenants.</p>
<p>2. Recommendations</p>	<p>Board is requested to:</p> <ul style="list-style-type: none"> I. Approve the revised terms of reference for Board (Appendix B), Audit and Risk (Appendix C) and Customer Services Committee (Appendix D). II. Approve the draft Statement of Preferred Composition (Appendix E) to align the Terms of reference with skills and competency requirements and succession planning across the governance structure. III. Approve the Customer Committee Member role profile (Appendix F). IV. Approve the recruitment of four tenants to sit on Customer Services Committee (2 paid and 2 unpaid roles). Salary to be determined and within budgets available. V. Approve the remit for the Chairs Group (Appendix G).

3. Background and Current Position

- 3.1 Following the November 2024 Board Strategic Planning Day, DTP provided an advice note relating to the review of our current governance structure with a view to streamlining the structure and creating efficiencies. These changes were approved by Board in December 2024. This included the termination of the two co-opted members, and the dissolution of the Remuneration Committee from 31 March 2025. Additionally, the Board appointed Richard Fryer as Chair of the Customer Services Committee and Rebecca Mather as Vice Chair.
- 3.2 To be a successful well-managed company, Berneslai Homes must uphold good governance as a priority. By ensuring that Board members are fully informed and curious, we are supporting the role of good governance and the delivery of the Strategic Plan.
- 3.3 BMBC have been consulted upon as part of the review of the terms of reference.

- 3.4 To support the development of streamlined, effective governance arrangements DTP were commissioned in early 2025, the scope of the work was reported to Board in February 2025. The recommendations and summary of the work completed so far is attached in a report from DTP at Appendix A. Board are recommended to approve several governance documents (Appendices B to F) to further improve Berneslai Homes governance arrangements.
- 3.5 Following approval of the terms of reference, work will commence on updating Board and Committee forward plans and these will be presented to Board for approval at the July meeting. An update will be provided to the July meeting on DTP's progress with the remaining work.

4 Risk and Risk Appetite

- 4.1 Strategic Risk Appetite – Risk Adverse: We aim to comply with all relevant legislation and have zero tolerance for regulatory compliance issues. We give high priority to internal audit recommendations and take immediate action to resolve concerns. We have zero tolerance for failure to meet deadlines from regulators.

5. Strategic Alignment

- 5.1 The report aligns to the requirements from (Barnsley Metropolitan Borough Council) for the effective governance of Berneslai Homes. Good governance links to the successful achievement of all our ambitions:

- Hearing Customers
- Keeping Tenants Safe
- Growth of Homes and Services
- Technology and Innovation
- Employment and Training
- Zero Carbon

6. Data Privacy

- 6.1 There are no data privacy implications arising from this report. No personal data has been processed and no DPIA (Data Protection Impact Assessments) is required.

7. Consumer Regulatory Standards

- 7.1 This report relates to the Transparency, Influence and Accountability Standard, as it reviews performance reporting and decision-making to ensure best practice.

8. Other Statutory/Regulatory Compliance

To provide Board with assurance around our governance arrangements.

9. Financial

9.1 There will be an increase in costs for the two paid tenant Customer Service committee members, this will be contained within existing budgets.

9.2 The reduction in committees and report writing will provide efficiencies for the Executive Management Team and report writers.

10. Human Resources and Equality Diversity and Inclusion

10.1 The increase in tenants on the Customer Services Committee will increase diversity in our governance structure.

11. Sustainability Implications

11.1 No specific zero carbon implications from this report

12. Associated Background Papers

12.1 Appendix A DTP TOR Review
Appendix B Board Terms of Reference
Appendix C Audit and Risk Committee Terms of Reference
Appendix D Customer Services Committee Terms of Reference
Appendix E Preferred Statement of Composition
Appendix F Customer Committee Member role profile
Appendix G Chairs Group Remit

Berneslai Homes

Terms of Reference Review: Summary Report V3

Introduction

DTP has been commissioned to review the Terms of Reference (TOR) for each entity in the Berneslai Homes governance structure. The review covered the following:

- Response to the reduction in the number of committees within the governance structure, (dissolution of the Remuneration Committee).
- General updating to reflect best practice and to address the regulatory requirements of the revised Regulatory Standards, 2024 and the National Housing Federation (NHF) Code of Governance 2020.
- A review of each TOR to remove any overlap in activity, or where overlap is deemed to be appropriate, to clarify the specific purpose of that dual approach and how this adds value to the Board's oversight and assurance.
- Review to update and clarify the membership, function and remit of the Customer Services Committee.

The review considered the TOR for the following entities:

- Board
- Audit and Risk Committee
- Customer Services Committee

General points

- Each TOR has been amended to have the same convention on membership and what the categorisation of members means. We clarify the difference between independents and co-optees and we also note that "customer" means tenants and leaseholders.
- DTP has provided a draft Statement of Preferred Composition to align the TOR with skills and competency requirements and succession planning across the governance structure. This draws together the respective membership for each entity.
- We have removed reference to remunerated roles in the TOR as this details would usually be set out in the non-executive remuneration policy.
- DTP has also provided a draft Customer Committee member role profile to guide the recruitment process to the new roles (more information is set out below).
- We have provided a draft remit for a Chair's Group to provide closer cross-governance communications.
- Berneslai Homes will recall that at the Strategy Day in March 2025, it was agreed that the various forms of accountability, reporting to and meetings with the Council will be mapped to seek to align the Board and Committee workplans. This has not yet taken place and may have some impact on the TOR.
- The TOR's refer to key performance reporting (KPIs) and we consider that it would be helpful for the Board to review which KPIs go where within the structure to ensure that any overlap has a clear purpose and adds value to the Board's assurance.

Board

- 2.1 Standard wording on overall composition categories included for consistency
- 2.2 We have included a statement that the two customer members of Board will be different individuals to those customer members of the Customer Services Committee. This aligns with the desire to ensure clarity of remit between the two entities and to broaden the customer voice in governance overall.
- 2.4 Clarified wording relating to the Council Shareholding representative and Council Board members.
- 3.2 Additional wording to highlight strategy and training days.
- 4.1j Deleted as Remuneration Committee is dissolved.
- 4.2d Added in succession planning for Executive (moved from Remuneration Committee)
- 4.2g Added in new remit in relation to organisational culture and diversity
- 4.5 Added in approval of NED succession plan in line with NHF requirements
- 4.7 Amended wording to clarify the remit.
- 4.9 Added in “regulatory” remit.
- 4.11 Amended wording to reflect previous delegations to the Remuneration Committee.
- 5.1 Removed the requirement for pre-consultation with the Chief Executive for Board support spend up to £5,000.

Audit and Risk Committee

- 2.1 Standard wording on overall composition categories included for consistency.
- 2.2 Additional wording to reflect the NHF Code 2020 (Chair of the Board may not be a member of the Committee)
- 2.3 Additional wording on Committee Chair being a Board member and ideally financially qualified – in line with best practice.
- 2.6 Clarified wording on use of independent members/ co-optees.
- 2.9 Updated to reflect current postholder titles.
- 4b Clarified wording
- 4k Clarified specific remit in relation to H&S oversight.

Customer Services Committee(CSC)

- The TOR has been significantly amended to ensure a clear difference in purpose between the CSC and the Tenant Voice Panel. In particular we have amended the inference that the CSC “commissions” tenant scrutiny and instead provided a more flexible approach to how Berneslai Homes responds to scrutiny – from executive and across the wider governance structure.
- We have significantly amended and tightened the wording in the purpose and duties to be specific about remit in relation to the consumer. This should provide clarity on influencing (not setting) strategy since this is a Board remit and influencing policy where this relates to the customer and service delivery. For example at 1.2 we have added in the remit to monitor the Tenant Satisfaction Measures and any associated action plans. We have removed several items which duplicated the TOR of the Board.

- We have recommended a change in the membership arrangements to be clear that the Chair will always be a Board member (in line with best practice). We also suggest that there are four customer members who will be different individuals than the customer members of the Board. This defines the difference in role and remit and provides for greater opportunity for the direct customer voice in governance.
- We have also clarified that this Committee will have a Vice Chair appointed by the Board (2.4) and who will take the chair in the absence of the Committee Chair (2.10).
- At [Appendix 1](#) below, we have provided advice in relation to remuneration for this Committee and provided options and advice in relation to the issue of remuneration and the impact on those who are in receipt of benefits.

Angela Lomax
DTP
May 2025

Appendix 1: Advice on remuneration

If a Customer Services Committee (CSC) is being constituted as a formal part of the governance framework like any other committee, the approach to remuneration should ideally be in line with other committees. Therefore, if independent (i.e. non-Board members) committee members are remunerated, the same should apply to CSC members (both customers and any independent members). Levels of remuneration should also be in line with those for other committees and should be externally reviewed every three years as with all other non-executive remuneration. We have noted that those providers who offer remunerated positions tend to attract a wider pool of candidates.

Having said that, we know that some providers have chosen not to remunerate their CSC (or equivalent) members (with the exception of any Board members on the committee who would receive their usual Board member remuneration). This is an option. If the Committee is treated as a consultative committee, the Committee may not have comparative status to that of other committees. Therefore, the provider may choose not to remunerate members on this basis.

As with all remunerated non-executive director posts, refusing payment, or donating payment to charity, does not deal with tax and national insurance implications, nor does it address the possible impact on state benefit entitlement (see next paragraph). The payment is still considered as 'income' for these purposes.

We are aware that some providers have been concerned that paying customers to join a committee could either affect a customer's benefits entitlement or deter customers in receipt of benefits from applying to join in the first place. In our experience of assisting providers to recruit customers into committees, this has not presented itself as a major issue. We have also seen that the offer of remuneration has opened up interest in governance roles to a wider demographic of customer. However, there are a number of options a provider could consider circumnavigating such a concern:

- Remunerate customers with gift vouchers rather than cash. However, there is a risk that this can be seen by DWP as a "benefit in kind."
- Designate a defined number of CSC places as 'unremunerated.' The non-remuneration is tied to the seat, not the individual. Therefore, anyone applying for a non-remunerated position cannot then change their mind and ask to be remunerated should their circumstances change. Any vacancy in an unremunerated "seat" would be recruited as a unremunerated position on the committee going forward.

TERMS OF REFERENCE FOR BOARD Version 4: May 2025

<p>1. Constitutional Authority & Purpose</p>	<p>1.1 To direct the affairs of Berneslai Homes in accordance with its objects and rules /constitution.</p> <p>1.2 To approve:</p> <ul style="list-style-type: none"> • Changes to the corporate structure of the organisation • The shareholding policies of the organisation. • Rule / constitution changes for the organisation. • Changes to the structure, size, constitution, composition and retained functions of the Board and its Committees. • Standing Orders including the Financial Regulations and Scheme of Delegations, Terms of Reference of all Committees, Working Groups and Panels of the Board. • Delegation of any decision-making powers to Committees, Panels or working groups. • All resolutions to be put to the shareholder / members at any AGM.
<p>2. Composition</p>	<p>2.1 Berneslai Homes overall governance structure comprises the following categories of membership:</p> <ul style="list-style-type: none"> • Independent members: externally recruited members who are not customers of Berneslai Homes or members of the Council • Councillors: members nominated by the Council to be members of the Board • Customer members: tenants and/or leaseholders of Berneslai Homes • Co-optee members: who are appointed to provide additional skills or experience as and when required. • Independent committee members: who are not Board members and are appointed to provide additional skills or experience as required. <p>2.2 The Board will have a membership of up to 9 (not including co-optees), comprising the Board Chair (who will be an independent member), 4 independent members, 2 Councillors and 2 tenants members (who will be different individuals from the customer members of the Customer Services Committee).</p> <p>2.3 The Board may from time to time co-opt up to a maximum of 2 persons to the Board and may at any time revoke such co-option. Co-optees shall be entitled to attend and to speak but not to vote at</p>

	<p>meetings of the Board and shall not be counted as part of the quorum.</p> <p>2.4 The Council shall nominate a person to act as its Shareholder representative. The representative is not a Board member and does not count towards composition as set out in the clauses above, or towards quorum. The representative shall have the right on behalf of the Council to attend meetings and vote, and generally exercise all rights of shareholding membership on behalf of the Council.</p>
3. Meetings & Quorum	<p>3.1 The quorum for the transaction of the business of the Board shall be 4 comprising no fewer than 1 Tenant Board Member, 1 Independent Board Member, 1 Council Board Member and 1 other Board Member (Article 30 (1)).</p> <p>3.2 The Board must meet at least 6 times a year, including strategy and training days.</p> <p>3.3 At least five working days' notice of all Board meetings will be given to each Member unless the meeting needs to be called as a matter of extreme urgency.</p> <p>3.4 Resolutions of the Board are to be decided by a majority of votes and each Board Member present in person shall be entitled to one vote. A written resolution signed by all of the members of the Board (provided that they would constitute a quorum) is as valid as if it had been passed at a board meeting and may consist of several documents in similar form each signed by one or more of the Board.</p> <p>3.5 If there is an equality of votes, the Board Chair is entitled to a second or casting vote. Resolutions which fail to secure a majority in favour are to be lost.</p>
4. Duties & Responsibilities	<p>4.1 In accordance with the Rules / Constitution, the Board is responsible for directing the affairs of the organisation in accordance with its objects and Rules. Its functions shall include:</p> <ul style="list-style-type: none"> a) Setting and ensuring compliance with the values, mission and strategic objectives of the organisation and ensuring its long-term success; b) Appointing (and if necessary removing) the Chief Executive and approving their benefits and terms of employment; c) Satisfying itself as to the integrity of financial information, approving each year's budget and business plan and annual accounts prior to publication; d) Establishing and overseeing a framework of delegation and systems of internal control;

- e) Establishing and overseeing a risk management framework in order to safeguard the assets of the organisation ;
- f) Taking appropriate advice;
- g) Ensuring at all times that the organisation takes into account any obligation imposed by the regulator(s) in the exercise of its powers;
- h) Satisfying itself that the organisation's affairs are conducted in accordance with generally accepted standards of performance and propriety;
- i) Establishing an operating a performance appraisal system for the board, chair and individual board members; and
- j) Establishing and overseeing a committee for the payment of board members.

4.2 As well as the powers conferred on the Board by the Rules/Constitution, the following are additional responsibilities:

- a) The appointment, induction and training of Board members;
- b) Any extension or restriction in the scope of the organisation's activities or functions;
- c) Overseeing the annual appraisal of the Chief Executive and a three-yearly review of their terms and conditions of employment;
- d) Ensure succession plans are in place for the Executive Team and other business critical roles
- e) Major matters with regard to relationships with central government, regulators, local authorities, other statutory bodies and other Housing organisation's;
- f) Any item which is referred to it by a General Meeting;
- g) Consider and define the organisational culture to enable Berneslai Homes to be diverse and inclusive and deliver its vision and strategic objectives
- h) Any matter reserved to it by the Financial Regulations;
- i) Any allegation or instance of fraud which affects the organisation, and bring any such matter to the attention of the Regulator / Local Authority in an appropriate manner.
- j) Comply with all relevant legislation and regulation, such as Health and Safety.

4.3 The Shareholder's representative is to ensure that the constructive and effective working relationship between BMBC and Berneslai Homes is maintained and developed, to represent the Council's interest on the board and to provide challenge to the Board where appropriate. It is to be noted that the representative can 'generally exercise all rights of membership on behalf of the Council' and functions as a full and voting member of the Board.

	<p>4.4 The Board may create Standing and other Committees, Sub-Committees or Working Groups to which it may delegate or refer business for detailed consideration from time to time.</p> <p>4.5 Any matter may be referred by the Board to a General Meeting of the organisation .</p>
<p>4.5 Operation of the Board</p>	<p>The Board will:</p> <p>a) Approve annually:</p> <ul style="list-style-type: none"> • The annually updated Strategic plan; • Annual budgets and determine the resources to fulfil financial and operational requirements; • Accounts, auditors report, management letter and Board disclosure letter; • Asset management strategy; • Value for money strategy; • Internal control statement; • Internal Audit Report – Audit Committee Annual Report to the Board; • A succession plan for non-executive members • Appointment of members of the Board, Committee Members, Chairs and Deputy Chairs; • Parameters for regeneration projects, development projects, new initiatives and agency arrangements; • Risk Management Strategy on the recommendation of the Audit Committee. <p>b) Review and approve on a regular basis:</p> <ul style="list-style-type: none"> • Standing Orders and Financial Regulations; • Investment management strategy and policies <p>c) Approve from time to time:</p> <ul style="list-style-type: none"> • New strategies and policies, together with major changes to existing ones, which will determine the way in which the organisation operates, for example ICT and premises strategies; • Specific projects that fall outside the parameters determined by the relevant strategy; • Co-options and casual appointments to the Board or Committees. <p>d) Review annually a schedule of all policies approved by the Board and in operation, deleting any that are now redundant, and noting any changes agreed by the Chief Executive during the year.</p> <p>e) Receive reports at each meeting, or as the need arises, on:</p> <ul style="list-style-type: none"> • Any appeals panel decisions • Urgent decisions taken between meetings

	f) Deal with Executive Management Team grievance appeals and Executive Management disciplinary appeals.
4.6 Compliance & Governance	<ul style="list-style-type: none"> To approve (where this is formally required) and receive assurance that regulatory returns have been processed in a timely and accurate manner. To review regulatory assessments and where appropriate, make associated responses. To review annually its own collective performance, constitution and terms of reference, and that the organisation is compliant with the adopted Code of Governance. To approve a code of conduct and expected behaviour for Members and staff. To monitor that its affairs are conducted lawfully and in accordance with generally accepted standards of performance, propriety, regulatory requirements and good governance. To monitor that Members of the organisation comply with the values, vision, mission and strategic goals of the organisation . To monitor that services are delivered in line with the strategies agreed by the Board and that there is a clear and accountable framework of performance indicators and action plans to achieve the organisation's strategic objectives.
4.7 Strategies, Policies, Plans & performance	<ul style="list-style-type: none"> To ensure that there is a robust framework for approving and reviewing and monitoring the delivery of organisation strategies, plans and policies. To ratify all decisions as necessary and receive reports on decisions made by Committees. To approve the annual financial and business plans of the organisation and to monitor any outcomes. To approve and monitor organisation operational and compliance performance indicators for activities within the remit of the Board.
4.8 Financial information; annual accounts, budget & financial plan	<ul style="list-style-type: none"> To approve any resolutions to the General Meetings. To review and approve annually the assumptions in the organisation's Financial Plans. To review the robustness of the organisation 's financial planning. To approve the annual report of directors, annual accounts, organisation budgets and business plan, and monitor any outcomes.
4.9 Risk	<p>To ensure that the organisation's present and foreseeable financial, regulatory, organisational and reputational risks are recognised, regularly assessed and managed.</p> <ul style="list-style-type: none"> To approve annually the organisation risk map and framework for the identification, management and reporting of risk. To approve or ratify policies and decisions on all matters which, in the opinion of the Board, might create significant financial or

	<p>other risk to the organisation, or that raise material issues of principle.</p> <ul style="list-style-type: none"> • To approve and monitor compliance with the organisation's Equality and Diversity & Health and Safety Policies. • To ratify approval of and review processes for dealing with individual cases raising material issues of ethics or probity.
4.10 Investment	To assess and approve organisation's investment activity in accordance with its Investment plan – including but not restricted to the extension of the organisation's activities into new business areas; and any decisions to cease all or any material part of the organisation's business.
4.11 Appointments & Remuneration	<ul style="list-style-type: none"> • To appoint (and, if necessary, remove) the Board Chair, the Chief Executive, members of the Executive Team and members of the Board and Committees. • To establish time limited task and finish groups with agreed delegations and membership to oversee the associated appointment process <p>To approve:</p> <ul style="list-style-type: none"> • Any remuneration and employment policies for Board Members and Committee members, the Chief Executive and Executive Management Team as recommended by the Executive Team. • Any redundancy and or termination arrangements for the Chief Executive and Executive Management Team. • Established a time-limited task and finish group with agreed delegations and membership to oversee the review of remuneration of non-executives
5. General Authority & Scope	<p>5.1 The Board is authorised to investigate any activity of Berneslai Homes within its terms of reference and in accordance with any advice or guidance from the Regulator. It is authorised to seek any information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the Board.</p> <p>5.1 The Board is authorised to obtain legal or other professional advice which is relevant to its purpose, as it deems necessary and within the relevant budget allocation (if any) allowed for those costs in each year. However it may incur direct expenditure of £5000 without the prior approval.</p> <p>5.2 The Board shall in its decision making, give due regard to any relevant legal or regulatory requirements, and associated best practice guidance, as well as to the risk and reputation implications of its decisions, referring to the Decision Making Framework for clarification.</p>

6. Review	<p>6.1 The Board has approved these Terms of Reference and they will bind the Board from Date to be entered.</p> <p>6.2 At least every two years, the Board shall review its structure, delegated responsibilities, reporting arrangements, terms of reference and effectiveness, including any recommendations for changes.</p>
7. Reporting procedures	<p>7.1 Minutes of each Board meeting (which record the salient points of the discussions which take place and all decisions which are taken) must be kept and must be produced promptly after the relevant meeting.</p> <p>7.2 Minutes of each Board meeting must where possible be circulated to all Board Members in advance of the next Board Meeting. Consideration of these minutes must form an agenda item at that Board Meeting.</p>

TERMS OF REFERENCE – AUDIT & RISK COMMITTEE	
1. Constitutional Authority and Purpose	<p>1.1 The Audit and Risk Committee (the “Committee”) is a sub-committee of the board of Berneslai Homes. The committee may be delegated some governance responsibilities but will be accountable to Board.</p> <p>1.2 The overall purpose of the Audit and Risk Committee is to provide an independent and high-level focus on the adequacy of governance, risk and control arrangements. The committee’s role in ensuring that there is sufficient assurance over governance risk and control gives greater confidence to all those charged with governance that those arrangements are effective.</p> <p>1.3 The Audit and Risk Committee will :</p> <ul style="list-style-type: none"> a) Promote the development of strong and effective governance arrangements and internal controls which support the delivery of Berneslai Homes’ strategic aims and objectives and enable the Board to maintain overall control and consistency of approach. b) Support the Board in ensuring that an effective framework is established and maintained for the identification and management of risk and assurance. c) Have oversight of both internal and external audit together with the financial and governance reports, helping to ensure that there are adequate arrangements in place for both internal challenge and public accountability.
2. Composition	<p>2.1 Berneslai Homes overall governance structure comprises the following categories of membership:</p> <ul style="list-style-type: none"> • Independent members: externally recruited members who are not customers of Berneslai Homes or members of the Council • Councillors: individuals nominated by the Council to be members of the Board • Customer members: tenants and/or leaseholders of Berneslai Homes • Co-optee members: who are appointed to provide additional skills or experience as and when required. • Independent committee members: who are not Board members and are appointed to provide additional skills or experience as required. <p>2.2 For further avoidance of doubt, the Board Chair may not serve as the Committee Chair or be a member of the Committee.</p> <p>2.3 The Chair must be a member of the Berneslai Homes Board and</p>

	<p>ideally will be financially qualified (CCAB or CIMA Accountant) with relevant sector knowledge</p> <p>2.4 Employees of Berneslai Homes are not eligible to serve on this Committee.</p> <p>2.5 The Committee will have a membership of at least 3 Board members (one of which will be the Committee Chair) and can include co-opted board members and up to 2 independent members.</p> <p>2.6 Specialists may be appointed to the Committee, either as Co-optees (in addition to those co-opted to Board) within the parameters set out in the Articles or as Independent Committee members, to provide particular expertise as and when required, to be approved by the Board.</p> <p>2.7 If the Committee Chair is not present at a quorate meeting of the Committee, the Committee Members present shall elect one of their number to chair that meeting.</p> <p>2.8 Membership of the Committee and its Chair is subject to the appointment of the board and will be reviewed from time to time to ensure that the relevant skills and competency are present.</p> <p>2.9 Include, as regular attendees, the Executive Director of Resources, the Executive Director of Property Services, the Head of Corporate Assurance, or their nominees, and the appointed external auditor. These officers should also be able to access the Committee members, or the Chair, as required.</p>
<p>3. Meetings and Quorum</p>	<p>3.1 The quorum for a Committee meeting shall be two, at least one of which must be a non-executive member of the Board.</p> <p>3.2 The Committee must meet at least four times a year and its proceedings and decisions shall be reported to the Board.</p> <p>3.3 At least five working days' notice of all meetings of the Audit Committee will be given to each Audit Committee Member and to the Chair of the Board unless any two members of the Audit Committee certify in writing that, because of special circumstances which are set out in the certificate, the meeting ought to be called as a matter of extreme urgency.</p> <p>3.4 Resolutions of the Committee are to be decided by a majority of votes and each Committee Member present in person shall be entitled to one vote. A written resolution signed by all of the</p>

	<p>members of the Committee (provided that they would constitute a quorum of the Committee) is as valid as if it had been passed at a meeting of the Committee and may consist of several documents in similar form each signed by one or more of the Committee.</p> <p>3.5 If there is an equality of votes, the Chair is entitled to a second or casting vote. Resolutions which fail to secure a majority in favour are to be lost.</p>
<p>4. Duties and Responsibilities</p>	<p>4.1 The principal duties of the Committee are:</p> <ul style="list-style-type: none"> a) To seek and provide assurance that there is effective financial control, internal controls and risk management in place across Berneslai Homes by ensuring there are adequate systems of internal control and risk management in place and by monitoring the effectiveness of those systems. b) Supporting Berneslai Homes to implement the values of ethical governance, including effective arrangements for countering risks of fraud and corruption. Reviewing and advising the Board on internal control systems for enhancing fraud resilience and to consider reports in relation to allegations of fraud and reports of suspicious activity in relation to money laundering and any other such exceptional issues. c) To seek assurance that Berneslai Homes activities are efficient, effective and represent value for money. d) Reviewing arrangements by which employees may, in confidence, raise concerns about possible improprieties in matters of financial reporting or other matters (whistleblowing) and specifically to receive any concerns raised through these procedures that concern the Chief Executive or their delegated officer in respect of the whistleblowing arrangements. e) Reviewing arrangements and confirming processes for regulatory returns and reports on behalf of Berneslai Homes. f) Monitoring the implementation of approved recommendations relating both to internal audit reports, other relevant audit and assurance reports, external audit reports and management letters across Berneslai Homes. g) Monitoring data protection compliance and Information security compliance. h) Initiating reports and investigations as it sees fit, having the right

	<p>of access to all minutes, books, documents or any other information maintained within the organisation.</p> <ul style="list-style-type: none"> i) Reporting annually to the Board on the internal controls and assurance arrangements in place through a process of integrated assurance, including: <ul style="list-style-type: none"> o Reviewing, assessing and monitoring the effectiveness of the external and internal audit services and their relationship with each other. o Reviewing arrangements and confirming processes for a range of additional assurance sources. o Receiving and reviewing an annual assurance report before making recommendations as to its acceptance to the Board. j) To comment on and review the Treasury Management Strategy and make recommendations to Board on that Strategy. To receive reports on Treasury Management activities and performance. To report to the Board on any breaches of Treasury Strategy or Procedure. k) Monitoring Health and Safety Landlord compliance (compliance audit scorecard) from a risk and controls perspective and escalating any matters of concern to the Board. . <p>More specific responsibilities of the Committee are detailed in sections below:</p>
<p>4.2 Financial Accountability</p>	<p>4.2.1 The Committee will review the integrity of the annual financial statements, interim reports and any formal announcements relating to Berneslai Homes' financial performance before they are presented to the Board, focusing on:</p> <ul style="list-style-type: none"> a) Accounting policies b) Compliance with accounting standards c) Reviewing significant financial reporting judgements d) Findings of the external auditor, including significant audit adjustments
<p>4.3 Internal Audit</p>	<p>4.3.1 The Committee will monitor and review the effectiveness of the internal audit function and more particularly will:</p> <ul style="list-style-type: none"> a) Ensure that there is a transparent procedure in place for the periodic review of the appointment of internal auditors. Advise the Board on the appointment and remuneration of the internal auditor and their scope of work. b) Review the long-term plan for internal audit, approve the Annual Plan, and monitor results as presented in internal

	<p>audit's interim reports and annual report.</p> <ul style="list-style-type: none"> c) Review, consider and advise upon reports made by the internal audit service as to the functioning, maintenance and development of Berneslai Homes' control systems. d) Review and monitor management's responsiveness to the internal auditor' findings and recommendations. e) Monitor and assess the effectiveness of the internal audit function in the overall context of Berneslai Homes' risk management and assurance arrangements. f) Be able to meet privately and separately with the Head of Internal Audit
4.4 External Audit	<p>4.4.1 The Committee will oversee Berneslai Homes' relations with the external auditor and more particularly will:</p> <ul style="list-style-type: none"> a) Ensure that there is a transparent procedure in place for the selection and periodic review of the appointment of external auditors. b) Appoint the external auditors, subject to any ratification required at the Annual General Meeting. c) Advise the Board on the appointment and remuneration of the external auditor and review and agree the level of fees and the letter of engagement prior to the start of each annual audit. d) Meet with the external auditor at least twice per year to consider the scope of the audit at planning stage, and the resulting opinion, reports and recommendations , and monitor management action in response to the issues raised by external audit. e) Review on an annual basis, the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional, regulatory and ethical requirements including the regular rotation of relationship partners. f) Meet privately and separately with the external auditor as required
4.5 Risk	<p>4.5.1 The Committee should fully understand the risk profile of the organisation and seek assurances that active arrangements are in place on risk-related issues. The Committee will review and advise the Board, who approve the overall risk assessment process, on the current risk exposures of Berneslai Homes and risk strategy by:</p> <ul style="list-style-type: none"> a) Regularly reviewing and scrutinising the overall risk assessment processes that inform the Board's decision making. b) Reviewing and reporting to the Board upon the strategic and operational risk maps, and any other risk types of critical

	<p>importance, annually,</p> <p>c) Reviewing and reporting to the Board on Berneslai Homes' overall risk appetite, tolerance and strategy. Reviewing reports on any material breaches of risk limits and risk management, including any potential for 'serious detriment' as defined by the Regulator, including the adequacy of proposed action</p>
5. General Authority and Scope	<p>5.1 The Committee is authorised to investigate any activity of Berneslai Homes within its terms of reference and in accordance with any advice or guidance from the Regulator. It is authorised to seek any information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the committee.</p> <p>5.2 The Committee has rights of access to and constructive engagement with other committees and scrutiny functions and strategic groups.</p> <p>5.3 Following prior consultation with the Chair of the Board and, where appropriate, the Chief Executive, the Committee is authorised to obtain legal or other professional advice, which is relevant to its purpose, as it deems necessary and within the relevant budget allocation (if any) allowed for those costs in each year. However it may incur direct expenditure of £5000 without the prior approval of the Board.</p> <p>5.4 The Committee shall in its decision making, give due regard to any relevant legal or regulatory requirements, and associated best practice guidance, as well as to the risk and reputation implications of its decisions, referring to the Decision Making Framework for clarification.</p>
6. Review	<p>6.1 The Board has approved these Terms of Reference and they will bind the Committee from April 2025 onwards.</p> <p>6.2 At least annually, the Committee shall review its delegated responsibilities, reporting arrangements, terms of reference and effectiveness and report its conclusions to the Board, including any recommendations for changes.</p>
7. Reporting procedures	<p>7.1 The Board will obtain assurance on the committee's work via minutes and regular verbal feedback from the Committee Chair on all of the Committee meetings.</p> <p>7.2 The Chair of the Committee will ensure that key issues are promptly brought to the attention of the Board.</p>

	<p>7.3 The Committee will report formally on its work to the Board on an annual basis.</p> <p>7.4 Minutes of each Audit Committee meeting (which record the salient points of the discussions which take place and all decisions which are taken) must be kept and must be produced promptly after the relevant meeting both to that Audit Committee and to the Board.</p> <p>7.5 Minutes of each committee meeting must where possible be circulated to all Board Members in advance of the next Board Meeting. Consideration of these minutes must form an agenda item at that Board Meeting.</p> <p>7.6 The Committee will submit any reports it considers necessary to the Board.</p>
--	---

**TERMS OF REFERENCE FOR
CUSTOMER SERVICES COMMITTEE Version 5 May 2025**

<p>1. Constitutional Authority and Purpose</p>	<p>1.1 The Customer Services Committee (the “Committee”) is a sub-committee of the board of Berneslai Homes.</p> <p>1.2 The overall purpose of the Customer Services Committee is to ensure that we engage effectively with our customers and focus on enhancing the delivery of our customer experience, including to:</p> <ul style="list-style-type: none"> • Oversee the delivery of customer services across Berneslai Homes • Ensure that all residents are provided with opportunity to engage with us effectively • Monitor the Tenant Satisfaction Measures and any associated action plans •
<p>2. Composition</p>	<p>2.1 Berneslai Homes overall governance structure comprises the following categories of membership:</p> <ul style="list-style-type: none"> • Independent members: externally recruited members who are not customers of Berneslai Homes or members of the Council • Councillors: individuals nominated by the Council to be members of the Board • Customer members: tenants and/or leaseholders of Berneslai Homes • Co-optee members: who are appointed to provide additional skills or experience as and when required. • Independent committee members: who are not Board members and are appointed to provide additional skills or experience as required. <p>2.2 The Board Chair may not serve as the Committee Chair.</p> <p>2.3 The Chair of the Committee will always be a Board member of Berneslai Homes and will be appointed and approved by the Board.</p> <p>2.4 The Board will appoint a Vice Chair of the Committee from one of the Committee members.</p> <p>2.5 The Committee will be composed of at least three members of the Berneslai Homes Board (one of which will be Chair); four customer members (who will be different individuals from the customer members of the Board) and, if required, up to two Independent</p>

	<p>Committee Members. More detail about these roles is set out below.</p> <p>2.6 One Independent Committee Member who is not a member of Berneslai Homes Board may be appointed to the Committee if there is a requirement for additional skills, competency and experience. The Independent committee members will be remunerated for the role in accordance with the Board Remuneration Policy , , the Independent Committee Members will be proposed and approved by the Committee and the Board.</p> <p>2.7 Employees of Berneslai Homes are not eligible to serve on this Committee.</p> <p>2.8 Specialists may be co-opted to committee, in addition to those co-opted to Board, within the parameters set out in the Articles to provide particular expertise as and when required, to be approved by the Board.</p> <p>2.9 Membership of the committee and its chair will be reviewed by Chair of the Board from time to time to ensure that the relevant skills, competency and diversity are present.</p> <p>2.10 If the Committee Chair is not present at a quorate meeting of the Committee, the Vice Chair of the Committee will chair that meeting.</p>
<p>3. Meetings and Quorum</p>	<p>3.1 The quorum for a Committee meeting shall be four, two of which must be members of the Board and two must be customer members.</p> <p>3.2 The Committee must meet at least four times a year and its proceedings and decisions shall be reported to the Board.</p> <p>3.3 The Committee shall abide by all the rules relating to the calling of meetings and the conduct of business contained in the rules of Berneslai Homes and in respect of contract standing orders, policies and code of conduct relating to boards and board members.</p> <p>3.4 Other Board members and officers have the right to attend the Committee meetings if invited by the Committee.</p> <p>3.5 The Executive Director of Customer and Estate Services and Executive Director of Property Services or their nominee will attend the meetings.</p>

	<p>3.6 At least five working days' notice of all meetings of the Committee will be given to each Committee Member and to the Chair of the Board unless any two members of the Committee certify in writing that, because of special circumstances which are set out in the certificate, the meeting ought to be called as a matter of extreme urgency.</p> <p>3.7 Resolutions of the Customer Services Committee are to be decided by a majority of votes and each Customer Services Committee Member present in person shall be entitled to one vote. A written resolution signed by all the members of the Customer Services Committee (provided that they would constitute a quorum of the Customer Services Committee) is as valid as if it had been passed at a meeting of the Customer Services Committee and may consist of several documents in similar form each signed by one or more of the Customer Services Committee.</p> <p>3.8 If there is an equality of votes, the Chair is entitled to a second or casting vote. Resolutions which fail to secure a majority in favour are to be lost.</p>
<p>4. Duties and Responsibilities</p>	<p>The principal duties of the Committee are:</p> <ul style="list-style-type: none"> • To consider reporting relating to customer feedback including Tenant Satisfaction Measures, petitions, complaints and compliments and to provide insight and feedback to the Board in order to escalate any concerns and to inform possible resolution or future service delivery models, priorities and plans • To compare and benchmark services with other organisations noted for good practice. • To review outcome performance against customer service related standards and performance targets from a customer service and experience perspective. To provide associated feedback to the Board. To consider any tenant led scrutiny reports relevant to the work of the Committee and monitor the delivery of any resulting improvement actions as required by the Board. • To undertake in-depth review of key service areas if requested by the Board. • To act as the Board's critical friend in relation to compliance with the Regulator of Social Housing's Consumer Standards and Housing Ombudsman Complaint Handling Code. • To monitor the implementation of the Customer Involvement Strategy, and provide associated reporting to the Board. <p>More specific responsibilities of the Committee are detailed in sections below:</p>

4.1 Strategy	<ul style="list-style-type: none"> To set, monitor and review operational policies in line with the policy approval arrangements approved by the Board.
4.2 Risk & Compliance	<ul style="list-style-type: none"> To review and monitor relevant strategic risks and operational risks as delegated from Board. To support the Board's assurance on compliance with the RSH Consumer Standards and the HoS Code of Practice.
4.3 Relationship with tenants and other stakeholders	<ul style="list-style-type: none"> To drive and encourage the involvement of tenants and the customer voice in service delivery and continuous improvement.
5. General Authority and Scope	<p>5.1 The Committee is authorised to investigate any activity of Berneslai Homes within its terms of reference and in accordance with any advice or guidance from the Regulator. It is authorised to seek any information it requires from any employee, and all employees are directed to co-operate with any reasonable request made by the committee.</p> <p>5.2 Following prior consultation with the Chair of the Board and, where appropriate, the Chief Executive, the Committee is authorised to obtain legal or other professional advice, which is relevant to its purpose, as it deems necessary and within the relevant budget allocation (if any) allowed for those costs in each year. However, it may incur direct expenditure of £5000 without the prior approval of the Board.</p> <p>5.3 The Committee shall in its decision making, give due regard to any relevant legal or regulatory requirements, and associated best practice guidance, as well as to the risk and reputation implications of its decisions, referring to the Decision-Making Framework for clarification.</p>
6. Review	<p>6.1 The Board has approved these Terms of Reference and they will bind the Committee from Enter date.</p> <p>6.2 At least every two years, the Committee shall review its structure, delegated responsibilities, reporting arrangements, terms of reference and effectiveness and report its conclusions to the Board, including any recommendations for changes.</p>
7. Reporting procedures	<p>7.1 The Board will obtain assurance on the Committee's work via minutes and regular verbal feedback from the Committee Chair on all the Committee meetings.</p>

	<p>7.2 The Chair of the Committee will ensure that key issues are promptly brought to the attention of the Board.</p> <p>7.3 The Committee will report formally on its work to the Board on an annual basis.</p> <p>7.4 Minutes of each Committee meeting (which record the salient points of the discussions which take place and all decisions which are taken) must be kept and must be produced promptly after the relevant meeting both to that Committee and to the Board.</p> <p>7.5 Minutes of each committee meeting must where possible be circulated to all Board Members in advance of the next Board Meeting. Consideration of these minutes must form an agenda item at that Board Meeting.</p> <p>7.6 The Committee will submit any reports it considers necessary to the Board.</p>
--	---

Appendix E

Berneslai Homes: Statement of Preferred Board and Committee Composition DRAFT V4

Introduction

This document sets out the composition for the entities within the Berneslai Homes governance structure and provides guidance on the number of Non-Executive Board Members (NED), tenant and independent members within the structure and the skills, experience and knowledge required for the business to be governed effectively.

Berneslai Homes will ensure that the Statement is reviewed formally at least every 2 years to align with the corporate plan review process and also as part of the annual Governance Effectiveness Review and any NED recruitment process, to ensure that the skills described continue to fit the Berneslai Homes's needs.

The Board may from time to time decide to appoint Board Champion roles to take a non-executive, strategic interest in a particular area of activity or theme in order to provide enhanced understanding at board level.

Tenure and succession planning

Berneslai Homes follows the NHF Code of Governance 2020 and in doing so the maximum tenure of any member in any role within the governance structure (board, committee, council, customer, co-optee or independent member) will be up to six consecutive years (typically comprising two terms of office). Where a member has served six years and the board agrees that it is in the organisation's best interests, their tenure may be extended up to a maximum of nine years on a one + one + one year term. Such extensions are by exception and do not set a precedent.

A member who has left the board is not eligible to be re-appointed in any role for at least three years.

Berneslai Homes seeks to ----- describe approach in relation to succession planning
Append the plan in relation to current members term of office, any extensions and review dates etc.

Skills requirements

The basic skills for any individual member of the governance structure are set out in the accompanying skills matrix.

The matrix also sets out the core skills and experience required within the collective Berneslai Homes' Board which are summarised as follows:

- Direct knowledge of the tenant experience and residents' needs and concerns
- Experience of financial management, financial reporting and control systems
- Business management skills, including risk management, assurance and business continuity

- Asset management including repairs and maintenance and associated contract management
- Management of housing services
- Knowledge of (and links within) the communities served by the ALMO
- Detailed knowledge of the operating environment of the social housing sector and its regulation
- Health and safety compliance and associated risk assessment
- Legal and regulatory knowledge relevant to social housing provision

The board has a further list of desirable skills for the collective Berneslai Homes' Board which are set out in the matrix and are summarised as follows:

- Strategic human resources and management development
- Community development and capacity building
- Digital skills in relation to use of data and business intelligence
- Procurement and strategic management
- PR, marketing, media and communications
- Supported housing, employment and training and links with health services

Diversity

The Board will seek to reflect the communities in Barnsley which it serves within its composition in terms diversity and will set targets in line with most recent available data.

Berneslai Homes will also consider offering co-option positions for candidates for board membership who have a competency and behavioural fit with Berneslai Homes, but who may require further development opportunities before taking on a NED position.

Berneslai Homes will seek to ensure that no more than 5 of the Board are individuals who are employed by or Non-Executive member of other registered providers. If this number exceeds 5, then the Board will consider remedial action to move towards the desired target.

Composition

Berneslai Homes overall governance structure comprises the following categories of membership:

- Independent members: externally recruited members who are not customers of Berneslai Homes or members of the Council
- Councillors: individuals nominated by the Council to be members of the Board
- Customer members: tenants and/or leaseholders of Berneslai Homes
- Co-optee members: who are appointed to provide additional skills or experience as and when required. Berneslai Homes may appoint up to 2 co-optees to the Board and up to 2 co-optees to Committees.
- Independent committee members: who are not Board members and are appointed to provide additional skills or experience as required.

The **Berneslai Homes Board** shall consist of up to 9 members. The composition will follow the skills requirements as set out above and will be as follows:

1. Independent member - Berneslai Homes Board Chair
2. Independent member
3. Independent member
4. Independent member
5. Independent member
6. Councillor Member
7. Councillor Member
8. Customer Member
9. Customer Member

The Board may also appoint up to two additional co-optees.

Within this composition the Members of the Berneslai Homes Board will assume the following roles across the governance structure for the Berneslai Homes:

1. Berneslai Homes Board Chair
2. Chair of Audit and Risk Committee
3. Chair of Customer Services Committee
4. Member of Audit and Risk Committee
5. Member of Audit and Risk Committee
6. Member of Audit and Risk Committee
7. Member of Audit and Risk Committee
8. Member of Customer Services Committee
9. Member of Customer Services Committee

The Board may decide to appoint a Senior Independent Director (who may or may not be a Committee Chair).

Committees

The size and composition of any committees will be determined by the Berneslai Homes Board and in accordance with the relevant company rules.

The **Audit and Risk Committee** will comprise of up to five members as follows:

1. Chair – Berneslai Homes Board Member
2. Berneslai Homes Board Member
3. Berneslai Homes Board Member
4. **Berneslai Homes Board Member** or Independent Member or Co-opted Member
5. **Berneslai Homes Board member** or Independent Member or Co-opted Member

The independent or co-opted members of Audit and Risk Committee will provide recent accounting and risk, controls or audit experience. If none of the Berneslai Homes Board members of the Committee are financial qualified, then one of the independent or co-opted members must have a recent financial qualification.

The **Customer Services Committee** will comprise of up to seven members as follows:

1. Chair – Berneslai Homes Board Member
2. Berneslai Homes Board Member

3. Berneslai Homes Board Member
4. Customer Member
5. Customer Member
6. Customer Member
7. Customer Member
8. Optional : Independent Member
9. Optional: Independent Member

The Customer Members of the Committee will be different individuals to the Customer members of the Berneslai Homes and will have the same remit as independent members.

The independent members of Customer Services Committee will provide lived or professional experience of customer service delivery, customer insight and / or consumer regulation. Independent members who are not non-executive directors will be appointed by and subject to approval by the Berneslai Homes Board.

Customer Committee- Sample Role Profile

Role Purpose

1. The Board has ultimate responsibility for the governance of the organisation.
2. The purpose of the Board is to determine the corporate direction and strategy, to monitor performance, to direct and control the organisation's affairs where necessary and to ensure that the organisation achieves its overall business objectives. This includes responsibility for setting strategy, scrutinising and reviewing customer-related performance and service delivery.
3. The Board has established a Customer Services Committee to support it in undertaking its customer-facing responsibilities. The Committee is made up of Board Members and up to four Customer Committee Members. The purpose of these roles is to supplement the skill sets, knowledge and experience of both the Committee itself and the Board.
4. Together with the other members of the Committee, you will have collective responsibility for the monitoring and overseeing the performance of the customer-facing elements of the organisation and for providing the customer perspective at Committee level.

Accountabilities/Main Responsibilities

1. These roles are reserved for current tenants or leaseholders of the organisation. All postholders will be subject to an open recruitment and selection process.
2. The responsibilities of the Committee are set out in the terms of reference. Postholders are not expected to be experts in all the areas that the Committee's responsibilities but will be able to deal with complex information and contribute to effective decision making.
3. You do not need to have prior experience on a Board or Committee. Induction, training and ongoing peer support will be provided to the successful candidates.

Customer Committee Members will:

1. Apply their skills, knowledge and experience to actively contribute to the Committee's work in discharging its responsibilities as set out in the Terms of Reference for the Committee.
2. Support and constructively challenge, as necessary, the Executive Team and other officers.
3. Attend functions, away days and other meetings as required from time to time.
4. Undertake induction and annual appraisal activity in line with the Board's agreed programme.
5. Be subject to the maximum term of office as agreed and applied to all members of the organisation's governance structure.
6. Keep knowledge and skills up to date, taking part in appropriate learning and development activities that aim to maintain and develop competence and improve performance.
7. Promote and champion the organisation's values.
8. Establish and maintain constructive working relationships with Non-Executive colleagues, Executives and officers.

9. Attend, prepare for and participate in Committee meetings.
10. Comply with the Code of Conduct and the Committee Member Agreement for Services.
11. Display passion, energy and enthusiasm for the role and for the organisation's vision and values.
12. Be committed to working in the best interests of current and future residents.
13. Be confident in making independent and critical judgments and in facilitating debate to ensure risks and alternative courses of action are properly considered
14. Possess a high degree of probity and integrity.
15. Work in a collaborative, open and engaging style.
16. Be committed to accountability, transparency and equality of opportunity.
17. Be self-aware and open to feedback and personal development.
18. Be able to commit the time necessary to undertake the role to a high standard.

Person Specification

1. Experience of social or affordable housing and the provision of landlord services as tenant or resident.
2. A strong empathy with and commitment to our social purpose.
3. The ability to work as a Committee Member contributing to strategy development and performance management in a large customer-focussed organisation.
4. Well-developed interpersonal and communication skills
5. The ability to work as a member of a team whilst challenging and contributing to thinking positively.
6. Understand collective responsibility and the ability to leave personal interests at the door.
7. Able to deal with complex policy, legal and financial issues contributing to effective decision making. (Note that expertise in these areas is not an essential requirement)
8. A personal commitment to self-development and learning, diversity and inclusion.

Sample Remit: Chairs Group V2

Membership

- The membership of this Group will comprise the Chair of the Board, the Chairs of the Committees and the Chief Executive. If a Senior Independent Director is appointed, they will also be a member of the Group.
- The Chair of this meeting will be the Chair of the Board.
- Other executive or non-executive officers may be invited to attend from time to time and as invited by the Chair.

Quorum

- The quorum will be 3 non-executive members.

Remit

- The key role of the Group will be to facilitate effective cross-governance communication. The Chair's Group will meet on a periodic basis, usually following the cycle of committee meetings to discuss any key issues and concerns arising from those committee meetings which may require escalation or oversight at Board level or across the committee structure.
- In addition, there may be strategic issues which are time critical that arise between Board meetings particularly in periods of change. The Group will act as an additional mechanism to best support planning, to facilitate and enable quick response to rapidly changing positions and to ensure the best benefit for the organisation.

Decision making and accountability

- The Chair's Group is not a formal decision making body. However, Board may in certain circumstances delegate authority to the Chairs' Group to review or discuss matters on behalf of the Board and to provide reports or updates on that work to a future meeting of the Board. In those cases, the meeting of the Chair's Group will be formally minuted.

Meeting frequency / format

- This Group will meet as required/quarterly.
- The Group can meet in any format required to facilitate its remit.

Report Title	People Strategy 2025-28	Confidential	No
Report Author	Carla Wragg – Head of People and Culture	Report Status	For Approval
Report To	Board 27/5/2025	Officer Contact Details	carlawragg@berneslaihomes.co.uk

1. Executive Summary	<p>Significant progress has been made on the People Strategy 2021-2024 and a new up to date People Strategy is required for 2025-2028.</p> <p>The proposed new People Strategy is based around four key themes of Resourcing & Recruitment, Learning Organisation, Culture, and Health, Safety and Wellbeing. The Culture pillar is underpinned by the existing Building Together culture change programme.</p> <p>This Strategy seeks to build an exceptional organisation that delivers meaningful impact for our tenants while empowering our people to succeed.</p> <p>Success measures have been identified and will be monitored on an annual basis to ensure progress.</p> <p>Both the Senior Management Team and Executive Management Team have been consulted on the new Strategy. A communications plan will be followed to launch the new Strategy with Trade Union partners and colleagues.</p> <p>The People Strategy will help to embed the 3C values and nurture a Customer First approach. The Living the Value and Professionalisation pillars of the Building Together programme will set clear expectations and drive accountability for improving our service to tenants.</p>
2. Recommendation/s	<p>The proposed People Strategy 2025-28 is recommended for approval.</p>

3. Background

3.1 The previous Berneslai Homes' People Strategy ran from 2021-2024, and had a broad focus across nine key themes:

1. Customer First
2. Learning Organisation
3. Equality, Diversity & Inclusion
4. Agile Culture
5. Leadership Development
6. Succession Planning
7. Coaching & Mentoring
8. Developing Our Communities
9. Health & Wellbeing

3.2 The previous People Strategy needed to respond to a post Covid working environment. Great progress has been made on the People agenda guided by the Strategy. Notable areas of success have been embedding agile working, a focus on health and wellbeing, with Gold being achieved in the Achieve BeWell Award, and reducing the gender pay gap.

3.3 A new People Strategy is required from 2025 which reflects the current external and internal context and continues to support the Berneslai Homes' vision and values

4. Current Position / Issues for Consideration

4.1 The People Strategy 2025-2028 is attached at Appendix A.

4.2 The proposed People Strategy is designed to put our people at the heart of everything we do. As we move forward into 2025-2028, we face exciting opportunities and challenges that require us to adapt, innovate, and grow. The People Strategy outlines our commitment to nurturing a thriving workplace where our employees feel valued, supported, and inspired to achieve their best. Based around four key themes of Resourcing & Recruitment, Learning Organisation, Culture, and Health, Safety & Wellbeing, this Strategy seeks to build an exceptional organisation that delivers meaningful impact for our tenants while empowering our people to succeed. Together, we aim to create an environment where everyone can flourish.

4.3 Measures of success have been identified and included in the People Strategy. A baseline will be identified for 2025 and annual monitoring will be undertaken to ensure progress is made.

4.4 Both the Senior Management Team and Executive Management Team have been consulted during the development of the People Strategy.

4.5 Upon approval a communications plan will commence to launch the new People Strategy. The Building Together culture change programme, which is contained within the new Strategy, has already been extensively communicated and frequent updates are issued.

- 4.6 Annual people plans will be developed around the four strategic themes, which will provide focus for the People and Culture Team and support the implementation of the Strategy.

5. Customer Voice/Impact

The People Strategy will help to embed the 3C values and nurture a Customer First approach. The Living the Value and Professionalisation pillars of the Building Together programme will set clear expectations and drive accountability for improving our service to tenants.

6. Risk and Risk Appetite

The two strategic risks regarding the workforce are related to acknowledging, promoting and celebrating the diverse talents and backgrounds of employees and having appropriately skilled and motivated people to deliver services effectively. The People Strategy 2025-28 will mitigate these risks by creating an inclusive and learning organisation and improving employee experience and wellbeing.

7. Strategic Alignment

The People Strategy supports all the strategic ambitions of Barnsley 2030 as it will support Berneslai Homes to become an exceptional organisation where people can operate at their best. However, the strategic ambition of Employment and Training is most relevant as the People Strategy will lead to being a values led employer where people are developed to achieve high professional standards.

8. Data Privacy

No processing of personal data has been undertaken for this report.

9. Consumer Regulatory Standards

The People Strategy will enable the organisation to attract and retain talent who can ensure the achievement of all elements of the Regulatory Standard:

- Transparency, Influence and Accountability
- Tenancy
- Safety and Quality
- Neighbourhood and Community

10. Other Statutory/Regulatory Compliance

Not applicable.

11. Financial

The People Strategy will be delivered by the existing team and within the current budget.

Achievement of the success measures will produce financial savings in recruitment and sick absence costs.

12. Human Resources and Equality, Diversity and Inclusion

The People Strategy is built around four key themes designed to:

- Build sustainable teams for the future by attracting and retaining talent
- Nurture a growth mindset across the organisation
- Foster a positive and inclusive culture which enables our people and organisation to thrive
- Create a safe and resilient workplace

An Equality Impact Assessment is not required as monitoring EDI representation is integral to the Strategy and annual action plans.

The Strategy will be shared with trade union partners upon approval.

13. Sustainability Implications

Not applicable.

14. Associated Background Papers

None

15. Appendices

Appendix A : BH People Strategy 2025-28

16. Glossary

BH – Berneslai Homes

People Strategy

2025-2028



CONTENTS

Introduction	3
People Profile	4
Purpose and Vision	5
Key Themes and Areas of Focus	6-9
Target Culture	10
Building Together Programme	11-12
Success Measures	13
Contact	14

INTRODUCTION

Who we are

We are Berneslai Homes, working in partnership with Barnsley Council as their local housing company.

Through the effective management of homes and people we have a significant part to play supporting customers and communities, delivering excellent services, and creating real opportunities as a major employer in Barnsley.

INFLUENCING FACTORS

This strategy has been developed in the context of the following influencing factors:

External factors:

- Increasing regulation in the social housing sector, particularly the proposed Competency and Conduct Standard
- PRIP contract
- Barnsley 2030

Internal factors:

- Employee feedback captured through annual surveys and focus groups
- People demographics

Internal factors continued:

Our vision

Creating great homes and communities with the people of Barnsley.

Our values

Our 3Cs values underpin our actions:



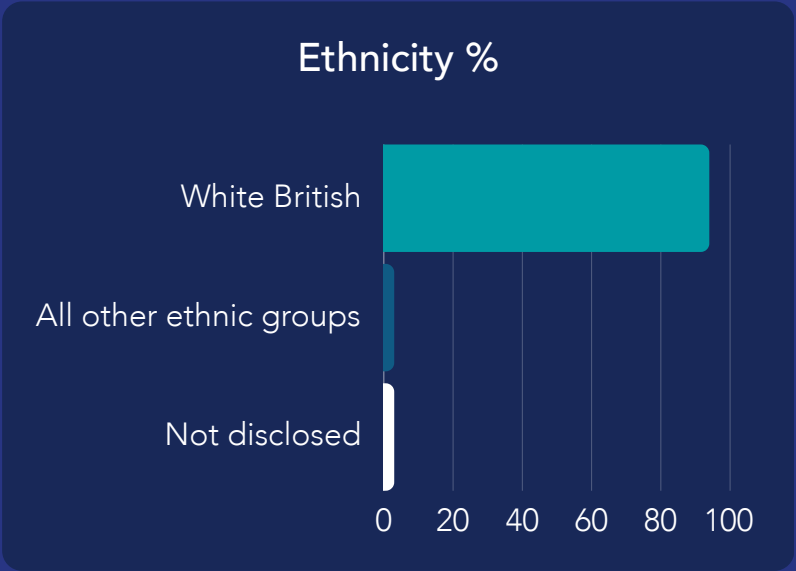
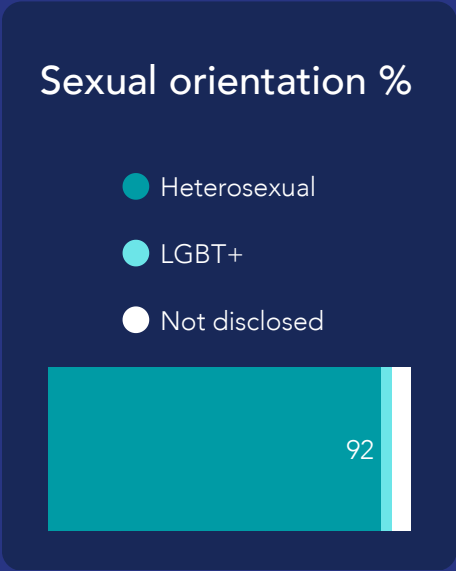
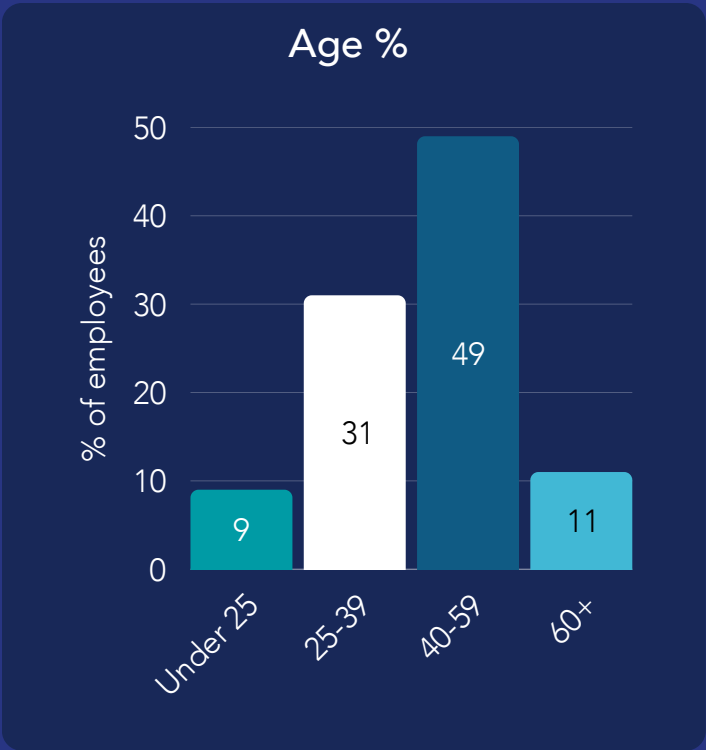
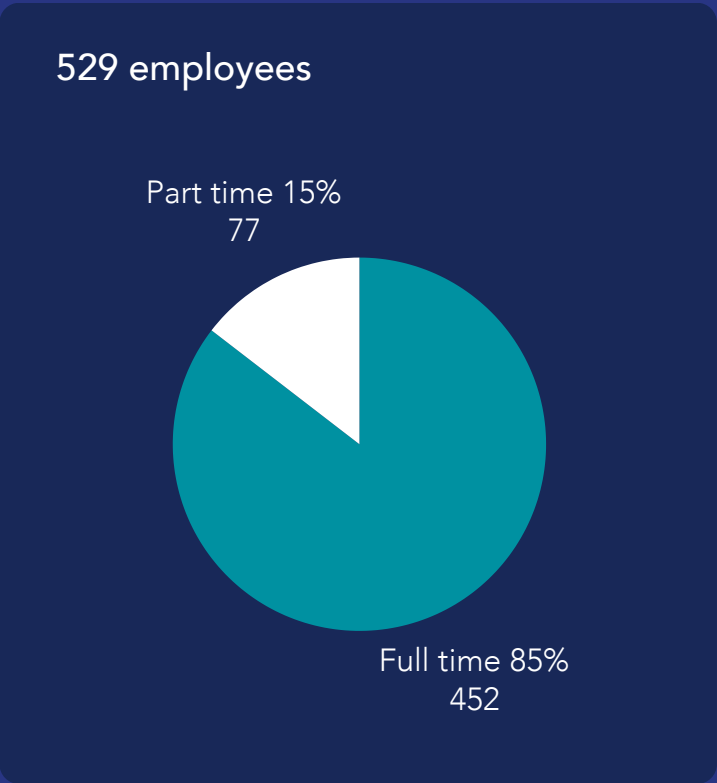
Berneslai Homes Strategic Plan

Our Strategic Plan sets out our objectives and what we want to achieve over the next 10 years. Our strategic plan is on our website www.berneslaihomes.co.uk

Printed copies are available on request (see back page).

PEOPLE PROFILE

As at 31 March 2025:



PURPOSE AND VISION

At Berneslai Homes, our people are at the heart of everything we do.

As we move forward into 2025-2028, we face exciting opportunities and challenges that require us to adapt, innovate, and grow.

The success of Berneslai Homes is built on the dedication, talent, and passion of our people which contributed to our C1 grading from the Regulator of Social Housing in 2024.

The People Strategy 2025-28 outlines our commitment to nurturing a thriving workplace where our employees feel valued, supported, and inspired to deliver excellent services to customers.

Built around four key themes of: Resourcing and recruitment, Learning organisation, Culture, and Health, safety, and wellbeing, this strategy sets the foundation for our vision:

To be a values led organisation that people are proud to work for.

KEY THEMES

Resourcing and recruitment

- Building sustainable teams for the future by attracting and retaining talent

Learning organisation

- Nurturing a growth mindset across the organisation

Culture

- Fostering a positive and inclusive culture which enables our people and organisation to thrive

Health, safety, and wellbeing

- Creating a safe and resilient workplace

KEY THEMES AND AREAS OF FOCUS

Resourcing and recruitment

Strong employer brand

Innovative and inclusive recruitment practices

Strategic workforce planning

Organisational change

Objective – Building sustainable teams for the future by attracting and retaining talent

We'll achieve this by developing a compelling employer brand and continuously improving our recruitment approach, so it is free from bias and offers a positive candidate experience.

We'll undertake short term resource planning and work in partnership with customers to develop long term strategic workforce plans, including succession plans.

We'll support Berneslai Homes to create 'one team', reduce costs and implement impactful and lasting change.

Underpinned by:

Alignment to BH vision and strategy

Values

Competencies

Business partnering approach

Leveraging technology

Monitoring workforce trends and data driven decision making

KEY THEMES AND AREAS OF FOCUS

Learning organisation

Objective – Nurturing a growth mindset across the organisation

Leadership development

Coaching and mentoring

Competence and Conduct Standard

Talent programmes - apprenticeships and graduates

Performance management

Tailored learning plans

We'll achieve this by clearly setting expectations for our leaders and equipping them with the capabilities to successfully deliver on their priorities. The coaching culture will build upon the foundations laid by the previous strategy by raising the profile of accredited coaches and weaving a coaching style into business as usual.

We'll ensure the organisation is prepared for the proposed Competence and Conduct Standard and support the raising of professional standards.

Linked to strategic workforce planning, we'll continue to nurture talent through apprenticeship and graduate programmes.

Everyone will be clear on their accountabilities and targets and be encouraged to achieve through regular performance and development conversations.

A learning environment will be cultivated in which technology is used to set out tailored learning plans and personal development is prioritised.

Underpinned by:
Alignment to BH vision and strategy
Values
Competencies
Business partnering approach
Leveraging technology
Monitoring workforce trends and data driven decision making

KEY THEMES AND AREAS OF FOCUS

Culture

Building Together
culture change
programme*

Professional
Trade Union
partnerships

Objective – Fostering a positive and inclusive culture which enables our people and organisation to thrive

We'll continue to progress the Building Together culture change plan designed to enhance the employee experience, enable colleagues to live our 3C values everyday, create an inclusive organisation where employees and customers feel a sense of belonging, and raise professional standards. The cultural changes will be reinforced by regular and transparent communications.

We'll adopt a professional engagement framework with our trade union partners to work together on important organisational issues.

Underpinned by:

Alignment to BH vision and strategy

Values

Competencies

Business partnering approach

Leveraging technology

Monitoring workforce trends and data driven decision making

*Separate programme plan

KEY THEMES AND AREAS OF FOCUS

Health, safety, and wellbeing

Centralisation

Safety culture
embedded

Health and wellbeing
programmes

Building
resilience

Objective – Creating a safe and resilient workplace

Health, safety, and wellbeing will be brought together into one team to focus on this business-critical area.

We'll prioritise the physical, mental, and emotional wellbeing of employees by implementing robust health and safety policies and procedures. Regular communications will highlight key changes and promote our health and wellbeing programmes.

We'll respond to the rise in mental health related absence by working with colleagues to build both organisational and personal resilience. This will include a full review of sick absence policies and procedures.

Underpinned by:

Alignment to BH vision and strategy

Values

Competencies

Business partnering approach

Leveraging technology

Monitoring workforce trends and data driven decision making

TARGET CULTURE

By incorporating our values and competencies into our target culture, we aim to build an exceptional organisation that delivers meaningful impact for customers while empowering our people to succeed.

We all have a part to play in delivering excellent services for our customers and creating an environment where everyone can flourish.





Building Together



Employee
experience



Living the
values



Inclusive
organisation



Professionalisation



2025/26

Leadership Development programme roll out

Employee engagement group rebranded and relaunched

Employee survey results

Corporate engagement plan and local ES action plans

Employee experience focus groups

Leadership Development programme roll out

Launch new PDRs and competencies

Living the Values workshops

Values based recruitment

Leadership Development programme roll out

Refreshed EDI learning offering available

Embed EDI Steering Group / Board Champion

Gender, disability, and ethnicity pay gap reporting

Leadership Development programme roll out

Refreshed PDRs and competencies

Annual learning and development plan

Values and competency-based recruitment

Relaunch Code of Conduct

Communications

SUCCESS MEASURES

These measures provide a way to assess progress and make sure the strategy has a tangible, positive impact:

- 1.Reduction in unfilled vacancies
- 2.Improved retention rates within first 12 months of employment
- 3.Increase in diverse hires year on year
- 4.>90% mandatory training completion
- 5.Attendance of leadership development modules
- 6.Competence and Conduct Standard compliance
- 7.Annual increase in employee engagement measures
 - satisfied with BH as an employer
 - proud to work for BH
 - manager supports me to perform at my best
8. Turnover <10% for voluntary leavers
9. EDI representation in line with borough
10. Annual reduction in sick absence
11. Improved scores on employee wellbeing surveys
12. Annual decrease in accidents and RIDDORs
13. Active participation in Pathways to Work Partnership

The measures will be baselined in 2025 and monitored annually to ensure progress is made.

CONTACT US

For more information about the People Strategy, contact the People team by emailing:



BHPeople@berneslaihomes.co.uk



www.berneslaihomes.co.uk

Berneslai Homes Limited is a company controlled by Barnsley Metropolitan Borough Council. A company limited by guarantee, registered in England and Wales, number 4548803. Registered office: 10th Floor, Gateway Plaza, Off Sackville Street, Barnsley, South Yorkshire, S70 2RD.

April 2025

Report Title	Annual Self-Assessment against the Housing Ombudsman Service (HOS) Complaint Handling Code	Confidential	No
Report Author	Sarah Barnes Head of Customer Services	Report Status	For Approval
Report To	Board 27th May 2025	Officer Contact Details	Sarahbarnes@berneslaihomes.co.uk

1. Executive Summary

This report presents our draft mandatory 2025 Self-Assessment against the HOS Complaint Handling Code.

Key Points

- We have self-assessed continued **full compliance** with the HOS Complaint Handling Code for the period 2024/25.
- As a result of this self-assessment, we have identified some minor actions which will offer enhanced compliance throughout 2025/26.
- Under the Code it is the responsibility of a landlord (Barnsley Council) and their Member Responsible for Complaints to approve the self-assessment and publish their response to it online by 30th September 2025 and confirm compliance with the HOS.
- BMBC Cabinet will be asked to approve the self-assessment on 25th June 2025. The Cabinet Spokesperson for Regeneration and Culture who is the designated Member Responsible for Complaints (MRC) and our Board Complaints Champion have been asked to produce a response to the self-assessment by 18th June 2025. These will be published on our website.

2. Recommendation/s	<ul style="list-style-type: none"> • Board approves the draft self-assessment and delegate authority to the Executive Director of Customer and Estate Services to make final amendments and sign off ahead of BMBC's final approval. • Board note our Board Complaint Champion will meet with the Council's MRC and will draft their response to the self-assessment by 18th June 2024. • Board will be made aware of any emerging and significant issues which may affect continued compliance with the Complaint Handling Code in 2025/26.
----------------------------	---

3. Background

- 3.1 The Social Housing (Regulation) Act 2023 empowered the Housing Ombudsman to issue a code of practice about the procedures members of the Scheme (landlords) should have in place for considering complaints.

It also placed a duty on the Ombudsman to monitor compliance with the code of practice that it issued.

The [Complaint Handling Code](#) was a statutory duty from 1st April 2024 and placed an obligation on Landlords to comply with the code which includes completing an annual self-assessment demonstrating compliance and actions required to ensure compliance.

Key areas of the Code include:

- Universal definition of a complaint.
- Providing easy access to the complaints procedure and ensuring residents are aware of it, including their right to access the Housing Ombudsman Service
- The structure of the complaint's procedure - only 2 stages necessary and clear times set out for responses.
- Ensuring fairness in complaint handling with a resident-focused process.
- Taking action to put things right and appropriate remedies.
- Creating a positive complaint handling culture through continuous learning and improvement.
- Demonstrating learning in annual reports.
- Annual self-assessment against the Code.

- 3.2 Our [Complaint Policy](#) was revised in June 2024 to fully align to the code. and following the 2024 self-assessment we introduced a number of additional measures to ensure compliance. These are set out at 4.3 below.

- 3.3 The 2024 Self-Assessment was approved by Customer Services Committee and BMBC Cabinet ahead of the statutory deadline with responses from BMBC's MRC and our Complaint Champion being published online and shared with the HOS. Confirmation was received by HOS that they had received our self-assessment.

4. Current Position/Issues for Consideration

- 4.1 Board should note the positive improvement in complaint handling following the launch of the revised Complaint Policy and the completion of the 2024 self-assessment. A summary of these positive improvements is listed below with full details included in the 2024/25 Complaint Handling and Learning Report which is also being presented at this Board:

- Revised governance arrangements ensuring that our Customer Services Committee, Board and Barnsley Council were kept informed of complaint handling and learning.
- New terms of reference and oversight arrangements for BMBC's Member Responsible for Complaints (MRC) and our Board Complaint Champion.
- Amendments to our IT system to improve recording, monitoring and learning from complaints.
- Additional temporary resources to enable swift and thorough complaint handling and effective learning. This has resulted in a positive impact on the proportion of complaints handled in line with the code.
- Reviewed and delivered staff training.
- Reviewed publicity, web content and communications.
- Reviewed transactional surveys.

- 4.2 The HOS has revised its deadline dates for the 2025 Self-Assessment and landlords with over 1,000 stock now have until 30th September 2025 to complete the self-assessment in line with the code.

- 4.3 The Head of Customer Services has completed the self-assessment well ahead of this deadline and a draft is attached at Appendix 1. The draft self-assessment concludes full compliance for the 2024/25 financial year with some minor actions below further strengthening compliance. This self-assessment is reflective and whilst a good predictor of continued compliance through 2025/26 cannot guarantee it. The Annual Complaint Handling and Learning Report 2024/25 (tabled at Board 27/5/25) outlines the residual risks and mitigations in ensuring continued compliance throughout 2025/26. Board will be advised of any emerging and significant issues in respect of complaint handling.

Table 1 – Actions to enhance compliance with The HOS Complaint Handling Code

Action	Target	Progress
Amend IT system to record complaints accepted out of time and include analysis in Performance and Learning Reports	October 2025	Commenced. Manual records currently.
Amend IT system to record reasonable adjustments and include analysis in Performance and Learning Reports	October 2025	Commenced. Manual records currently
Work with Barnsley Equality Fora to develop an easy ready version of our policy.	October 2025	To commence
Develop IT report to measure how complaints are made and include in Performance and Learning Reports.	August 2025	Commenced
Develop a report to measure individual/multiple remedies against each complaint. Include in Performance and Learning Reports.	August 2025	Commenced
Review our Compensation Policy	October 2025.	To Commence
Recommence the Tenant Service Improvement Review Group	July 2025	To commence

- 4.4 Board to note that text highlighted green in the draft self-assessment will become links to required evidence which will be updated once it has been published online following BMBC consideration.
- 4.5 Board are asked to approve the draft self-assessment and delegate authority to the Executive Director of Customer and Estate Services to make final amendments and sign off ahead of BMBC's Cabinet, at their meeting 25th June 2025, being asked to approve it for submission to HOS.
- 4.6 A meeting has been set up ahead of Cabinet with BMBC's MRC and our Board Complaint Champion to consider and develop their response, which will be published alongside the self-assessment.

5. Customer Voice/Impact

5.1 Tenants have continued to be involved in routine monitoring of complaint handling in the following ways:

- Feedback to the Tenants Voice Panel (TVP)
- TVP representatives at Customer Services Committee
- Tenant representatives at ALMO Strategic Liaison meeting
- Customer satisfaction surveys.
- Feedback following publication of performance and learning reports.

5.2 From July 2025 we will recommence the Tenant Service Improvement Group, which is a group co-ordinated by the Customer Services Manager and includes a group of involved tenants, residents who have made complaints and our Board Complaint Champion. The purpose of the group, which meets three times a year, is to:

- check the quality of complaint responses (anonymous); and
- discuss performance, trends and learning.

6. Risk and Risk Appetite

6.1 The completion of the self-assessment following the HOS guidelines and the same principles and evidence as we followed in 2023/24 minimises the risk of non-compliance with the code.

6.2 This report does not consider any ongoing compliance risks. These are included in the 2024/25 Annual Complaint Handling and Learning Report.

7. Strategic Alignment

7.1 The completion of the self-assessment and learning actions identified demonstrates the delivery of our Customer First value.

8. Data Privacy

8.1 A Data Protection Impact Assessment (DPIA) is not needed as there are no amendments to the collection and processing of data. The policy aligns with our duties under General Data Protection Regulations (GDPR).

9. Consumer Regulatory Standards

9.1 Regulatory duties related to Complaint Handling is included in the [Transparency, Influence and Accountability Standard](#) which requires landlords to be open with tenants and treat them with fairness and respect so that tenants can access services, raise complaints when necessary, influence decision making and hold their landlord to account.

10. Other Statutory/Regulatory Compliance

10.1 Compliance with the HOS Complaint Handling Code is a legal duty under the Social Housing Act 2023.

11. Financial

11.1 There are no direct financial implications as a result of this report.

12. Human Resources and Equality. Diversity and Inclusion

12.2 The completion of the self-assessment provides evidence of how our complaint service meets all the requirements of the HOS Complaint Handling Code. Section 3 of the self-assessment focuses on accessibility and awareness with a particular focus on removing barriers and fair treatment. We have self-assessed full compliance as follows:

- In 2024/25 we strengthened our compliance by the development of our Reasonable Adjustment Policy. We now ask and record any particular adjustments needed to ensure we make our complaint service as accessible as possible.
- We analyse complaints by equality strand. For 2024/25 there are no significant differences or concerns.
- All our publicity and web content has been considered and influenced by a pool of engaged tenants.
- We have increased the sample size of our Complaint Handling Satisfaction Survey which will enable a more statistically sound equality analysis.
- We have committed to develop an easy read version of our complaint policy summary.

13. Sustainability Implications

13.1 This self-assessment has no impacts on sustainability.

14. Appendices

14.1 [Appendix 1 Draft Self Assessment \(link attached to view in Decision Time\)](#)

15. Associated Background Papers

15.1 [2024 Complaint Handling Code](#)

16. Glossary

16.1 None.

Barnsley Council and Berneslai Homes

Housing Ombudsman Complaint Handling Code - Self-assessment form 2025



This self-assessment form has been completed by the Head of Customer Services at Berneslai Homes, Barnsley Council's ALMO delivering services on behalf of the council including the complaint handling service. In completing this they have considered performance information, our policy and our governance arrangements.

The self-assessment reflects on performance in the 2024/25 year and takes into account the Housing Ombudsman Code and its responsibilities which became a legal duty from 1st April 2024.

This self-assessment has been reviewed by **Berneslai Homes Board** and **BMBC Cabinet**.

BMBC Member Responsible for Complaints (MRC) and our Board Complaint Champion (BCC) have produced their response which is published on our **website**.

Where practicable links have been provided to the evidence. Other evidence listed can be provided for the Housing Ombudsman if requested.

The self-assessment will be reviewed in May 2026 unless we are required to do so earlier as a result of any judgment by the Housing Ombudsman or any significant changes to our complaint handling policy or procedures.

Section 1: Definition of a complaint

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
1.2	A complaint must be defined as: <i>‘an expression of dissatisfaction, however made, about the standard of service, actions or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents.’</i>	Yes	Section 5 of our Complaint Policy defines a complaint in this way.	<i>Our policy definition is: ‘A complaint is an expression of dissatisfaction, however made, about the standard of service, actions, or lack of action by the landlord, its own staff, or those acting on its behalf, affecting a resident or group of residents’</i>
1.3	A resident does not have to use the word ‘complaint’ for it to be treated as such. Whenever a resident expresses dissatisfaction landlords must give them the choice to make complaint. A complaint that is submitted via a third party or representative must be handled in line with the landlord’s complaints policy.	Yes	Section 5 of our complaint policy sets out this requirement	Our complaints policy section 5 states: <i>‘A resident does not have to use the word ‘complaint’ for it to be treated as such. Whenever a resident expresses dissatisfaction, we must give them the choice to make a complaint. A complaint that is submitted via a third party or representative will be handled in line with our complaints policy in agreement with the resident.’</i> Complaint handling training for staff forms part of the corporate induction with mandatory eLearning training to be completed within the first week. This eLearning is completed as a refresher course by staff yearly and is mandatory training. We issue routine communication to staff via team briefs when there are changes to policy. We ask on our complaints eform if they would like us to speak with a representative Our website has information about complaints submitted by a third party.
1.4	Landlords must recognise the difference between a service request and a complaint. This must be set out in their complaints policy. A service request is a request from a resident to the landlord	Yes	Our complaints policy recognises this difference: Our website frequently asked questions explains the difference.	Our complaint policy has this definition: <i>‘A service request is a request from a resident to the landlord requiring action to be taken to put something right. Service requests are not complaints, but we record</i>

	requiring action to be taken to put something right. Service requests are not complaints, but must be recorded, monitored and reviewed regularly.			<p><i>them, monitor, and review them for learning and improvements.'</i></p> <p>Staff training sets out the difference between a service request and a complaint. We record service requests on our main IT system (NEC). These are monitored and review in our performance reports. They are discussed at monthly performance meetings and published in our quarterly performance report. In 2024/25 Berneslai Homes' Customer Services Team handled 1799 service requests.</p>
1.5	A complaint must be raised when the resident expresses dissatisfaction with the response to their service request, even if the handling of the service request remains ongoing. Landlords must not stop their efforts to address the service request if the resident complains.	Yes	<p>We include this approach in our complaints policy section 5</p> <p>Our website FAQs includes a question "How do you deal with my complaint?" The response outlines how we respond to complaints relating to handling of service requests.</p>	<p>Our policy states:</p> <p><i>'Where a resident expressed dissatisfaction with our handling of a service request, we will raise a complaint, even where the service request is ongoing.'</i></p> <p>We include this requirement in staff training</p> <p>On our complaints handling survey, we ask a question on 'How easy it was to make a complaint'. During 2024/25, 74% found it easy to make a complaint. This is a slight reduction from 2023/24 so by the end of Quarter 2 of 2025/26 we will review our publicity with tenants. In early 25/26 we're also launching our new tenant information pack which has a section on making a complaint.</p>
1.6	An expression of dissatisfaction with services made through a survey is not defined as a complaint, though wherever possible, the person completing the survey should be made aware of how they can pursue a complaint if they wish to. Where landlords ask for wider feedback about their services, they also must provide details of how residents can complain.	Yes	<p>We explain that surveys are not counted as complaints in: Section 5 of our complaint policy states</p> <p>Our website has an FAQ</p>	<p>Our complaints policy section 5 states: <i>'If residents express dissatisfaction with services when completing a satisfaction survey, we do not treat this as a complaint. All surveys will clearly outline how to make a complaint if the resident wishes to do so.'</i></p> <p>The FAQ on our website states: Will my survey response be treated as a complaint? -</p> <p>Our complaints survey or any other surveys that are carried out within Berneslai Homes: has a statement outlining that response to surveys are not handled as complaints And include the following statement</p> <p>Our survey includes this advice:</p>

				<p><i>"This survey is to gather feedback from our tenants. If you have experienced any dissatisfaction with the service you have received and would like to make a complaint, you can do this by completing our online form or you can contact us in the following ways:</i></p> <p><i>By phoning 01226 787878 (Monday to Friday, 9am to 5pm)</i></p> <p><i>By emailing customerservices@berneslaihomes</i></p>
--	--	--	--	--

Section 2: Exclusions

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
2.1	Landlords must accept a complaint unless there is a valid reason not to do so. If landlords decide not to accept a complaint, they must be able to evidence their reasoning. Each complaint must be considered on its own merits	Yes	<p>Section 5 of our Complaint Policy sets out the complaints we will not accept and how we explain our decision to residents:</p> <p>We record and report on complaints that we have not accepted, on our NEC system.</p> <p>We rejected 7 complaints in 24/25.</p>	<p><i>Our policy states:</i></p> <p><i>If we decide not to accept a complaint, we will provide a detailed explanation to the resident within 5 working days setting out:</i></p> <ul style="list-style-type: none"> <i>•The reasons why the complaint will not be dealt with under our Complaints policy.</i> <i>•Any individual circumstances we considered in making our decision; and</i> <i>•The resident's right to take that decision to the Ombudsman.</i> <p><i>Each complaint is considered on an individual basis, we do not take a one size fits all approach when excluding complaints.</i></p> <p><i>See 2.2 below</i></p> <p><i>We make staff aware through training –</i></p>
2.2	A complaints policy must set out the circumstances in which a matter will not be considered as a complaint or escalated,	Yes	Section 5 of our Complaint Policy sets out the complaints we will not accept	Our complaints policy section 5 states:

	<p>and these circumstances must be fair and reasonable to residents. Acceptable exclusions include:</p> <ul style="list-style-type: none"> • The issue giving rise to the complaint occurred over twelve months ago. • Legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court. • Matters that have previously been considered under the complaints policy. 		<p>and how we explain our decision to residents.</p> <p>We also confirm this on the FAQ section of our website: :</p>	<p><i>We will not consider complaints in the following circumstances:</i></p> <ul style="list-style-type: none"> • <i>Where the issue giving rise to the complaint occurred more than twelve months ago, or the resident became aware of it more than 12 months ago. We may apply discretion where the resident was unable to make the complaint earlier (for example health grounds) or where the complaint raises safeguarding or health and safety issues.</i> • <i>Where legal proceedings have started. This is defined as details of the claim, such as the Claim Form and Particulars of Claim, having been filed at court.</i> • <i>Where the issue being raised should be dealt with under any statutory review procedure including but not limited to decisions made under the terms of the Lettings Policy or our Tenancy Policy. More information about the review process for these policies is on our website.</i> <p><i>Where a resident makes a complaint it should be dealt with as a review, we will confirm with the resident the process that we will follow.</i></p> <ul style="list-style-type: none"> • <i>Where the matters have previously been considered under both stages of this complaints policy.</i> • <i>Where a claim arises relating to alleged damage of belongings or personal injury, these are investigated through the Insurance route by Barnsley Council.</i> <p><i>Where a complaint has been pursued in a way that we determine is unreasonable.</i></p> <p><i>When a resident repeatedly makes serious allegations that employees or contractors have</i></p>
--	---	--	---	---

				<p><i>committed criminal, corrupt, or perverse conduct without any evidence’.</i></p> <p>We record and report on complaints that we have not accepted, on our NEC system. See 2.1</p>
2.3	Landlords must accept complaints referred to them within 12 months of the issue occurring or the resident becoming aware of the issue, unless they are excluded on other grounds. Landlords must consider whether to apply discretion to accept complaints made outside this time limit where there are good reasons to do so.	Yes	<p>Section 5 of our policy confirms that we accept complaints in these circumstances</p> <p>Our website also explains this.</p> <p>.</p>	<p>Section 5 of our policy which states:</p> <ul style="list-style-type: none"> • <i>‘Where the issue giving rise to the complaint occurred more than twelve months ago, or the resident became aware of it more than 12 months ago. We may apply discretion where the resident was unable to make the complaint earlier (for example health grounds) or where the complaint raises safeguarding or health and safety issues.’</i> <p>Our training demonstrates how we set out this expectation for staff</p> <p>We notify the customer in writing in our acknowledgement letter, we detail the points we won’t investigate and reasons why. We save a copy of this letter in the complaint case folder within Sharepoint</p>
2.4	If a landlord decides not to accept a complaint, an explanation must be provided to the resident setting out the reasons why the matter is not suitable for the complaints process and the right to take that decision to the Ombudsman. If the Ombudsman does not agree that the exclusion has been fairly applied, the Ombudsman may tell the landlord to take on the complaint.	Yes	<p>Section 5 of our policy explains this requirement.</p> <p>Our website FAQs explain this too.</p>	<p>Our complaints policy section 5 states: <i>‘If we decide not to accept a complaint, we will provide a detailed explanation to the resident within 5 working days setting out:</i></p> <ul style="list-style-type: none"> ○ <i>The reasons why the complaint will not be dealt with under our Complaints policy.</i> ○ <i>Any individual circumstances we considered in making our decision; and</i> ○ <i>The resident’s right to take that decision to the Ombudsman.’</i> <p>We record and report on complaints that we have not accepted, on our NEC system. See 2.1</p>

2.5	Landlords must not take a blanket approach to excluding complaints; they must consider the individual circumstances of each complaint.	Yes	<p>Section 5 of our policy - sets out that we do not take a blanket approach to excluding complaints.</p> <p>Our website FAQ explains this. –</p>	<p><i>Section 5 of our policy states:</i> <i>“Each complaint is considered on an individual basis; we do not take a one size fits all approach when excluding complaints.”</i></p> <p>We record and report on complaints that we have not accepted. See 2.1</p>
-----	--	-----	---	--

Section 3: Accessibility and Awareness

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
3.1	Landlords must make it easy for residents to complain by providing different channels through which they can make a complaint. Landlords must consider their duties under the Equality Act 2010 and anticipate the needs and reasonable adjustments of residents who may need to access the complaints process.	Yes	<p>Section 6 of our policy sets out the varied and accessible ways in which a resident can make a complaint and the reasonable adjustments we make.</p> <p>Section 14 of the policy contains our EDI statement and how we monitor accessibility.</p> <p>We have an Equality Diversity and Inclusion Strategy which is published on our website</p> <p>Our complaints eform asks if the customer has any additional support or requirements</p> <p>On our complaints handling survey, we ask a question on ‘How easy it was to make a complaint’ - During 24/25, 77% found it easy to make a complaint.</p>	<p>We published our revised Reasonable Adjustment Policy in June 2024.</p> <p>This is a summary of the 24/25 complaint handling survey results. See section 1.5 for actions to improve accessibility.</p> <p>We made 8 reasonable adjustments in 24/25</p>
3.2	Residents must be able to raise their complaints in any way and with any	Yes	Section 4 of our policy sets out roles and responsibilities of staff and we train	Our policy states in Section 4 “ <i>All staff are trained and have responsibility for recognising complaints</i> ”

	<p>member of staff. All staff must be aware of the complaints process and be able to pass details of the complaint to the appropriate person within the landlord.</p>	<p>all our frontline staff in identifying complaints and understanding the next steps (Section 13) and passing on to our trained complaint handlers</p> <p>Complaint handing is a mandatory part of our on boarding.</p> <p>We communicate through our e-bulletin to staff and team briefs when there's a change in policy.</p> <p>On our complaints handling survey, we ask a question on 'How easy it was to make a complaint' -</p> <p>During 24/25, 77% found it easy to make a complaint. - This is a summary of the 24/25 results</p>	<p><i>and making sure that if they are not responsible for handling the complaint that they support the resident by referring the complaint to the appropriate person quickly and explaining the next steps to the resident.”–</i></p> <p>Complaint policy at section 13 states: <i>‘Mandatory Complaint Handling training is available as eLearning and provides a basic overview of the complaint policy and procedure. This training forms part of the Corporate Induction for all new members of staff and we expect existing staff to complete refresher training at regular intervals. This ensures that all staff can recognise a complaint, making sure that if they are not responsible for handling the complaint that they support the resident by referring the complaint to the appropriate person quickly and explaining the next steps to the resident.</i></p> <p><i>The Customer Services Team delivers in-depth Complaint Handling training to managers, investigating officers and contractor investigating officers. This will ensure officers have the skills to handle, investigate and respond to complaints effectively. On completion of this training, the complaint handler will have the skills to;</i></p> <ul style="list-style-type: none"> <i>• Deal with complaints on their merits, act independently and have an open mind.</i> <i>• Give the resident a fair chance to set out their position.</i> <i>• Take measures to address any actual or perceived conflict of interest.</i> <i>• Consider all relevant information and evidence carefully.</i> <p><i>We ensure that the training clearly promotes our standard objectives in relation to complaint handling</i></p>
--	---	---	---

				<p>for all relevant employees or third parties and reflects the following needs:</p> <ul style="list-style-type: none"> • To have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments. • To take collective responsibility for any shortfalls identified through complaints, rather than blaming others. • To act within the professional standards for engaging with complaints as set by any relevant professional body.'
3.3	High volumes of complaints must not be seen as a negative, as they can be indicative of a well-publicised and accessible complaints process. Low complaint volumes are potentially a sign that residents are unable to complain.	Yes	<p>Whilst we set an annual target that our complaint volumes are in line with peer group median, we welcome and see complaints as positive. Our staff training encourages complaints.</p> <p>Our website promotes that it is OK to complain.</p> <p>We have promotional information in our public spaces and online and we have just reviewed our New Tenant Information Pack which has a section on complaints,</p> <p>We increased transparency on complaint handling on the performance section of our website.</p>	<p>Section 9 of our Complaints Policy states:</p> <p><i>'We promote a positive complaint handling culture. We encourage staff to use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery'.</i></p> <p>During 24/25, 74% found it easy to make a complaint. - This is a summary of the 24/25 results</p>
3.4	Landlords must make their complaint policy available in a clear and accessible format for all residents. This will detail the two-stage process,	Yes	Our policy , which our involved tenants influenced, is published online and as a download and we have a FAQs on our	We still need to work with Barnsley Equality Fora to develop an easy ready version of our policy. Due to operational pressures we did not meet our October 2024 target and have revised this to October 2025.

	what will happen at each stage, and the timeframes for responding. The policy must also be published on the landlord's website.		<p>website which outlines our 2 stage approach and timeframes.</p> <ul style="list-style-type: none"> • There is also a link from BMBCs website. – • Our Facebook page also provides information • Summary on the back of acknowledgement letters. • Posters in community buildings and other local noticeboards • Translation functionality on our website. • A section in our New Tenant Information Pack 	
3.5	The policy must explain how the landlord will publicise details of the complaints policy, including information about the Ombudsman and this Code.	Yes	<p>Section 6 of our Complaints policy sets out the ways that we publicise details of the complaints policy and including the Ombudsman and the Code.</p> <p>Section 10 of the complaints policy provides details of the Housing Ombudsman and the Code.</p> <p>We publish this information in our annual report, tenant e-bulletin and posters in communal spaces.</p>	<p>Our Policy states:</p> <p><i>'We publicise this policy on our website in a format that can be downloaded, printed, or zoomed in. A shorter, easy to read summary of the key parts of this complaint policy, including how to make a complaint and what to expect is also available on our website.</i></p> <p><i>We have posters displayed on the notice boards within the communal areas of our buildings across the borough. We also provide all new tenants with a 'New Tenant Information Pack' at sign up. This pack gives details about how to make a complaint, our complaints policy and the Housing Ombudsman's contact details.</i></p> <p><i>We promote residents to stay connected with us and provide us with their email address to receive communication from us which includes our monthly Ebulletin and annual report. In these publications we include information of the complaints policy and our</i></p>

				<i>complaints performance. We use social media platforms to publicise the complaints policy, encouraging residents to let us know if somethings gone wrong and give us the opportunity to put things right. The key message we share with residents is that 'It's Okay to Complain'.</i>
3.6	Landlords must give residents the opportunity to have a representative deal with their complaint on their behalf, and to be represented or accompanied at any meeting with the landlord.	Yes	<p>Section 6 of our complaint policy explains how residents can use a representative We also publish this on our website We ask about representatives on our complaint e-form:</p> <p>When making a complaint the complaint handler will ask the resident if they have a preferred contact method and any additional support they may need. In 24/25 75% of complaints were made over the phone, 23% digitally, 1% via a councillor/MP, 0.5% by letter and 0.5% face to face.</p>	<p>Section 6 of our complaints policy states: <i>'A complaint can be made in any of the following ways: By a third party or representative (e.g. family, friends, Local Authority Councillor, MP, Board Member, Mayor's office). (We deal with normal day to day enquiries from councillors through a separate procedure, but we clarify with the resident and/or councillor whether the contact is an enquiry or a complaint).</i></p>
3.7	Landlords must provide residents with information on their right to access the Ombudsman service and how the individual can engage with the Ombudsman about their complaint.	Yes	<p>Section 10 of our policy sets out our commitment to provide this information to residents.</p> <p>This is included in the FAQ section of our website and all acknowledgement and response letters.</p>	<p>Section 10 of our complaints policy states: <i>'The role of the Ombudsman is to resolve complaints between landlords and residents. This includes investigating the complaint independently to decide if the landlord or the managing agent has acted appropriately, along with making decisions around compensation or other remedies if needed. The Ombudsman support effective landlord and resident dispute resolution.'</i> <i>'Residents can contact them regarding enquiries and advice at any point before or during the complaint process. Their contact details are below: Phone: 03001113000</i></p>

				<p>E-mail info@housing-ombudsman.org.uk Online at www.housing-ombudsman.org.uk Post to Housing Ombudsman Service, PO Box 1484, Unit D, Preston, PR2 0ET</p>
--	--	--	--	---

Section 4: Complaint Handling Staff

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
4.1	Landlords must have a person or team assigned to take responsibility for complaint handling, including liaison with the Ombudsman and ensuring complaints are reported to the governing body (or equivalent). This Code will refer to that person or team as the 'complaints officer'. This role may be in addition to other duties.	Yes	<p>We have a centralised Customer Services Team who have responsibility for complaint handling and supporting other colleagues who investigate and respond to complaints.</p> <p>Section 4 of our Complaint Policy sets out these responsibilities.</p> <p>Stage 1 complaints are handled by service area responsible officers who have all been trained.</p> <p>The Customer Services Team lead on Stage 2 and Housing Ombudsman Investigations.</p> <p>The Customer Services Team have an audit, compliance and learning role. The Customer Services Team are responsible for producing reports including reports to the governing body (Board and BMBC).</p>	<p>Section 4 of our complaint policy states: <i>'All staff are trained and have responsibility for recognising complaints and making sure that if they are not responsible for handling the complaint that they support the resident by referring the complaint to the appropriate person quickly and explaining the next steps to the resident.'</i></p> <p><i>Staff with responsibility for Complaint handling (Investigating Officers)</i></p> <p><i>We have a pool of officers (including contractor leads) with the appropriate level of training and responsibility to investigate and respond to complaints at Stage 1 and Stage 2.</i></p> <p>Customer Services Team</p> <p><i>We have a small team of specialist staff who co-ordinate and oversee our complaint handling service. They are responsible for the following:</i></p> <ul style="list-style-type: none"> • <i>Developing and reviewing this policy and procedures.</i> • <i>Completing the Annual Self-Assessment against the code.</i>

				<ul style="list-style-type: none"> • <i>Performance monitoring and reporting.</i> • <i>Gathering resident feedback.</i> • <i>Offering specialist support and guidance to investigating officers.</i> • <i>Stage 2 investigations.</i> <p>Lead Officer Roles <i>Our Head of Customer Services is the Lead Officer with responsibility for complaint handling and compliance with the Housing Ombudsman Code.</i> <i>Our Senior and Executive Management Team have shared responsibility for ensuring their service areas handle complaints in line with this policy and the Housing Ombudsman Code. They have responsibility for ensuring resolutions are delivered effectively and their service responds to any learning.</i> <i>They have authority to issue the final Stage 2 response to complaints.</i></p>
4.2	The complaints officer must have access to staff at all levels to facilitate the prompt resolution of complaints. They must also have the authority and autonomy to act to resolve disputes promptly and fairly.	Yes	<p>Job profiles for the Customer Services Team (Complaints Officers) include this authority and autonomy.</p> <p>Section 4 of our complaints policy contains responsibilities for different officers.</p>	<p>See 4.1 above.</p> <p>The Customer Services Team have direct access to EMT diaries to set up meetings to discuss complaints and raise concerns. We have escalation processes for the customer services officers to raise concerns with senior officers about complaint handling.</p>
4.3	Landlords are expected to prioritise complaint handling and a culture of learning from complaints. All relevant staff must be suitably trained in the importance of complaint handling. It is important that complaints are seen as a core service and must be resourced to handle complaints effectively	Yes	<p>Section 9 of the complaint policy sets out our positive approach to handling and learning from complaints.</p> <p>Complaints handling awareness is a mandatory aspect of our onboarding for all staff. Officers with responsibility for complaint investigation and</p>	<p>Section 9 of our Complaints Policy states: <i>'We promote a positive complaint handling culture. We encourage staff to use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery'.</i></p> <p><i>At the closure of each complaint the investigating officer is responsible for reviewing the complaint,</i></p>

		<p>resolution complete mandatory training including refresher training.</p> <p>All complaints are reviewed on completion and service improvements identified, recorded and monitored by our Service Improvement Team.</p> <p>We have monitoring and reporting frameworks in place including ensuring good governance and tenant influence.</p> <p>We have a form for staff to complete when a service improvement has been identified</p> <p>We increased permanent resources within the Customer Services Team in 2023/24 and we have extended temporary resources to the end of 2025/26 to improve our capacity to resolve complaints at the 1st stage more effectively. This has had a positive impact on performance in 24/25 with 93% of stage 1 complaints and 98% of Stage 2s being handled in time despite an increase in the numbers handled.</p> <p>The results from our 24/25 Complaint handling survey show an improvement in customers feeling that they were treated fairly (82%) and 72% felt staff understood them.</p>	<p><i>looking beyond the circumstances of the individual complaint to identify any learning.</i></p> <p><i>The investigating officer will complete a 'Service Improvement Review Form' to record any learning and actions.</i></p> <p><i>The Customer Services Team will record all learning on the Service Improvement log, and they are responsible for monitoring service improvements through to implementation.</i></p> <p><i>We report on continuous learning and actions to address learning from complaints in following ways:</i></p> <ul style="list-style-type: none"> <i>•Residents through regular updates on our website, social media and in our annual reports.</i> <i>•Involved residents through our Service Improvement Panel Group which meets every 3 months and our Tenant Voice Panel on an annual basis.</i> <i>•Staff through regular team brief updates and training.</i> <i>•Executive Management Team, Board, Customer Service Committee and the Council through sharing our quarterly performance reports which includes key performance indicators and learning.</i> <p><i>The response from Customer Services Committee is published on our website.</i></p> <ul style="list-style-type: none"> <i>•The Council through quarterly update reports at Service Agreement Core Group Meetings. This is a meeting of senior executives of Berneslai Homes and BMBC. The purpose of this meeting is to ensure Berneslai Homes is delivering services in line with the requirements of our contract.</i> <i>•The Council and involved tenants at the ALMO Strategic Liaison meeting. This meeting is attended by BMBC and the Cabinet Spokesperson for Regeneration and Culture (Member</i>
--	--	--	---

				<p><i>Responsible for Complaints) and considers Berneslai Homes performance against our strategic objectives. It enables tenants to have a direct dialogue with their landlord on key issues including complaint handling performance and learning from complaints.</i></p> <p><i>•The Council through specific complaint handling and learning reports to Cabinet. The response from MRC is published on our website.</i></p>
--	--	--	--	--

Section 5: The Complaint Handling Process

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
5.1	Landlords must have a single policy in place for dealing with complaints covered by this Code. Residents must not be treated differently if they complain.	Yes	<p>We have one single complaint policy which welcomes complaints and ensures people who complain are treated positively and with courtesy and respect. -</p> <p>We use social media platforms to publicise the complaints policy, encouraging residents to let us know if something's gone wrong and give us the opportunity to put things right.</p> <p>Our website promotes that it is OK to complain.</p> <p>In 24/25, 82% of complainants completing a survey were satisfied that we treated them fairly</p>	

5.2	The early and local resolution of issues between landlords and residents is key to effective complaint handling. It is not appropriate to have extra named stages (such as 'stage 0' or 'informal complaint') as this causes unnecessary confusion.	Yes	We only have 2 stages in our complaint policy . We do not have an informal stage. This is published on our website and acknowledgement letters and printed guides We have an early resolution guide for staff to follow.	Our tenant voice panel support our approach to complaint handling and influenced the development of our policy.
5.3	A process with more than two stages is not acceptable under any circumstances as this will make the complaint process unduly long and delay access to the Ombudsman.	Yes	Our policy has only 2 stages.	We have a 2-stage process and do not have an 'informal' stage.
5.4	Where a landlord's complaint response is handled by a third party (e.g. a contractor or independent adjudicator) at any stage, it must form part of the two stage complaints process set out in this Code. Residents must not be expected to go through two complaints processes.	Yes	Section 5 of our complaint policy set out that complaints handled by our contractors must be handled in line with our policy.	Section 5 of our complaints policy outlines that complaints handled by our contractors must be handled in line with our policy. Our SLAs and Contracts also set out this requirement and key personnel from these organisations attend complaint handling training. Where a complaint crosses different service areas and/or organisations we appoint a Berneslai Homes lead to co-ordinate one response. Acknowledgement letters explain who is responding and what the process is.
5.5	Landlords are responsible for ensuring that any third parties handle complaints in line with the Code.	Yes	Section 5 of our complaint policy sets out how we handle complaints about third parties.	See 5.4 above. Our Customer Services Team validate a stage 1 response from a contractor before sending to a resident. All contractors' have nominated complaint handlers who attend training before handling complaints.
5.6	When a complaint is logged at Stage 1 or escalated to Stage 2, landlords must	Yes	Section 7 of our complaint policy which is published on our website sets	Our acknowledgement letters have a template which includes the "complaint definition", our

	set out their understanding of the complaint and the outcomes the resident is seeking. The Code will refer to this as “the complaint definition”. If any aspect of the complaint is unclear, the resident must be asked for clarification.		out how we define and acknowledge complaints. In 24/25, 72% of complainants were satisfied with our understanding of their complaint.	understanding and the outcomes the resident is seeking. Where there is any doubt, we will contact the resident.
5.7	When a complaint is acknowledged at either stage, landlords must be clear which aspects of the complaint they are, and are not, responsible for and clarify any areas where this is not clear.	Yes	This is covered in Section 7 of our Complaint Policy and summarised on our website FAQs	See 5.6 above. Our standard acknowledgment letters have a section outlining the aspects of the complaint we are dealing with, and we clarify areas outside of our responsibility. We contact residents to clarify areas we are not clear about and include this in our letters.
5.8	At each stage of the complaints process, complaint handlers must: a. deal with complaints on their merits, act independently, and have an open mind. b. give the resident a fair chance to set out their position. c. take measures to address any actual or perceived conflict of interest; and d. consider all relevant information and evidence carefully.	Yes	Section 7 of our complaint policy meets these requirements and section 7 sets out our approach to training. Our complaint handling survey measures resident feedback and experience. All staff receive mandatory complaint handling awareness training and complaint handlers have more in-depth training which is refreshed annually.	In 24/25 here’s how we raised awareness and trained staff to handle complaints: 56 staff attended induction training people 325 completed the Handling Complaints eLearning-Mandatory – 325 527 staff attended our company wide Customer First training. In April 2025 we delivered our new complaint handling training to a selection of complaint handlers and will roll this out through the year.
5.9	Where a response to a complaint will fall outside the timescales set out in this Code, the landlord must agree with the resident suitable intervals for keeping them informed about their complaint.	Yes	Section 7 of our Complaint Policy , our website and our acknowledgement letters outline our approach to timescales. Performance reports are shared with Board and BMBC.	<i>Section 7 of our complaints policy states: “There may be occasions when due to the complexity of the complaint, we need extra time to investigate. Should an extension to the standard timescale be needed we will inform the resident of this and the reasons. Where possible we aim to do this at least 2 working days before the deadline.</i>

			<p>In 24/25 we handled 93% of stage 1 complaints and 98% of stage 2 complaints within the timescales per the code (including the extension). In 24/25 we needed to extend 19% of stage 1s and 24% of stage 2s, which is a significant improvement on 23/24. However, for those where we extended we can only evidence written agreement with residents in 76% of cases.</p>	<p><i>Any extension must be no more than a further 10 working days without good reason. If the extension is not acceptable with the resident, the resident can always contact the Housing Ombudsman to discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters”.</i></p> <p>From April 2025, we have strengthened monitoring of complaints nearing their target time. This will ensure we agree extensions in all cases.</p>
5.10	<p>Landlords must make reasonable adjustments for residents where appropriate under the Equality Act 2010. Landlords must keep a record of any reasonable adjustments agreed, as well as a record of any disabilities a resident has disclosed. Any agreed reasonable adjustments must be kept under active review.</p>	Yes	<p>Section 6 and 14 of our complaint policy outlines how we make reasonable adjustments. We summarise this approach on our website and printed guide</p> <p>We record diversity data alongside our complaint records and use this to analyse and assess for any negative impacts.</p> <p>When making a complaint the complaint handler will ask the resident if they have a preferred contact method and any additional support they may need. Our Complaints eform asks if the customer needs any additional support, reasonable adjustments or has any vulnerabilities that we should be aware of.</p> <p>We made 8 reasonable adjustments in 24/25.</p>	<p>Section 6 of our complaints policy states: <i>‘Reasonable adjustments. We will support the needs of our diverse residents by making reasonable adjustments to our complaint handling processes, which could be a physical change or change in work practices to avoid any disadvantage to a resident in accessing this policy.’</i></p> <ul style="list-style-type: none"> •We will provide information in appropriate alternative formats (e.g. large print, coloured paper, Braille etc.). •We will communicate through a representative. •We will allow more time than we would usually for someone to provide information we need (where it is lawful to do so). •We will provide additional support such as a sign language interpreter or translator. •We will use plain language or Easy Read service. •We will meet residents in person in a suitable location that meets their needs. •We will support comfort breaks or rest breaks during meetings. •Responding to complaints in a shorter timescale.

				<p><i>This policy is published on our website, and residents can do the following:</i></p> <ul style="list-style-type: none"> •<i>Change colours, contrast levels and font size.</i> •<i>Zoom in up to 300% without text spilling off the screen.</i> •<i>Access the policy from a smart phone, tablet, laptop, or PC.</i> <p><i>Section 14 of our complaints policy states:</i></p> <p><i>'We will ensure equal and fair access to our services; we will do this by taking into consideration the individual needs of our tenants, their family or other persons living with them. We will ensure that individual needs are considered throughout the complaint process and make reasonable adjustments where necessary. We will treat people fairly and with dignity and respect.</i></p> <p><i>We monitor complaints to ensure we have complied with our Equality, Diversity, and Inclusion Strategy 2022-25.</i></p> <p><i>All staff are trained in Equality, Diversity, and Inclusion to embed understanding about where we may need to adapt normal policies, procedures, and ways of working to accommodate resident's individual needs. This is mandatory training which is monitored by our Organisational Development Team.</i></p> <p><i>Our Equality, Diversity and Inclusion Strategy meets our duties under the Equality Act 2010 (the Act) is about the following:</i></p> <p><i>Equality - Of access to opportunities.</i></p> <p><i>Diversity – Recognise and celebrate differences.</i></p> <p><i>Inclusion – Belonging and acceptance, feeling valued for who you are'</i></p>
--	--	--	--	--

5.11	Landlords must not refuse to escalate a complaint through all stages of the complaints procedure unless it has valid reasons to do so. Landlords must clearly set out these reasons, and they must comply with the provisions set out in section 2 of this Code.	Yes	Section 7 of our policy sets out the reasons we will refuse to escalate to stage 2. This is also documented in any decision letter and recorded on our IT system. Residents are advised of their right to contact the HO.	Section 7 of our complaints policy states: <i>'If we have accepted the complaint and responded at stage 1, we would only refuse to escalate the complaint to stage 2 for either of the following reasons:</i> <ul style="list-style-type: none"> <i>• If the complaint should not be looked at further because it could compromise legal proceedings to do so.</i> <i>• If it has now become clear that this complaint has previously fully exhausted the complaints process.'</i>
5.12	A full record must be kept of the complaint, and the outcomes at each stage. This must include the original complaint and the date received, all correspondence with the resident, correspondence with other parties, and any relevant supporting documentation such as reports or surveys.	Yes	We record all complaints on our Housing Management system, NEC and documentation in restricted access files in Sharepoint.	We record on our NEC system details of the complaint, date the complaint was received and responded to and the outcome of all stages, We keep separate files for complaints and this includes all of the details, outcomes, evidence contact, supporting documentation and correspondence. They are kept in line with our retention policy.
5.13	Landlords must have processes in place to ensure a complaint can be remedied at any stage of its complaints process. Landlords must ensure appropriate remedies can be provided at any stage of the complaints process without the need for escalation.	Yes	Section 8 of our complaint policy sets out our intention to remedy complaints at any stage and is consistent with the code. We updated our Compensation Policy in July 2024 and following enhanced guidance from HOS we aim to review again by end October 2025 We publish our range of remedies online	In section 8 of our complaints policy, it states: <i>'Where something has gone wrong, we will acknowledge this within the response letter and set out the actions we have taken or intend to take to put things right.</i> <i>These can one or more of include the following remedies:</i> <ul style="list-style-type: none"> <i>• Apologising.</i> <i>• Acknowledging where things have gone wrong.</i> <i>• Providing an explanation, assistance or reasons.</i> <i>• Taking action if there has been a delay.</i> <i>• Reconsidering or changing a decision.</i>

			Staff responsible for complaint handling receive training on remedy and resolution.	<ul style="list-style-type: none"> • <i>Amending a record or adding a correction or addendum.</i> • <i>Providing a financial remedy.</i> • <i>Changing policies, procedures, or practices.</i> <p><i>Any remedy we offer will reflect the impact the failing has had on the resident.</i></p> <p><i>In our response we will set out what will happen and by when and we will, where appropriate, agree this with the resident.</i></p> <p><i>Where we are offering financial remedy, we will follow our Compensation Policy which we have developed in accordance with the Housing Ombudsman remedies guidance.'</i></p>
5.14	Landlords must have policies and procedures in place for managing unacceptable behaviour from residents and/or their representatives. Landlords must be able to evidence reasons for putting any restrictions in place and must keep restrictions under regular review.	Yes	<p>We have a Warning Indicator Policy which details unacceptable behaviour and how we manage this.</p> <p>We also make reference to this in section 12 of our complaint policy</p> <p>In 2024/25 we did not apply any restrictions in respect of customer behaviour during the complaint process.</p>	<p>In section 12 of our complaints policy, it states: <i>'We believe that residents have a right to be heard, understood, and respected. We work hard to be open and accessible to everyone. Occasionally, the behaviour or actions of individuals using our service make it very difficult for us to deal with their complaint. In a small number of cases the actions of individuals become unacceptable because they involve abuse of our staff or our process.</i></p> <p><i>We understand that residents may act out of character in times of trouble or distress. There may have been upsetting or distressing circumstances leading up to a resident approaching us to make a complaint. However, we will not tolerate the following behaviour or actions:</i></p> <ul style="list-style-type: none"> • <i>Verbal abuse, aggression, or violence – unacceptable language that is offensive, derogatory, patronising, discriminatory, racist, sexist, homophobic or transphobic comments.</i>

				<ul style="list-style-type: none"> • <i>Serious allegations that other residents or staff have committed criminal, corrupt, or perverse conduct without any evidence.</i> • <i>Unreasonable demands (e.g. requesting large volumes of information, asking for responses within a short space of time, refusing to speak to an individual or insisting on speaking with another)</i> • <i>Unreasonable persistence (refusing to accept the answer that has been provided, continuing to raise the same subject matter without providing any new evidence, continuously adding to, or changing the subject matter of the complaint).</i> <p><i>When this happens, we will take action to protect the health and wellbeing of our staff who have a right to do their jobs without fear of being abused or harassed. We also consider the impact of the behaviour on our ability to do our work and provide a service to others. In such cases we will follow our Customer Warning Indicator Policy which may result in restricted contact measures; however, we will make every effort to resolve a resident's complaint. We will only limit a resident's contact with us in exceptional circumstances and after careful consideration.</i></p>
5.15	Any restrictions placed on contact due to unacceptable behaviour must be proportionate and demonstrate regard for the provisions of the Equality Act 2010.	Yes	Our Warning Indicator Policy outlines how we meet these responsibilities. This policy offers residents a right to review. We also refer to this in section 12 of our complaints policy .	See 5.14

Section 6: Complaints Stages - Stage 1

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.1	Landlords must have processes in place to consider which complaints can be responded to as early as possible, and which require further investigation. Landlords must consider factors such as the complexity of the complaint and whether the resident is vulnerable or at risk. Most stage 1 complaints can be resolved promptly, and an explanation, apology or resolution provided to the resident.	Yes	<p>Section 7 of our complaint policy sets out our approach to handling complaints as early as possible.</p> <p>Our Complaints eform asks if the customer needs any additional support, reasonable adjustments or has any vulnerabilities that we should be aware of:</p> <p>We train staff in effective and prompt complaint resolution.</p>	From April 2024 increased temporary resources to improve our capacity to respond to complaints more effectively and promptly. We will review and respond to any changes in resource requirements as part of our 26/27 Budget Planning.
6.2	Complaints must be acknowledged, defined and logged at stage 1 of the complaint's procedure <u>within five working days of the complaint being received.</u>	Yes	<p>This is set out in section 7 of our policy, online and in printed guides.</p> <p>In 2024/25 we acknowledged 99.33% of stage 1 complaints within five working days</p>	We record on our NEC system the received date and the acknowledged date, and this performance is reported to our Board and BMBC. Our Customer Services Team monitor compliance.
6.3	Landlords must issue a full response to stage 1 complaints <u>within 10 working days</u> of the complaint being acknowledged.	Yes	<p>This is set out in section 7 of our policy, online and in printed guides</p> <p>We report on complaints handling time and alignment with the code in our routine performance reports. These are shared with Board and BMBC. In 24/25 we reduced the number of</p>	<p>In section 7 of our complaints policy, it states: <i>'We will post or email the response letter within 10 working days.'</i></p> <p><i>'The stage 1 response will contain:</i></p> <ul style="list-style-type: none"> <i>• The complaint stage.</i>

			<p>complaints requiring an extension and responded to 81% of Stage 1s in 10 working days (58% in 23/24)</p> <p>We publish a summary of complaint handling performance on our website</p>	<ul style="list-style-type: none"> • <i>The details of the complaint (complaint definition).</i> • <i>The decision on the complaint.</i> • <i>The reasons for the decision/s.</i> • <i>The details of any actions we will take to put things right including timescales for this.</i> • <i>Details of how to escalate the matter to stage 2 if the resident is not satisfied with the response.'</i>
6.4	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 10 working days without good reason, and the reason(s) must be clearly explained to the resident.	Yes	<p>Section 7 of our policy sets out how we deal with extensions to timescales.</p> <p>We aim to advise the resident at the earliest opportunity but at the latest 2 working days before the expected response time.</p> <p>Our acknowledgement letter templates have sections which clearly explain the extensions.</p> <p>We record extensions and audit the reasons, and report performance to our Board and BMBC.</p> <p>In 24/25 we reduced the number of complaints requiring an extension and responded to 81% of Stage 1s in 10 working days (58% in 23/24)</p>	<p>In section 7 of the complaints policy, it states: <i>'There may be occasions when due to the complexity of the complaint, we need extra time to investigate. Should an extension to the standard timescale be needed we will inform the resident of this and the reasons. Where possible we aim to do this at least 2 working days before the deadline. Any extension must be no more than a further 10 working days without good reason. If the extension is not acceptable with the resident, the resident can always contact the Housing Ombudsman to discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters.'</i></p>
6.5	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Yes	<p>This is covered in section 7 of our complaint policy</p> <p>Our confirmation of extension letter advises of this.</p>	<p>Section 7 of our complaints states: <i>'Any extension must be no more than a further 10 working days without good reason. If the extension is not acceptable with the resident, the resident can always contact the Housing Ombudsman to</i></p>

				<i>discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters.'</i>
6.6	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.	Yes	<p>We state our approach in section 7 of our complaint policy</p> <p>Following the complaint response, we log any outstanding actions and promises and monitor compliance through our 'promise tracker'. Heads of Service have access to this monitoring report.</p> <p>Staff responsible for complaint handling receive training to ensure they understand this requirement.</p>	<p>In section 7 of the complaints policy, it states:</p> <p><i>'We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue.'</i></p>
6.7	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes	<p>Section 7 of our complaints policy sets out how we acknowledge and respond to complaints. We include all the points to be addressed in our acknowledgement letter.</p> <p>Our Customer Services Team complete quality control checks on responses and we discuss the quality of complaint responses with our involved tenants at our Service Improvement Meetings. In 24/25 had to temporarily pause the tenant Service Improvement Meetings due to resource transfer into complaint handling.</p>	<p>Section 7 of our complaints policy states:</p> <p><i>'Our acknowledgement letter will contain the following:</i></p> <ul style="list-style-type: none"> <i>•The complaint stage.</i> <i>•Our understanding and definition of the complaint.</i> <i>•All aspects of the complaint we will investigate.</i> <i>•Any points we are excluding and the reasons why.</i> <i>•The outcome that the resident has told us that they are seeking.</i> <i>•Any reasonable adjustments we have mutually agreed.</i> <i>•The expected timescale in which we will respond.</i> <i>•How to contact the Housing Ombudsman if we are aiming to respond after 10 working days.</i> <i>•How we will keep the resident informed if we find that we are unlikely to respond in time.</i> <i>•How to contact the investigating officer.</i> <i>•The link to the complaints policy.</i> <p><i>The stage 1 response will contain:</i></p>

			Staff responsible for complaint handling receive training to ensure they understand these requirements.	<ul style="list-style-type: none"> •The complaint stage. •The details of the complaint (complaint definition). •The decision on the complaint. •The reasons for the decision/s. •The details of any actions we will take to put things right including timescales for this. •Details of how to escalate the matter to stage 2 if the resident is not satisfied with the response’. <p>We are recommencing the service improvement tenant meetings from April 25</p>
6.8	Where residents raise additional complaints during the investigation, these must be incorporated into the stage 1 response if they are related and the stage 1 response has not been issued. Where the stage 1 response has been issued, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, the new issues must be logged as a new complaint.	Yes	<p>Section 7 of our complaint policy explains how we manage additional or new information being shared by the resident during an ongoing Stage 1 investigation.</p> <p>Staff responsible for complaint handling receive training to ensure they understand these requirements.</p>	<p>In section 7 of the complaints policy, it states: <i>‘Where residents raise additional complaints during the investigation, we incorporate these into the stage 1 response if they are related and the stage 1 response has not been issued.</i></p> <p><i>Where we have issued the stage 1 response, the new issues are unrelated to the issues already being investigated or it would unreasonably delay the response, we log the new issues as a new complaint.’</i></p>
6.9	Landlords must confirm the following in writing to the resident at the completion of stage 1 in clear, plain language: <ul style="list-style-type: none"> a. the complaint stage. b. the complaint definition. c. the decision on the complaint. d. the reasons for any decisions made. e. the details of any remedy offered to put things right. f. details of any outstanding actions; and 	Yes	<p>Section 7 of our Complaints Policy sets out this requirement. Our Stage 1 response template and letters includes all this information in clear language.</p> <p>In 24/25 74% of residents completing a satisfaction survey found their response easy to understand this is up from 67% in 23/24.</p> <p>Staff responsible for complaint handling receive training to ensure they understand these requirements.</p>	<p>Section 7 of our Complaints Policy states: <i>‘The stage 1 response will contain:</i></p> <ul style="list-style-type: none"> •The complaint stage. •The details of the complaint (complaint definition). •The decision on the complaint. •The reasons for the decision/s. •The details of any actions we will take to put things right including timescales for this. •Details of how to escalate the matter to stage 2 if the resident is not satisfied with the response’.

	g. details of how to escalate the matter to stage 2 if the individual is not satisfied with the response.			
--	---	--	--	--

Stage 2

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
6.10	If all or part of the complaint is not resolved to the resident's satisfaction at stage 1, it must be progressed to stage 2 of the landlord's procedure. Stage 2 is the landlord's final response.	Yes	<p>This is set out in Section 7 of our complaint policy, On our website and In our printed guide</p> <p>All our Stage 2 responses contain advice about how to progress.</p>	<p>In section 7 of our complaints policy, we state:</p> <p><i>'If a resident is not satisfied with our response to their complaint at stage 1, they can request to escalate the complaint to stage 2. We encourage residents to let us know as soon as possible, but no later than 4 weeks from the date of the stage 1 response. We may apply discretion where the resident was unable to escalate the complaint earlier (for example health grounds) or where the complaint raises safeguarding or health and safety issues.'</i></p>
6.11	Requests for stage 2 must be acknowledged, defined and logged at stage 2 of the complaint's procedure within five working days of the escalation request being received.	Yes	<p>Section 7 of our policy sets out our timescales for acknowledging within 5 working days. This is included in FAQs on our website and our printed guide.</p> <p>Our Customer Services Team monitor compliance and performance is reported to Board and BMBC</p> <p>In 24/25 we acknowledged 99.3% of Stage 2 complaints in 5 working days.</p>	<p>In section 7 of our complaints policy, we state:</p> <p><i>'When a resident asks us to escalate to stage 2, we will contact them to discuss their complaint further and acknowledge the complaint in writing within 5 working days.'</i></p> <p><i>'Our acknowledgement letter will contain the following:</i></p> <ul style="list-style-type: none"> <i>•The complaint stage.</i> <i>•Our understanding and definition of the complaint.</i> <i>•All aspects of the complaint we will investigate.</i> <i>•Any points we are excluding and the reasons why.</i> <i>•The outcome that the resident has told us that they are seeking.</i>

				<ul style="list-style-type: none"> •Any reasonable adjustments we have mutually agreed. •The expected timescale in which we will respond. •How to contact the Housing Ombudsman if we are aiming to respond after 10 working days. •How we will keep the resident informed if we find that we are unlikely to respond in time. •How to contact the investigating officer. •The link to the complaints policy.
6.12	Residents must not be required to explain their reasons for requesting a stage 2 consideration. Landlords are expected to make reasonable efforts to understand why a resident remains unhappy as part of its stage 2 response.	Yes	Section 7 of our policy sets out how we work with residents to understand their reasons for requesting a stage 2 consideration but we recognise that we cannot insist on the resident providing an explanation.	<p>In section 7 of our complaints policy, we state:</p> <p><i>'We ask residents to tell us why they are dissatisfied with our stage 1 response. Some examples are below:</i></p> <ul style="list-style-type: none"> • <i>The resident does not think we responded to the issues they raised in their complaint.</i> • <i>They do not agree with our decision at stage 1 of their complaint and the reasons for this.</i> • <i>The resident has new or relevant information that may change the decision we made in our stage 1 response.</i> <p><i>If we have tried to contact the resident to discuss the complaint further but have no response, or if the resident is unable to explain why they are not satisfied with the stage 1 response, we will investigate and review the complaint based on the information we have.'</i></p>
6.13	The person considering the complaint at stage 2 must not be the same person that considered the complaint at stage 1.	Yes	Section 7 of our policy sets out that a different person considers a complaint Stage 2. This section also outlines how we deal with conflict of interest.	<p>In section 7 of our complaints policy, it states:</p> <p><i>'The person investigating the complaint at stage 2 will not be the same person that investigated the complaint at stage 1.'</i></p>

6.14	Landlords must issue a final response to the stage 2 <u>within 20 working days</u> of the complaint being acknowledged.	Yes	<p>Section 7 of our Complaint Policy sets out this target time.</p> <p>In 2024/25 we responded to 76% of Stage 2s in 20 working days without the need for an extension. This is a slight improvement on 23/24 and is due to an increased level of temporary resources for complain handling. We continue to reduce the number requiring an extension.</p>	<p>In section 7 of the complaints policy, we state: <i>'We will investigate the issues raised and provide a written response by post or email within 20 working days from the date of our acknowledgement.'</i></p>
6.15	Landlords must decide whether an extension to this timescale is needed when considering the complexity of the complaint and then inform the resident of the expected timescale for response. Any extension must be no more than 20 working days without good reason, and the reason(s) must be clearly explained to the resident.	Yes	<p>Section 7 of our complaint policy sets out this requirement.</p> <p>We aim to advise the resident at the earliest opportunity but at the latest 2 working days before the expected response time.</p> <p>Our acknowledgement letter templates have sections which clearly explain the extensions.</p> <p>We record extensions and audit the reasons, and report performance to our Board and BMBC.</p> <p>In 2024/25 we responded to 98% of Stage 2s in time including extensions. In April 2024 we increased resources to improve performance and this has reduced the number requiring an extension (see 6.14).</p>	<p>In section 7 of the complaints policy, we state: <i>'There may be occasions when due to the complexity of the complaint, we need extra time to investigate. If we need an extension to the Stage 2 standard timescale, we will inform the resident of this and the reasons, where possible at least 2 working days before the response is due. Any extension must be no more than a further 20 working days without good reason. If the extension is not acceptable with the resident, the resident can always contact the Housing Ombudsman to discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters.'</i></p> <p>We are continuing to reduce the number of Stage 2s requiring an extension.</p>
6.16	When an organisation informs a resident about an extension to these timescales, they must be provided with the contact details of the Ombudsman.	Yes	<p>Section 7 of our Complaint Policy sets out this requirement.</p> <p>Our confirmation of extension letter advises of this.</p>	<p>In section 7 of the complaints policy, we state: <i>'There may be occasions when due to the complexity of the complaint, we need extra time to investigate. If we need an extension to the Stage 2 standard timescale, we will inform the resident of this and the reasons, where possible at least 2</i></p>

			We extended 24% of stage 2 complaints in 24/25	<i>working days before the response is due. Any extension must be no more than a further 20 working days without good reason. If the extension is not acceptable with the resident, the resident can always contact the Housing Ombudsman to discuss this further. We will provide the resident with the Housing Ombudsman contact details in all complaint correspondence letters.'</i>
6.17	A complaint response must be provided to the resident when the answer to the complaint is known, not when the outstanding actions required to address the issue are completed. Outstanding actions must still be tracked and actioned promptly with appropriate updates provided to the resident.	Yes	Section 7 of our complaint policy confirms this approach. We log any outstanding actions and promises and monitor compliance through our 'promise tracker'	In section 7 of our complaints policy, we state: <i>'We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue.'</i>
6.18	Landlords must address all points raised in the complaint definition and provide clear reasons for any decisions, referencing the relevant policy, law and good practice where appropriate.	Yes	Section 7 of our complaint policy sets out how we acknowledge and respond to complaints. We include all the points to be addressed in our acknowledgement letter. Our Customer Services Team complete quality control checks on responses and we discuss the quality of complaint responses with our involved tenants at regular complaint review meetings. Staff responsible for complaint handling receive training to ensure they understand these requirements. All stage 2s are reviewed by an Executive Director or Head of Service.	<i>The stage 2 response will contain:</i> <ul style="list-style-type: none"> • <i>The complaint stage.</i> • <i>The details of the complaint (complaint definition).</i> • <i>The decision on the complaint.</i> • <i>The reasons for any decisions we have made.</i> • <i>The details of any actions we will take to put things right including timescales for this.</i> • <i>Details of how the resident can escalate the matter to the Housing Ombudsman if they remain dissatisfied.</i> <i>We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue.'</i>

6.19	<p>Landlords must confirm the following in writing to the resident at the completion of stage 2 in clear, plain language:</p> <p>A, the complaint stage. B, the complaint definition. C, the decision on the complaint. D, the reasons for any decisions made. E, the details of any remedy offered to put things right. F, details of any outstanding actions; and G, details of how to escalate the matter to the Ombudsman Service if the individual remains dissatisfied.</p>	Yes	<p>Our Stage 2 response template and letters includes all this information in clear language.</p> <p>In 24/25 an improved 74% of complainants completing a satisfaction survey found their response easy to understand. We share a random sample of anonymised responses with our involved tenants for them to assess the quality.</p> <p>Staff responsible for complaint handling receive training to ensure they understand these requirements.</p>	<p>Section 7 of our complaints policy states:</p> <p><i>'The stage 2 response will contain:</i></p> <ul style="list-style-type: none"> <i>•The complaint stage.</i> <i>•The details of the complaint (complaint definition).</i> <i>•The decision on the complaint.</i> <i>•The reasons for any decisions we have made.</i> <i>•The details of any actions we will take to put things right including timescales for this.</i> <i>•Details of how the resident can escalate the matter to the Housing Ombudsman if they remain dissatisfied.</i> <p><i>We respond to a complaint when we know the answer to the complaint, not when we complete the actions required to address the issue.'</i></p>
6.20	<p>Stage 2 is the landlord's final response and must involve all suitable staff members needed to issue such a response.</p>	Yes	<p>Section 7 of our complaint policy makes it clear that a Stage 2 response is our final response. Before Stage 2 complaint response is issued, we hold a review meeting with the investigating team, the relevant Head of Service and/or Executive Director. This ensures thoroughness and reasonableness of this final response.</p>	<p>Section 7 of our complaints policy states:</p> <p><i>'In most cases, it is the Customer Services Team who will lead the investigation on behalf of the Executive Management Team. An Executive Director or Head of Service is responsible for the final response at Stage 2.</i></p> <p><i>Our final response to the resident will be in writing and will be the end of our complaint's procedure. After a complaint has gone through both stages of our complaint's procedure, and if the resident remains dissatisfied, they can complain to the Housing Ombudsman.'</i></p>

Section 7: Putting things right

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
7.1	<p>Where something has gone wrong a landlord must acknowledge this and set out the actions it has already taken, or intends to take, to put things right. These can include:</p> <ul style="list-style-type: none"> • Apologising. • Acknowledging where things have gone wrong. • Providing an explanation, assistance or reasons. • Taking action if there has been delay. • Reconsidering or changing a decision. • Amending a record or adding a correction or addendum. • Providing a financial remedy. • Changing policies, procedures or practices. 	Yes	<p>Section 8 of our complaint policy details all of these remedies and these are summarised on our website</p> <p>We have amended our IT systems to record individual/multiple remedies against each complaint, however the report detailing this is still in development.</p> <p>Our compensation policy supports our approach to putting things right.</p>	<p>In section 8 of our complaints policy, it states:</p> <p><i>'Where something has gone wrong, we will acknowledge this within the response letter and set out the actions we have taken or intend to take to put things right.</i></p> <p><i>These can be one or more of the following remedies:</i></p> <ul style="list-style-type: none"> • <i>Apologising.</i> • <i>Acknowledging where things have gone wrong.</i> • <i>Providing an explanation, assistance or reasons.</i> • <i>Taking action if there has been a delay.</i> • <i>Reconsidering or changing a decision.</i> • <i>Amending a record or adding a correction or addendum.</i> • <i>Providing a financial remedy.</i> • <i>Changing policies, procedures, or practices.</i> <p><i>Any remedy we offer will reflect the impact the failing has had on the resident.</i></p> <p><i>In our response we will set out what will happen and by when and we will, where appropriate, agree this with the resident.</i></p> <p><i>Where we are offering financial remedy, we will follow our Compensation Policy which we have developed in accordance with the Housing Ombudsman remedies guidance.'</i></p>
7.2	Any remedy offered must reflect the impact on the resident as a result of any fault identified.	Yes	Section 8 of our complaint policy sets out that any remedy will reflect the	In section 8 of our complaints policy, it states:

			<p>impact on a resident where any fault is identified.</p> <p>Our compensation policy, revised in July 2024, sets out our approach Staff responsible for complaint handling receive training to ensure they understand these requirements.</p>	<p><i>'Any remedy we offer will reflect the impact the failing has had on the resident.'</i></p> <p>To reflect enhanced guidance from the HOS we will review our Compensation Policy by end October 2025.</p>
7.3	The remedy offer must clearly set out what will happen and by when, in agreement with the resident where appropriate. Any remedy proposed must be followed through to completion.	Yes	<p>Section 8 of our complaint policy meets this requirement.</p> <p>We record remedies and action on our NEC system and track progress.</p>	<p>Section 8 of our complaints policy states: <i>'Any remedy we offer will reflect the impact the failing has had on the resident. In our response we will set out what will happen and by when and we will, where appropriate, agree this with the resident.'</i></p> <p>From 1st April 2025 we will include progress on "promises" in our performance reports.</p>
7.4	Landlords must take account of the guidance issued by the Ombudsman when deciding on appropriate remedies.	Yes	<p>Section 8 of our complaint policy sets out our approach.</p> <p>Our compensation policy was updated in July 2024 with our range of remedies has been developed taking account of guidance from the Housing Ombudsman.</p>	See 7.1 and 7.2 above.

Section 8: Self-assessment, reporting and compliance

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
8.1	<p>Landlords must produce an annual complaints performance and service improvement report for scrutiny and challenge, which must include:</p> <p>a. the annual self-assessment against this Code to ensure their complaint handling policy</p>	Yes	<p>Section 9 of our complaint policy sets out how we report performance aligned to the code and Section 11 sets out our approach to self-assessment .</p>	<p>Section 9 of our complaints policy states: <i>'We report on continuous learning and actions to address learning from complaints n following ways:</i></p> <ul style="list-style-type: none"> <i>•Residents through regular updates on our website, social media and in our annual reports.</i> <i>•Involved residents through our Service Improvement Panel Group which meets every 3</i>

	<p>remains in line with its requirements.</p> <ul style="list-style-type: none"> b. a qualitative and quantitative analysis of the landlord's complaint handling performance. This must also include a summary of the types of complaints the landlord has refused to accept. c. any findings of non-compliance with this Code by the Ombudsman. d. the service improvements made as a result of the learning from complaints. e. any annual report about the landlord's performance from the Ombudsman; and f. any other relevant reports or publications produced by the Ombudsman in relation to the work of the landlord. 	<p>Our 2024/25 annual complaint handling report is on our website along with a response from The Member Responsible for Complaints and our Board Complaint Champion.</p> <p>From April 2024 we followed our enhanced reporting framework to align fully to the new code requirements.</p> <p>We publish a summary of our performance online which include:</p> <ul style="list-style-type: none"> • complaints performance data. • results from complaint surveys; and • a summary of service improvements. 	<p><i>months and our Tenant Voice Panel on an annual basis.</i></p> <ul style="list-style-type: none"> • <i>Staff through regular team brief updates and training.</i> • <i>Executive Management Team, Board, Customer Service Committee and the Council through sharing our quarterly performance reports which includes key performance indicators and learning. The response from Customer Services Committee is published on our website.</i> • <i>The Council through quarterly update reports at Service Agreement Core Group Meetings. This is a meeting of senior executives of Berneslai Homes and BMBC. The purpose of this meeting is to ensure Berneslai Homes is delivering services in line with the requirements of our contract.</i> • <i>The Council and involved tenants at the ALMO Strategic Liaison meeting. This meeting is attended by BMBC and the Cabinet Spokesperson for Regeneration and Culture (Member Responsible for Complaints) and considers Berneslai Homes performance against our strategic objectives. It enables tenants to have a direct dialogue with their landlord on key issues including complaint handling performance and learning from complaints.</i> • <i>The Council through specific complaint handling and learning reports to Cabinet. The response from MRC is published on our website.</i> <p>Section 11 of our complaints policy states: 'Self-Assessment against the Complaint Handling Code <i>We will complete and submit our self-assessment annually to the Ombudsman to ensure that our</i></p>
--	--	--	---

				<p><i>Complaints Policy and performance remains in line with the requirements of the code. We will also conduct a review of the self-assessment following a significant restructure, merger and/or change in our procedures.</i></p> <p><i>We will publish our self-assessment on our website by 30th September each year and we will also include a response to our self-assessment from our Board and BMBC.</i></p> <p>Monitoring complaint handling</p> <p><i>The Customer Services Team monitor complaint performance on a routine basis as follows:</i></p> <p><i>Daily monitoring of complaints nearing their expected completion dates.</i></p> <p><i>Monthly review of a proportion of closed complaints to assess quality and ensure learning has been identified.</i></p> <p><i>Monthly assessment of performance reports including resident satisfaction and tracking that we have fulfilled complaint resolutions.</i></p> <p>Reporting, publishing and governance of complaint handling performance</p> <p><i>The Customer Services Team produce complaint performance reports every three months and the last report in the financial year is an annual complaints performance and service improvement report.</i></p> <p><i>A summary of these reports is published on our website.</i></p> <p><i>The quarterly reports are reported to our Senior and Executive Management Teams, Customer Service Committee and BMBC via the Services Agreement Core Group and the ALMO Strategic Liaison Meeting (see section 9 for more information about these meetings). This ensures oversight and</i></p>
--	--	--	--	---

				<p>scrutiny from our governing body, landlord BMBC and residents who are part of our formal engagement process.</p> <p>The annual complaints performance and service improvement report is reported to our Senior Management Team, Executive Management Team, our Board and to the BMBC Member Responsible for Complaints (MRC). BMBC Cabinet also receive an annual complaint report or more frequent if required.</p> <p>We publish this report in the complaints section of our website, along with a response from our Board and BMBC.</p> <p>These reports will contain:</p> <ul style="list-style-type: none"> • A qualitative and quantitative analysis of our complaint handling performance including trends in complaints. This will also include a summary of the types of complaints we have refused to accept. • Analysis of resident satisfaction with our complaint handling service. • Information about service improvements identified and made as a result of learning from complaints. • Any annual report about our performance from the Ombudsman. • Any other relevant reports or publications produced by the Ombudsman in relation to our work.
8.2	The annual complaints performance and service improvement report must be reported to the landlord's governing body (or equivalent) and published on the section of its website relating to complaints. The governing body's	Yes	Our annual complaint performance and service improvement report for 2024/25 was reported to our Board on 27 th May 2025 and to BMBC Cabinet 25 th June 2025. The reports are on	See 8.1 for more information about how we publish performance and service improvement information.

	response to the report must be published alongside this.		our website along with our Board and BMBC MRC's response.	
8.3	Landlords must also carry out a self-assessment following a significant restructure, merger and/or change in procedures.	Yes	There is no merger, restructure or change planned.	
8.4	Landlords may be asked to review and update the self-assessment following an Ombudsman investigation.	Yes	In 24/25 we received 13 determinations from the Housing Ombudsman Service aligned to 6 investigations. We were not required to update our self-assessment.	We commit to update our self-assessment where asked to do so by the Housing Ombudsman.
8.5	If a landlord is unable to comply with the Code due to exceptional circumstances, such as a cyber incident, they must inform the Ombudsman, provide information to residents who may be affected, and publish this on their website Landlords must provide a timescale for returning to compliance with the Code.	Yes	<p>We have resilience and business continuity plans for our Complaint Handling Service. These plans include communication with residents and the HOS.</p> <p>Section 11 of our complaint policy includes a section highlighting our approach if we became unable to comply due to exceptional circumstances.</p>	<p>In section 11 of our complaints policy, it states: <i>'If we are unable to comply with the Code due to exceptional circumstances, such as a cyber incident, we will inform the Ombudsman, provide information to individual residents who may be affected, and publish this on our website. We will also provide a timescale for returning to compliance with the Code.'</i></p> <p>Our website, social media pages and in queue messages would be updated in the event of exceptional circumstances .</p>

Section 9: Scrutiny & oversight: continuous learning and improvement

Code provision	Code requirement	Comply: Yes / No	Evidence	Commentary / explanation
9.1	Landlords must look beyond the circumstances of the individual complaint and consider whether service improvements can be made as a result of any learning from the complaint.	Yes	Section 9 of our complaint policy references how we learn from complaints.	In section 9 of our complaints policy, we state: <i>'At the closure of each complaint the investigating officer is responsible for reviewing the complaint, looking beyond the circumstances</i>

			<p>We issue a learning review to lead officers on the close of complaints</p> <p>We have a small Service Improvement Team who undertake independent review and who monitor trends and service improvement progress. In 24/25 we temporarily realigned resources from this team to assist in complaint handling. The Customer Services Team are temporarily reviewing learning and monitoring actions.</p> <p>We share learning with residents in their response letters.</p> <p>We publish learning in our performance reports and on our website and share these with or governing body (Board and BMC)</p>	<p><i>of the individual complaint to identify any learning.</i></p> <p><i>The investigating officer will complete a 'Service Improvement Review Form' to record any learning and actions.'</i></p>
9.2	A positive complaint handling culture is integral to the effectiveness with which landlords resolve disputes. Landlords must use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.	Yes	<p>As 9.1 above</p> <p>We deliver complaint handling training to all staff.</p> <p>Learning from complaints is a standard agenda item for SMT and EMT meetings and learning is included in our complaint reports.</p>	<p>In section 9 of our complaints policy, we state:</p> <p>'We promote a positive complaint handling culture. We encourage staff to use complaints as a source of intelligence to identify issues and introduce positive changes in service delivery.'</p>
9.3	Accountability and transparency are also integral to a positive complaint handling culture. Landlords must report back on wider learning and improvements from complaints to stakeholders, such as residents' panels, staff and relevant committees.	Yes	<p>Section 11 of our policy sets out our performance monitoring and transparency arrangements.</p> <p>Four times a year we share learning and trends with:</p> <ul style="list-style-type: none"> • Our Customer Services Committee • Our Tenant Complaint Panel 	<p>Section 11 of our complaints policy, it states:</p> <p><i>'The Customer Services Team produce complaint performance reports every three months and the last report in the financial year is an annual complaints performance and service improvement report.'</i></p>

			<ul style="list-style-type: none"> • Publish online • Our stakeholder BMBC • We share learning with staff through our team briefs. • Our governing body BMBC consider complaint handling performance and learning at cabinet at least annually. 	<p><i>A summary of these reports is published on our website.</i></p> <p><i>The quarterly reports are reported to our Senior and Executive Management Teams, Customer Service Committee and BMBC via the Services Agreement Core Group and the ALMO Strategic Liaison Meeting (see section 9 for more information about these meetings). This ensures oversight and scrutiny from our governing body, landlord BMBC and residents who are part of our formal engagement process.</i></p> <p><i>The annual complaints performance and service improvement report is reported to our Senior Management Team, Executive Management Team, our Board and to the BMBC Member Responsible for Complaints (MRC). BMBC Cabinet also receive an annual complaint report or more frequent if required.</i></p> <p><i>We publish this report in the complaints section of our website, along with a response from our Board and BMBC.'</i></p>
9.4	Landlords must appoint a suitably senior lead person as accountable for their complaint handling. This person must assess any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.	Yes	<p>Section 4 of Our Complaints Policy sets out Role & Responsibilities in respect of this policy and our approach to complaint handling. Our Head of Customer Services has accountability for complaint handling.</p> <p>As set out in 9.3 above, they and their team ensure any themes or trends to identify potential systemic issues, serious risks, or policies and procedures that require revision.</p>	<p>Section 4 of our complaints policy states:</p> <p><i>'Our Head of Customer Services is the Lead Officer with responsibility for complaint handling and compliance with the Housing Ombudsman Code.</i></p> <p><i>Our Senior and Executive Management Team have shared responsibility for ensuring their service areas handle complaints in line with this policy and the Housing Ombudsman Code. They</i></p>

			<p>Berneslai Homes SMT and EMT have shared responsibility for ensuring compliance and learning aligned to the HOS code.</p>	<p><i>have responsibility for ensuring resolutions are delivered effectively and their service responds to any learning.</i></p> <p><i>They have authority to issue the final Stage 2 response to complaints.</i></p>
9.5	<p>In addition to this a member of the governing body (or equivalent) must be appointed to have lead responsibility for complaints to support a positive complaint handling culture. This person is referred to as the Member Responsible for Complaints ('the MRC').</p>	Yes	<p>A Board Member fulfils this role for the ALMO and they attend the resident service improvement panel to ensure positive complaint handling culture and meet with the Customer Services team to fulfil their role. The tenant service improvement panel in 24/25 was suspended due to transfer of staffing resources to handle complaints. They ensure that our Customer Services Committee (and Board annually) receive regular reports regarding complaint handling. They have an agreed terms of reference which is published on our website. The Terms of Reference for the ALMO Complaint champion were approved by Customer Services Committee 16th May 2024</p> <p>BMBC has appointed a Member responsible for Complaints and they have agreed terms of reference. This is the Cabinet Spokesperson for Regeneration and Culture. They receive reports and information from the Customer Services Team, and these are considered at Services Core Group. BMBC Cabinet receive performance and learning reports to ensure complete transparency and compliance. Their role</p>	<p>Section 4 of our complaints policy states:</p> <p><i>'Governing Body Roles and Responsibilities Member Responsible for Complaints (MRC)</i></p> <p><i>The BMBC Cabinet Spokesperson for Regeneration and Culture has lead responsibility for governance of and assurance that our complaint policy and practice align to the Housing Ombudsman Code. They receive and respond to:</i></p> <ul style="list-style-type: none"> <i>•our annual self-assessment against the code; and</i> <i>•our quarterly performance and learning reports.</i> <p><i>They do not respond to individual complaints. Their assurance response to our annual self-assessment against the Housing Ombudsman Code, and any other formal response in respect of complaint handling performance and learning is published on our website.</i></p> <p><i>Board and Customer Service Committee Members</i></p> <p><i>Customer Services Committee and Board have organisational responsibility for governance of and assurance that our complaint policy and practice align to the Housing Ombudsman Code.</i></p>

			was approved at BMBC Cabinet 26 th June 2024.	<p><i>They receive and respond to:</i></p> <ul style="list-style-type: none"> •our annual self-assessment against the code; and •our quarterly performance and learning reports. <p>We have a Board Complaint Handling Champion who supports officers and residents in ensuring we have a positive complaint handling culture.</p> <p><i>They do not respond to individual complaints. Their assurance response to our annual self-assessment against the Housing Ombudsman Code, and any other formal response in respect of complaint handling performance and learning is published on our website.'</i></p>
9.6	The MRC will be responsible for ensuring the governing body receives regular information on complaints that provides insight on the landlord's complaint handling performance. This person must have access to suitable information and staff to perform this role and report on their findings.	Yes	<p>A Board Member fulfils this role for the ALMO They ensure that our Customer Services Committee receive regular reports regarding complaint handling. This is their terms of reference. BMBC has appointed a Member responsible for Complaints and they have agreed terms of reference. This is the Cabinet Spokesperson for regeneration and culture. They receive reports and information from the Customer Services Team, and these are considered at Services Core Group. BMBC Cabinet receive performance and learning reports to ensure complete transparency and compliance.</p>	
9.7	<p>As a minimum, the MRC and the governing body (or equivalent) must receive:</p> <p>a) regular updates on the volume, categories and outcomes of</p>	Yes	Section 11 of our complaint policy sets out how we share information with the MRC and our Board.	

	<p>complaints, alongside complaint handling performance.</p> <p>b) regular reviews of issues and trends arising from complaint handling.</p> <p>c) regular updates on the outcomes of the Ombudsman's investigations and progress made in complying with orders related to severe maladministration findings; and</p> <p>d) annual complaints performance and service improvement report.</p>		<p>The quarterly reports are reported to our Senior and Executive Management Teams, Customer Service Committee and BMBC via the Services Core Group meetings. This ensures oversight and scrutiny from our governing body and landlord BMBC.</p> <p>The annual complaints performance and service improvement report is reported to our Senior Management Team, Executive Management Team, our Board and to the BMBC Member Responsible for Complaints (MRC). BMBC Cabinet also receive an annual complaint report or more frequent if required. The 2024/25 Report was presented to Board 27th May 2025 and to BMBC Cabinet 25th June 2025.</p> <p>A summary of the report is published on our website</p>	
9.8	<p>Landlords must have a standard objective in relation to complaint handling for all relevant employees or third parties that reflects the need to:</p> <p>a) have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments.</p> <p>b) take collective responsibility for any shortfalls identified through complaints, rather than blaming others; and</p> <p>c) act within the professional standards for engaging with</p>	Yes	<p>Our complaint policy (section 13) sets out our objective in relation to complaint handling and this is relevant across our company, within BMBC and our wider partnerships/contracts/third parties:</p> <p>Where a complaint crosses different teams or organisations, we will ensure one response is sent and where necessary hold a cross-party review meeting.</p> <p>Evidence also includes:</p> <ul style="list-style-type: none"> • our standard contracts • Comms to staff 	<p><i>Section 13 States:</i></p> <p><i>"We ensure that the training clearly promotes our standard objectives in relation to complaint handling for all relevant employees or third parties and reflects the following needs:</i></p> <ul style="list-style-type: none"> • <i>To have a collaborative and co-operative approach towards resolving complaints, working with colleagues across teams and departments.</i> • <i>To take collective responsibility for any shortfalls identified through complaints, rather than blaming others.</i>

	complaints as set by any relevant professional body.		<ul style="list-style-type: none">• Our induction and training material	<ul style="list-style-type: none">• <i>To act within the professional standards for engaging with complaints as set by any relevant professional body.'</i>
--	--	--	---	---

Report Title	Berneslai Homes Annual Investment Strategy 2025/2026	Confidential	No
Report Author	Head of Finance	Report Status	For Approval
Report To	Board 27 May 2025	Officer Contact Details	Ed Long edwardlong@berneslaihomes.co.uk

1. Executive Summary	<p>The attached report sets out the Annual Investment Strategy and Policy Statement prepared by the Council's Treasury Management Team and is presented to the Board for their discussion, comment, and approval.</p> <p>The report sets out the organisation's investment priorities for the forthcoming year and the parameters that officers will operate within.</p> <p>The attached report covers: -</p> <p>Section 2 Investment priorities Section 3 Strategy Appendix A Scheme of delegation Appendix B Policy Statement Appendix C Creditworthiness Policy Appendix D Summary of cash management qtr. 3 and an investment portfolio overview.</p> <p>The Audit & Risk Committee considered the report on 3 April 2025, and BMBC Treasury Management were present. The Audit & Risk Committee recommended that the Investment Strategy be approved by the Board.</p>
2. Recommendation/s	<p>Audit and Risk Committee recommend that Board approve the following: -</p> <ul style="list-style-type: none"> • The Investment Strategy. • The investment limits set out at paragraph 3.4. • The instruments list set out at paragraph 3.8 • The scheme of delegation outlined in Appendix A and the policy statement outlined in Appendix B.

Report of the Director of Finance, Barnsley MBC

Report to Berneslai Homes Audit and Risk Committee: 3 April 2025

ANNUAL INVESTMENT STRATEGY AND POLICY STATEMENT 2025/26

1. INTRODUCTION

1.1 This document has been prepared with regard to the following statutory guidance which provides a best practice framework for the organisation to operate within:

- **Statutory Guidance on Local Government Investments (3rd Edition)** - the Ministry of Housing, Communities and Local Government (MHCLG), and
- **Treasury Management in the Public Services (2021 Edition)** - the Chartered Institute of Public Finance and Accountancy (CIPFA).

1.2 In broad terms it sets out the following:

- The organisation's investment priorities for the forthcoming year; and
- The parameters that officers will operate within.

Recommendation

1.3 The Audit and Risk Committee is asked to approve the following recommended to Board:

- **the investment limits set out at paragraph 3.4;**
- **the instruments list set out at paragraph 3.8;**
- **the scheme of delegation outlined in Appendix A, and**
- **the policy statement outlined in Appendix B.**

2. INVESTMENT PRIORITIES

2.1 The purpose of this investment strategy is to ensure that any surplus cash is invested prudently. As such the organisation has adopted the following investment priorities in line with best practice:

- **Security** - protecting the funds invested from loss;
- **Liquidity** - ensuring the funds invested are available when needed; and
- **Yield** - seeking optimum returns consistent with the above priorities.

2.2 The following section sets out the how the organisation will address each of these priorities.

3. STRATEGY

Context

- 3.1 This section covers the key risks to delivering the organisation's investment priorities and outlines the recommended approach to mitigating these risks.

Credit and Counterparty Risk (Security)

- 3.2 This is the risk of a third party being unable to meet its contractual obligations to the organisation, which put simply is the risk of default on any principal or interest payable. This would clearly have a detrimental impact on the organisation's resources.
- 3.3 In order to mitigate this risk, the organisation maintains a list of approved investment counterparties* and limits based on the creditworthiness service provided by MUFG Corporate Markets (the Council's treasury management advisors – formerly named Link Group). Further details on this creditworthiness service are provided in Appendix C.

**Whilst there is no definitive list of counterparty names within this strategy, those currently used by the organisation are set out in Appendix D.*

- 3.4 In addition, investment counterparties will be assessed against the minimum long-term credit ratings specified in the table below (a credit rating is essentially an assessment of an organisation's likelihood of default):

Approved Counterparties	Minimum Long-Term Rating (Fitch or Equivalent)	Maximum Amount	Maximum Duration
UK Government	AA-*	Unlimited	1 year
Barclays Bank PLC (the organisation's own bank)	A	£3.5M	Overnight
Banks	A+	£1.5M (per group)	1 year
	A		6 months
	A-		100 days
Building Societies	A	£1.5M	6 months
	A-		100 days
Local Authorities	AA-*	£1.5M	1 year
Money Market Funds	AAA	£2.5M (per fund)	Overnight**

** Not all Local Authorities are separately rated, but they are deemed to be in line with the UK Government reflecting the likelihood of intervention in the event of severe financial difficulty.*

***Money Market Funds may be invested for longer periods than overnight, however funds can be withdrawn daily if required.*

- 3.5 Where an entity no longer meets the above criteria it will be downgraded or withdrawn from the approved list immediately, and consideration will be given

to recalling or selling any existing investments with the affected counterparty where there is no material cost to the organisation.

Diversification (Security)

- 3.6 The investment limits set out in paragraph 3.4 seek to diversify the organisation's investment portfolio to avoid too much concentration in one institution. Diversification of investments is of paramount importance in order to allow for the potential of a financial institution failing in future.
- 3.7 Investments are currently spread between the Barclays current account and several Money Market Funds (MMFs). Officers will continue to evaluate alternative investment options that meet the principles of security, liquidity and yield. Other institutions may be utilised if they are deemed appropriate and agreed with the Executive Director of Resources for Berneslai Homes.

Price Risk (Security)

- 3.8 This is the risk of a reduction in value of funds invested due to an adverse change in market conditions. In order to mitigate this risk, the organisation maintains a list of approved instruments which officers can invest in, based on existing knowledge or experience of the product and advice from MUFG Corporate Markets. The Board is asked to approve the instruments list set out below:

Approved Instruments
Interest-bearing bank accounts
Fixed term deposits
Callable deposits
AAA Money Market Funds

- 3.9 Any proposals for the use of new investment instruments will be agreed with the Executive Director of Resources for Berneslai Homes and advice will be sought from MUFG Corporate Markets prior to making any decisions.

Legal and Regulatory Risk (Security)

- 3.10 This is the risk that Berneslai Homes - or an organisation which it is undertaking treasury management activities with - fails to act in accordance with its legal powers or regulatory requirements, causing reputational damage and / or resulting in financial loss.
- 3.11 In order to mitigate this risk, the organisation adopts the recommendations of the statutory guidance and receives professional advice through MUFG Corporate Markets. Officers attend regular training updates to keep up to date with the latest developments and regulatory changes.

Liquidity Risk

- 3.12 This is the risk that cash is not available when needed to meet the organisation's spending commitments, causing reputational damage, compromise service objectives and potentially lead to additional unbudgeted costs.
- 3.13 In order to mitigate this risk, the organisation will maintain an appropriate balance of liquid funds (in line with the MHCLG investment guidance), through the use of MMFs and instant access accounts. MMFs are pooled investment vehicles which diversify investment risk and provide a high degree of liquidity by offering immediate access to funds. The Barclays current account balance fluctuates according to the organisation's cash flow and is monitored on a daily basis. Officers determine when funds should be transferred into or out of the current account based on knowledge of daily and monthly cash flows. The maximum amount to be invested in each counterparty is detailed in the table at paragraph 3.4.
- 3.14 As shown in Appendix D, all of the organisation's investments are currently liquid (i.e. available the same day) thus virtually eliminating liquidity risk.

Yield

- 3.15 The pursuit of optimum returns is a secondary priority to security and liquidity. This is particularly important in a period of significant political and economic uncertainty and the organisation continues to maintain a low-risk appetite for investments.

Scheme of Delegation

The Berneslai Homes Board will:

- Receive and review reports on investment policies, practices and activities;
- Approve the annual investment strategy; and
- Approve amendments to the adopted clauses within the investment strategy and policy statement.

The Audit and Risk Committee will:

- Scrutinise and make recommendations to the Board on the investment strategy and policies;
- Monitor the implementation of policies and practices; and
- Receive and review regular monitoring reports.

The Council's Treasurer will:

- Recommend clauses and investment policy / practices for approval, reviewing these regularly and monitoring compliance;
- Submit regular investment policy reports;
- Review the performance of the Council's treasury management function; and
- Ensure the adequacy of treasury management resources and skills, and the effective division of responsibilities within the Council's treasury management function.

Policy Statement

The authority for the management of Berneslai Homes' cash balances is delegated to the officers of the Council.

Operational procedures for the management and investment of Council funds are contained within the Treasury Management Practices (TMPs) document, which is prepared in accordance with the CIPFA Code of Practice for Treasury Management. The same procedures are applied to the management of Berneslai Homes' funds.

Taking the above into account, the 2025/26 Berneslai Homes investment policy has been developed to ensure security of capital and liquidity, and to obtain an appropriate level of return which is consistent with the organisation's risk appetite.

Any amendments to this policy, or new investment opportunities, will be agreed with the Executive Director of Resources for Berneslai Homes prior to making any decisions.

Performance Reporting

A quarterly summary of investment balances and performance will be provided to the Executive Director of Resources for Berneslai Homes (as set out in Appendix D).

Creditworthiness Policy

As stated in section 3 of the report, Berneslai Homes applies the creditworthiness service provided by MUFG Corporate Markets (formerly named Link Group). This service employs a sophisticated modelling approach utilising credit ratings from the three main credit rating agencies - Fitch, Moody's and Standard & Poor's. The credit ratings of individual counterparties are supplemented with the following overlays:

- "Watches" and "Outlooks" from the three main credit rating agencies;
- CDS spreads that may give early warning of likely changes in credit ratings;
- Sovereign ratings to select counterparties from only the most creditworthy countries.

All credit ratings will be monitored weekly, and officers will be alerted to changes to ratings of all three agencies through its use of MUFG's creditworthiness service. No investments will be made with an organisation if there are substantive doubts about its credit quality, even though it may meet the credit rating criteria.

Sole reliance will not be placed on the use of this external service. Officers will also use market data and market information, as well as information on any external support for banks to help support its decision-making process.

The Organisation's Own Bank

The Barclays Flexible Interest-Bearing Current Account (FIBCA) continues to be used by treasury staff to effectively manage daily cash. The FIBCA also generates an annual interest payment.

Barclays currently meets the minimum credit criteria (A-). Even if the bank's credit rating falls below A-, the bank will continue to be used in the immediate future for short term liquidity requirements and business continuity arrangements.

An individual limit of £3.5M applies to Barclays in order to meet the organisation's cash flow requirements.



Berneslai Homes

Q3 Investment Report

2024–25

Investment Portfolio Overview

The balance held with each fund / counterparty as at 31st December 2024 was as follows:

Fund Balance as at 31.12.2024

FUND NAME	Type of Investment	Credit Rating	Period Closing Balance
Barclays Bank Plc	Current Account	A	£1,440,956.33
Aberdeen Standard Liquidity Fund (Lux) - Sterling Fund (Class K1)	Money Market Fund	AAA	£1,250,000.00
BlackRock Institutional Sterling Liquidity Fund (Core)	Money Market Fund	AAA	£210,000.00
Fidelity Institutional Liquidity Sterling Fund (Class A)	Money Market Fund	AAA	£1,716,627.82
Goldman Sachs Sterling Liquid Reserves (Institutional)	Money Market Fund	AAA	£210,000.00
Invesco Sterling Liquidity Portfolio (Institutional)	Money Market Fund	AAA	£1,850,000.00
Morgan Stanley Sterling Liquidity Fund (Institutional)	Money Market Fund	AAA	£250,000.00
SSgA Sterling Liquidity Fund (Institutional)	Money Market Fund	AAA	£250,000.00
£ GBP Totals			£7,177,584.15

Security of Investments

Cash balances have been spread across several counterparties in order to limit credit risk. The average balance held with each fund / counterparty during the quarter was as follows (further information is available on request). All investments made during the quarter were compliant with the approved Berneslai Homes investment strategy for 2024/25:

Average Balance Q3

FUND NAME	Type of Investment	Investment Limit	Days Invested	Average Daily Balance
Barclays Bank Plc	Current Account	£2.5M	92	£1,255,949.56
Aberdeen Standard Liquidity Fund (Lux) - Sterling Fund (Class K1)	Money Market Fund	£2.5M	47	£258,209.49
Aberdeen Standard Liquidity Fund (Lux) - Sterling Fund (Class K3)	Money Market Fund	£2.5M	45	£449,673.91
BlackRock Institutional Sterling Liquidity Fund (Core)	Money Market Fund	£2.5M	92	£210,000.00
Fidelity Institutional Liquidity Sterling Fund (Class A)	Money Market Fund	£2.5M	92	£1,251,556.49
Goldman Sachs Sterling Liquid Reserves (Institutional)	Money Market Fund	£2.5M	92	£210,000.00
Invesco Sterling Liquidity Portfolio (Institutional)	Money Market Fund	£2.5M	92	£1,215,760.87
Morgan Stanley Sterling Liquidity Fund (Institutional)	Money Market Fund	£2.5M	92	£489,239.13
SSgA Sterling Liquidity Fund (Institutional)	Money Market Fund	£2.5M	92	£445,652.17
£ GBP Totals				£5,786,041.63

Liquidity of Funds

All the organisation's investments are currently held in liquid accounts / funds, meaning that cash is available on the day of request. This reflects the investment strategy approved for 2024/25.

Average Yield

The average return on investments during the third quarter of 2024/25 was 4.79%, a reduction in comparison to Q2 due to seeing the effects of the November 24 Bank Rate reduction. Note that the average return excludes interest receivable on the Barclays current account as this is calculated on a different basis to the Money Market Funds:

Average Yield Q3

FUND NAME	Average Yield Q3	Average Yield Q2	Average Yield Q1
Aberdeen Standard Liquidity Fund (Lux) - Sterling Fund (Class K1)	4.73%	5.04%	5.18%
BlackRock Institutional Sterling Liquidity Fund (Core)	4.76%	4.97%	5.11%
Fidelity Institutional Liquidity Sterling Fund (Class A)	4.83%	5.07%	5.19%
Goldman Sachs Sterling Liquid Reserves (Institutional)	4.75%	5.00%	5.12%
Invesco Sterling Liquidity Portfolio (Institutional)	4.84%	5.07%	5.22%
Morgan Stanley Sterling Liquidity Fund (Institutional)	4.80%	5.03%	5.17%
SSgA Sterling Liquidity Fund (Institutional)	4.79%	5.03%	5.17%
£ GBP Totals	4.79%	5.03%	5.17%

Economic Summary Q3 2024/25

Since cutting the Bank Rate from 5.00% to 4.75% in November 2024, the Bank of England's Monetary Policy Committee (MPC) left the Bank Rate unchanged at the subsequent meeting on 19th December. Further movements will depend on inflation with forecasters predicting that inflation will return to the 2% target in 2026, but progress in 2025 will be fairly slow due to pressures from the policies in the Budget and overseas developments.

The UK economy slowed to a standstill in Q3, growing by 0.0%, as uncertainty surrounding Labour's first Budget and high interest rates impacted on business and consumer spending. Despite this, analysts think lower inflation and lower interest rates may contribute to stronger UK economic growth during 2025.

The UK's trading arrangements will be a major focus in 2025. Uncertainty surrounding potential tariffs from the administration of US President-elect Donald Trump will likely weigh on confidence within financial markets.

Interest rates are a key driver of the Council's treasury management activities and are closely monitored by officers. PWLB rates have moved significantly higher over the course of the third quarter of 2024/25, culminating in long-term borrowing rates approaching their highest levels since 1998.

Latest Interest Rate Projections (provided by MUFG Corporate Markets & Capital Economics as at 11.11.2024)

	Latest	Mar-25	Sep-25	Mar-26	Sep-26	Mar-27
UK Base Rate ~ MUFG Corporate Markets	4.75%	4.50%	4.00%	3.75%	3.75%	3.50%
UK Base Rate ~ Capital Economics	4.75%	4.50%	4.00%	3.50%	3.50%	-

Investment Performance to date and outlook for 2024/25

The organisation's investment priorities remain security and liquidity, with the pursuit of higher returns being a secondary objective. Officers continue to invest with high quality counterparties in line with the criteria set out within the annual investment strategy. Crucially, the organisation's capital has been preserved, and no investments are considered to be at risk.

The organisation's investments have returned £39,874.43* during the third quarter of 2024/25 (£49,215.74 during Q1 and £44,526.90 during Q2 2024/25). The investment

interest forecast for the 2024/25 financial year is currently estimated at over £190,000, this is subject to interest rate movements and further updates will be provided throughout the year.

Officers continue to monitor the organisation's Money Market Funds on a regular basis and to date the funds have operated well. Capital has been preserved during the year and investments continue to be placed on an instant access basis in order to manage the organisation's cash flows.

Security as always, remains the priority for treasury management and this will continue in line with the 2024/25 investment strategy.

** Excludes a proportion of interest receivable from the Fidelity MMF and the Barclays current account*

Report Title	Quarterly Risk Update	Confidential	No
Report Author	Executive Director of Resources	Report Status	Approval
Report To	Board 27/5/2025	Officer Contact Details	Claire Denson, Risk & Governance Manager clairedenson@berneslaihomes.co.uk Sam Roebuck, Head of Governance and Strategy samantharoebuck@berneslaihomes.co.uk

1. Executive Summary	<p>1.1 To receive the quarterly update on the Berneslai Homes' Risk Framework.</p> <p>The key points from the report are summarised below:</p> <p>1.2 There are currently 18 active strategic issues and concerns. The Summary of risks are attached (Appendix A).</p> <p>1.3 The Risk Appetite Statement (Appendix B) is enclosed for annual review.</p> <p>1.4 EMT reviewed the 4 operational critical response risks at their meeting on the 4th March 2025.</p> <p>1.5 Audit and Risk Committee approved the report to Board at their meeting on 3rd April 2025. Committee felt the Risk Appetite Register was for the whole Board to review and looked forward to being involved in the discussions to assess where the organisation is potentially exposed, and actions required to minimise those risks in pursuit of the company's objectives. Committee welcomed the comprehensive report and felt assured on the current risk position.</p> <p><u>Customer Voice/Impact:</u></p> <p>1.6 The aim of the review of risks is to scrutinise the internal risk management system and therefore customer views are not sought for this report. However, a number of risks and mitigations arising from reviewing our risks seek to enhance the customer voice.</p>
-----------------------------	---

2. Recommendations

It is recommended that Board:

- i. Review and Comment on the Risk Management Quarterly Update.
- ii. Review and comment on the Strategic Risks.
- iii. Review the Risk Appetite Statement and make any recommendations to Board for approval.
- iv. Review and comment on the action plans being monitored as part of this report.

3. Background

- 3.1 This report provides a quarterly update on risk management performance including Berneslai Homes' strategic and operational issues and concerns.

4. Current Position/Issues for Consideration

Strategic Issues and Concerns

- 4.1 There are currently 18 active strategic risks. The Summary of Risks is attached (**Appendix A**), with full details of mitigations available to view on the risk system. This report focuses on the Strategic Risk Register, but the Board are also asked to review and comment on the Operational and Fraud risks, all available to view on the [risk system](#). The summary of risks, final column, highlights any changes to the risk headlines since the report to Board on 27th February 2025. The information inside the risks is updated regularly during facilitated meetings and lead officer monitoring.

- 4.2 The top key risks are described below:

1. ***The HRA does not cover requirements*** – This remains a critical response risk of the same concern level due to ongoing impacting factors such as regulatory changes and the repairs backlog. Mitigations to reduce spending and make savings are ongoing.
2. ***The cost-of-living crisis and Welfare is impacting tenants and our communities*** - This remains a critical response risk of the same concern level. The increase in disrepair cases continues, social media interest remains high and the incidents of violence and aggression towards staff remains higher than usual.
3. ***We do not have the right data to make informed decisions (Data Quality) and we do not use the data we have effectively (working outside systems)*** – This remains critical to reflect resources allocated to the data tool proof of concept project.
4. ***Reduction in Customer Satisfaction*** – This remains a critical response risk due to the ongoing increase in complaints and the resulting extension of the temporary resources to meet the demands.
5. ***Mould, Damp and Condensation*** – This remains a critical response risk and continues to be concerning, particularly during the colder months. Due to the impact of Awaab's Law, the regulatory environment will continue to keep this risk of key concern as we implement the significant requirements of the regulation.

6. ***Ability to deliver historical and in year Repairs and Maintenance works within current financial resources available*** – This remains a critical response risk whilst we are working towards meeting this challenge.

All Risks are linked to a number of key reporting areas in the risk register, including: the Sector Risk Profile, the Risk Appetite, Strategic Priorities, Corporate Ambitions, and Governance Domain (Assurance framework). In Appendix A, the headline strategic risks have been visibly linked to the Risk Appetite and the Corporate Ambitions.

- 4.3 EMT agreed at their meeting on 6th May 2025 to consider a new strategic risk 'Changing Landscape of Political Leadership in Local Government' following the outcome of elections in several Local Authorities and Mayoral Authorities on 1st May. The risk will be considered further in the coming weeks and if EMT feel this is a strategic risk which should be included in the strategic risk register it will be reported to the Audit & Risk Committee on 17th June 2025.
- 4.4 The Strategic risks follow the evolving level of concern, identifying where we are less, more or same concerned about a particular risk since the previous review.

4.5 Risk Management Framework Update

- 4.5.1 A zero-based review of the Risk Appetite was undertaken by Board on 23rd February 2023. Board are asked to review the Risk Appetite Statement (**Appendix B**) to ensure it is still fit for purpose and make any recommendations for any changes to May Board. A full facilitated review of the appetite will be undertaken in 2025/26, in line with a full review of the risk management framework.
- 4.5.2 The Contingent Liabilities Register captures and monitors risks which have the potential to generate significant (£100K+) financial liabilities for Berneslai Homes which are dependent upon future events. There are currently no liabilities on the register.
- 4.5.3 The operational Critical Response risks are escalated to EMT periodically for consideration. EMT are asked to review those risks and decide whether they are correctly scored and whether further mitigations are required to control them. EMT reviewed the current 4 operational critical response risks at their meeting on the 4 March 2025. 3 of the risks were approved as correctly worded and scored. One risk description was considered to be inaccurately worded and therefore a review of the risk was undertaken by the Executive Director of Property Services and to reframe the risk, the risk title was changed from: 'The repairs system does not allow the service to operate effectively' to the risk of 'Ineffective management and delivery the repairs service'
- 4.4.4 The latest live Operational, Project and Fraud risks are available to view on the [risk system](#) – filter 'Fraud' or 'Operational' or 'Project' Risks.

4.5 **Emergency Planning Update**

- 4.5.1 The Corporate Emergency Response Plan (reviewed Dec-24) and the service Business Continuity Plans (reviewed Feb-25) are reviewed annually and as required. They are available to view on the dedicated [Emergency Planning intranet page](#).
- 4.5.2 The service-level Business Continuity Plans were audited by BMBC Corporate Assurance in March 2025. The review concluded that the Company's business continuity planning arrangements were robust, effective and enabled the key business functions to continue to operate in the event of a disaster or emergency. There was one key recommendation to ensure that all medium-high assessed risks have actions listed in the plan.

5. **Customer Voice/Impact**

- 5.1 The aim of the review of risks is to scrutinise the internal risk management system and therefore customer views are not sought for this report. A number of risks and mitigations arising from reviewing our risks seek to enhance the customer voice.

6. **Risk and Risk Appetite**

- 6.1 There is a risk that the Board, Audit & Risk Committee and management do not appreciate Berneslai Homes' key vulnerabilities and take appropriate action to manage them. The Risk Management Framework ensures that effective mechanisms are in place for the management of risk.
- 6.2 Therefore, where required these controls are monitored via such as:
- The Strategic and Operational Risk Register reviews.
 - As part of the Annual Governance Statement.
 - Specific reporting to Board, such as financial reports, compliance reports, etc.
 - Performance monitoring.
- 6.3 Strategic Risk Appetite – Risk Adverse: We aim to comply with all relevant legislation and have zero tolerance for regulatory compliance issues. We give high priority to Corporate Assurance recommendations and take immediate action to resolve concerns. We have zero tolerance for failure to meet deadlines from Regulators.

7. **Strategic Alignment**

- 7.1 The report aligns to the requirements from BMBC (Barnsley Metropolitan Borough Council) for the effective governance of Berneslai Homes. Good risk management links to the successful achievement of all our ambitions:
- Hearing Customers.
 - Keeping Tenants Safe.
 - Growth of Homes and Services.
 - Technology and Innovation.

- Employment and Training.
 - Zero Carbon.
8. Data Privacy
- 8.1 There are no data privacy implications arising from this report. No personal data has been processed and no DPIA (Data Protection Impact Assessment) is required.
9. Consumer Regulatory Standards
- 9.1 This report relates to the Transparency, Influence and Accountability Standard, as it reviews performance reporting and decision-making to ensure best practice.
10. Other Statutory/Regulatory Compliance
- 10.1 To provide Board with assurance around our risk management arrangements.
11. Financial
- 11.1 There are no financial implications arising directly from this report.
12. Human Resources and Equality, Diversity and Inclusion
- 12.1 Human Resources Policies and Procedures, including Equality, Diversity and Inclusion are key internal controls and seek to mitigate any associated risks.
13. Sustainability Implications
- 13.1 No specific zero carbon implications from this report.
14. Associated Background Papers on Decision Time
- 14.1 Live Strategic, Operational, Project and Fraud Issues and Concerns registers – [risk system on SharePoint](#).
- 14.2 RSH Sector Risk Profile 2024 – [Governance Handbook section](#).
- 14.4 Emergency Response Plan – [Decision Time Resources](#)
15. Appendices
- 15.1 Appendix A – Strategic Risks Headline Summary.
- 15.2 Appendix B – Risk Appetite Statement.

Appendix A - Strategic Headline Risks

Title of Risk	Description	Assessment	Risk Owner	Status:	Impact:	Response Rating	Level of Concern since previous review	Risk Appetite	Ambitions	Changes since Board on 27 February 25
We do not have the right data to make informed decisions (Data Quality) and we do not use the data we have effectively (working outside systems)	<ul style="list-style-type: none">•Sufficient resources to implement data strategy and action plan•Not meeting customer expectations - Poor reputation and satisfaction.•Data regarding both customers and assets. 24.11.23: Less concerned as actions being undertaken to mitigate 04.04.24: Increased concerned due to delays in Phase 2 or NEC which will impact CRM and Assets. 15.07.24: BMBC CRM to be implemented 05.09.24 - updated impact to actual as we can't deliver the services in the most efficient way without the right data 17.12.24: Moved to critical to reflect resources allocating to the project.	We do not currently have fully effective data quality systems in place regarding customers and assets we don't have a clear plan on the data we hold and how we should be using it. Unsure of data maturity Still have huge gaps in data people don't take ownership of their responsibility for data - it's everyone's responsibility	Executive Director of Resources	Actual	Actual	Critical	Same Concerned >	Averse	Technology and Innovation	No changes
Reduction in customer satisfaction	<ul style="list-style-type: none">•Increasing demands from customers – they require increasing support•Increasing regulatory demands•Reduction in funding – more with less•Contact Centre performance – we could miss significant issues•Customers unable to access repairs services online effectively 22.11.23: Housmark mid-year TSM comparison - places BH mid quartile on most measures. This could change for year end as some of participants have rolling TSM measures. 04.04.24: Increased concern due to Backlog of works has increased complaints and reduced customer satisfaction 15.07.24: The TSM results have shown a reduction in customer satisfaction. 24.12.2024 Phase 2 of the TSM survey now closed. Results due Jan 2025 13.1.25 - moved to same concerned as phase 2 results show improvement 31.03.25: Approved the TSM method and time table for 25-26.	<ul style="list-style-type: none">•Cost of living•Planned repairs and reduced budgets•Regulatory intervention	Chief Executive	Actual	Actual	Critical	Same Concerned >	Averse	Hearing Customers	No changes
Mould, damp and condensation	Are we keeping tenants safe by ensuring that damp, mould and condensation are not a health risk to tenants? 04.03.25: Awaab's Law will come into force from October 2025, ensuring social landlords have to investigate and fix dangerous damp and mould within a set amount of time.	<ul style="list-style-type: none">•Damp, mould and condensation have become a priority risk for all landlords, especially due to tenants being unable to afford to heat their homes due to the cost of living crisis.•The issue is prevalent in the news and tenants are fighting back	Executive Director of Property Services	Actual	Actual	Critical	Same Concerned >	Averse	Keeping Tenants Safe	No changes

Title of Risk	Description	Assessment	Risk Owner	Status:	Impact:	Response Rating	Level of Concern since previous review	Risk Appetite	Ambitions	Changes since Board on 27 February 25
Ability to deliver historical & in year R&M works within current financial resources available	Ability to deliver historical & in year R&M works within current financial resources available. We have an accumulated backlog of planned works that we are working with contract delivery partners to try and clear throughout the 2024-25 financial year. With backlogs of work brings various risks for the organisation.	A large increase in demand and restricted funding have been the key issues: Increase in repair requests (in year) Historical Repairs (Backlogged) Recent new Consumer Standards placing additional pressure on Landlords to undertake repairs Pending Decent Homes 2 which 'may' incorporate repairs (such as plastering etc) Workshops taken place 6/9/23 with contract delivery partners to assist with the delivery of backlogged repairs. Delivery plan due 20/9/23	Executive Director of Property Services	Actual	Actual	Critical	Same Concerned >	Hungry	Hearing Customers	No changes
The cost-of-living crisis and welfare reform is impacting tenants and our communities	•Condition of homes – changing behaviours •Vulnerable tenants – changing behaviours •Rent arrears, govt policy, •Less tenant turnover – reduction in void levels •Disrepair cases – legal costs – increasing •Communal heating systems - affordability •Unpredictability of tenant behaviour - increased violence and aggression towards staff, chaotic lifestyles •Sustainability of estates – increased ASB, crime, DV •Welfare reform announced today to reduce benefits bill. Opportunity: •Tenants may want to move to smaller accommodation, which will release family-sized properties. 09.07.24 - increase in disrepair cases. 18.03.25: Welfare reform announced today to reduce benefits bill. 16.04.25 : Revisions to UC Fair Repayment Rate Regulations come into force at end of April reducing overall deductions cap from 25% to 15% and giving priority to child maintenance payments over rent and service charges.	•Cost of Living •Reduced funding •More support needs 16.01.25: High Court ruled that DWP acted unlawfully by presenting benefit assessment reforms as a way to support disabled people into work, without making clear that cost savings was a “primary rationale” for the proposals.	Exec Dir Customer & Estate Services and Exec Dir of Property Services	Actual	Actual	Critical	Same Concerned >	Averse	Hearing Customers	The risk title has been updated to include 'welfare reform' due to Govt announcement on 18.03.25.

Title of Risk	Description	Assessment	Risk Owner	Status:	Impact:	Response Rating	Level of Concern since previous review	Risk Appetite	Ambitions	Changes since Board on 27 February 25
The HRA does not cover service requirements	<ul style="list-style-type: none">•Rent caps, inflation, CPI, use of reserves, management fee•Tenant financial hardship•Insufficient resources to support vulnerable customers•Pensions – impact on balance sheet•Reduction in funding for repairs and investment in stock – PRIP - impact on CS profit – reputation•Impact on Strategic plan - resources to deliver the priorities - reputation with BMBC•Relationship with the Council is crucial•Reliant on annual reserves to bridge the gap between management fee and resources to deliver services contract with BMBC - gap of approx £500k. Reliant on CS profits. Need the turnover guaranteed at £20m. 14.06.23: Concerned increased. Deficit for 24-25 is nearly £2m with another £2 the year after. Increasing requirements for both the zero carbon and the unknown expectations of stock condition. Irrespective of further changes inc Decent Homes. 22.11.23: Concern remains increased. 04.04.24 - regulatory changes putting increased expectations on HRA. 13.01.25 - Increased pressure on HRA due to increase in employer NI contributions - partners inc.	<ul style="list-style-type: none">•Insufficient funds in HRA and longer-term financial plan due to economic climate putting increased pressure on budgets and reducing stock numbers reducing income base.•There was a financial overspend on Repairs and Maintenance budgets for 21-22.•Increasing number of tenants on Universal Credit reducing rental income 16.01.25: High Court ruled that DWP acted unlawfully by presenting benefit assessment reforms as a way to support disabled people into work, without making clear that cost savings was a “primary rationale” for the proposals.	Executive Director of Resources	Actual	Actual	Critical	Same Concerned >	Averse	Growth of Homes and Services	No changes
Business continuity	<ul style="list-style-type: none">•Are we prepared for industrial action / civil unrest, power cuts, services going down, another virus outbreak?•Are we prepared for a cyber attack•Are we prepared for climate change – heat, fires, floods•Impact on business, staff and tenants 22.11.23: Increased response level due to increased risks e.g. cyber attacks in the sector and recent floods.	Are we prepared for potential impact of disaster situations to operations? Do we need to consider loss of internet as the frequency has increased?	Chief Executive	Potential	Potential	Critical	Same Concerned >	Averse	Employment and Training	No changes
Vulnerability of in-house and third party systems to cyber attack	<ul style="list-style-type: none">•A vulnerability maybe exploited leading to cyber-attack of in-house and/or third-party systems impacting confidentiality, integrity or availability of data and information.•This could lead to, amongst others, financial loss, fines, regulator intervention, inability to deliver services, reputational.•As a public sector organisation, we are more at risk from the current situation with Russia and Ukraine and the increased cyber-attacks in general. No evidence of increased attacks currently. 03.12.24: Including the risk of AI - There is a risk that the information produced by AI is not accurate and not relevant (eg using the wrong law - US rather than UK).	<ul style="list-style-type: none">•Cyber-attacks are increasing in number, the organisation is becoming more agile, there is an increasing volume of data held on IT systems and the systems are becoming more complex.•Legislation in place which means risk management is crucial. 24.11.23: More news of cyber attack risks due to current economic and political crisis.	Executive Director of Resources	Potential	Potential	Critical	Same Concerned >	Averse	Technology and Innovation	No changes
Reputation and perception of BH	Added 13.01.25 - recent social media and media exposure. How do we work with Cllrs and the portfolio holder to enhance reputation? How do we work with Chronicle / press?		Chief Executive	Actual	Actual	Important	Same Concerned >	Cautious	Growth of Homes and Services	No changes

Title of Risk	Description	Assessment	Risk Owner	Status:	Impact:	Response Rating	Level of Concern since previous review	Risk Appetite	Ambitions	Changes since Board on 27 February 25
The zero-carbon agenda is not sufficiently funded or skilled	<ul style="list-style-type: none"> Questions around the sustainability of some estates – types of homes / energy efficiency Difficult to maximise funding opportunities – essential partnership working with BMBC Requires upskilling of staff – technical skills are more expensive Change in behaviour required of staff and tenants <p>17.07.24: BMBC looking to add in future business plan. 13.01.25 - Joint work with BMBC to look at overall 30-year business plan</p>	Strategic priority in line with local and national government	Executive Director of Property Services	Actual	Actual	Important	Same Concerned >	Cautious	Zero Carbon	No changes
High value claim as a result of Private management service	<p>23.01.23: Legal proceedings issued against BH re accident in a property management by BH on behalf of a private landlord (2019). 02.12.24: Judgement found in BH favour 07/11/24 02.12.24: More concerned as Claimant has applied to the Court to appeal 13.01.25 - reduced to important as potential costs reduced</p>	23.01.23: Legal proceedings issued against BH re accident in a property management by BH on behalf of a private landlord (2019).	Executive Director of Property Services	Actual	Actual	Important	Same Concerned >	Cautious	Growth of Homes and Services	Whilst it was more concerning at the last review, it has moved to 'same concerned' as the concern has not continued to increase.
That we do not effectively embed a culture that acknowledges, promotes and celebrates the diverse talents and backgrounds of staff and tenants	<ul style="list-style-type: none"> We need to ensure that equality, diversity and inclusion is fully embedded and part of the DNA of Berneslai Homes. We need to ensure it is owned by all and that we recognise differences and take these into account to provide an effective and appropriate service to all our customers (internal and external). <p>05.09.24 - the risk has been updated to status/actual, due to feedback from the Customer First training, which includes some behaviour and attitude concerns.</p>	<ul style="list-style-type: none"> Due to staffing resources, ED&I development lost it momentum. Following HDN assessment, ED&I was developed, launched and in the process of being fully embedded across the organisation. <p>17.11.23- New OD in post from 1.8.23- ED&I development back in progress.</p>	Executive Director of Resources	Actual	Potential	Important	Same Concerned >	Averse	Employment and Training	No changes
Gap and lack of recent reviews in policies and procedures, leaves us at risk with the Housing Ombudsman and the Social Housing Regulator	<p>Review of AM policy and procedures has identified some significant gaps in relation to the service area. Customer Services Team currently carrying out, organisational exercise.</p> <p>26.06.23 - Risk moved from Operational Asset Management Risk to Corporate Risk responsible officer Head of Customer Services. This is due to the level of Policies and Procedures that have gaps throughout Property Services and Customer & Estate Services.</p> <p>15.07.24 - dedicated post has become vacant - gap in resources.</p> <p>31/10/24 - C1 from Regulatory Inspection highlighting good policies and procedures.</p> <p>13.01.25 - No formal framework to track updates action - joint EMT SMT session - latest tracking spreadsheet and consider how it will be monitored.</p>	Review of AM policy and procedures has identified some significant gaps in relation to the service area.	Head of Customer Services	Actual	Potential	Important	Same Concerned >	Averse	Employment and Training	Whilst it was more concerning at the last review, it has moved to 'same concerned' as the concern has not continued to increase

Title of Risk	Description	Assessment	Risk Owner	Status:	Impact:	Response Rating	Level of Concern since previous review	Risk Appetite	Ambitions	Changes since Board on 27 February 25
Lack of Active Asset Management of Stock	02/10/2024: Berneslai Homes do not currently practice active asset management for the Council Stock. Whilst we have a asset management system (PIMSS) for housing asset stock data, we do not have full understanding of the performance of an asset from a social, economic and environmental basis. To ensure effective use of the stock, it is necessary to develop and implement an agreed approach, in conjunction with the use of a suitable platform (NEC Phase 2 Assets Module) to support specific asset reviews (stock option appraisal) in the future. This will allow BH to be informed decision making persepective and for 30 yer business and investment planning.	02/10/2024: Berneslai Homes does not currently have an assets assessment framework for monitoring performance of the Council stock. NEC Phase 2 and impelmentation of the assets module will provide this function going forward.	Executive Director of Property Services	Actual	Potential	Important	Same Concerned >	Averse	Technology and Innovation	Risk title slightly changed to describe the risk better. Added 'Lack of...'
We don't have the appropriately skilled and motivated workforce to deliver services effectively which meet statutory and regulatory requirements.	That we don't have appropriate resourcing levels in the workforce Workforce resilience - motivation, wellbeing (sickness absence) Workforce skills - competencies Impact - recruitment and retention - increased workload 18.03.25: Restructure creates uncertainty which may have an impact - loss of key staff	Issues with recruitment and retention Sickness levels / mental wellbeing Impending competency and conduct standard Employee feedback Increased turnover	Executive Director of Resources	Potential	Actual	Important	Same Concerned >	Averse	Employment and Training	No changes
Failure to meet increasing and changing regulatory requirements	•Statutory requirements in respect of property/assets including Building Safety, decent homes. •Reputational concerns due to new Regulatory approaches by the Housing Ombudsman and the Regulator for Social Housing - TSMs, neighbourhood agenda / investment in neighbourhoods •We do not have the most effective software to do this. •The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022 come into force on 1 October 2022. - New Consumer standards will be reviewed in 2023 inc new professionalism agenda (monitored as a dedicated operational risk in Corporate Services) - Corporate Assurance TSM validation report provided Limited Assurance - October 2024. Action 6 updated 18.03.25: Increased concern due to confirmed day of Awaabs law Oct-25 and uncertainty around implications.	A change and strengthening in regulatory approach is being implemented nationally, including the professionalism agenda (CIH). New regulations expected in early 2025 on Awaab's Law (Oct-25), Decent Homes 2 and introduction on competency and conduct standard 27.02.25: Grenfell - 49 of the recommendations are being “accepted in full” by the government and other responsible organisations.	Chief Executive	Potential	Potential	Important	More Concerned A	Averse	Hearing Customers	No changes
The health and safety of staff	•Statutory H&S requirements - Safe working practices to keep staff safe •Failure to implement policies and procedures and associated communications / training. •One working / personal safety / violence and aggression 04.03.25: Ongoing increase in reports of violence and aggression by staff.	Failure to comply with H&S legislation could result in injury or death and associated business risks.	Executive Director of Resources	Potential	Potential	Important	Same Concerned >	Averse	Keeping Tenants Safe	Removed the risk of H&S to tenants from this risk as covered within risk of failure to meet increasing and changing regulatory requirements, which already focuses on compliance and tenant safety.
Not meeting the changes required from the EPC Reform	Govt has announced consultation on energy performance on building framework. This reform will impact how EPCs are developed based on proposed changes to methodology. This will potentially impact the EPC data we hold for our Council stock and future plans in relation to the sustainability agenda.	Govt changes re EPC.	Executive Director of Property Services	Potential	Potential	Important	Same Concerned >	Averse		Risk added 07.03.25 due to Govt announcement.

Appendix B - Berneslai Homes' Risk Appetite

Whilst Berneslai Homes is on a journey from being risk averse to wishing to be more open for risks, many areas are linked to compliance and must therefore be managed with less uncertainty, which is why we remain risk averse in these areas. This risk appetite statement is therefore very much a dynamic one, which we fully expect to be subject to change on a regular basis, to reflect the progress we make on our journey.

The risk drivers agreed by the Board have been created through a combination of areas of activity and strategic themes from the Berneslai Homes' Strategic Plan 2021-31 and its Strategic Concerns and Issues Register.

The table below sets out each risk driver and the risk appetite agreed for each area. Where there is shading in two boxes, the **blue** indicates the current position, whilst the **green** suggests the direction of travel, or aspirational risk appetite. Not all risk drivers have an aspirational rating; in those cases, this is because appetite is very unlikely to change over time.

Risk Descriptors 2023						
	Risk Drivers	Averse	Cautious	Balanced	Open	Hungry
1	The Customer Experience					
2	Consumer Regulation					
3	Asset management					
4	Sustainability (net zero carbon)					
5	Strategic delivery and partnership with BMBC					
6	Building Safety					
7	Health and safety					
8	Income risk					
9	Financial Stability					
10	Third/counter party risk					
11	Workforce (HR, recruitment, training etc.)					
12	Data quality and data integrity					
13	Cyber security					
14	Reputation					

Key:

- **Averse** = avoidance of risk and uncertainty as a key organisational objective; prepared only to accept the very lowest level of risk
- **Cautious** = preference for extremely safe business delivery options that have low degrees of inherent risk and only have potential for limited reward
- **Balanced** = preference for safe business delivery options that have a degree of inherent risk and may only have limited potential reward, tending towards only modest risk exposure
- **Open** = willing to consider all potential options and choose the one that is most likely to result in success, while providing an acceptable level of reward
- **Hungry** = eager to be innovative and to choose options with potentially higher returns despite greater inherent risk.

Berneslai Homes' Risk Appetite – narrative

The narrative in the table below expands further on each risk driver and sets out the rationale for the selection of the risk appetite in that particular area. It is important that this narrative is considered when using the Risk Appetite Statement to inform decision-making, as there are some carefully nuanced and balanced considerations to take into account.

Risk Descriptors

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes (BH)
1	The customer experience	Averse	Cautious	<p>Berneslai Homes is committed to providing a good quality service to all our customers. We are a listening organisation, valuing and encouraging feedback from customers, working together to continuously improve services. Customer perception and experience of the services we deliver are the best source of feedback to shape future service improvement. There are occasions when, for various reasons, someone may be dissatisfied with the level or standard of service that they have received. We aim to ensure that there is an established and effective way in which compliments, complaints or suggestions are dealt with positively and consistently.</p> <p>BH is on a continuous journey in terms of customer service. Whilst we want to be innovative in finding the best solutions for great service, we are unwilling to take risks that may negatively impact the way that we deliver to our customers. Proactive solutions include the Repairs First project; however, we will not exclude more traditional forms of service delivery (phone, face-to-face). BH accepts that in some areas of customer service delivery it does not have full control (e.g., contact centre) which limits the amount of risk it can take.</p> <p>BH is committed to the new professionalism agenda and will continue to embed a culture of customer first, ensuring all staff have the skills to interact with customers in an exemplary way.</p>

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes (BH)
				BH acknowledge that we must manage customer expectations and focus on ensuring we deliver what we say we can deliver and be open about what we can do with the resources we have available.
2	Consumer Regulation	Averse	n/a	<p>Some very tragic circumstances in housing have rightly led to the government focus to improve housing services across the UK. The new Social Housing legislation will bring about one of the most fundamental changes to social housing regulation for over a decade. It will set new expectations on the services that we provide for our tenants and give the regulator stronger powers to hold us to account. The new Consumer Standards will change the current framework and the Housing Ombudsman has greater powers to challenge and enforce. BH has more challenging targets to meet, including the implementation of the Tenant Satisfaction Measures TSMs. BH must be open and transparent with all stakeholders on our progress and any challenges.</p> <p>The BH Board will have new performance measures in place to enable them to effectively challenge and scrutinise. Board is fully aware of its responsibilities and uses its knowledge, skills and experience to monitor compliance on a regular basis. We aim to comply with all relevant legislation and have zero tolerance for regulatory compliance issues. We give high priority to internal audit recommendations and take immediate action to resolve concerns. We have zero tolerance for failure to meet deadlines from regulators.</p>
3	Asset management	Cautious	Balanced	<p>Berneslai Homes' Asset Management Strategy 2021-2026 was co-designed with BMBC. BH has the challenge of making our stock more sustainable by investing in properties and reducing the need for repairs. Data quality is essential to inform the Asset Management Strategy. We have a target of 100% stock condition and EPC data by March 2024. There is a need for BH to invest appropriately in its assets, but only where those assets are viable in the future.</p> <p>The approach is a cautious one as BH have ongoing and new challenges to meet, such as achieving Decent Homes across our stock, supply chain sustainability, damp and mould, retaining a skilled workforce, alongside increasing statutory obligations.</p>

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes (BH)
				BH must work with BMBC to influence funding for regenerating the borough and BH is ambitious in considering innovative solutions.
4	Sustainability (net zero carbon)	Cautious	Balanced	Berneslai Homes' Sustainability Strategy 2022-2027 is an ambitious zero carbon plan developed in line with BMBC sustainability targets. BH is cautious with the risk of early adopting building and heating technology without knowing enough about how it will evolve and whether it will still be sustainable in the future. However, if we're too cautious for too long, we may risk falling behind and therefore aspire to have a balanced appetite.
5	Strategic delivery and partnership with BMBC	Balanced	Open	<p>BH is closely aligned with BMBC. There is a good, balanced working partnership in place, and it is imperative to maintain this, hence the Balanced appetite.</p> <p>BH is prepared to innovate where it is right for the customers we serve. Innovation must be appropriate to the BH and BMBC mission and objectives. Where there is clear community benefit, we are prepared to be innovative and invest.</p>
6	Building Safety	Averse	n/a	The Building Safety and Fire Safety Acts have increased the legislative challenges around building safety. The BH Board is fully aware of its responsibilities and uses its knowledge, skills and experience to monitor compliance on a regular basis. We aim to comply with all relevant legislation and have zero tolerance for regulatory compliance issues. We give high priority to internal audit recommendations and take immediate action to resolve concerns. We seek contract certainty and understanding of all key terms before signing. We have zero tolerance for failure to meet deadlines set by regulators.
7	Health and safety	Averse	n/a	BH has a zero-tolerance approach to non-compliance with all aspects of health and safety. This includes its workforce, contractors, partners, customers and the general public. BH will always seek 100% compliance with health and safety legal requirements and is not willing to take any risks in this area.
8	Income risk	Averse	n/a	BH is financially dependent on the management fee it receives annually from BMBC and is averse to doing anything which puts this income at risk. Likewise, it is keen to maximise its income which is then used to pay for services to tenants by focusing on rent collection,

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes (BH)
				service charges, leaseholder service charges and recharges and minimising rent lost through void processes.
9	Financial Stability	Averse	n/a	<p>BH's overriding imperative is to remain financially viable, therefore it is risk averse when it comes to the strategic management of its finances.</p> <p>Financial performance relies on meeting budgetary targets and PRIP targets. BH have a responsibility to run a business that is aligned with our plans, which may require us to draw more from BMBC to manage those demands. BH and BMBC need to continue to have sensible conversations about budget.</p> <p>Whilst BH does not have to comply with the RSH's VFM Standard, it wishes to be mindful of it and takes a risk averse approach to VFM in that it seeks to maximise local, social value and impact in Barnsley for the money it spends there.</p>
10	Third/counter party risk	Cautious	n/a	<p>BH takes a cautious approach to the contracts it has in place with third parties. If a third party were to cease operating, tenants could potentially be put at risk. Safe delivery of contracts is paramount. BH is more open to risks when it comes to new opportunities with third parties.</p> <p>The current economic environment has increased the risks in supply chain, so BH must ensure we have a Plan B. We may need to look at longer term partnerships. We may need to bring some services in-house to deliver effectively.</p> <p>The procurement rules have recently changed and what the new rules mean for BH has been assessed and reported to the Audit & Risk Committee.</p>
11	Workforce (HR, recruitment, training etc.)	Cautious	Balanced	Increased regulatory challenges and ongoing issues with skills shortages is putting pressure on the workforce. Recruitment to specialist posts is more difficult. BH is hungry to improve its approach to training, education and skills in line with the new professionalism agenda. There is uncertainty of what housing qualifications the government will expect of housing employees in the future.

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes (BH)
				BH is risk averse around legal compliance on HR matters.
12	Data quality and data integrity	Averse	Cautious	<p>Data quality has a significant impact in decision making. It is essential for sustainability, innovation, service provision, health and safety and performance monitoring, and much more. There is opportunity inherent in having good data. It has also become a priority regulatory concern. BH are on a journey to achieving effective collation of data, as referred to in the appetites for Asset Management, Customer Experience and Consumer Regulation.</p> <p>BH aims to use proven methods when it comes to ICT. We have a low tolerance of ICT outages and have effective and tested Business Continuity Plans in place to respond to outages of 3 hours or more. IT, however, is an enabler of service delivery, and in that sense, there is more appetite for taking risks, such as the new Repairs Systems.</p> <p>There is so much data available and we have a strong responsibility to be stewards of that data. We have zero tolerance for the loss or compromise of personal/sensitive data.</p> <p>The UK Housing Data Standards aim to support the housing sector to improve its data and overcome current challenges by increasing data governance, improving performance and streamlining regulatory reporting in social housing.</p>
13	Cyber security	Averse	n/a	Cyber security is a global issue with increasing risks of such areas as malware and ransom attacks. BH must understand and prioritise controls and assurance, which are reported to the Audit and Risk Committee. BH with BMBC undertake resilience exercises on cyber-attacks. Expertise on this area sits with BMBC.
14	Reputation	Averse	n/a	BH holds dearly its reputation as an excellent provider of management and other services in Barnsley, as a key partner of BMBC and as an employer. We fully accept that there will be reputational challenges given the nature of our business, and we will look to fully understand and mitigate these challenges. We have a low appetite for reputational risk generally, in all areas of the business. We aspire to high standards of corporate governance and legal

	Risk Driver	Appetite (current)	Appetite (aspirational)	What this means to Berneslai Homes (BH)
				compliance, have zero tolerance for serious injury or death caused by H&S failure, and seek to avoid any legal action against the organisation.

Report Title	2024/25 Annual Complaints Handling and Learning Report	Confidential	No
Report Author	Toni Allen Customer Services Manager	Report Status	For Information
Report To	Board 27 th May 2025	Officer Contact Details	Toni Allen Customer Services Manager Toniallen@berneslaihomes.co.uk

1. Executive Summary

This report provides an annual overview of complaint handling and learning for 2024/25.

Key Points

- We have responded to **1202** Stage 1 complaints during 2024/25. This is a **73%** increase compared to last year.
- We have responded to **284** Stage 2 complaints during 2024/25. This is a **114%** increase compared to last year. Overall, **24%** of customers escalated their Stage 1 complaint to Stage 2. This is an increase from 20% last year.
- Despite the increase in volumes, we have responded to **93%** of Stage 1 complaints and **98%** of Stage 2 within the Housing Ombudsman Service (HOS) Complaint Handling Code timescales. This is a significant improvement compared to last year. Temporary resources continue to be required to meet our duties.
- **83%** of Stage 1 complaints and **89%** of Stage 2 are regarding the repairs service, with delays in carrying out repairs the main reason for raising a complaint.
- The high amount paid in compensation has increased by **35%**, although this has not risen as much as expected given the increase in complaints.
- We identified **26** service improvements from complaints, issued **85** reminders to staff and identified **5** training opportunities. In 2024/25 our organisational capacity to deliver these improvements has been challenging, however, in 2025/26 we have reviewed our approach to strengthen oversight, focus and capacity on implementing learning.

2. Recommendation/s	<p>It is recommended that the Board do the following:</p> <ul style="list-style-type: none"> • Be assured of the continued positive progress in improving our complaint handling service, responding to complaints within timescale and the strengthened governance oversight of complaint handling and learning. • Note that whilst learning is identified and action continues to be taken to improve both the complaint handling service and address the root cause of complaints, there are still a number of residual risks which challenge our compliance with the HOS code.
----------------------------	--

3. Background

- 3.1 We welcome and handle complaints in line with our revised complaint handling policy that was approved by Customer Services Committee in May 2024 and endorsed by BMBC Cabinet in June 2024. The policy ensures we meet the requirements of the [2024 HOS Complaint Handling Code](#) which was introduced on 1st April 2024 as part of the Ombudsman's powers in the Housing Ombudsman Scheme. The Customer Services Team co-ordinate, monitor and review complaint handling and ensure that we actively identify and implement learning.
- 3.2 We complied with the requirements within the Code to complete the HOS self-assessment, publish [Berneslai Homes Self-Assessment](#) and shared with the HOS by the deadline of 30th June 2024. The HOS confirmed receipt and have no follow up concerns. The Assessment for 2025/26 is underway and due to be approved in line with our governance arrangements ahead of the revised HOS deadline to submit of 30th September 2025.
- 3.3 The [Local Government and Social Care Ombudsman \(LGSCO\)](#) handle all complaints relating to Local Authority functions with the exception of the Social Housing Service. They do however handle complaints about the management the Housing Register. They operate under different protocols to the HOS
- 3.4 Complaint handling is a significant focus for regulatory compliance with 3 of the 22 [Tenant Satisfaction Measures](#) relating to complaint handling.
- 3.5 Customer Services Committee receive quarterly updates with the full year analysis being presented to Board and BMBC.

4. Current Position /Issues for Consideration



4.1. Annual summary 2024/25



This section contains analysis of complaints activity, outcomes, actions and issues for 2024/25. Whilst all complaints registered in the 24/25 financial year have now been responded to, we have still to complete final audit checks ahead of the TSM submission to the Regulator of Social Housing. These audits will be completed before 9th May 2025 and may result in some minor amendments to data in this report.





Appendix 1 is a summary of our Annual Complaints Performance which will be published online after final audit checks are completed.

Table 1 - Summary Table for 2024/25

Note: Comparisons to 2023/24

Activity	Number	Outcomes	Action/Issue
Service requests (handled by the Customer Services Team) 	1799 (1619 in 2023/24) See table 2 for trend analysis.	Whilst we have seen an 11% increase in the number of service requests in 2024/25, it is positive that the Customer Services Team have resolved these service requests in agreement with the tenant without the need for formal escalation. 77% of the overall service requests are repairs related.	Priority action - To continue to reduce the long wait times for planned repairs and improve communication. To continue to resolve service requests at the earliest opportunity.
Stage 1 formal complaints responded to. 	1202 (692 in 2023/24) See table 3 & 4 for trend analysis	We have seen a 73% increase in Stage 1 complaints compared to 2023/24 with 83% of all complaints being repair related. We agreed with 84% (85% 2023/24) and positively responded to 93% in line with the HOS timescales. This is a significant improvement on 2023/24 performance (76%). We also reduced the number where we needed to agree the allowable extension with 81% of Stage 1 complaints being responded to within the 10-day timescale compared to only 58% in 2023/24.	Continue to reduce response times. Continue to reduce the number of complaints requiring an extension as the HOS code states extensions should not be a common practice. Priority action - Continue to reduce the wait times for planned repairs and improve communications.

Activity	Number	Outcomes	Action/Issue
Stage 2 formal complaints. 	284 (133 for 2023/24)	<p>We have seen an 114% increase in the volume of Stage 2 complaints compared to last year.</p> <p>A higher proportion (24%) of Stage 1 complaints escalated to Stage 2 compared to 20% the previous year.</p> <p>Overall, we have agreed with 81% and responded to 98% within Complaint Handling Code timescale (20 working days plus extensions).</p> <p>76% were responded to in 20 working days (no extension req day HOS timescale (76% compared to 74% in 2023/24).</p> <p>89% of Stage 2 complaints are repair related and the main reason for escalation is not fulfilling the promise made at Stage 1.</p>	<p>Customer Services team to continue to support and train service areas to produce good quality responses at Stage 1.</p> <p>Continue with increased SMT oversight of promises to ensure monitoring and compliance and reduce the volume of avoidable Stage 2 Complaints</p>
HOS and LGSCO contacts. 	30 contacts (28 HOS 2 LGSCO) 2023/24 (17 HOS 0 LGSCO)	<p>A 65% increase in HOS contacts compared to 2023/24. This was expected given the rise in formal complaints.</p> <p>All contacts were responded to in time.</p>	<p>Continue to produce high quality complaint responses to reduce the proportion escalating to the HOS.</p> <p>Continue to learn from HOS investigations to improve complaint handling.</p>
HOS and LGSCO investigations accepted.	8 cases 6 HOS 2 LGSCO 2023/24 9 HOS	<p>Most contacts received from the HOS and LGSCO did not result in formal investigation. With fewer being accepted for investigation than in 2023/24 (9)</p> <p>We responded to all requests for evidence in time.</p> <p>The 2023/24 HOS Landlord Report noted that BMBC had fewer investigations compared to similar landlords (Appendix 2) Link to document in DT Resources).</p>	<p>The 2024/25 HOS Landlord report is due towards the end of Summer 2025.</p>

Activity	Number	Outcomes	Action/Issue
HOS and LGSCO determinations 	15 13 HOS 2 LGSCO	During 2024/25 we received a total of 15 determinations that relate to 8 cases. 6 Maladministration, 3 service failure, 4 reasonable redress, 1 no maladministration, 1 outside jurisdiction. See further details in Section 4 relating to HOS and LGSCO determinations. We complied with all orders made.	Continue to learn from HOS and LGSCO investigations to improve complaint handling and reduce maladministration determinations.
Satisfaction with complaint service. 	208 surveys completed (175 in 2023/24)	Satisfaction with the overall experience of the Complaint Handling service reduced at year end to 44% from 63% whilst some aspects of the service improved, in particular the final outcome rising to 66% from 45%. The change in methodology from quarter 3 may have impacted results. See further details in Section 5.5 table 11 relating to satisfaction.	Continue to improve the quality, speed and thoroughness of investigations and responses to improve satisfaction.
Compliments registered. 	646 Decrease (1048 in 2023/24)	We have seen a 38% decrease in the number of compliments received compared to 2023/24. However, the increase in the number of transactional surveys did increase compliments in quarter 4.	An increased number of transactional surveys across all services may increase compliments in 2025/26.
Compensation paid. 	£110,845 (£82,247 in 2023/24)	We have paid compensation in 568 cases. The increase in compensation, which is significant financially, is lower than expected when compared the to rise in complaints. Highest payment of £1,975 compensation was related to handling damp and loss of bathing facilities for a prolonged period.	Continue to reduce the wait time for planned repairs and improve communication and fulfilling promises. Improve focus and resources to implement learning from complaints. Improve adherence to policies (damp & mould and no access policy).


Activity	Number	Outcomes	Action/Issue
Councillor/MP enquiries. 	777 (691 in 2023/24)	The Customer Services team administer Councillor/MP enquiries. We have seen a 12% increase compared to 2023/24. 34% of enquiries relate to Housing Register and Lettings, 29% to Estate management and ASB, 19% to delays with repairs /planned works and 5% to Damp and Mould.	Deliver more Councillor/MP briefing session focusing on the letting service. Improve public awareness of lettings and pressures on social housing. To continue to resolve Councillor/MP enquiries at the earliest opportunity in line with agreed procedures.

Table 2 – Top 5 Service Request Areas

A service request is a request from a tenant to us, requiring action to be taken to put something right. Service requests are not complaints; however, we record, monitor and review them for learning and improvements which is in line with the HOS Complaint Handling Code.

Top five service requests during 2024/25	Proportion of all service requests	Number received
Delay in Carrying out Repairs	29%	521
Planned Repairs	10%	174
Poor Communication	10%	171
Neighbour Disputes	7%	120
Damp and Mould	6%	111

We continue to receive the highest proportion of service requests for Property Services with 77% of service requests being repair related.

Table 3 – Top 5 Complaint Areas for Stage 1 complaints

Top five Stage 1 complaint areas 2024/25	Proportion of all Stage 1 Complaints	Number complaints made
Delay in Carrying out Repairs	26%	315
Poor Communication	14%	173
Planned Repairs	10%	116
Repairs Quality	8%	90
Damp and Mould	7%	89

Overall, during 2024/25 the top 5 reasons for tenant complaint at Stage 1 remains in respect of the Repairs and Maintenance Service.

Table 4 – Top 5 Service Areas for Stage 1 complaints during 2024/25

Top five Service Area for Stage 1 complaints during 2024/25	Percentage of the overall complaints received during 2024/25	Number of complaints during 2024/25
Property Services Maintenance Team	36%	429
Property Services Repairs Team (PSRT)	22%	263
Wates Repairs Team	9%	103
Neighbourhood Team	8%	97
Property Services Asset Management Programme Replacements	8%	93

The highest proportion of complaints received by service area is within the Property Services Maintenance Team as opposed to the contractor delivery of repairs.

Table 5 – Reasons why complaints escalated to Stage 2

Stage 2 Escalation Reason	Percentage 2024/25
Promises made in Stage 1 not fulfilled.	37%
Not happy with content of letter. <i>This could include several reasons, e.g. tenant feels the letter is factually incorrect and disputes findings or information relied upon, or letter doesn't respond to all points in detail</i>	37%
Not happy with resolution provided. <i>This includes the level of compensation offered or the timescale offered to complete outstanding works.</i>	21%
Not happy with Stage 1 decision.	5%

It is disappointing that almost 4 in 10 complaints escalate to Stage 2 as we have not fulfilled our promise at Stage 1. These are avoidable complaints. Over the year we have revised our promise monitoring and reinforced the importance of monitoring the repair / promise through to completion and enhanced SMT oversight. Communication with the tenant is also key driver for complaints with tenants not being contacted to discuss delays or other impacts. Service areas are addressing these failures, and we are hopeful that we will start to see a reduction in the number of complaints escalating for this reason in the coming months.

Table 6 – Subject Access Requests (SARs) linked to Complaints.

Quarter 2024/25	Total SARs from Complainants*
Quarter 1	10
Quarter 2	12
Quarter 3	6
Quarter 4	9
Total	37

**Note some complainants make multiple SAR requests.*

We are noticing a trend this year with an increase in the number of SARs requested from tenants who have also registered a complaint.

The above table shows the number of SARs from tenants who have also complained.

Addressing the root cause of complaints would have a positive impact on resource demands.

4.2 Complaint Handling actions

This section provides an update on outstanding actions identified within the 2023/24 annual complaint handling and learning report along with new actions identified during 2024/25. These actions are focussed on the complaint handling service.

Table 7 – Learning Actions (2023/24 and 2024/25)

Year identified	Action	Deadline
2023/24 2024/25	Volume of complaints escalating to Stage 2 due to failed promises is a concern. Update – This reduced in Q4 which demonstrates that procedures and processes are now getting followed. To continue to monitor this closely during 2025/26 and discuss on a regular basis with relevant service managers/Head of Service. This is still a risk area.	On-going
2023/24 2024/25	Capacity to identify learning from complaints. Update – The has been challenging due to the decision to not recruit to the Service Improvement Co-ordinator Post to enable us to extend temporary complaint investigation resources. However, the Customer Services Team have now updated the service improvement log and moving into 2025/26 we are in a better position to continue identifying learning.	Ongoing

2023/24 2024/25	Capacity to implement learning from complaints. Action - Review of Service Improvement framework and monitoring. Update – Service Improvement Co-ordinator Post still on hold. Customer Service Team now identifying learning and monitoring implementation of actions. Discussions commenced to review the co-ordination of our policy and procedure framework. Head of Customer Services reviewing SMT oversight of learning. Amended deadline date to enable this to take place. This is still a risk area.	Amended to July 2025
2023/24 2024/25	Action – Review the temporary Customer Services resources and present findings to EMT. Update – Report presented to EMT and discussed at budget setting meeting for 2025/26, Resources extended to end March 2026. This is still a risk area.	Completed
2024/25	Action – Review the accessibility and awareness of our Complaint Service to align to new guidance from the HOS. By September 2025.	Commenced September 2025

4.3 Benchmarking

- 4.3.1 We participate in benchmarking for the Tenant Satisfaction Measures (perception and landlord measures) which allows us to compare our complaint handling performance with other similar social housing providers. In 2023/24 we compared well except for the proportion of Stage 2 complaints per 1,000 homes, which saw us having a slightly higher proportion of Stage 2 complaints.

The benchmarking for 2024/25 will not be available until end of Quarter 2. The 2023/24 peer group results have been included for information. Whilst our 2024/25 outturn appears to be much higher than the 2023/24 CH01 and CH02 peer group's we are aware from that across the sector there has been a significant rise in complaints.

Table 8 – TSM 2024/25 Benchmarking data.

Year end stock figure is 17,904.

Please note we will not receive peer group data results for 2024/25 until approximately October 2025

2024/25 TSM data	Q1	Q2	Q3	Q4	Total	Target
CH01 1 Number of Stage one complaints per 1,000 homes	15.7	32.2	49.0	67.1	67.1	In line with peer group median

CH01 2 Number of Stage two complaints per 1,000 homes	2.9	7.3	11.5	15.9	15.9	In line with peer group median
CH02 1 Stage one complaints responded to within Complaint Handling Code timescales	95.78%	95.70%	96.12%	87.75%	93.46%	100%
CH02 2 Stage two complaints responded to within Complaint Handling Code timescales	97.83%	97.06%	98.75%	97.57%	97.83%	100%
TP09 – Proportion of tenants satisfied with their landlords approach to handling complaints	44.5%					Top Quartile

CH01: Our complaints have significantly increased which we are aware is the same sector wide with peers experiencing similar.

CH02: 93% of Stage 1 complaints and 98% of Stage 2 complaints were responded to in target timescales against a target of 100%. Despite receiving a significant increase in the number of Stage one complaints performance is 19% points better than quarter three 2023/24 for Stage 1 complaints. This confirms that actions taken to improve complaints performance are having a positive impact. Please note this data will be refreshed on the closure of all complaints that were registered on or before the 31st of March 2025, therefore this data is subject to change.

4.4 Compliance with the HOS Code and Investigation Determinations.

4.4.1 The self-assessment for 2024 was published on our website and submitted to the HOS in line with statutory requirements and ahead of the 30th of June 2024 deadline. We received no queries from the HOS monitoring team regarding this. Work is currently underway to complete the annual self-assessment for 2025/26 and this will be presented to the Board Complaint Champion and BMBC before published and submitted to the HOS early 2025/26 ahead of the end of September 2025 submission deadline.

- 4.4.2 The quarterly Complaint Handling and learning report formed part of all Customer Service Committee meetings during the year. We hold quarterly meetings with BMBC Members Responsible for Complaints (MRC) and our Board Complaint Champion ahead of these meetings, to give them the opportunity to comment on the report and discuss any concerns. Feedback and comments from BMBC MRC and our Board Complaint Champion will be shared at the meeting.
- 4.4.3 We received 9 contacts (enquiries) during quarter 4 from the HOS and 1 from the Local Government Ombudsman. This is a total of 28 contacts overall during 2024/25 from the HOS and 2 from the LGO. We received 4 requests during quarter 4 for evidence for cases that the HOS had accepted for full investigation. We complied with all enquiry and evidence requests within timescales provided.
- 4.4.4 We did not receive any investigation reports back during quarter 4 from the HOS or LGO, which means we received 8 investigations back in total during 2024/25. See table 9 for further details of the determinations received.
- 4.4.5 We have 15 cases that are outstanding with the HOS awaiting determinations. These will be carried forward to 2025/26 and reported on during the new financial year.

Table 9 – Summary of determination outcomes

	Quarter 4	Total 2024/25 from HOS	Total 2024/25 from LGO
Number of Cases Investigated	0	6	2
Total Number of Determinations received	0	13	2
Severe Maladministration	0	0	0
Maladministration	0	6	0
Partial Maladministration	0	0	0
Service Failure	0	3	0
Reasonable Redress	0	3	1
No Maladministration	0	1	0
Out of Jurisdiction	0	0	1

4.5 Awareness

- 4.5.1 Complaint handling satisfaction results for 2024/25 shows that 74% of our tenants found it easy to make a complaint. Our complaints process is well publicised and accessible to all and we have reviewed our [website](#) content to ensure information is easy to find and clear to understand. High levels of contact into the Customer Services Team suggests that residents are aware of how to access the service, which includes via the phone, online forms, email, social media and via representatives/Elected Members.

- 4.5.2 The New Tenant information pack that was recently drafted now features a section about our Customer Service Standards and Promise to tenants. It is at final draft Stage awaiting approval before print. This will launch during Q1 of 2025/26. The pack includes information on accessing the service, giving compliments, what is a complaint, making a complaint, what we can't consider as a complaint and how we handle complaints.
- 4.5.3 We continued to train employees to ensure everyone supports an effective complaint handling culture. We do this through eLearning, in-depth complaint handling training and inductions/awareness sessions for all new employees joining the organisation. We reviewed and updated the eLearning module during quarter 3 and have planned and scheduled further in-depth complaint handling training which is due to take place face to face during quarters 1 & 2 2025/26.
- 4.5.4 During Q1 of 2025/26 we will be reviewing the accessibility and awareness of our complaints policy and procedures following the HOS recent launch of training for landlords focusing on accessibility and awareness.

4.6 Learning from complaints

- 4.6.1 We use all feedback to ensure we are learning and to improve services. Due to the increase in service requests, contact and complaint volumes, and the on-hold recruitment to the Service Improvement Co-ordinator Post, we have limited capacity to fully identify and monitor learning from complaints.

Despite this, year-end analysis shows that we identified **26** service improvements from complaints. In addition to this we issued a total of **85** reminders to staff and identified **5** training opportunities. The number of new service improvements actions identified this year is slightly lower than the previous year when we identified **31** service improvements. Learning review meetings will take place with service managers during Q1 of 2025/26 to focus on implementing learning.

- 4.6.2 The below table summarises key learning and service Improvements (implemented, ongoing and key priorities for 2025/26.

Table 10 – Key Learning / Service Improvements

Implemented learning	Ongoing learning	Key Priorities for 2025/26
Contact Centre script for chase up repair's enquiries - The Property Services Team have reviewed and updated scripts and procedures for the contact centre call handling staff to follow when handing calls from tenants. This is to improve service to tenants and back-office handling of such enquiries.	Planned works – The Property Services Team are working to ensure communication around planned works are sent per policy in a timely manner to improve communications, keep tenants informed and manage expectations.	Review Damp, Mould and Condensation Policy – a full review is required to address the learning from complaints identified and to ensure meeting our legal responsibilities which includes Awaab's Law.

E-Form enhancements – Updated a range of eform submission messages to improve communication to tenants regarding processing timescales and clearly explaining the next steps. This is to improve service and manage expectations.	No Access Policy & Procedure – The Property Services Team are reviewing this policy	Review of Repairs & Maintenance Policy – review of priorities of work including 'what is an emergency repair' and timescales.
Improve Communication – The Lettings Team have taken several steps to improve communication: Homeseeker Phone Line: Implemented greetings for customers waiting and calling outside of hours. Increased the number of call handlers to reduce abandoned calls and callback requests. Digital Communication: Ensured decision letters are sent via email, ensuring timely communication and reducing printing and postage costs. Home Visits: Increased the number of home visits for assessing priority on the housing register. Adopted a 'resolved first time' approach for customer interactions.	Asbestos Portal – The Building Safety Team is collaborating with C365 to introduce a portal for tenants to access their property asbestos survey report. This will improve access to information and ensure tenants are safe within their home if undertaking own home improvements work.	In-depth training required for Maintenance Surveyors – this is to include good recording keeping, completion of inspection reports, priority of works, decant policy and their role and recharge procedures.
Empty Properties – Introduced a pre-empty home inspection to be completed before advertising properties to let. The aim is to identify works and prevent advertising of properties where major work is required.	Review of Empty Home procedures & processes – Although we have made some improvements work is still on-going to improve with the aim to reduce the number of empty homes and turnaround time.	Review of Empty Home Standard – This will be in partnership and agreement with the Council

5. Customer Voice/Impact

- 5.1 Complaint handling transactional surveys are completed on the close of complaints. During quarter 3 and 4 surveys have been carried out by Voicescape using a 100% sample size. Prior to this, we aimed to carry out 20 surveys per month, internally over the telephone, with a member of staff from Berneslai Homes discussing the survey questions in person with the complainant. Although this method was time consuming, it acknowledged that complaints can be sensitive and enabled a quality discussion to take place to gather insight. Due to new technology and the introduction of Voicescape, the decision was made to migrate the survey over to Voicescape, which is an automated phone survey which requires the complainant giving their feedback using their telephone keypad.

- 5.2 At the end of this year, a total of 642 tenants were asked to give feedback and 208 surveys were completed, giving a response rate of 32%. The response rate is slightly lower compared to 2023/24 (40%). However, the number of surveys completed (208) is higher compared to 2023/24 (175), this is due to using a 100% sample size since moving to Voicescape.
- 5.3 The following table summarises satisfaction in complaint handling during 2024/25.

Table 11 – Complaint Handling Satisfaction.

What we asked: Thinking about your recent complaint, how satisfied or dissatisfied were you with the following:	Overall results 2024/25	Overall results 2023/24	% increase or decrease compared with 2024/25 to 2023/24
How would you rate your overall experience of Berneslai Homes Complaints service?	43%	61%	-18%
Complaint was handled	63%	65%	-2%
Easy to complain	74%	77%	-3%
Staff treated complaint fairly	82%	73%	+9%
Staff listened & understood	72%	72%	0%
Response letter easy to understand	74%	67%	+7%
Steps taken to put things right	57%	68%	-11%
The final outcome of your complaint including the explanation, solution or remedy offered	66%	45%	+21%

- 5.4 Analysis for the full year (2024/25) compared to last year (2023/24) is mixed. 74% of residents found it easy to complain which is a 3% decrease compared to 2023/24. The highest satisfaction result was staff treating them fairly and with respect, with a total of 82%. This has increased by 9% compared to 2023/24. Another measure that has increased largely by 21% when compared to 2023/24 was the final outcome, with a total of 66% satisfied. There are two measures with lower satisfaction combined compared to 2023/24, these are the overall satisfaction and the steps taken to put things right. There is no doubt that the new methodology and introduction of Voicescape to carry out transactional surveys has impacted the satisfaction results, however we are hopeful that this levels out during 2025/26 as we have made some changes to the order of questions etc.

6. Risk and Risk Appetite

- 6.1 The following table highlights any on-going risks, concerns or areas for focus in terms of complaints, including handling, volume, and nature of complaints. It also highlights actions required to ensure we are compliant with the HOS code and our legal responsibility.

Table 12 – Risk/Concern/Focus and Action

Category	Risk/Concern	Action	Who	When
Concern & Risk	The volume of complaints continues to increase.	Customer Services to continue to monitor demand on the service and performance and escalate any concerns.	EMT/SMT	On-going
Concern & focus required	Slow pace of Implementing learning resulting in complaints about the same thing.	Quarterly complaint and learning meetings to be scheduled with all Head of Service and Service Manager to focus on learning.	Customer Services Manager/SMT	To commence Q1 and on-going.
Focus required	High upheld rates which are resulting in compensation payments.	Service Managers to stress importance of following correct procedures, communicating and following up on promises made to tenants. This will have a positive impact on the upheld rates.	Customer Services Manager/SMT	Ongoing
Focus required	Stage 1 extension to the response timescale are not always discussed and agreed with the tenant. 164 out of 231 was agreed.	Customer Services team to stress the importance of agreeing all extensions per policy and monitor monthly and highlighting any concerns to the relevant Service Manager and Head of Service.	Customer Services Manager	Ongoing
Concern and Focus Required	Capacity to identify and implement learning	Head of Customer Services and Head of Governance and Strategy to review arrangements for managing Policy and Procedure framework. Head of Customer Service to monitor resource requirements	Head of Customer Service and Head of Governance and Strategy	Ongoing
Concern and Focus Required	The delivery of plans and budget for planned and programmed repairs will continue to see an increase in repairs related complaints	To improve communication and continue with delivery of programme of works	EMT/SMT	Ongoing

7. Strategic Alignment

- 7.1 Our approach to complaint handling fully aligns with our Hearing Customers ambition and with all our company values. We put *Customers First* and aim to resolve complaints by understanding their concerns and the impact on them. We are thorough and curious in our investigations, looking beyond face value to get things right and we are clear on what we can do to resolve issues fairly and identify learning. We take a 'Can-Do' approach and aim to resolve complaints without progressing through all Stages.

8. Data Privacy

- 8.1 There are no data privacy issues associated with this report.

9. Consumer Regulatory Standards

- 9.1 Regulatory duties related to Complaint Handling is included in the [Transparency, Influence and Accountability Standard](#) which requires landlords to be open with tenants and treat them with fairness and respect so that tenants can access services, raise complaints when necessary, influence decision making and hold their landlord to account.

10. Other Statutory/Regulatory Compliance

- 10.1 Compliance with the HOS Complaint Handling Code is a legal duty under the Social Housing Act. The review and publication of the new complaints policy along with the completion of the Complaint Handling Code self-assessment, approval, publication and submission of this to the HOS will contribute towards eliminating risk challenge from the HOS or RSH.

11. Financial

- 11.1 There are no direct financial implications as a result of this report. However, failure to deliver a service to tenants in line with policies and our responsibilities as a landlord result in compensation payments. The budget for compensation in 2024/25 is £40,000. Actuals are much higher than this due to the high volume of complaints and upheld rates. Our ability to handle complaints effectively could lead to financial loss through compensation or legal challenge.

There are ongoing financial implications relating to the temporary staffing resources of the Customer Services team, however, budget has been identified for the 2025/26 financial year.

12. Human Resources, Equality, Diversity, and Inclusion

12.1 Equality, Diversity, and Inclusion

Survey results for 2024/25 shows that 74% of complainants that completed the survey found it easy to complain which is only 3% less than 2023/24. We are confident that the complaint process is easily accessible with a range of ways to access the service. The updated [web content](#), e-form and national publicity about the service will improve public awareness around complaints.

Analysis of 2024/25 complaints have been made by diversity strands, and this shows no significant concerns.

Volume of complaints made by BAME is too low to make meaningful analysis.

12.2 Human Resources

We have increased the support and supervision for staff handling complaints to recognise the increased pressure on individuals and the additional temporary resources in both Customer and Property Services will have a positive impact on staff wellbeing.

The temporary resources have impacted positively on staff well being within the service. This needs to be closely monitored as the year progresses.

13. Sustainability Implications

13.1 There are no sustainability implications associated with this report.

14. Associated Background Papers

14.1 None.

15. List of Appendices

15.1 Appendix 1 – Complaints Performance Summary
Appendix 2 – 2023/24 HOS Individual Landlord Report - [Link attached to document in DT Resources](#)

16. Glossary

16.1 HOS – Housing Ombudsman Service.
RSH – Regulator of Social Housing.
TSM – Tenant Satisfaction Measures.
LGO – Local Government Ombudsman.
SARs – Subject Assess Requests
MRC – Member Responsible for Complaints.

COMPLAINT PERFORMANCE

2024/25 Annual Summary

This report summarises the performance of our Complaints Service from 1 April 2024 to 31 March 2025

1,799 Service requests
1,619 in 2023/24 **11%**

1,202 Stage 1*
692 in 2023/24
We agreed with 84% **73%**

284 Stage 2*
133 in 2023/24
We agreed with 81% **114%**

*complaints responded to

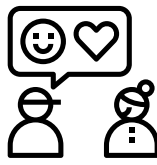
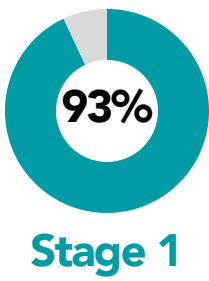
Housing Ombudsman Service and Local Government & Social Care Ombudsman (LGSCO)

30 Contacts
28 contacts from Housing Ombudsman Service and 2 from LGSCO

8 Investigations (cases)
6 from Housing Ombudsman Service and 2 from LGSCO. 15 determinations received (13 from Housing Ombudsman and 2 from LGSCO).

777 Councillor / Member enquiries
691 in 2023/24 **12%**

Response times (including extensions)

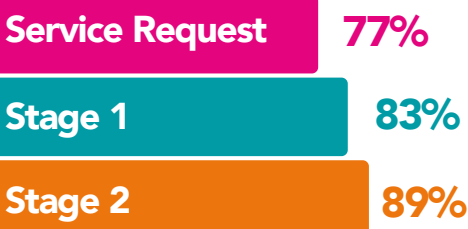


646 Compliments
1048 in 2023/24 **38%**



£110,845 Compensation paid
£82,247 in 2023/24 **35%**

% Relating to Repairs



Top 5 reasons complained about at Stage 1

- 26%** Delay carrying out repairs
- 14%** Poor communication
- 10%** Planned repairs
- 8%** Repairs quality
- 7%** Damp & mould

Customer Satisfaction



Easy to complain
74% **-3%***



Treated complaint fairly
82% **+9%**



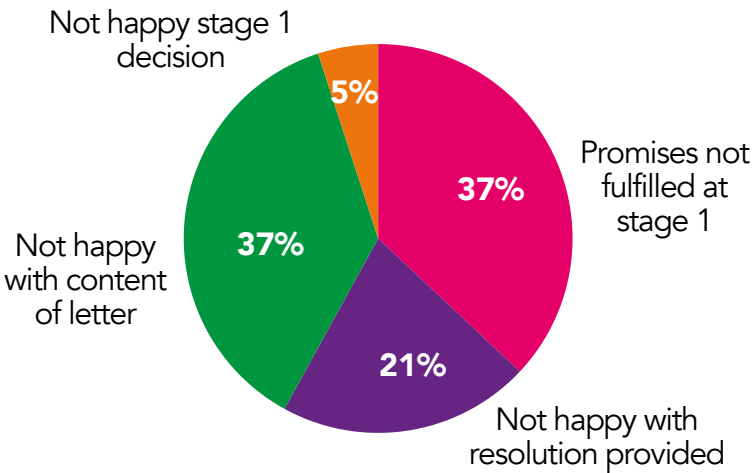
Outcome
66% **+21%***



Overall
43% **-18%***

*compared with 2023/24 satisfaction

Reasons escalated to stage 2



KEY - compared to 2023/24



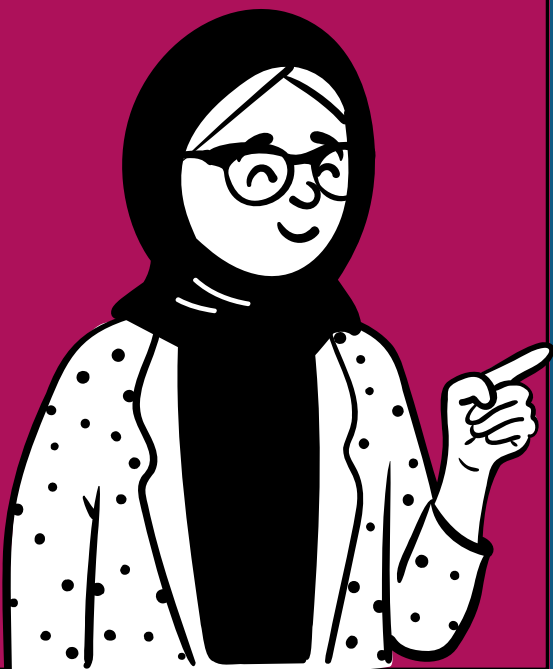
Increase in 24/25



Stayed same for 24/25



Decreased in 24/25



COMPLAINT PERFORMANCE

2024/25 Annual Summary

This report summarises the performance of our Complaints Service from 1 April 2024 to 31 March 2025

1,799 Service requests
1,619 in 2023/24 **11%**

1,202 Stage 1*
692 in 2023/24
We agreed with 84% **73%**

284 Stage 2*
133 in 2023/24
We agreed with 81% **114%**

*complaints responded to

Housing Ombudsman Service and Local Government & Social Care Ombudsman (LGSCO)

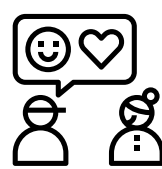
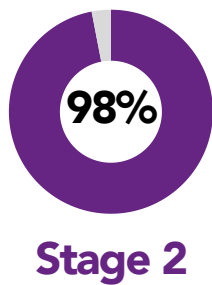
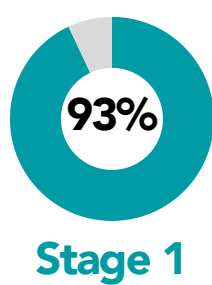
30 Contacts
28 contacts from Housing Ombudsman Service and 2 from LGSCO

8 Investigations (cases)
6 from Housing Ombudsman Service and 2 from LGSCO. 15 determinations received (13 from Housing Ombudsman and 2 from LGSCO).

777 Councillor / Member enquiries
691 in 2023/24 **12%**

Response times

(including extensions)

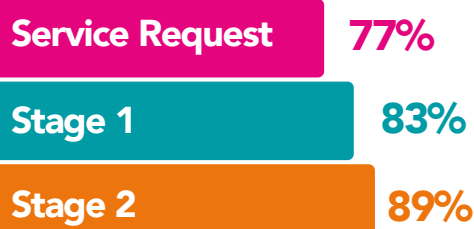


646 Compliments
1048 in 2023/24 **38%**



£110,845 Compensation paid
£82,247 in 2023/24 **35%**

% Relating to Repairs



Top 5 reasons complained about at Stage 1

- 26%** Delay carrying out repairs
- 14%** Poor communication
- 10%** Planned repairs
- 8%** Repairs quality
- 7%** Damp & mould

Customer Satisfaction



Easy to complain
74% **-3%***



Treated complaint fairly
82% **+9%**



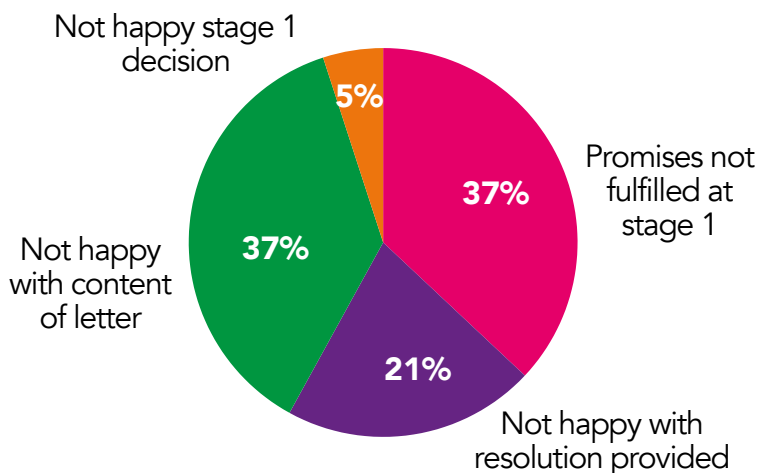
Outcome
66% **+21%***



Overall
43% **-18%***

*compared with 2023/24 satisfaction

Reasons escalated to stage 2



KEY - compared to 2023/24



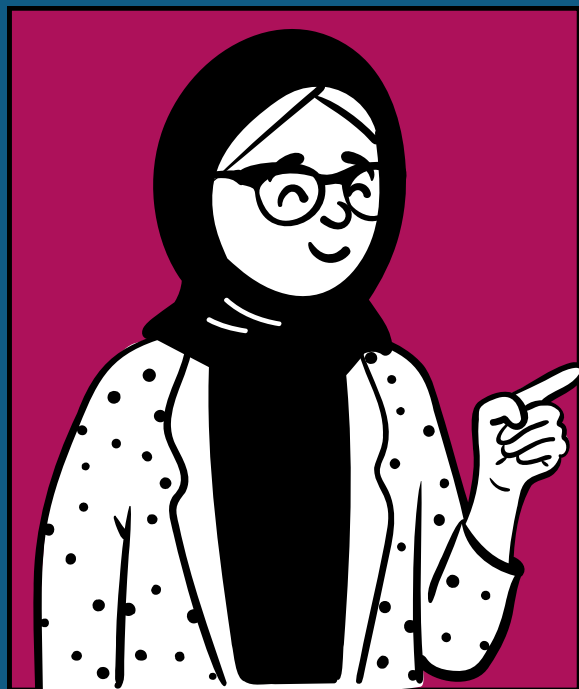
Increase in 24/25



Stayed same for 24/25



Decreased in 24/25



Report Title	Gender Pay Gap Report 2024	Confidential	No
Report Author	Nicola Scott People Manager	Report Status	For Information/Discussion
Report To	Board 27/5/2025	Officer Contact Details	Nicolascott@berneslaihomes.co.uk

<p>1. Executive Summary</p>	<p>The purpose of this report is to inform the Board of the outcome of the statutory Gender Pay Gap analysis 2024. This information was presented to Remuneration Committee on 17th March 2025.</p> <p>A summary of the key points to note are:</p> <ul style="list-style-type: none"> • Our mean Gender Pay Gap has decreased by 2.9% with women's earnings now being 0.5% higher than mens. • Our median Gender Pay Gap has increased by 1.2% with women's earnings now being 7.16% lower than mens which means that women earn 93p for every £1 that men earn. This is better than the national average which was 13.1% less for women than for men in April 2024. • 43.88% of employees received bonus pay, of which 88% were male. This is due to the majority of bonus payments being linked to Repairs operatives who receive a performance allowance, the majority of whom are male. <p>We are aware of the potential causes of the gender pay gap, and we will continue to address the gender imbalance by having positive action initiatives in place. The action plan is categorised into three main areas:</p> <ul style="list-style-type: none"> • Create a better gender balance • Improve recruitment and selection • Encouraging a better worklife balance
<p>2. Recommendation/s</p>	<p>It is recommended that the Board:</p>

3. Background

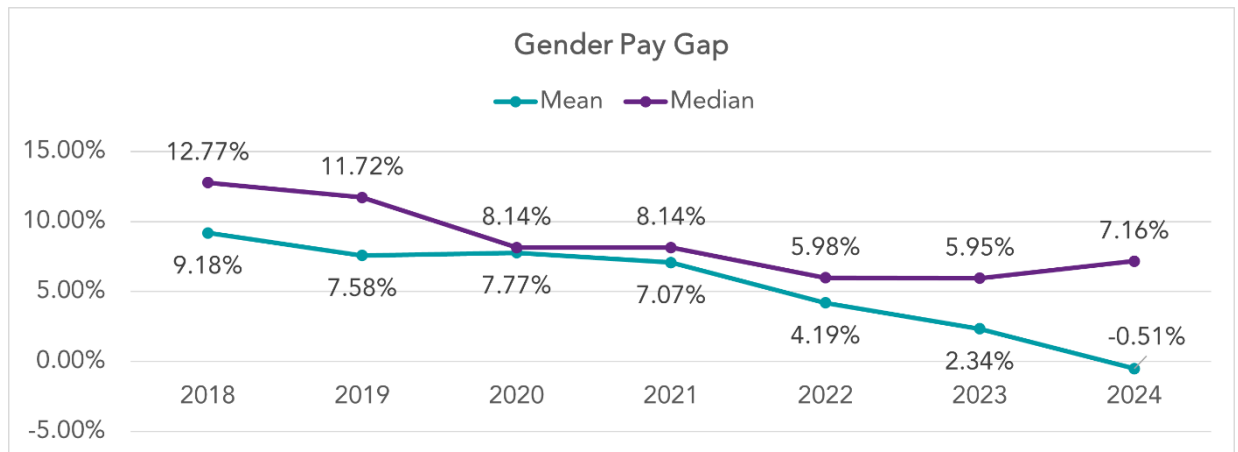
- 3.1. As an employer employing over 250 people, we are required to publish details of our gender pay gap. This is a government requirement under the Equality Act 2010 (Gender Pay Information) Regulations 2017.
- 3.2. The gender pay gap shows the difference between the average (mean or median) earnings of men and women. This is expressed as a percentage of men's earnings, e.g. women earn 15% less than men.
- 3.3. The gender pay gap is not about equal pay for men and women doing the same job and we are confident that the systems we have in place ensure that men and women doing the same job receive equal pay.
- 3.4. When calculating the difference in average earnings, the gender pay gap takes into account all jobs, at all levels and all salaries within the company. The roles that women fill can result from many different factors such as historic trends of one gender dominating certain positions.
- 3.5. For gender pay we are required to report on the following:
 - Mean gender pay gap
 - Median gender pay gap
 - Mean bonus gender pay gap
 - Median bonus gender pay gap
 - Proportion of males receiving a bonus payment
 - Proportion of females receiving a bonus payment
 - Proportion of males and females in each quartile pay band
- 3.6. We are required to publish the above information on the Government website on an annual basis. This year's deadline was 4th April 2025. The information was published in advance of the deadline on the gov.uk and Berneslai Homes websites.
- 3.7. The gender pay calculations are based on figures drawn from a specific date each year. 5th April 2024 is the snapshot date for Berneslai Homes who, for the purposes of gender pay reporting, are classed as a private sector organisation due to being a separate legal entity from the local authority.
- 3.8. It is important that we review the causes of our gender pay gap and take action to address these, such as changes to policy. Without reviewing this, we risk our gender pay gap increasing further and becoming less attractive as an employer to potential employees.
- 3.9. According to research conducted by the Government Equalities Office (GEO), 92% of 1,000 people surveyed would review a company's gender pay gap if deciding between two employers.

4. Current Position /Issues for Consideration

- 4.1. The required gender pay calculations for Berneslai Homes have been

undertaken for 2024.

- 4.2. The median shows a pay gap of 7.16% with males receiving £16.61 and females £15.42 per hour. This has increased from 5.95% in 2023.
- 4.3. When looking at the mean, the percentage difference in the hourly rate of pay is -0.51%, with males receiving an average of £17.47 and females £17.56. This has decreased from 2.34% in 2023.
- 4.4. The graph below shows the mean and median pay gap trends from 2018 to 2024



- 4.5. As in previous years, the analysis has identified gender occupational segregation in the following areas:
- Predominantly male Repairs craft workforce
 - Predominantly female admin workforce
 - Predominantly female scheme managers.
- 4.6. Data collected has also been broken down into four quartiles:
- Upper Quartile
 - Upper Middle Quartile
 - Lower Middle Quartile
 - Lower Quartile
- 4.7. The gender pay gap within the above quartiles is as follows:

	Males		Females	
	2023	2024	2023	2024
Upper	63.5%	60.2%	36.5%	39.8%
Upper Middle	59.5%	65.4%	40.5%	34.6%
Lower Middle	75.2%	71.4%	24.8%	28.6%
Lower	30.4%	34.8%	69.6%	65.2%

- 4.8. Overall, the 2024 figures show that there has been:
- An increase of females in the upper quartile
 - A decrease of females in the upper middle quartile

- An increase of females in the lower middle quartile
- A decrease of females lower quartile.

4.9. The median pay gap is influenced by the middle values of the pay distribution. Changes in the quartiles, especially the middle quartiles, can significantly impact the median:

- Upper Middle Quartile: The decrease in female representation from 40.5% to 34.6% suggests fewer females are in this higher-paying quartile. This can push the median pay for females lower, contributing to the increased median pay gap.
- Lower Middle Quartile: The increase in female representation from 24.8% to 28.6% indicates more females are in this lower-paying quartile. This can also lower the median pay for females, further widening the median pay gap.

4.10 The mean pay gap is affected by the overall average pay across all quartiles. Changes in the distribution of males and females in each quartile can influence the mean:

- Upper Quartile: The increase in female representation from 36.5% to 39.8% means more females are in the highest-paying quartile. This can raise the average pay for females, contributing to the decrease in the mean pay gap.
- Lower Quartile: The decrease in female representation from 69.6% to 65.2% means fewer females are in the lowest-paying quartile. This can also raise the average pay for females, helping to reduce the mean pay gap.

4.11 Gender pay also looks at bonus payments over a 12-month period. 233 employees received a bonus payment with 88% of these being male. The reason for this is that most bonus payments are due to Repairs Craft Operatives receiving a performance allowance. The majority of which are male.

4.12 The median bonus pay gap is 76.7% which is an increase from the previous year which was 72%. The reason for the large pay gap is that the bonus payments received by women, not in a trade role, only relate to minor awards, i.e., attendance, loyal service and does not relate to incentives and extra duty payments.

4.13 We have undertaken a benchmarking exercise with other ALMOs/Housing Associations. The data below is from each organisation's 2023 Gender Pay Report, as their 2024 data was not yet been included on the Government's website at the time of writing this report.

Organisation	Employer Size	% Difference (Mean)	% Difference (Median)
Berneslai Homes Ltd	500 to 999	2.3	6
Nottingham Community	1000 to 4999	13.2	19

Housing Association 2014 Ltd			
Sanctuary Housing Association	1000 to 4999	18.6	18.7
St Leger Homes of Doncaster Limited	500 to 999	5.7	9.6
Wakefield And District Housing Limited	1000 to 4999	13.4	14.6

4.14 Although it is not a direct comparison due to the varied composition of each organisation, it is evident from this assessment that our gender pay gap positively compares to other ALMOs and Housing Associations.

5 Customer Voice/Impact

5.1 Customer views have not been sought for this report due to this being related to employees of Berneslai Homes.

6 Risk and Risk Appetite

6.1 Financial - Being aware of the reasons for the gender pay gap and putting in place an action plan to address the pay gap, reduces the risk of successful equal pay claims being made against the company.

6.2 Regulation and compliance – It is a legal requirement that we publish the gender pay figures. Failing to do so within one year of the snapshot date would be considered unlawful. The Equality and Human Rights Commission have the power to enforce any failure to comply with the regulations.

6.3 Operations – Having transparent processes in place to inform employees of the gender pay gap and the reasons for it and ensuring that these are communicated in a way that is understood by all, will reduce the risk of a demotivated workforce.

6.4 Reputational – The company would run a reputational risk if we failed to publish the information. Suspicion would be increased as to why we had failed to publish our gender pay gap which could have a negative impact

6.5 Change – Failing to make changes to address the gender pay gap could have adverse effects in terms of recruiting and retaining employees, the company's reputation, the motivation and engagement of staff.

7 Strategic Alignment

- 7.1 As this is a statutory requirement, BMBC are also required to publish their Gender Pay Gap. We will share our results with BMBC.
- 7.2 This report links to the Employment and Training Strategic Ambition, in terms of ensuring that we demonstrate a commitment to improving our Gender Pay Gap and addressing any imbalances, to ensure that we continue to attract, recruit and retain employees.

8 Data Privacy

- 8.1 There are no data protection implications arising directly from this report.

9 Consumer Regulatory Standards

- 9.1 There are no Consumer Regulatory Standards related to this report

10 Other Statutory/Regulatory Compliance

- 10.1 As an employer employing over 250 people, we are required to publish details of our gender pay gap. This is a government requirement under the Equality Act 2010 (Gender Pay Information) Regulations 2017.

11 Financial

- 11.1 There are no financial implications arising directly from this report.

12 Human Resources and Equality, Diversity and Inclusion

- 12.1 We are committed to achieving equality of opportunity in employment. All our employees are recruited on their ability to do the work required, regardless of age, gender, gender identity, race, colour, national or ethnic origin, disability, sexual orientation, religion or belief, marital or family status, socio economic status, or any other reason which might cause a person to be treated unfairly.
- 12.2 Continuing to undertake a detailed analysis of gender pay will enable the company to identify and further address any areas of concern.
- 12.3 The company will ensure that an effective communications plan is implemented, and employees are fully aware of why the exercise has been undertaken, the headline results and proposed actions

13. Sustainability Implications

- 13.1 There are no sustainability implications arising from this report.

14 Proposal

- 14.1 Detailed below are our proposed commitments to improve our Gender Pay Gap which have been categorised into three key areas.

Creating a Better Gender Balance

A commitment to analyse and address gender imbalance within sectors of the organisation through promotion of our diversity schemes, increased involvement within schools and communities and encouraging job shadowing in the construction environment.

Improving Recruitment and Selection

A commitment to ensure our recruitment processes are fair and transparent, including preventing unconscious bias through training and ensuring recruitment advertisements openly welcome diverse applicants through promotion of our key values and benefits.

Encouraging a Better Work-life Balance

A commitment to developing a flexible, agile working culture where work-life balance is celebrated as a key benefit of working with us. We will continually encourage flexible working across the organisation regardless of job role or seniority and ensuring managers and staff are trained effectively on new ways of working.

15. Associated Background Papers

15.1 There are no associated background papers related to this report

16. Appendices

16.1 Appendix 1 Gender Pay 2024 Infographic

17. Glossary

16.1 None

Gender Pay Gap 2024

National Mean= 7.0%
National Median=13.1%

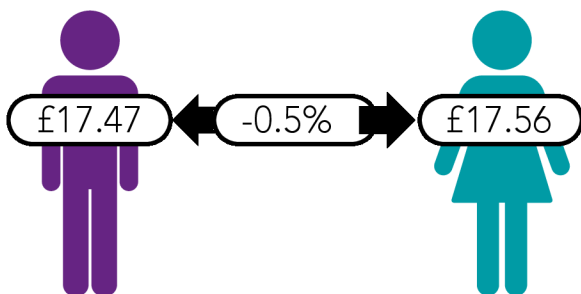
At Berneslai Homes, we're dedicated to making sure there is equal and fair treatment for all employees, regardless of gender.

We recognise the factors contributing to our Gender Pay Gap, especially concerning the limited presence of women in craft operative roles within Construction Services where bonus payments can be earned.

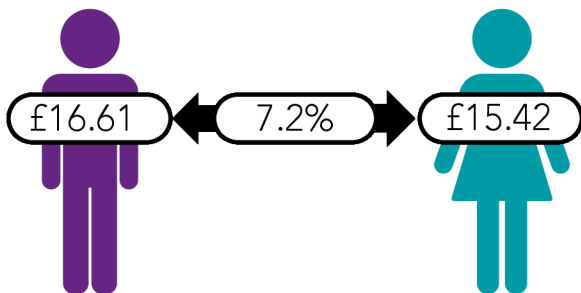
Acknowledging the lower representation of women in Construction Services, we're committed to implementing positive actions to address gender imbalance.

Reducing the Gender Pay Gap is a gradual process, and we'll continue to use new, innovative approaches and initiatives over the coming years to further reduce this gap.

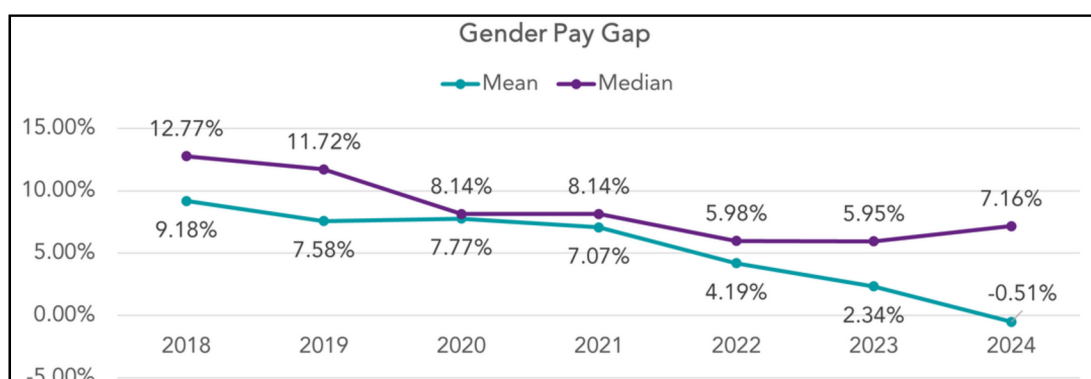
Our dedication to inclusivity, fairness, and flexibility underscores our commitment to our employees and fosters a supportive work environment.



Mean is the average hourly rate of pay and the percentage difference between males and females.



Median is the middle hourly rate of pay and the percentage difference between males and females. At Berneslai, women earn 93p for every £1 that men earn when comparing the median hourly rate.

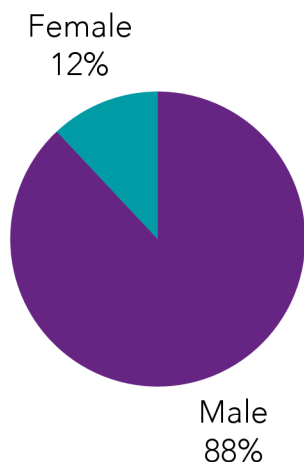


Bonus Pay

43.88% of our employees received bonus pay, of which:

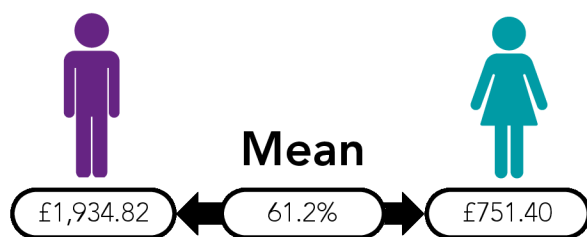
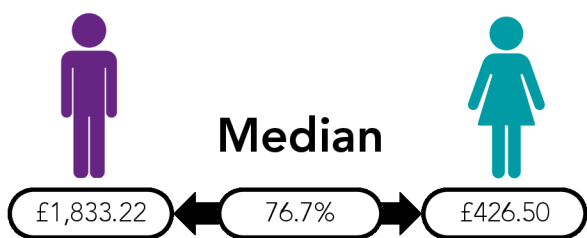
Bonus pay includes

- extra duty payment
- attendance awards
- long service awards
- mentor and apprentice awards



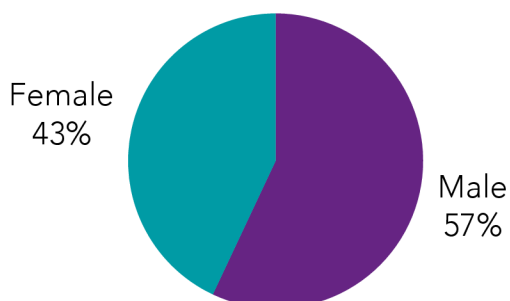
The majority of employees who received bonus pay were male.

This is because the majority of bonus payments are linked to Construction Services Operatives receiving a performance allowance – the majority of which are male.

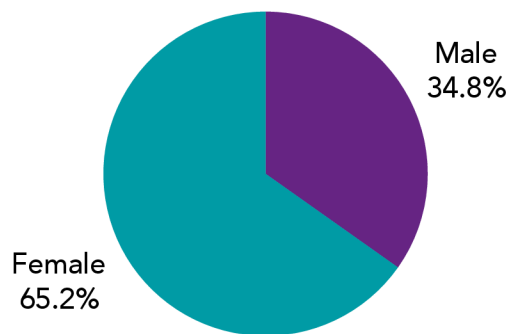


Total workforce

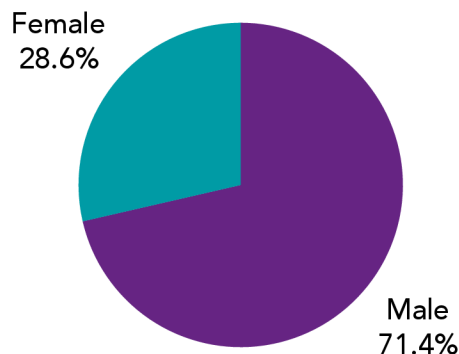
As of the snapshot date of 5 April 2024, 312 (57%) of our workforce were male and 231 (43%) female.



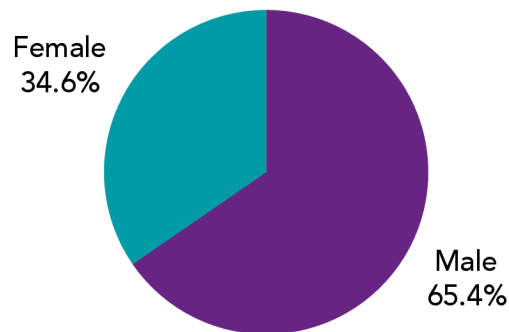
Lower Pay Quartile



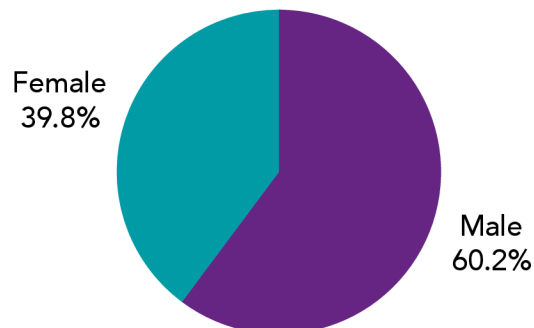
Lower Middle Pay Quartile



Upper Middle Pay Quartile



Upper Pay Quartile



Rachel Taylor
Executive Director of Resources

Berneslai Homes
10th Floor, Gateway Plaza
Barnsley, South Yorkshire S70 2RD



Report Title	2024/25 Year End Performance Summary	Confidential	No
Report Author	Head of Strategy, Governance and IT	Report Status	For Information
Report To	Board 27/05/2025	Officer Contact Details	Sarah Drafz Sarahdrafz3@berneslaihomes.co.uk

1. Executive Summary

Berneslai Homes' performance is measured so that we can monitor the success of our Strategic Plan commitments, consider how well areas of the business are doing and see the difference we are making to our customers.

This report will present Board with a summary of year end performance against the Tenant Satisfaction Measures (TSMs) and agreed Key Performance Indicators (KPIs) set out in the Annual Business Action Plan 2024/25. The report also includes a wider annual review of the achievements made during 2024/25 reflecting the work undertaken throughout the year. This report is attached at Appendix B.

This report will also

- Inform Board of Berneslai Homes' Company performance at 2024/25 Year End, including areas of strength, areas of focus and actions being taken to address underperformance.
- Inform Board of the Property Repairs and Improvement Partnership (PRIP) performance for 2024/25, including areas of strength and areas of focus.
- Highlight the high risk areas for Board.

Company Performance

Challenging targets are set annually by the Council. At 2024/25 year end, performance for 12 KPIs were reported as green (met or exceeded target), seven KPIs were rated as amber (narrowly missed the annual target) and 12 KPIs were rated as red (target not achieved). Six TSM KPIs were not RAG rated, four of which as 2024/25 benchmarking data is awaited to allow comparison and two we are currently finalising data.

	<p>Key areas of strength are building safety compliance, which was 100% across all five building safety TSMs, complaints responded to in target timescales, rent collection levels and local spend.</p> <p>Keys areas of focus as agreed by Customer Services Committee include void rent loss, employee sickness and the proportion of calls answered in target timescales.</p> <p><u>PRIP performance</u></p> <p>The PRIP KPI's are set out in the contract for both Property Services Repairs Team and Wates. The management of the contract is delegated to Berneslai Homes Property Services.</p> <p>Customer Services Committee were assured that appropriate measures were in place to address areas of underperformance. Comments from Customer Services Committee have been incorporated into this report.</p>
<p>2. Recommendation/s</p>	<p>2.1 Board is asked to consider the annual review report for 2024/25 and the 2024/25 year end performance for both Company and PRIP performance.</p> <p>2.2 Where performance targets have not been achieved, Board should ensure they are satisfied with the explanations provided and there are adequate controls and actions in place.</p> <p>2.3 Board should identify any areas where they feel more detailed consideration is required by Customer Services Committee on any customer focused KPI's.</p>

3. Background

- 3.1 Berneslai Homes' Company performance is measured so that we can monitor the success of our Strategic Plan commitments, consider how well areas of the business are doing and see the difference we are making to our customers.
- 3.2 On a quarterly basis an assessment of Berneslai Homes Company performance against targets is made and scrutinised by Customer Services Committee. We have 38 Key Performance Indicators (KPIs) for 2024/25, they are segmented into the TSM Pulse, the Council Pulse and the Company Pulse. Performance is red/amber/green (RAG) rated against annual targets. We also compare our performance against national benchmarks using Housemark data.

3.3 TSMs are intended to give tenants a clear set of comparable measures allowing comparison of performance with others. The attached performance report includes updated benchmarks taken from Housemark which reflect 2023/24 data and the peer group median. The benchmark colour coding is included to show how year end performance compares to the benchmark. The light green formatting denotes performance in line with or better than the median, light red formatting denotes performance behind the median. The 2024/25 year end report shows that our performance compares favourably to our peer group, with performance for approximately three quarters of the measures meeting or exceeding the peer group medians.

3.4 Berneslai Homes has taken significant strides in improving our services over the last 12 months. Aligning with BMBC ambitions we have:

- provided support to 2,077 tenants to ensure they can deal with the cost of living situation (additional £1.2M benefit income for tenants).
- delivered on the Ambition employment programme supporting 182 tenants in their journey towards work.
- Collected over 100% rent during 2024/25 utilising new technology & systems.
- Relet 752 homes.
- Ensured safety is our first priority – with 100% compliance on key areas including gas safety.
- Invested in homes 593 decent homes works and over 900 major adaptations.
- Provided over 10,000 tenants with opportunities to feedback and work with us to improve service.

Our Annual Review which highlights some of the work we have undertaken with tenants during 2024/25 is attached at appendix B. This report sets out our performance in a wider context and demonstrates the excellent work being undertaken at Berneslai Homes with our tenants.

4. Current Position/Issues for Consideration

Company Performance

4.1 Our performance compares favourably to others in the sector. For the TSMs our performance met or exceeded the benchmark for 15 of the 20 measures where data was available.

4.2 Challenging performance targets are set annually by the Council. At year end, performance for 12 KPIs were reported as green (met or exceeded target), seven KPIs were rated as amber (narrowly missed the annual target) and 12 KPIs were rated as red (target not achieved). Six TSM KPIs were not RAG rated, four of which were awaiting 2024/25 benchmarking data to allow comparison and two we are currently finalising data. Customer Services Committee requested that KPI targets for 2025/26 were appended to the performance report (see appendix D). Targets for the 12 TSM perception measures, derived with involvement from tenants have been approved. Targets for the other KPIs are draft awaiting council sign off ahead of quarter one.

4.3 We are currently calculating the proportion of emergency and non-emergency repairs completed in target timescales (RP02 1 and 2) to ensure we comply with the Regulators requirements.

4.4 **2024/25 year end performance areas of strength:**

TSM KPIs

- Building safety: we have 100% compliance against the five building safety TSMs (gas, fire, asbestos, water and lift safety) demonstrating our commitment to keeping tenants safe.
- Complaints responded to in target - CH02: 93.5% of stage one and 97.8% of stage two complaints were responded to in target timescales against a target of 100% (red and amber rated). Despite receiving approximately double the number of stage one complaints performance is 19.5% points better than 2023/24. This confirms that actions taken to improve complaints performance are having a positive impact.

Council KPIs

- Income: In 2024/25 we collected 100.5% of rent due. This is a real positive given the ongoing challenges presented by the continued rise in the cost of living and the further roll out of Universal Credit resulting in over 7,770 customers now receiving this benefit. The introduction of new technology has had a positive impact, meaning earlier intervention in arrears cases. The Income Team continues to work collaboratively with teams across the organisation to support tenants and focus on successful tenancy sustainment which includes timely payment of rent.
- Local spend: We spent 68% of influenceable spend locally demonstrating our commitment to supporting the local economy.
- Management Fee Efficiency Target: we achieved the 1% saving in 2024/25 meaning we received less money from the council to carry out the same services. Performance is rated as green against target.

Company KPIs

- Disability: 13.2% of the workforce defined as disabled under the Equality Act definition of disability against a target of 8%.

4.5 **2024/25 year end performance key areas of focus:**

TSM KPIs

- Decent homes RP01: 40 properties (0.2% of stock) were classed as non-decent at year end. Of the 40 properties, 13 related to outstanding electrical work, seven were works in progress for the assets team that were not completed in the financial year due to access issues and 20 properties were awaiting planned improvement on schemes of work. Work to make these properties decent will take place in 2025/26, or for those properties which require re-roofing in 2026/27. These properties will be monitored to ensure they remain safe in the interim period before delivery.
- Satisfaction measures: a detailed action plan has been developed to improve satisfaction for those TSM survey results that were behind target. It has been

approved by Board and endorsed by the council. Many of the actions in the plan are ongoing identified via other aspects of performance management and business improvement processes.

- Complaints responded to in target timescales was an area of focus at 2023/24 year end. Our performance this year has improved significantly which confirms the measures put in place have been successful. We have received approximately double the number of complaints this year in comparison to last, the majority of which are repairs related. We continue to focus on learning from complaints and adapting our service delivery to best meet customer need, it is anticipated this will have a positive impact on customer experience relating to repairs.

Council KPIs

- Void rent loss: 1.86% of income (£1.57m) was lost due to void properties in 2024/25. There has been an improvement in performance in quarter four when compared to quarters one to three. The number of void properties requiring major works have impacted on performance. A plan is in place to reduce the backlog of voids in 2025/26 with the ambition of reducing the number by at least 50% for year end. Regular meetings are taking place between the council and Berneslai Homes to monitor progress. Customer Services Committee took assurance from their being an action plan in place on void performance.

Company KPIs

- Sick Absence: In 2024/25 employees had on average 14.8 days sickness which exceeds the target of 9 days. Quarter one saw lower levels of sick absence and following a significant increase in July 2024, sick absence has remained at a similar level during the rest of the year. The 2024/25 average number of sick days per employee is 2.3 days higher than in 2023/24. Customer and Estate Services have experienced the highest levels of sick absence, followed by the Property Services. Mental Ill Health remains the main cause of sick absence and has accounted for 39-58% of all absence during the year. Musculoskeletal and Acute Medical have continued to be the other main causes of sick absence. A sick absence reduction plan was developed during the year due to increasing levels. Actions to date have been: refresh of monthly directorate absence meetings to highlight sick absence data, enhanced trigger data for managers, weekly absence meetings established with high absence level teams, mandatory sickness absence training delivered to leaders during quarter four, consultation commenced to review the Managing Absence Policy and a focus on resolving the top five complex, long-term cases. More actions are planned for 2025/26 which focus on compliance, equipping managers to take accountability for reducing sick absence, improving data and enhancing wellbeing. A sick absence report will be presented at May Board to respond to concerns raised about the high levels of sickness in 2024/25.
- Priority calls answered in target: 58.1% of priority calls were answered in the target timescale of three minutes against the target of 80% (red rated). Increased call volumes and staff sickness have impacted on performance. There is a performance improvement plan in place with the Contact Centre, one of the aims is to improve the service for tenants. Whilst we did not meet the target for this measure, satisfaction with call handling for reporting repairs

is high at 87%, over 75% for income, rents and repairs and handling general enquiries is 68%.

4.6 PRIP 2024/25 Year End Performance

The PRIP performance report is produced by the council and includes performance against the contract KPI's for both Wates and Berneslai Homes Property Services Repairs Team.

At year end the following results were achieved (cumulatively):

Partner	Green	Red
Property Services Repairs Team	3 (21%)	11 (79%)
Wates	10 (71%)	4 (29%)
Combined	4 (29%)	10 (71%)

The full report is attached at Appendix C.

5. Customer Voice/Impact

- 5.1 To ensure that tenant's voices are represented, Tenant Voice Panel members sit on the Customer Services Committee and are involved in scrutiny of quarterly performance. In addition, Board representatives are members of Customer Services Committee and provide scrutiny of company performance. Twice a year a meeting is held with Tenant Voice Panel members to review performance in detail.

6. Risk and Risk Appetite

- 6.1 There are no risk register items which directly link to this report. Any compliance areas of concern linked to performance are included on the corporate risk register.

7. Strategic Alignment

- 7.1 Our Company KPIs are aligned to our strategic priorities; excellent customer services, sustainable communities, partnership working and successful well-managed company which support our vision 'Creating great homes and communities with the people of Barnsley.' We work closely with the council to ensure we align our services and Strategic Plan to meet the challenges and opportunities of their new Corporate Plan and the Barnsley 2030 vision.
- 7.2 The Property Repairs and Improvement partnership (PRIP) KPI's are set within the contract for both Property Services Repairs Team and Wates.
- 7.3 The performance report links to all the Barnsley 2030 Strategic Ambitions (listed below) as it is one of the mechanisms by which we monitor our performance against plan.
- Hearing Customers
 - Keeping tenants Safe
 - Growth of Homes and Services

- Technology and Innovation
- Employment and Training
- Zero Carbon

8. Data Privacy

8.1 No processing of personal data has taken place in the creation of this report.

9. Consumer/Regulatory Standards

9.1 This report relates to the following elements of the Regulatory Standard:

- Tenancy Standard
- Neighbourhood and Community Standard
- Transparency, Influence and Accountability Standard
- Safety and Quality Standard

By measuring and monitoring performance against our KPIs and involving tenants in this process we can effectively ensure we demonstrate progress towards achievement of our strategic objectives and compliance with multiple regulatory standards.

The quarterly performance report is published on our website as part of our approach to ensuring transparency and supporting effective scrutiny by tenants.

10. Other Statutory/Regulatory Compliance

10.1 There are no specific statutory or regulatory compliance implications arising directly from this report.

11. Financial

11.1 There are no specific financial implications arising directly from this report.

12. Human Resources and Equality, Diversity and Inclusion

12.1 There are no human resource implications arising directly out of the recommendations in this report.

13. Sustainability Implications

13.1 Various performance measures reported assess progress towards achieving our net zero ambitions which in turn links to our sustainability strategy.

14. Associated Background Papers

None.

15. Appendices

Appendix A –2024/25 Year End Performance Report

Appendix B – 2024/25 Annual Review

Appendix C – PRIP 2024/25 Year End Performance Report

Appendix D - 2025/26 KPI targets



























Quarterly Performance Report Year End-2024/2025











Contents

KPI Performance Summary	3
Tenant Satisfaction Measure Pulse	4
Council Pulse	7
Company Pulse	8










2024/25 - Summary

TSM					
 Gas Safety Checks	 Fire Safety Checks	 ASB Cases	 ASB Cases Hate Incidents	 Satisfaction Home is Safe	 Listening to Tenants
 Asbestos Safety Checks	 Water Safety Checks	 DHS Compliance	 Non-Emergency Repairs	 Keeping Tenants Informed	 Treating Tenants Fairly
 Lift Safety Checks	 Stage One Complaints	 Emergency Repairs	 Tenant Satisfaction	 Handling Complaints	 Satisfaction with Communal Areas
 Stage Two Complaints	 Stage One Response Time	 Tenant Satisfaction with Repairs	 Time Taken Recent Repair	 Positive Contribution	 Satisfaction with Handling ASB
 Stage Two Response Time		 Well Maintained Home			

Council KPIs	
 Void Rent Loss	 Rent Collection
 Proportion of Apprentices	 Barnsley Pound
 EPC C or Above	 Annual indicator










Company KPIs	
 Annual Indicator	 Staff Attendance
 Staff Satisfaction	 Minority Ethnic
 Equality Act	 Current Tenant Arrears
 Contact Centre	

TSM KPIs

TSM	
 Gas Safety Checks	 Fire Safety Checks
 Asbestos Safety Checks	 Water Safety Checks
 Lift Safety Checks	 Stage One Complaints
 Stage Two Complaints	 Stage One Response Time
 Stage Two Response Time	

YEAR END 23/24	Q1	Q2	Q3	Q4	YEAR END 24/25	TARGET 24/25	BENCH MARK (Median)	
100%	100%	99.99%	99.99%	100%	100%	100%	99.95%	BS01: Gas Gas safety checks
100%	100%	100%	100%	100%	100%	100%	100%	BS02: Fire Fire safety checks
100%	100%	100%	99.81%	100%	100%	100%	100%	BS03: Asbestos Asbestos safety checks
100%	100%	100%	100%	100%	100%	100%	100%	BS04: Water Water safety checks
100%	100%	100%	100%	100%	100%	100%	100%	BS05: Lift Lift safety checks
39.6	15.7	32.2	49.0	67.1	67.1	In line with peer group median	39.1	CH01 1: Stage One Complaints Stage one complaints relative to the size of the landlord
7.6	2.9	7.3	11.5	15.9	15.9	In line with peer group median	4.7	CH01 2: Stage Two Complaints Stage two complaints relative to the size of the landlord
74.0%	96.2%	96.3%	96.1%	93.5%	93.5%	100%	73.1%	CH02 1: Stage One Response Time Stage one complaints response time
96.3%	96.7%	95.8%	97.8%	97.8%	97.8%	100%	72.2%	CH02 2: Stage Two Response Time Stage two complaints response time

TSM KPIs

TSM	
 ASB Cases	 ASB Cases Hate Incidents
 DHS Compliance	 Non-Emergency Repairs
 Emergency Repairs	 Tenant Satisfaction
 Tenant Satisfaction with Repairs	 Time Taken Recent Repair
 Well Maintained Home	

YEAR END 23/24	Q1	Q2	Q3	Q4	YEAR END 24/25	TARGET 24/25	BENCH MARK (Median)	
46.4	12.0	20.3	26.6	35.1	35.1	In line with peer group median	54.8	NM01 1: ASB Cases Anti-social behaviour cases
0.5	0.2	0.4	0.5	0.7	0.7	In line with peer group median	1.22	NM01 2: ASB Cases Hate Incidents Anti-social behaviour cases that involve hate incidents
0.09%	1.3%	0.4%	0.7%	0.2%	0.2%	0%	3.2%	RP01: DHS Compliance Homes that do not meet the Decent Homes Standard
94.1%						96%	80.8%	RP02 1: Non-Emergency Repairs Repairs completed within target timescale
94.3%						99%	94.8%	RP02 2: Emergency Repairs Repairs completed within target timescale
76.8%	73.0%		77.4%		75.2%	77%	66.5%	TP01: Tenant Satisfaction Overall satisfaction
75.1%	73.1%		75.7%		74.4%	76%	69.5%	TP02: Tenant Satisfaction with Repairs Tenant Satisfaction with repairs
75.5%	66.5%		68.5%		67.5%	76%	66.0%	TP03: Time Taken Recent Repair Satisfaction with time taken to complete most recent repair
73.8%	69.8%		71.5%		70.7%	74%	67.0%	TP04: Well Maintained Home Satisfaction that the home is well maintained

TSM KPIs

TSM	
 <p>Satisfaction Home is Safe</p>	 <p>Listening to Tenants</p>
 <p>Keeping Tenants Informed</p>	 <p>Treating Tenants Fairly</p>
 <p>Handling Complaints</p>	 <p>Satisfaction with Communal Areas</p>
 <p>Positive Contribution</p>	 <p>Satisfaction with Handling ASB</p>

YEAR END 23/24	Q1	Q2	Q3	Q4	YEAR END 24/25	TARGET 24/25	BENCH MARK (Median)	
74.9%	70.7%		72.3%		71.5%	77%	73.5%	TP05: Home is Safe Satisfaction that the home is safe
59.6%	60.5%		64.1%		62.3%	61%	56.1%	TP06: Listening to Tenants Landlord listens to tenants views and acts upon them
64.4%	60.5%		64.4%		62.5%	68%	67.3%	TP07: Keeping Tenants Informed Landlord keeps tenants informed about things that matter to them
76.9%	76.4%		79.5%		77.9%	81%	76.3%	TP08: Treating Tenants Fairly Landlord treats tenants fairly and with respect
43.1%	46.2%		42.8%		44.5%	43%	29.4%	TP09: Satisfaction Handling Complaints Satisfaction with the landlords approach to handling complaints
65.9%	51.8%		70.2%		61.7%	66%	63.9%	TP10: Satisfaction with Communal Areas Satisfaction that the landlord keeps communal areas clean and well maintained
59.6%	52.8%		57.1%		55.0%	64%	61.0%	TP11: Positive Contribution Satisfaction that the landlord makes a positive contribution to neighbourhoods
48.4%	45.8%		49.4%		47.6%	55%	55.2%	TP12: Satisfaction Handling ASB Satisfaction with the landlords approach to handling anti-social behaviour

Council KPIs

Council KPIs



Void Rent Loss



Rent Collection



Proportion of
Apprentices



Barnsley Pound



EPC C or Above



Annual indicator

Management Fee

YEAR
END
23/24

Q1

Q2

Q3

Q4

YEAR
END
24/25

TARGET
24/25

1.56%

1.97%

1.98%

1.91%

1.86%

1.86%

1.05%

Void Rent Loss (BH1)

Income lost due to void properties

96.3%

99.2%

100.3%

99.6%

100.5%

100.5%

97%

Rent collection (BH2)

Rent collected as a proportion of rents owed on Housing Revenue Account dwellings.

3.6%

3.3%

3.3%

3.2%

3.6%

3.6%

4%

Apprentices (BH3)

Proportion of apprentices in workforce

66%

65%

67%

66%

68%

68%

60%

Local Spend (BH4)

Spend funds locally supporting the Barnsley economy.

39.3%

41.9%

41.7%

42.4%

43.1%

43.1%

45%

EPC Ratings (BH5)

Percentage of Properties with an EPC C or above.

Achieved

Achieved

1%

Management Fee (BH6)

Management Fee Efficiency target as part of annual Value For Money report.

Company KPIs

Company KPIs

Annual Indicator



Staff Satisfaction



Staff Attendance



Equality Act



Minority Ethnic



Current Tenant Arrears



Contact Centre

YEAR END 23/24	Q1	Q2	Q3	Q4	YEAR END 24/25	TARGET 24/25	
48%	51%					50%	Staff Satisfaction (KPI 1) Employee satisfaction rate. My organisation is a great place to work.
12.4	13.1	14.2	14.6	14.8	14.8	9 days	Staff Attendance (KPI 2) Average number of days absent per full time equivalent employee.
4.7%	4.7%	13.1%	13.1%	13.2%	13.2%	8%	Diversity (KPI 3) Percentage of staff defining under the Equality Act definition of disability.
3.1%	2.9%	2.6%	2.5%	2.8%	2.8%	3.4%	Diversity (KPI 4) Percentage of minority ethnic staff in total workforce.
3.7%	3.6%	3.6%	3.9%	3.6%	3.6%	3.5%	Current Tenant Arrears (KPI 5) Percentage of Current Tenant Arrears.
73.5%	40.1%	45.3%	90.8%	67.0%	58.1%	80%	Contact Centre (KPI 6) We will answer priority calls in less than 3 minutes (Contact Centre).



Berneslai Homes Annual Review

1. SECTION 1 – ANNUAL REVIEW CONTEXT

Welcome to the 2024/25 Berneslai Homes annual review in which we outline some of the great work undertaken in the year with tenants, to improve the services we provide.

The report is set within the context of a tough external environment, a continuing cost of living crisis impacting significantly on tenants, rising inflation affecting the cost of materials and increasing expectations and demands for the services we provide.

April 2024 saw the Regulator of Social Housing introduce the proactive approach to regulation and the new consumer standards. Barnsley Council and Berneslai Homes as the delivery partner were inspected in 2024 receiving the highest regulatory grading (C1) This reflected the ongoing work to address areas of weakness and the continued commitment with tenants to improve services and outcomes. Keeping tenants safe remains a national and Berneslai Homes priority, with continued improvements and significant works undertaken during the year with the newly formed Building Fire Safety Resident's Panel.

Within Barnsley, Berneslai Homes continue to align priorities to those of Barnsley Council and the Barnsley 2030 ambitions. We continue to work together with tenants and partners to improve services, modernise systems and be as efficient as possible, restructuring services to increase frontline staffing and seeking ways to reduce costs including the use of technology.

2. SECTION 2 - WHAT WE DELIVERED 2024/25

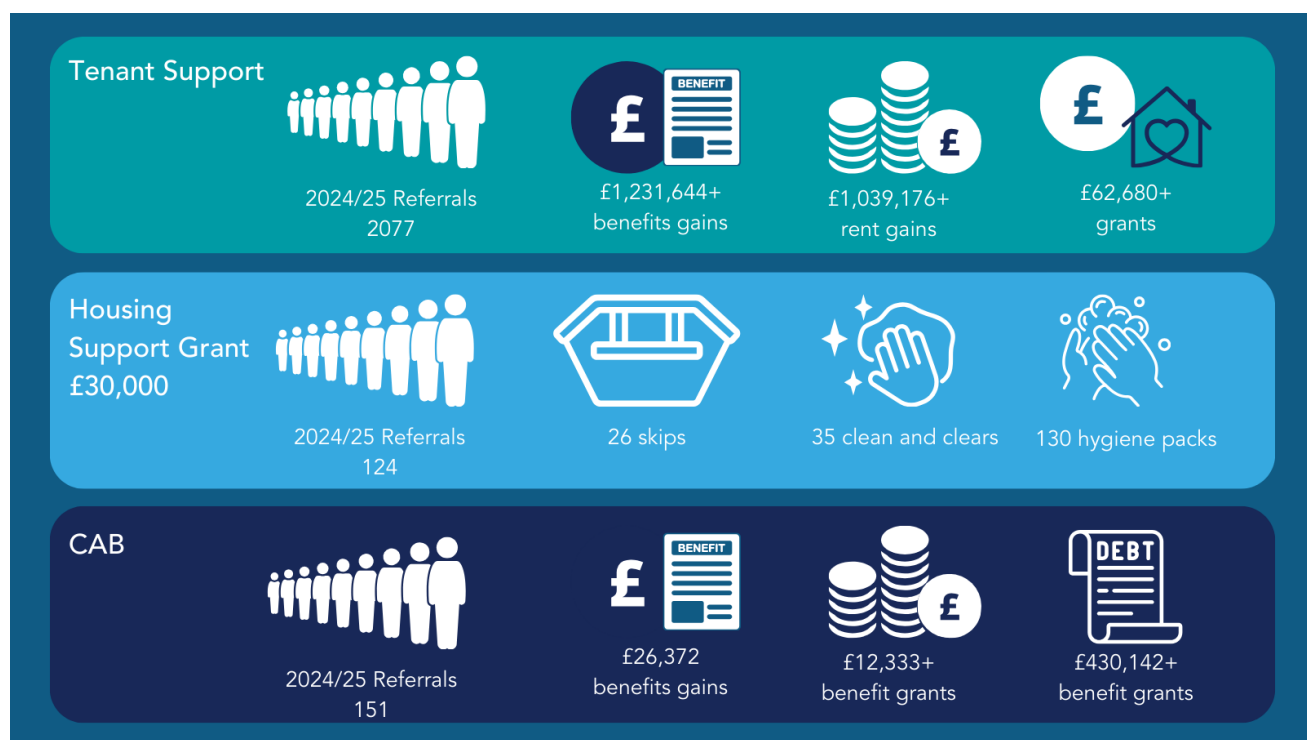
Throughout the year much was achieved working with tenants and partners to improve homes, communities and peoples' lives.

2.1 Supporting our Tenants

We have continued to support tenants who are struggling with the cost of living, to help them to pay their rent, bills, and essential items.

Our specialist Tenants First team continue to give tenants the right support at the right time. With five distinct service areas (Family Intervention, Financial Inclusion, Housing Coaches, Employment and Skills, and Mental Health Housing Support), the team can identify what help is needed and then tailor this to the tenant and their households needs. Utilising the knowledge and experience of the multi-skilled team, Tenants First provide practical solutions and works towards positive sustainable outcomes.

In the last 12 months the team have helped tenants and their families with:



2.2 Case study Housing Support Grant 2025 – winter project

The Housing Support grant has had a huge impact on the lives of 124 tenants and their households. It has enabled staff from across the organisation to identify, engage and refer those most in need of support. The focus of the funding has been to support those with poor property conditions.

Working closely with other organisations, we have utilised the grant to facilitate cleaning and clearing of homes, allowing tenants to receive necessary repairs and inspections, and enhancing their overall well-being. Feedback has been very positive about this support from Berneslai Homes and partner organisations, with some tenants feeling like they 'have had a weight lifted off their shoulders'.

This valuable work has also provided tenants struggling with their mental health to much needed support.

Overall, the success of the Household Support Grant has not only been seen in the immediate improvements to living conditions but also in the long-term benefits for the tenants' overall well-being. By addressing the physical environment, the initiative has laid the groundwork for sustained positive change in the community.

Ultimately, the grant has proven to be an invaluable resource in promoting the health, safety, and well-being of our most vulnerable tenants, demonstrating the power of targeted support, early intervention and community collaboration.

Our **Ambition** programme continued to help and support tenants who were unemployed or not in education or training, during 2024. Specifically targeting tenants furthest away from the labour market, we helped them to overcome barriers helping them to access education or training and give them the skills and confidence to move closer towards the employment. The programme, delivered by our Tenants First team in partnership with Barnsley Council's Employment and Skills team, ended in March 2024. In the last year we helped 182 tenants registering them onto the Ambition Programme.



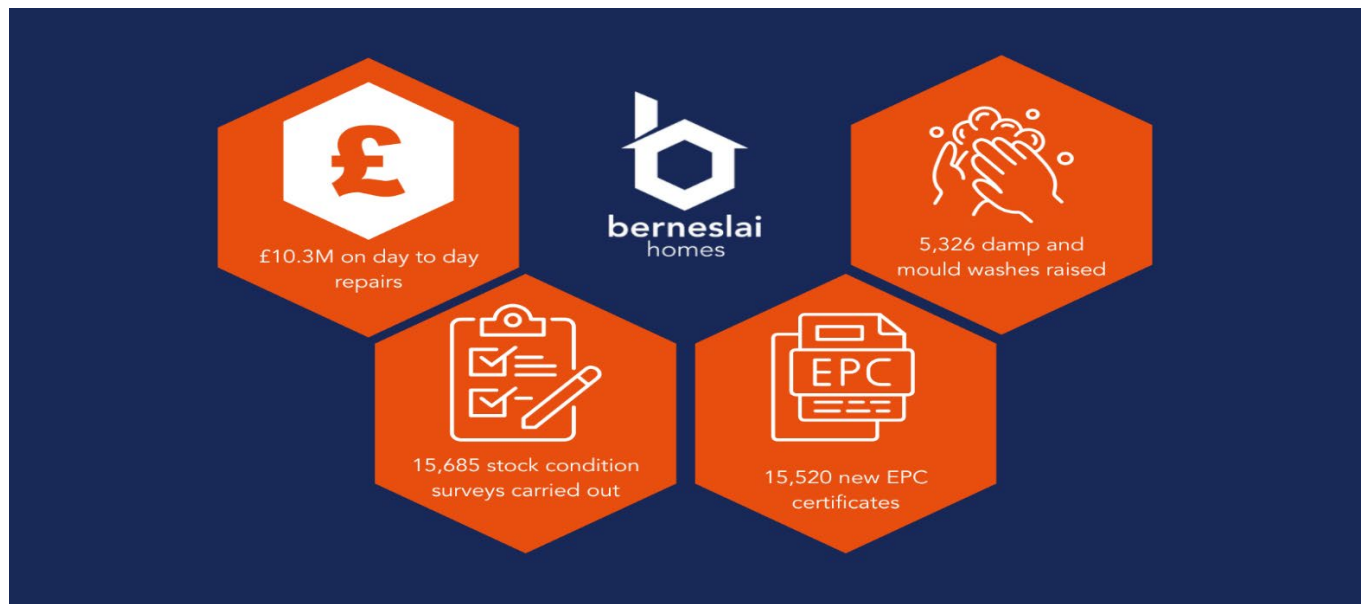
We are proud that our apprenticeship programme has a strong track record of building a better future for local people. We currently employ 22 apprentices plus 4 apprentices through Enable Futures. Three of our apprentices secured employment with us. We also work closely with Barnsley college and have hosted 16 T level students across different areas of the business.

Working across the Borough, our frontline housing management teams were restructured to increase the number of staff working with tenants and developed a specialist Anti-Social Behaviour (ASB) team. We let 751 homes during the year and worked with local tenants and residents to provide support and advice.

Our Income team worked hard last year resulting in a rent collection rate of over 100.52%, in a year when those tenants moving to universal credit increased to 7,774 from 6,108 in the previous year.

2.3 Repairs and Investment in Homes

One of the most important services we provide is the repairs and improvements service, where we continue to spend a large proportion of our budgets, in line with agreed priorities within the HRA budget investing in our homes.

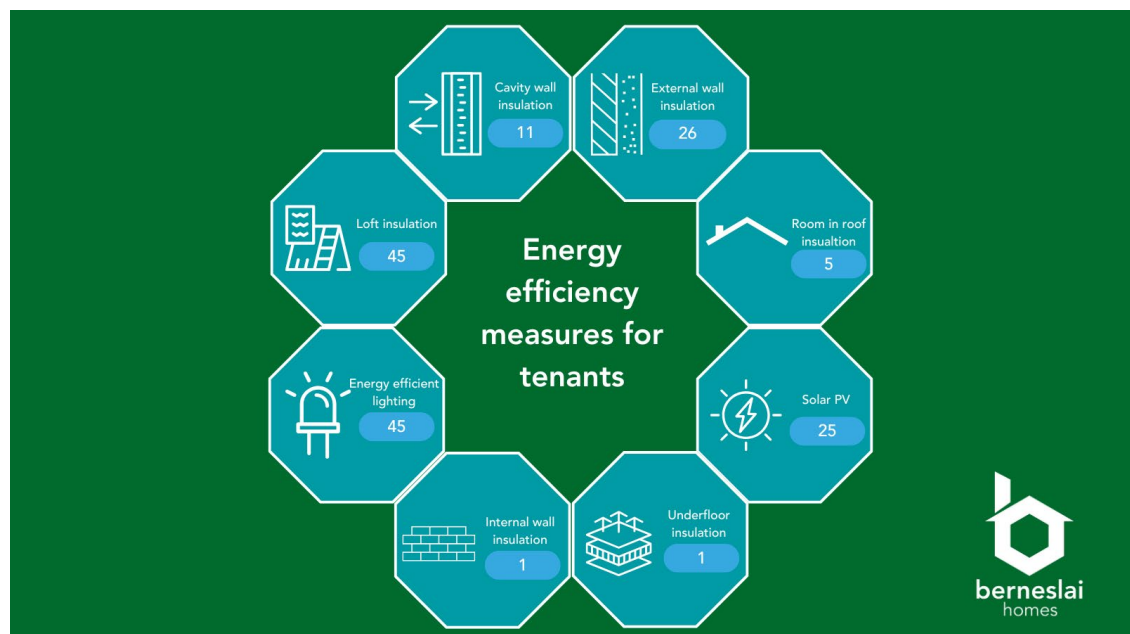




Reacting to responsive repairs is an important part of the service, improving the condition of homes through investment and energy efficiency works reduces energy usage and repair costs longer term.

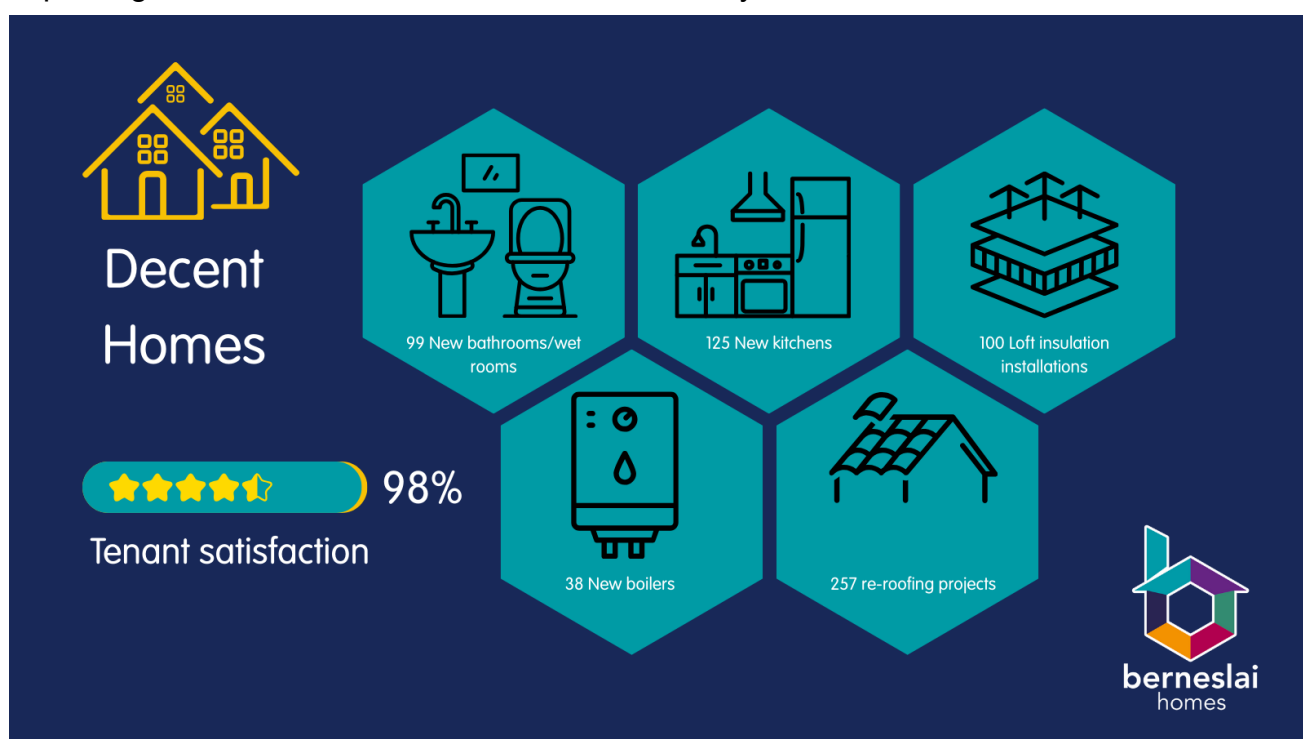
As part of our Barnsley Homes improvement programmes in 2024/25, we piloted additional works to improve energy efficiency and to help achieve EPC level C. This was complemented by Social Housing Decarbonisation Funding (SHDF), which was secured by the Council to deliver further retrofit measures to our stock.

In total retrofit energy efficiency measures were added to 56 homes, reducing energy use and reducing energy bills for tenants. In addition, 283 properties had solar PV installed via a project in partnership with the Council and Energise Barnsley.





We also completed Barnsley Homes works to 593 homes, investing £5.8 million into improving the condition of council homes in Barnsley.



During 2024/25 we worked with tenants to ensure they had the adaptations they needed to remain in their homes. In total 912 major adaptations, including ramps and level access shower rooms were completed.

3.1 Value for Money and Efficiencies

It is important that Barneslai Homes offers value for money, and we work hard to manage our finances carefully. Value for money is embedded in everything we do. Obtaining the best outcome for tenants within available resources, is the key to achieving value for money.

During 2024/25 working with the Council, we invested £28.6M improving homes and a total of £27.3M on repairs and servicing.

We used the £16M management fee from the Council to manage services (e.g.: tenant involvement, tenancy management, supporting people, income collection).

Over £1M of recurrent annual savings were identified and actioned. As a result, the target of 1% management fee savings was achieved.



3.2 Annual Business Action Plan 23/24

The Annual Business Action Plan was agreed by Board in December 2023 and Cabinet in February 2024 for the period 1st April 2024 to 31st March 2025.

The actions agreed support Berneslai Homes' Strategic Plan and align to the Barnsley 2030 vision. This ensures that Berneslai Homes objectives continue to support the council and its residents and the overarching priorities of Barnsley 2030. The Action Plan and priorities were discussed with some of our customers at our Customer Panel and more broadly whilst we were out on estates through our engagement team as part of the annual planning process of the strategic plan. Their feedback made sure we are concentrating on the key areas that help to support tenants and are listening to their concerns.

A number of the agreed actions were longer term actions that will carry over for the next two to three years. Significant progress has been made against the Annual Business Action Plan for 2024/25, with a real focus on working with tenants, preparing for the regulatory requirements, helping tenants with money matters, support into training and employment and improving systems and processes to improve services for tenants.

Progress against the Annual Business Action Plan forms a separate report to Board at this meeting.

4. SECTION 4 - CUSTOMER INSIGHT & ENGAGEMENT

We have engaged with 10,456 tenants during 2024/25, gaining their feedback in a range of ways. Our customer engagement team have continued to be visible in our communities increasing our engagement tours and linking in with other agencies and partners.

We have held/attended 19 engagement events in communities, capturing the voices of 134 tenants. We have held 26 open sessions with our panel of involved tenants

on a variety of topics including ASB and repairs, hearing from 168 voices. The annual satisfaction survey was sent to 3,533 tenants and we received 1,180 responses. We also heard from 3,039 tenants via Contact Centre surveys. We gain valuable insight and feedback from our tenants via our regular surveys, 5,055 were completed during 2024/25.



Knowing our customers



90.86% English
0.75% Polish
7% Unknown



18.79%
Physical disability



86.79% White British
7.74% PNS
1.94% White European



51.59% Christian
32% Non religious
7.66% Unknown



61% Female
39% Male



- 2.06% 24 and below
- 43.69% 25 to 54
- 54.23% Over 55



- Bisexual 0.67%
- Gay Man 0.41%
- Gay woman 0.47%
- Hetrosexual 72.44%
- PNS 26.02%



4.87%
Learning disability



12.42%
Sensory disability



We collect this data at the start of every tenancy (*) and then periodically to find out more about our 17,516 tenants. Knowing our customers is really important so we can get things right for everyone and can:

- Understand more about their needs and experiences
- Inform services and tailor the individual customer experience

(*) Main tenant only

5. SECTION 5 - THE DIFFERENCE WE MAKE TOGETHER

5.1 Partnership Working

Working in Barnsley we benefit from a wide range of strong partnership arrangements that assist us in the delivery of effective services. We are a member of the Barnsley 2030 Board and link into the delivery of the 2030 ambitions for the Borough.

Berneslai Homes are a key partner for the Council during major incidents within the Borough (eg fire, flood incidents), providing hands on operational support for local residents.

We have an established, effective approach to Community Safety in Barnsley from strategy to service delivery. We are represented on the Safer Barnsley Partnership (SBP); the statutory partnership responsible for tackling crime, reducing harm, protecting vulnerable people, and reducing reoffending. The [Safer Barnsley Partnership Plan](#) aligns with the legal requirement, priorities and aspirations outlined in the [South Yorkshire Police and Crime Plan](#), which makes sure a collective approach to achieving the best possible outcomes for and in partnership with our communities.

We are also represented on a number of other key strategic and operations groups including:

- Domestic Abuse Partnership
- [Children's Safeguarding Board](#)
- [Adults Safeguarding Board](#)
- DHR / SAR Executive Panel
- MARAC (Multi-Agency Risk Assessment Conference)
- MAPPA (Multi Agency Public Protection Arrangements)
- MACE (Multi-Agency Child Exploitation) Panel

Our dedicated ASB team, work in partnership with the Council's Safer Neighbourhood Service and South Yorkshire Police to deal with ASB effectively across the borough. The team address and manage community tensions that ASB, crime, and nuisance can cause so tenants can live in their home without stress and fear.

We work closely with Barnsley College, and as well as the T level placements at Berneslai Homes, we have also offered supported placements, these placements are designed to give individuals some exposure to the work environment and for them to undertake general tasks with support of their mentor.



Berneslai Homes' academy is at the CUBE building at the Honeywell site of Barnsley college. The academies are employer-led partnerships that give students access to more high-quality education and training, with more opportunities to experience the world of work. Providing students with a clear flight path to see a rewarding career ahead with Berneslai Homes, it takes our everyday environment and brings it into the College, so students get to live and breathe our values, and are in an accelerated position of understanding to step into the world of work.

Strategically Berneslai Homes are part of the Barnsley 2030 Board, the Health and Wellbeing Board, the Health and Care plan and aligning health and housing on key issues including respiratory health in the Borough.

5.2 Working with tenants

Our teams are passionate about working with tenants to listen and respond to the tenant voice. This is essential so we can deliver and develop services that are accessible, high quality and fair. Our team of amazing tenant volunteers constantly challenge us.

We've refreshed our Tenant Scrutiny Panel and have completed one report in the last 12 months, reviewing the adaptations service, suggesting several service improvements.

Keeping tenants safe –The Building Fire Safety Residents Panel have produced their own newsletter, Tower Talks, sharing what the panel have been working on. They've also set up a monthly coffee morning, which is becoming popular amongst residents.

Service Excellence Assessment Programme (SEAP) - We have a number of SEAP assessors registered as part of our involved tenant pool. Over the last 12 months we have been working together with SEAP Assessors to review how we carry out 'empty property spot checks and in doing so have engaged with 31 tenants.

TVP – Our Tenant Voice Panel have met on six occasions over the last year to give their thoughts and views on a range of issues, providing assurance to the council and co-ordinating the work of the tenant voice.

TARAs - we have four Tenants and Residents Associations (TARAs). They continue to offer the more traditional methods of engagement. They do a brilliant job providing information, support, and work on bespoke projects. This supports Berneslai Homes and benefits the local community.

In the last 12 months the Engagement team have gone back to basics, reviewing how we capture the tenants voice, widening opportunities for engagement by introducing new ways of becoming involved. One of the latest initiatives is the Check it Challengers, that we launched in August. This is a brilliant a mechanism to allow

tenants to give us their views over the internet. We've signed up over 30 tenants who have completed 16 projects, hearing from 233 voices.

5.3 Working in the community

Can do crew - This exciting initiative empowers our staff to give back to the local community to benefit tenants and residents in the Barnsley area. Staff are encouraged to use the volunteering and team away days to undertake activities as individuals or with others

The first year of our Can Do Crew employer supported volunteering programme has been a great success with a wide range of volunteering and social value activities undertaken including gardening at Autism Allotments, cleaning and clearing at Saville Court Hoyland and Summer Lane Estate Barnsley. Staff also used their volunteer days to support Biads and LImBO charities, using a total of 280 volunteer hours. Berneslai Homes were also supported by three local businesses who provided some of their staff for volunteer days and donated materials and grants to support groups in the Barnsley community.

6. SECTION 6 – LEARNING ORGANISATION

Berneslai Homes is a learning organisation, using our values of can do and curious to learn from others both within and outside the housing sector. We work with a wide range of organisations to ensure we use best practice to improve our services, including DIN (Disruptive Innovators Network), TPAS, Housing Diversity Network National Federation of ALMOs, National Housing Federation, Housing Quality Network and Housemark.

6.1 Learning from Complaints

We hold Housemark accreditation for our complaints handling service and we remained compliant with the Housing Ombudsman Service Complaint Handling Code. We promoted to tenants how to complain and encouraged contact. During the year we had 1,202 stage 1 complaints and 284 stage 2 complaints.

The main reasons for complaints were the long wait times for planned repairs and replacements and our ability to effectively communicate with tenants. As a result of feedback, we have continued to work with tenants to improve letters and communication. We have worked with all staff on training and improvements in services.

6.2 Compliments

We also record and monitor compliments, where customers feel they have received a great service from us or where a member of staff has gone the extra mile to help. During 2024/25 we received 646 compliments. Feedback is shared with the member of staff or team and their manager.

6.3 Inclusive

We are committed to working with our tenants to create more cohesive and inclusive communities. We work with tenants to understand their circumstances and adapt our services to meet their individual needs. We offer and provide support where required through our Tenants First and other teams across the organisation.

We are committed to be an inclusive employer and support people with all kinds of differences. Our goal is to make employees feel comfortable asking for what they need. We recognise the importance of valuing each individual employees' distinct abilities and specific contributions and we are proactive about the diversity of our customers so we can provide the right services and meet the right needs and aspirations of our tenants.

All our staff have attended Equality Diversity and Inclusion (EDI) refresher training, our Board has shown their commitment to EDI, and we now have a Board member EDI champion. Our Board Chair has also signed up to the National Housing Federations Chairs challenge, this is a public commitment to take our Board on a journey to understand how diverse and inclusive we are now and develop a vision for the future. We also hold the HDN ED&I accreditation. As our commitment to this we offer all new Board members the HDN mentoring & Board support programme. We are proud to be a supportive and inclusive organisation.

7. SECTION 7 - AREAS FOR IMPROVEMENT

We have identified several areas for improvement during 2025/26 and these form part of the Annual Business Action Plan for Berneslai Homes. Progress on these is reported quarterly to both BMBC and the council.

This review includes an update on progress against the actions for improvement agreed with BMBC for the year 2024/25.

Area for Improvement	Action Required	Timescale
Backlog of Repairs outstanding repairs works	Deliver Plan for 2024/5 & 25/26 Reduction in investment works Increase in responsive repairs budget Understand reasons for backlog (inflation & increased tenant demand)	February 2026 (HRA budget approved at Cabinet Feb 2025) June 2024 – complete To continue to monitor during 2025/26
Communication with Tenants	Revised letters to tenants awaiting backlog works. Introduce texting to tenants as part of new IT system. Use check it challengers & tenants to review and improve communications	April 2024 - complete February 2024 – complete Use for policy & service changes during 2025/26
Complaints handling	Increased resources to respond to complaints	April 2024 – complete and retained for 2025/26
	Training for staff on complaints handling	April 2024 onwards - complete
	Improved complaints reporting with BMBC	May 2024 - complete
	Board and Council champions appointed	June 2024 – complete & meeting regularly in 2025/26

Listening & Hearing Tenants	Develop new Customer First Training To consider empathy training for staff during 2025/26	July 2024 – completed and all staff trained Dec 2025
	New Customer Insight and Engagement Strategy - Introducing additional engagement opportunities - Review impact of new approach during 2025/26	Complete April 25 March 2026

Area for Improvement	Action Required	Timescale
Listening & Hearing Tenants (cont)	Customer Conference	Early 2025 – decision not to hold – action closed
	Co design pilot	Sept 2024 – ongoing work on independent living scheme to progress further in 2025/26.
	Further joint review of the ASB policy and escalation processes between Berneslai Homes and the Council as part of the action plan to improve tenant satisfaction with the handling of ASB across our neighbourhoods.	December 24 – complete and ongoing.
Maximising Income	Reducing the number of empty homes and relet times Establish specialist Empty Homes Team Review impact of Voicescape to reduce arrears and increase rent collection	New Action Plan in place working with BMBC to reduce total number by 50% by March 2026. May 2025 March 2026

8. SECTION 8 - FUTURE CHALLENGES

During 2024/25 there have been significant increases in the demands for services and regulatory requirements. Like many local authorities the ever-increasing demands on the Housing Revenue Account is leading to severe pressures.

Together with BMBC we will work locally to be as efficient as possible and work nationally to lobby for additional funding to meet the costs of energy efficient homes (EPC C), regulatory requirements of Awaab's Law (October 2025) and Decent Homes #2, build and acquire new homes and offset the impact of the Right to Buy (RTB).

We will ensure our staff are appropriately trained and will meet the forthcoming Regulatory requirements of the professionalism agenda.

We will work together with the Council, tenants and partners to continue to provide the best service possible and create great homes and communities in Barnsley.

PRIP Performance Dashboard

2024/25 Quarter 4 and Year-End



Summary of Results

This is the fourth quarterly report for 2024/25 produced by BMBC’s Strategic Contract Management Team. The report provides a concise display of performance activity against the agreed suite of KPIs.

By the end of quarter 4, the following results were achieved for the 2024/25 financial year.

Partner	Green	Red
Property Services	3 (21.4%)	11 (78.5%)
Wates	10 (71.4%)	4 (28.5%)
Combined	4	10

Combined achievement for both Partners for Q4

KPI 1

% Of Appointments Kept

Target 99.10%

Performance 93.82%

KPI 2A

% of jobs completed on
time

24 hours

Target 99.50%

Performance 96.12%

KPI 2B

% of jobs completed on
time

3 days

Target 99.50%

Performance 98.19%

KPI 2C

% of jobs completed on
time

7 days

Target 99.50%

Performance 98.91%

KPI 2D

% of jobs completed on
time

25 days

Target 99.50%

Performance 99.32%

KPI 3

Voids Turnaround time

Target 9 days

Performance 7.45 days

KPI 4

Sub-contracting % value

Target 25%

Performance 31.86%

KPI 5

Reportable accidents

Target 0

Performance 1.22

KPI 6

Gas Safety checks

Target 100%

Performance 100%

KPI 7

Overall % customer
satisfaction

Target 95%

Performance 80%

KPI 8

Major adaptations

Target 28 days

Performance 23.30 days

KPI 9

Barnsley Pound

Target 75%

Performance 78.96%

KPI 10

% of recycled waste

Target 96%

Performance 95.04%

KPI 11

Guaranteed Minimum
Price

Target 100%

Performance 83%

Property Services Dashboard

[Quarter to Quarter Comparison – Q4 – Year end result]

			Q1		Q2		Q3		Q4	
KPI	Definition	2024/25 Target	Performance	Trend	Performance	Trend	Performance	Trend	Performance	Trend
KPI 1	Percentage of appointments kept out of total appointments made	99.10%	86.50%	↓	87.32%	↑	88.41%	↑	87.84%	↑
KPI 2A	Percentage of 24 hour responsive jobs completed on time	99.50%	91.58%	↓	90.12%	↓	91.33%	↑	92.53%	↑
KPI 2B	Percentage of 3 day responsive jobs completed on time	99.50%	94.92%	↓	92.67%	↓	96.10%	↑	96.80%	↑
KPI 2C	Percentage of 7 day responsive jobs completed on time	99.50%	98.23%	↓	97.32%	↓	98.47%	↑	98.29%	↓
KPI 2D	Percentage of 25 day responsive jobs completed on time	99.50%	98.32%	↓	97.09%	↓	99.21%	↑	98.96%	↑
KPI 3	Voids turn round time	9 days	8.17 days	↓	7.98 days	↑	7.87 days	↑	7.37 days	↑
KPI 4	Subcontracting as a % of contract value	25%	14.95%	↑	20.75%	↓	22.88%	↓	29.49%	↓
KPI 5	Number of reportable accidents per 100 FTE employees	0 Nr	0	↑	1.44	↓	1.44	↔	1.44	↔
KPI 6	Percentage of properties with a current gas Compliance Certificate	100%	100%	↔	99.97%	↓	99.99%	↑	100.00%	↑
KPI 7	Tenant Satisfaction Responsive Repairs	95%	80.90%	↓	80.25%	↓	81.27%	↑	82.26%	↑
KPI 8	Major adaptations - time from order to completion	28 days	22.50 days	↑	20.90 days	↑	26.88 days	↓	25.32 Days	↑
KPI 9	Barnsley Pound	75%	68.57%	↓	70.05%	↑	69.88%	↓	72.57%	↑
KPI 10	Percentage Recycled Waste	96%	94.55%	↑	94.66%	↑	94.60%	↓	94.57%	↓
KPI 11	Agreement of individual Guaranteed Maximum Price (GMP) for Planned/Capital Improvement Works.	100%	37.50%	↓	53.85%	↑	60.00%	↑	66.67%	↑

* Arrows indicate the trend of performance between quarters, for example, with an up arrow showing an improvement compared with the cumulative position for the previous quarter

Wates Dashboard

[Quarter to Quarter Comparison – Q4 – Year end result]

			Q1		Q2		Q3		Q4	
KPI	Definition	2024/25 Target	Performance	Trend	Performance	Trend	Performance	Trend	Performance	Trend
KPI 1	Percentage of appointments kept out of total appointments made	99.10%	99.37%	↓	99.39%	↑	99.10%	↓	99.80%	↑
KPI 2A	Percentage of 24 hour responsive jobs completed on time	99.50%	99.87%	↑	99.83%	↓	99.73%	↓	99.70%	↓
KPI 2B	Percentage of 3 day responsive jobs completed on time	99.50%	100.00%	↔	100.00%	↔	99.43%	↓	99.58%	↑
KPI 2C	Percentage of 7 day responsive jobs completed on time	99.50%	99.68%	↓	99.69%	↑	99.66%	↓	99.52%	↓
KPI 2D	Percentage of 25 day responsive jobs completed on time	99.50%	99.86%	↑	99.85%	↓	99.81%	↓	99.67%	↓
KPI 3	Voids turn round time	9 days	6.48 days	↑	7.45 days	↓	7.79 days	↓	7.54 days	↑
KPI 4	Subcontracting as a % of contract value	25%	26.13%	↓	33.76%	↓	32.16%	↑	34.22%	↓
KPI 5	Number of reportable accidents per 100 FTE employees	0 Nr	0	↔	0	↔	0	↔	1	↓
KPI 6	Percentage of properties with a current gas Compliance Certificate	100%	100%	↔	100.00%	↔	100%	↔	100%	↔
KPI 7	Tenant Satisfaction Responsive Repairs	95%	83.78%	↓	83.33%	↓	77.97%	↓	77%	↓
KPI 8	Major adaptations - time from order to completion	28 days	21.11 days	↑	21.73 days	↓	18.91 days	↑	21.29 days	↑
KPI 9	Barnsley Pound	75%	82.99%	↑	84.52%	↑	86.25%	↑	85.35%	↑
KPI 10	Percentage Recycled Waste	96%	95.24%	↑	96.12%	↑	96.60%	↑	95.50%	↓
KPI 11	Agreement of individual Guaranteed Maximum Price (GMP) for Planned/Capital Improvement Works.	100%	100%	↑	100.00%	↔	100%	↔	100%	↔

* Arrows indicate the trend of performance between quarters, for example, with an up arrow showing an improvement compared with the cumulative position for the previous quarter



Partner commentary - Property Services

- Work continues with Gary Kyte to help redevelop the systems and processes supporting delivery of services, particularly responsive repairs. Additional people within the teams have increased our capacity to handle the flow of works and, together with revision of how works are handled have shown consistent improvements in day-to-day performance in challenging circumstances. Ongoing work with the systems and processes is expected, once brought into effect, to improve overall performance.
- The introduction of Voicescape as a way of showing customer satisfaction with services has shown a better consistency of the customer view given the additional volume of surveys being received. The picture is encouraging regarding customer perception of the services we provide and the way in which they are provided that, while still short of the challenging target, remain encouraging.
- To help meet our aim of keeping customers informed of the progress of works, the Planning Team have helped bring in new ways after a trial period. Where materials are needed for orders, customers are informed at the first visit of what's needed and an appointment made there and then for a return visit, with a Planner liaising to help ensure the appointment is kept. The new method was shared at the recent Toolbox talks with Craft colleagues responding positively to the changes.

Joint Action Plan Tracker

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q4 Update
Q4 23/24 Property Services	KPI 7 Tenant Satisfaction with Responsive Repairs	Phil Newsam Open	<p>Key learning for Property Services centre on how we can improve our communication with customers and manage their expectations. These continue to be the focus of individual and team development, through toolbox talks and individual discussions. The recent introduction of Repairs First should also add greater value to this.</p> <p>Wider comments reflect on communication with customers throughout the whole repair journey, the need for effective handling of initial requests from customers and effective handling of information. These are combined efforts of everyone involved in the provision of effective customer-centred services rather than solely to Property Services. The survey is a perception survey and when investigated against the validated data set in relation to KPIs 1 through to KPI 2D, performance across the data set remains high.</p>	The introduction of a new approach to gathering satisfaction surveys using Voicescape has significantly increased the volume of responses. This has provided a net increase in the Q4 responses showing positive customer satisfaction during the quarter and for the year as a whole. This aligns with our understanding of how our services are geared to deliver against customer expectations.
Q4 23/24 Wates	KPI 7 Tenant Satisfaction with Responsive Repairs	Craig Keen Open	Performance behind target with work to do on communication and quality when reading comments, Team to action and delivery via a Toolbox talk or one to one with actions required on non-conformance.	We have analysed key Trends from Q3 customer satisfaction which have formed toolbox talks that have been delivered to the teams.

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q2 24/25	KPI 1 Percentage of Appointment s Kept	Phil Newsam / Leanne Tasker Open	The drop in performance at quarter two is owing to the change in calculations resulting from the availability of timestamp information from the NEC system and a change in calculation required. The additional level of information available allows a wider insight into performance with responsive repairs which will be used within operational development plans being formed.	N/A	This is the first report including timestamp information and has highlighted areas for improvement where a significant number of appointments have been narrowly missed. Future actions will consider the productive use of resources in attending appointments.	Strict adherence to the definition is undermining our performance, with Operatives maintaining an attendance-on-arrival approach to keeping appointments. This impacts attendance within the stated timeframes but is held to be a value-generating approach to meeting tenants needs.	For appointments attended outside of the time slot, we're attending on average within half an hour, in keeping with the requirements of this KPI.

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q1 24/25	KPI 2A – 2D Percentage of Responsive Repairs completed in time	Phil Newsam / Leanne Tasker Open	<p>We recognise that the KPI measures for repairs were previously mistakenly calculated using incorrect definitions by Property Services, which have been amended for this report. This is evident in KPI 2A, previously calculated as attended but now amended to reflect attended and completed.</p> <p>Unfortunately, this has had a disappointing impact on the KPIs in which we have failed to meet any of the four.</p> <p>The 24 Hr & 3 Day KPI are challenge, especially works that are raised and released after 13:00 as our resources are largely allocated for that day. This results in us losing 19 hours worth of time slots to complete a 24-hour KPI.</p> <p>We have had an increased failure on external works this is something we have identified from a planning point and are changing processes to combat this. We also had an issue with how the contact centre issued external works this quarter. External work is not raised on an appointment basis and sits with the planning unit to assign to diaries. Mistakenly this quarter the contact centre started appointing external works which had an impact on works we had sat in a queue waiting to be planned in, this impacted these older jobs as the contact centre had appointed the newer jobs before planning could allocate the older ones. This is now resolved and should highlight better performance in quarter 3.</p>	N/A	<p>Reviewing our standby procedure is expected to focus on job completion rather than a make safe service.</p> <p>We're working with the contact centre to improve correct categorisation of released works, including to standby operatives. Identifying that plumbing and electrical works contribute significantly to difficulties we are realigning our resource to build improvement, as well as revising how follow-on works to isolations are arranged.</p> <p>Going forward we will analyse failures weekly and have plans to act on areas identified for improvement.</p>	<p>Routine internal analysis of KPI 2 is helping identify areas for improvement that run across the processes for handling repairs. Works planning is increasingly focussing on earlier planning of initial visits and appointment-setting with the aim of shortening time-to-attendance and overall time taken to complete orders, which remains good.</p> <p>We've started working with specialists to aid us in maximising the benefit of the Repairs First systems, building on experience gained this last year.</p>	<p>Across the year, efforts through works management and failure analysis have helped to make small but consistent improvements in completion rates against the timed targets for orders. Completion within the target date itself remains high and would result in two of the four targets being met at year end.</p>

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q4 Update
Q4 24/25	KPI 4 Subcontracting as a % of contract value	John Lees Open	Significant works carried out in the 2024/25 year affected the amount of spending required on subcontractors, particularly around delivery of backlog works. A focus on delivery of works required took precedence over maintaining a higher level of self-delivery, in line with the needs of tenants as well as in some cases the ability to offer a value for money service when subcontracting was significantly cheaper than self delivery.	Actual delivery of works, such as the elemental programme, BHS, major voids and the continued resolution of in-year backlogged works, will remain the primary focus. While self-delivery remains the preferred option we cannot discard the possibility of using higher levels of subcontracting where this is considered necessary to deliver workloads to the expectations of our customers. Operational planning will consider mechanisms of delivery case by case in line with agreed prioritisation, but where specialist contractors are required then we are restricted to the availability of these specialists as opposed to self delivery.

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q2 24/25	KPI 5 Number of reportable accidents per 100 FTE employees	Ian Bell Open	All accidents and incidents are recorded on the council's online systems and are investigated by management. Any required additional control measures are implemented to Risk Assessments with the aim of preventing reoccurrence. Inspections take place to ensure compliance with current safe working practices and comprehensive health and safety training is provided to all staff.	N/A	We had 3 craft musculoskeletal manual handling accidents in Qtr. 2 . These are classified as minor accidents and none of which required a hospital visit, all operatives have had both manual handling and working safely training.	There were no further RIDDOR accidents in Q3. As part of the investigation process we look at whether there are significant trends which would cause concern and none have been identified in this quarter requiring action	There were no further RIDDOR accidents in Q4. As part of the investigation process we look at whether there are significant trends which would cause concern and none have been identified in this quarter requiring action.
Q2 24/25	KPI 6 Gas Compliance	Callum Whitehouse Open	The ability to gain access to three properties proved challenging for Qtr. 2. Property Services have followed the no access procedure and attempted all measures to gain access, The compliance team continues to work closely with property services and follow the legal process	N/A	At the time of writing Property Services are 100% compliant, the teams having gained access to three properties. The tenacity of both teams and application of the legal processes enabled this swift resolution	Compliance has been at 100% for the two previous months but dipped at the quarter end for a disappointing outcome from ongoing consistent effort.	Compliance is now at 100%

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q4 23/24	KPI 8 Major Adaptations	Tom Hughes Closed	Understanding stakeholder delivery requirements, expectations and current demand on this work stream, this has been positive all teams clear with the approach and as a result adequate resources have been allocated to this workstream to suit and extra site supervision. Additional, based on tenant satisfaction information and learning outcomes from previous Major Adaptation Works, there is a customer first focus mainly on communication ensuring that customers are informed regarding installation dates, any changes to the programme and quick resolutions to any issues.	CS and Property Services are working together to deliver in-year works. Collective decisions have mitigated delays in delivery with the expectation of greater appreciation of demand and resource requirements.	Now closed	Now closed	Closed.
Q4 23/24	KPI 9 Barnsley Pound	Denise Daykin Open	Hold meet the buyer events Engage with BMBC go for Growth initiative Unable to directly engage with local suppliers outside formal procurement rules.	First quarter includes payments to deliver backlog works via the new minor framework. The current volumes are not forecast to continue.	A third of the current spend classed as non-Barnsley is focussed on delivering the accumulated works suppliers were successful following a legally compliant tender process.	Efforts focus on ensuring compliance within the methods used to maximise work output.	Working within the Procurement Act remains the focus.

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q4 23/24	KPI 10 Percentage of recycled waste	Ian Bell Open	Current waste disposal contractor's mission is to recycle 100% of their waste. No control over the waste profile particularly in relation to voids. Seeing increased full house clearances. This is being addressed by revised void processes as outlined earlier in this report.	Comments as per previous. Noted increased performance in the first quarter missing the target by 1.45%	We have procured a robust waste management company alongside BMBC. All our waste is managed and reported through monthly data that is fed back through procurement. Whilst we are close to the target the amount of waste that processed is not entirely created through construction activities. Waste from voids clearances continue to having a big impact on this target.	Ensuring waste is handled within managed processes remains the focus. An objective of being able to reduce the amount of non-recyclable waste requiring disposal through processes, such as voids clearances, remains linked to achieve of this KPI.	No change from Q3 update.

Action plan tracker – Property Services

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q4 23/24	KPI 11 Agreement of individual GMP's	Natalie Slater Open	<p>Performance affected by resources and individual challenges within GMP process e.g. Asbestos discovered on scheme, access affecting survey.</p> <p>Delays in agreement will be mitigated by the day 7 meeting with BPS if the GMP is back with CS.</p> <p>Additional resource in place since the third quarter to assist with the increased workload.</p>	3 out of the last 5 submitted GMP's have been agreed on time. The team continues to book the agreement meetings to facilitate a speedy agreement	The recalculation of the KPI's has affected 2 of the 7 submitted in this area. 2 further KPI's were agreed on the correct day but notification of agreement wasn't received until post the 5pm deadline categorising them as a fail. An additional resource to support the team starts mid November.	Improvement in initial submission and handling of queries has seen overall and in-quarter performance increase with these expected to continue through the year.	<p>A more positive quarter in respect of GMP Agreements.</p> <p>One failed GMP was caused in part by issues over the Christmas closedown where queries were returned to one person, rather than everyone who had been copied in. As such, the queries were not picked up until the person returned from leave. Further delays arose in agreement with Operations to support accumulated works management. Delayed agreement would have occurred regardless.</p> <p>We expect that a revision of the KPI and process will facilitate better practice, with work undertaken across the year being embedded to make sure future performance does improve.</p>



Partner commentary - Waters

Performance in quarter four of contract year five is showing overall results as 10 green and 4 red KPIs as below.

- KPI 4 Subcontractor Spend remains higher than we would like but due to the nature of works and demanding timescales Waters put the customer first by using the supply chain to supplement our in-house workforce.
- KPI 7 Customer satisfaction score forms part of our action plan within this report, any trends and actions to improve are being feed into one to ones and toolbox talks, this is further supported by a secondary survey which is carried out via the Trades PDA (handheld devise) on site which is showing 99.36% satisfaction, any dissatisfactions reviewed with any trend added into toolbox talks with the Customer contacted for feedback on any concerns.
- KPI 5 The details have been added into the action plan due to the incident which occurred in the final quarter.
- KPI 10 Household waste being removed from properties to support the contract have affected the figures, works to highlight the issue are being feed into the voids meetings to support getting the KPI back on target or other ways of calculating with be needed to support the KPI.

Action plan tracker - Wates

Date Opened	KPI Details	Owner	Status	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q4 23/24	KPI 4 Subcontracting as a % of contract value	Mark Oxley	Open	The amount of additional planned Repairs and Replacements plus having elemental BHS works has resulted in the need to deliver through our supply chain. Wates will look to self deliver some of the works starting in April 2025.	The spend is unfortunate but is necessary to deliver the works being ordered.	The spend continues to increase due to the nature of elemental works. We now have visibility of a three year investment plan that will give more direct employment certainty in 2025.	The Spend will continue to be higher than target until April 2025, due to the nature of work being ordered and the need to deliver within set timescales. Wates expect a reduction in subcontractor spend in Q1 of 2025.	As predicted in the previous update subcontractor spend is above target. Q1 of 2025 should be more in line with expectations.
Q4 24/25	KPI 5 Number of reportable accidents per 100 FTE	Craig Keen	Open	A dangerous incident occurred which had the potential to cause someone a serious risk while carrying out works.				A full compliance and competency review within the Branch has taken place. Within this we have looked at our process of delivery and the way we work. Any learning outcomes have been captured with actions to mitigate complete to prevent.

Action plan tracker - Wates

Date Opened	KPI Details	Owner	Factors affecting performance and agreed Management Action/s	Q1 Update	Q2 Update	Q3 Update	Q4 Update
Q4 25/25	10 Percentage recycled waste	Steve Cartwright Open	Increase in the household waste have pushed the Quarter4 into the red but the year-end figure as stayed within target.				This is a discussion in the KPI task and finish group for 25/26 on how the voids will exclude the household waste being left, so not to affect the calculation.

Social Value – End of Year Results

Measure	Example	Berneslai Homes Property Services Annual Target	Berneslai Homes Property Services Achieved In-Year	Wates Annual Target	Wates Progress Achieved In-Year	Combined Total Achieved In-Year
School/College/University Visits/Workshops (Number)	Visits by students to the Service Provider offices/other location to support their learning	50	35	36	11	46
Voluntary Organisation Activity Support (Number of Activities)	Activities that would provide additional support to local (Barnsley postcodes) Voluntary Organisations. Types of activity include volunteering time, expertise etc.	40	19	24	15	34
Local Barnsley Supply Chain (Barnsley Postcodes) Skills Activity Support (Number of Activities)	Activities that would provide support to local (Barnsley postcodes) SME’s. Types of activity include relevant skills development workshops, breakfast meetings etc.	40	2	24	5	7
Work Experience < 18 Years Old (Number of Placement Weeks)	Local work experience placements (Barnsley postcodes) with the Service Provider (direct) or sub-consultant (indirect). This can include block placements of one week or more or one/two days per week	24	6.4	24	4	10.4

Social Value - continued

Measure	Example	Berneslai Homes Property Services Annual Target	Berneslai Homes Property Services Achieved In-Year	Wates Annual Target	Wates Progress Achieved In-Year	Combined Total Achieved In- Year
Work Experience > 18 Years Old (Number of Placement Weeks)	Details as for under 18 years. Part of the Government’s Get Britain Working Programme (placements are for 25-30 hours per week, for up to 8 weeks). Duration is intended to be as flexible as possible to meet employer and individuals’ needs	20	6	24	2	8
Apprentices – Project initiated (Number of Persons)	The project initiated apprenticeships (direct) or sub- consultant team (indirect) are new apprenticeship places which would not have been otherwise created/provided via any other funding or project/contract	24	16	7	4	20
Number of Memberships of Local Strategic Groups/Working with Business in the Community/Sponsorship of Local events/Support Local Charities	Group activities/sponsorships that would provide additional support to local (Barnsley postcodes) businesses/organisations.	20	49	12	7	56
- 75% of contract spend [£30m per year] in Barnsley.	Definition as per Volume 2 Appendix 3 KPI’s	75%	72.57%	75%	85.35%	78.96%

Highlights – Property Services

Successful relocation to Gateway to facilitate efficient working within the wider Property Services team with ongoing benefits from co-location being developed

Property Services have achieved PAS 2030 accreditation

Four T-Level student placements will soon be joining the operative teams, supported and mentored through a 22-week programme of development.

Our great connection with Barnsley College has enabled us to be selected to trial a 3rd Year T-Level placement. This is a pilot scheme that 2 Colleges in the country are trialling, Barnsley being one. Tyler, our student placement, has a Level 2 Joinery qualification but is continuing his learning journey and completing this third year with our support and mentorship to provide the experience to start to apply for roles as a fully qualified Joiner

A small smoke alarm project has been completed as a mop up successfully reaching 123 customers and helping to keep them safe

Third party gas service audits continue to show 100% customer satisfaction and Property Services were benchmarked at No.1 against 73 other contractors.

After a dedicated and involved recruitment exercise, three Multi-Skilled Apprentices were successful in securing positions within the team, from an initial pool of nearly 200 applications.

Property Services participated in Career's Fairs at Penistone Grammar, Darton Academy, Hemsworth and Shafton school to promote Apprenticeship options, and supported mock interviews at Penistone Grammar and the Job Centre, providing guidance and development with interview skills.

Highlights – Property Services

Property Services Repairs Team will be initiating some service improvements on the back of the Repairs First Review. Working in conjunction with Gary Kyte, our Planning Manager and Senior Responsive Manager have had positive consultation with craft operatives to introduce new processes when non-stock materials are required. This will result in increased consultation with the tenants around re-visits and booking appointments, liaison with procurement on material availability and improved working between planners and craft.

Implemented system improvements around craft usage of job manager reducing time constraints to make operative use easier and produce efficiencies in the daily function of job manager.

In conjunction with one of our subcontractor Property Services Repairs team are working with a community group at Worsborough to clear and assist in creating a community allotment.

Property Services will be sponsoring the Progression Award category @ Barnsley College Excellence Awards in June. These awards will be held at the Metrodome.

Highlights – Wates

Quarter 1

- Wates Roadshow to Celebrate success was held in April and invited BMBC Public Health support Team (How's This Ticker?) which was a great success.
- Wates Ladies took on the cold water plunge in April 24 for Barnsley Hospital Charity to raise £2,594.00.
- Princess Street going well, working with all parties to deliver the required numbers.
- World Food Day took place at the Birdwell office on the 17th May.
- Wates completed work at the Barnsley Hospice as part of community week from the 3rd June 24.
- Wates made 4 work benches for the Hoyland common primary school to support the new STEM room which is being created.
- Wates attended the open Kitchen in Barnsley to help raise money for Barnsley Hospice £250.00 on 30th Jun24.
- Wates attended the Civic service on the 13th June 24 at the St Mary Church in Barnsley to celebrate the new Mayor term and to promote Kindness and Respect.
- Wates sponsored and attended the Barnsley College Excellence Awards on the 20th June 24 to support the achievements of the Barnsley students.

Highlights – Wates

Quarter 2

- Wates was involved in the Wombwell Picnic in the Park held on the 24/07/24.
- Wates staff at Birdwell office donated prizes to a local business holding a charity day on the 24/08/24 for Weston Park.
- Wates held a Charity Golf day on the 5th September 24 at Sandhill Golf Club and raised £6,367.30 along with match funding from WFET, so total raised for Mayor's chosen charities (Age UK Barnsley & The Well part of Barnsley Hospital Charity) was an outstanding amount of £12,734.60.
- Wates Gas week took place at Barnsley Market on the 13/09/24 giving out leaflets & advise on i.e. Gas Safety, Energy Advice, Tenants advice on keeping warm and efficiency.
- Wates sponsored Barnsley Hospice 30th Anniversary Ball held on the 14/09/24.
- Wates staff held a Macmillan Coffee Morning at the Birdwell office on the 25th September and raised £186.20

Highlights – Wates

Quarter 3

- 1 Wates staff member completed over 113 miles in Oct to raise £341.00 for Breast Cancer Now Charity.
- Attended Mayor Karaoke event in Barnsley market in Oct to help raise money for Age UK & The Well part of Barnsley Hospital Charity.
- Sponsored & presented at Proud of Barnsley Awards - Volunteer of the year award in Nov and donated to Children in need appeal.
- Attended Mayors Charity Ball to help raise money for Mayor's charities (Age UK Barnsley & The Well part of Barnsley Hospital Charity)
- Staff donated prizes for raffle held at town hall for Mayor's charities in December.
- Christmas Appeal, where we donated 118 gifts to Barnsley Hospital Charity to help patients at the Hospital for all ages
- Christmas Jumper day held in the office to raise £161.00 for Save the Children Charity along with wates match funding.
- Attended the light switch on event at Barnsley Hospital in Nov to help support their charity and Sponsoring a shining star and donated to charity by raffle.
- Shining Star, where we have committed to raise at least £500 before May25 for Barnsley Hospital Charity.
- Attended Mayor Christmas Carol Service & support their charities.
- Increased number of T level students from 1 to 3, they are 2 staff and 1 trade.

Highlights – Wates

Quarter 4

- Wates team planted 1,550 different type of trees at grange lane area in Jan25.
- Wates attended Outwood School at Shafton on the 28th Jan as part of the Green Schools project.
- On the 4th Feb was World Cancer Day, so Wates decided to sell donation prizes to raise £366.00.
- Some staff attended the Mayor's charity karaoke on the 15th Feb at Barnsley Market to help raise money for Age UK Barnsley & Barnsley hospital charity.
- On the 18th Feb we attended the careers fair at the Barnsley college to showcase Wates and all the career opportunities.
- We attended Barnsley College Apprenticeship Conference on the 19th Feb to deliver a presentation on Wates which covered areas of construction and the Barnsley contract.
- Some staff members attended the Mayor's Charity fundraising social evening on the 7th March at the Town Hall to help raise money for Age Uk Barnsley & Barnsley hospital charity.
- 13th March we attended Outwood School to deliver presentation as part of the Green School Projects.
- We have increased our T Level students from 1 to 3 which are 2 staff and 1 trade.

Better Barnsley Bond

The Better Barnsley Bond is a fund created from the mandatory contribution of a sum of money from providers who have been contracted with the council to deliver works or services service contracts on the Better Barnsley Project. The fund was established to support training, employment and community initiatives in Barnsley. The Better Barnsley Bond is advertised by the council across various forums, particularly at Area Council and Ward Alliance level to invite applications from groups or individuals across the Borough.



The Exodus Project

We run a network of fifteen activity clubs for children aged 8-11, and separate clubs for older youths ages 11- 15, in the heart of disadvantaged communities. We see over 400 children and young people every week. Our aim is to divert them from destructive future lifestyles. Our approach is unique and respected locally. Our focus is on long term, trusting relationships with children, their families and the communities in which they live.

The £1,200 given to us through the Better Barnsley Bond funding programme has enabled us to run one of our weekend camps this past weekend from Friday 2nd to Sunday 4th February. All our camps take place at our own activity centre, 6 miles from the Town Centre of Barnsley. The children who attended were all from Barnsley and many on the doorstep of the new Town Centre developments. The weekend camp was both educational and entertaining with our fast moving programme giving no time for boredom or misbehaviour.



APPENDIX D

TSM Perception Measures - Agreed Targets	2025/26 Target
TP01: overall satisfaction	75.9%
TP02: satisfaction with repairs	75.4%
TP03: satisfaction with time taken most recent repair	69.0%
TP04: well maintained home	70.9%
TP05: home is safe	73.5%
TP06: listening to tenants	65.0%
TP07: keeping tenants informed	66.5%
TP08: treating tenants fairly	80.9%
TP09: handling complaints	45.0%
TP10: satisfaction with communal areas	63.9%
TP11: positive contribution to neighbourhoods	59.8%
TP12: handling ASB	55.0%

TSM Management Measures - Draft Targets	2025/26 Target
BS01: gas safety checks	100%
BS02: fire risk assessments	100%
BS03: asbestos management	100%
BS04: legionella risk assessments	100%
BS05: lift safety checks	100%
RP01 Decent Homes Standard	0%
RP02 1 non-emergency repairs	TBC
RP02 2 emergency repairs	TBC
NM01 ASB cases per 1,000 properties	In line with peer group median
NM01 2 hate related ASB per 1,000 properties	In line with peer group median
CH01 1 stage one complaints per 1,000 properties	In line with peer group median
CH01 2 stage two complaints per 1,000 properties	In line with peer group median
CH02 1 stage one complaints completed in target timescale	100%
CH02 2 stage two complaints completed in target timescale	100%

Council Pulse - Draft Targets	2025/26 Target
BH1: Void rent loss	1.50%
BH2: Rent collected as a proportion of rents owed on HRA dwellings	98%
BH3: Proportion of apprentices in workforce	3.5%
BH4: To spend influenceable funds locally supporting the Barnsley economy	60%
BH5: Percentage of Properties with an EPC C or above	50%
BH6: Mtg Fee Efficiency target as part of annual VFM report	1%

Company Pulse - Agreed Targets	2025/26 Target
KPI1: Employee Satisfaction	65%
KPI2: % of working days lost due to sickness	3.56%
KPI3: Percentage of staff defining under the Equality Act definition of disability	13.2%
KPI4: Percentage of minority ethnic staff in total workforce	4.1%
KPI5: Percentage of Current Tenant Arrears	3.5%
KPI6: We will answer priority calls in less than 3 minutes	80%

Report Title	Update on Berneslai Homes Annual Business Action Plan and 3 year vision 24/25.	Confidential	No
Report Author	Head of Strategy, Governance & IT	Report Status	For Information
Report To	Board 27/05/2025	Officer Contact Details	Sam Roebuck samantharoebuck@berneslaihomes.co.uk

1. Executive Summary	<p>This report provides an updated position to Board on the Annual Business Action Plan for 24/25 and the three year vision, year-end position.</p> <p>From April 25 the three year vision has been incorporated into the overall BH Annual Action Plan, and this will continue to be reported to Board on a quarterly basis.</p> <p>The Annual Business Action Plan year end update will be reported to the Council through the governance arrangements alongside the year end performance report. These are due to be presented at Purple Cabinet on the 30th of July and at White Cabinet on the 8th August.</p> <p><u>Customer Voice/Impact</u></p> <p>The Strategic Plan was developed during 2021 following extensive consultation with tenants and all stakeholders. The Annual Business Action Plan for 24/25 was developed following consultations with our stakeholders and customers. A Customer Panel was held in October 2023 where views of our tenants were sought. Tenant feedback was in line with the high level areas we are focusing on, as their priorities were hearing our customers, communication and repairs. Their feedback will support the planning on how we can improve on these. The Regulator of Social Housing (RSH) inspection provided assurance that the priorities in the Annual Business Plan were also identified as a key area by the Regulator.</p>
-----------------------------	---

2. Recommendation/s

Board is requested to: -

- Note and comment on the year end update of progress against the Annual Business Action Plan 24/25 and 3 year vision.

3. Background

- 3.1 The current Strategic Plan for the period 2021 to 2031 was approved by the Board in December 2021.
- 3.2 The Strategic Plan was formally approved by the Council in February 2022, and as in accordance with the Services Agreement with the Council it is reviewed annually with a new Action Plan developed and agreed with BMBC each year.
- 3.3 The progress against the Strategic Plan is monitored by BMBC as part of the governance arrangements.

4. Current Position /Issues for Consideration

Annual Business Action Plan 24/25

- 4.1 Attached at Appendix 1 is the year end progress made against the Annual Business Action Plan for 24/25. Although some progress has been made and as previously reported to Board in December 24, it is now clear that these are longer term strategic actions that will in the main be carried over to 25/26 and beyond.
- 4.2 The actions will take from 2 to 3 years to complete and some potentially over a longer period, depending upon resources and budgets. The priorities for the next few years will be aligned to the areas outlined by the Regulator of Social Housing as a priority.

Key highlights

Improving Data quality, accuracy and maturity and using this data to tailor services for our tenants.	A strategy and 3 year action plan has been agreed, and initial work has commenced. A proof of concept for a data tool commenced in January 25 and the contract has been extended for a further 12 months.
Introduction of Voicescape	The Caseload Manager module on Voicescape went live in October 2024. The business intelligent technology has made case management more manageable for officers and ensuring that customers are contacted at the earliest opportunity. This has

	<p>resulted in increased rent collection.</p> <p>The Collections module was launched in mid-November and has seen significant engagement, with over 9000 automated calls and 5500 text messages sent, generating 2632 conversations with 1922 different customers by the end of January</p>
All homes will have up to date asset data used to support repairs, maintenance, and investment (Stock Data)	Completion rate at almost 88%
Implementing the lettings policy and reviewing its impact	The policy has been implemented, and good progress has been made in looking the review of its impact.

Progress against the 3 year vision

4.3 The three-year vision was agreed upon at the Board Strategic Planning Day in March 2024. These actions were agreed over a three-year period but, on reflection, and as reported to Board in December the year one actions are likely to take approximately two years and, in some cases, even more time will be required.

4.4 To better manage our actions these are now incorporated into one action plan for 25/26, split between reportable to BMBC as part of the Services Agreement and actions for BH internal monitoring and reporting. Key milestones have also been included in all actions to ensure progress is monitored and it is clear what the required actions are in order to achieve the expected outcome. Regular reporting on progress of these actions now forms part of this separate report to Board.

4.5 3 Year Vision Year 1 – Getting the basics right

Priority	Timescale	Outcome	Update 31.3.25
Efficiencies			
Review of PRIP Contract	May 2024	Provide a Berneslai Homes proposal on the opportunities and efficiency savings from a change in contract for Berneslai Homes.	Complete and new action included on 25/26 Annual Business Action Plan to work with the Council on this review.

Priority	Timescale	Outcome	Update 31.3.25
Efficiencies cont/d.... Delivery of Repairs & Investment Strategy for 2024/25	From April 2024	Implement 1 year plan to eliminate as much as possible of the repairs backlog.	Ongoing – Moved to 2-year plan
Set savings targets for 2024-2027	May 2024	Develop a plan for efficiencies and savings with clear targets for the period 2024-2027.	Savings plans for 2025/6 developed but overarching Saving Plan to be presented to Board - moved to 25/26.
Review Staffing Resources	July 2024	Base level organisational structure, costs and future options for savings.	To be delivered under new plan for 25/26. Property Service review has commenced. Property Services by October 25, Resources by March 26 and Customer and Estate Services by September 26.
Innovation & IT New Data Strategy	July 2024	Implement approach to data – work with Microsoft to identify use of the data lake and links to information about stock, repairs, and customers.	Not progressed with Microsoft. Action Closed. Working closely with BMBC on their transformation project.
Equipment Requirements	Commence September 2024	Ensure all staff have the correct IT kit to undertake their roles as effectively as possible.	70 laptops to be deployed to staff who are using the oldest devices. Neighbourhood Officers now trialling tablets due to laptop replacement trial being unsuccessful. If successful new tablets will be purchased.

Priority	Timescale	Outcome	Update 31.3.25
Innovation & IT cont/d...			
Repairs Module	From April 2024	Development of Repairs system modules with the in house Repairs Team – maximising efficiencies and releasing capacity	Consultant appointed, core team working on recommendations and reporting into Project Management Group and ARC.
	September 2024	Roll out phase 2 – CRM and Assets phase.	SAVA and Energy introduced, Assets and Asbestos due quarter 2 25/26. Working with BMBC on CRM Discovery piece.
Voicescape	October 2024	Implement Voicescape for Income Team.	Completed
Future of Council Housing in Barnsley	July 2024	Develop a strategy for council housing in the borough including borrowing requirements.	New homes plan approved by BMBC for next 4 years and future ambitions be considered as part of the national review of the HRA and capacity.
Culture of Customer Obsession	September 24	Development of behavioural change – customer first culture	Initial Customer First training taken place and Cultural Change plan approved by EMT and work ongoing in this area.
Complaints Handling	From April 24	Enhanced approach to complaints handling	Additional resources in place in response to increased volume of complaints until 31 March 2026.
Codesigning services with customers	July 24	Commence codesigning services for independent living schemes - with consultancy support	Draft report received from consultants November 2024. Action plan in place
Customer Conference	September 24		Decision not to pursue – Action closed

5. Risk and Risk Appetite

The Strategic Plan and our ambitions and actions within that is cross cutting across all our Strategic Risks.

- 5.1 Financial The issue of zero carbon and retrofitting of homes will have a significant financial impact on the HRA. External funding will need to be maximised to achieve these targets. Risk Appetite – Balanced
- 5.2 Regulation and Compliance We need to provide assurance to tenants, Board, and the Council that we meet all necessary consumer and regulatory standards. Risk Appetite – Averse. We aim to comply with all relevant legislation and have zero tolerance for regulatory compliance issues.
- 5.3 Operations the operational focus and resources have been increased to assist in the delivery of the priorities in the plan; however, there are still some unknowns.
- 5.4 Reputational Berneslai Homes has a key role to play in improving lives across the borough and delivering excellent services.

6. Strategic Alignment

The Strategic Plan and Business Action Plan set out Berneslai Homes Strategic Ambitions and align closely with BMBC Corporate Plan and 2030 vision.

- Hearing Customers
- Keeping Tenants Safe
- Growth of Homes and Services
- Technology and Innovation
- Employment and Training
- Zero Carbon

7. Data Privacy

This does not involve the processing of personal data.

8. Consumer Regulatory Standards

This report relates to the following elements of the Regulatory Standard. Our Strategic Plan and Annual Business Action Plan sets out how the work that Berneslai Homes do supports our achievement of the standards.

- Neighbourhood and Community Standard
- Safety and Quality Standard
- Tenancy Standard
- Transparency, Influence and Accountability Standard (including Tenant Satisfaction Measures)

9. Other Statutory/Regulatory Compliance

The actions within the Strategic Plan ensure that our activities are aligned to ensure compliance across all regulatory and statutory standards.

10. Financial

The plan includes improvements in technology and processes that will ensure Berneslai Homes delivers efficiencies as part of the 10-year ambitions.

11. Human Resources and Equality, Diversity and Inclusion

To assist in the delivery of the new plan, a restructure has been undertaken across the organisation to meet future requirements of the plan. The plan has a strong emphasis on equality, inclusion, and diversity. Underpinning the Strategic Plan is our Equality, Diversity and Inclusion Strategy.

12. Sustainability Implications

Zero carbon is one of the objectives of the Strategic Plan and includes the actions that we will take to assist in achieving the zero carbon targets as a company. A key focus for the Business Plan for 2024/25 is to ensure that there is robust data to inform retrofit plans and to ensure that the Council and Berneslai Homes are best placed to access funding opportunities for insulation and renewable technologies, as they arise.

13. Associated Background Papers

Strategic Plan – Approved December 2021
Strategic Plan ABA Plan and 3 year vision update December 24

14. Appendices

Appendix 1 - Annual Business Action Plan year end update

Appendix 1

Barnsley 2030 objective	Priority	Strategic Ambition	Milestones	Date	BH Lead and additional resources	Q1 Update	Q2	Q3	Q4
Healthy Barnsley	Implement phases 1.1 and 1.2 of Repairs First and DRS and ensure we use the new system to its full functionality to deliver efficient, effective, and timely customer service (NEC Repairs First) DRS	Technology and Innovation	Review of phase 1 repairs first implementation Phase 1.1 Repairs and Maintenance 1.2 December 24 Asset Management.	Sept 24 May 24 Sept 24	Managing Director Construction Services, Head of Asset Management, Head of Governance and Strategy	Head of GS - currently reviewing phase 1 and lessons learned. Head of AM: Demonstration from NEC provided for Asset Modules (phase 1.2). Full programme for implementation being developed/agreed by BH transformational board / EMT	Head of GS - 6 month review of phase 1 and how working for Construction Services is underway. NEC energy module is now in place and SAVA being implemented target for go live Dec 24. Head of O (CS) reviewing data that is being produced from system to utilise as business intelligence to enable us to review resources and workloads.	Head of GS - appointed expert consultant to work through current issues, and provide roadmap for change to ensure using system to full potential. Report due early quarter 4. Work on implementation of Assets in progress.	Head of GS - Repair system review initial recommendations for responsive repairs being worked through. Review will continue into 25/26. Assets is currently being tested with a view to implementation during 25/26.
Healthy Barnsley	Improving Data quality, accuracy and maturity and using this data to tailor services for our tenants.	Hearing Customers	Data Strategy and 3 year Action Plan to improve data approved by EMT Soft market testing of tools to enhance data quality across systems and Business case to purchase software Improved induction for IT systems and introducing data standards and data owners across the organisation	June 24 October 24 March 25	Head of Governance and Strategy budget for data accuracy tool required.	H of GS - draft data strategy been to Executive Management Team. Final amendments to be approved. Year one action plan developed and agreed by Executive Management Team. Initial review of data tools taking place.	Head of GS - reviewing use of data dashboard in NEC to be implemented by March 25 to enhance data quality. Demo's of on line tooling taking place.	Head of GS - Approval to use proof of concept for data tool received - 3 month trial therefore dashboards put on hold.	Head of GS -Agreed extension of data Tool for 12 months. Data champions to receive training during April/May 25. Work on improved induction for IT systems has commenced and will continue into 25/26 and 26/27.
Healthy Barnsley	Using technology to streamline services and review and automate processes where possible.	Technology and Innovation	Agree 3 year programme of areas to review with EMT Work with BMBC in their digital transformation journey to improve automation for BH	June 24 March 25	Head of Governance and Strategy IT budgets	3 year vision in place. Initial meeting held between BMBC and BH. Discovery work around content relationship Management system is initial area being considered.	Head of GS - discovery work taking place with BMBC around using BMBC Dynamics for CRM.	Head of GS - BMBC allocated a Digital Project Manager to work through the discovery phase with BH over the next 6 months,	Head of GS - the discovery work continues will roll over to 25/26 - as 6 months discovery phase due to end June 25. BH Internal Action Plan developed to replace 3 year vision.
Healthy Barnsley	Hearing and responding to a wider tenant voice	Hearing Customers	Review successfulness of Insight and Engagement Strategy Fully develop chosen insight IT platform Increase insight following successful launch of Knowing our Customers Project	Dec-24 Jun 24 Dec 24	Head of Customer Services Engagement Manager Head Of Governance & Strategy - budget for insight platform	H of GS - knowing our Customers project paused as links to CRM. Insight strategy agreed Board 11th July 24. Ho CS - Survey platform being developed and question set agreed with service leads. slight delay due to staffing absence.	*Still in development, due to be approved by Board and BMBC by Dec-24. 3 surveys developed, 3 more to be added, in addition a full prog of surveys to be developed and rolled out from Apr-25. Other actions on the Strategy being progressed. *Voicescape now set up - complete. *Being deferred due to CRM. Interim solution being looked at by HoS CS and GS.	HOCS - New version created and final tenant session panned 30/1. At Board March and Cabinet soon after HOCS - Update on survey plan and outcomes at CS committee Feb 25. Voicescape to run repair survey from Feb 25. HoCS - Knowing Customer Project to be refreshed and relaunched. Review meeting with HOGS and HOES to agree interim solution from Spring 25.	H of CS - Strategy Approved by Board and BMBC approval deferred to August 2025 to enable BMBC and BH to review TVP and tenant involvement in strategic groups. Voicescape fully implemented. Amendments to Housing Online to be made and tested end April 25 and promote to tenants once the NEC repairs reporting tool has been tested and is available to tenants (July 25). Full timeline for Knowing Customer Project to be developed by end May 25.
Healthy Barnsley	Bespoke approach to Neighbourhood Management	Hearing Customers	*12 month review of Neighbourhoods and ASB structures *All staff completed Housing Professional Passport by December 2024 *Key Action Plans - Noise / ASB complete	Apr-25 Dec- 24 Apr-24	Head of Estate Services, Assistant Head of Neighbourhood, ASB Team Leader	Restructure complete. Housing Professional Passport programme underway. Service Transformation continuing ASB	*Head of Estates - structure requires additional review , to be completed once consultation completed with staff to support move to one base due to take place November 24. HiHPP on track for Dec although will need to arrange mop up session after this date due to staff turnover to ensure everyone has done this. ASB team restructure complete - to be reviewed Summer 2025.		Head of Estate Services - 12 month review of Neighbourhood & ASB delivery models scheduled Summer 2025. Final HPP session arranged for Q1 25/26 due to staff turnover and to ensure everyone receives training
Healthy Barnsley	All homes to be compliant with Building Safety and Compliance regulations/legislation (Building Safety)	Keeping Tenants Safe	*Ongoing Monthly Building Safety Scorecard Reports to transfer to Realtime reporting via C365 *EICR 100% to 5 year Position (utilising warrant of entry for access) *Lifts 100% Compliant (utilising warrant of entry for access) *Building Safety Cases - Quarterly Review with Building Safety Project Board awaiting contact from the Building Safety Regulator *Embed the Damp, Mould & Disrepair Team & Produce a bespoke Strategy *Installation of IOT Monitoring	01/06/2024 revised to August 2024	Head of Repairs Maintenance and Building Safety	Monthly monitoring remains on Scorecard whilst the C365 Implementation works remain ongoing. Revised target agreed for August 2024 with dates booked with BMBC Corporate Assurance Team to audit the system and data to ensure accuracy	Monthly monitoring remains on Scorecard whilst the C365 Implementation works remain ongoing. This is in the final stages of being audited by BMBC Corp Assurance, then board approval will be sought to go fully live. We continue to closely monitor regulatory changes on the horizon (Awaabs Law & DH2).	Head RM&BS: C365 implementation ongoing, and works so far have proven valuable. PS structure review, along with PRIP contract review/amendment fundamental to delivery of acceptable service 'Discovery' works ongoing within PS, identifying areas of change necessary - which will inform any necessary stakeholder consultation Activity ongoing to reduce st2 complaints of repairs Redefine budget monitoring/management activity for cost control/avoidance Void position ever improving, still much improvement required prior to Apr25 Focus upon disrepair, Damp, Mould with new mgr: progressive improvements already to control cost and reduce exposure/risk	Monthly monitoring remains on Scorecard whilst the C365 Implementation works remain ongoing. This is in the final stages of the system being implemented. We are also in the process of creating the building safety scorecard to ensure the data given is live as of the end of the month. The audit by BMBC Corp Assurance will be reviewed once the system is fully in use. We continue to closely monitor regulatory changes on the horizon (Awaabs Law & DH2).
Healthy Barnsley	All homes will have up to date asset data used to support repairs, maintenance, and investment (Stock Data)	Technology and Innovation	* Review stock data completion rates and run a targeted mop up programme to attain full asset data set. * Commissioning of a data validation exercise of stock data. * Rolling programme of stock condition across 20% of the stock per annum, operating on a risk based approach in relation to property selection	June 24 Aug 24 Mar 25	Head of Asset Management	Head of AM. March 2024 completion rates 83%. Penningtons completed stock validation report for BH. Mop up programme for remaining approx. 15% being undertaken. 2025/26 risk based approach being developed by AM Team for 20% per annum SCS	Head of AM: Sep 2024 completion rate at 85%. Penningtons provided outcome report to BH/BMBC key stakeholders Jul 2024. SCS supporting development of medium term capital investment plan. 15% SCS still to be undertaken (no access). As per Q1 update - 2025/26 risk based approach to be developed by AM Team for 20% per annum SCS		Head of AM: Mar 2025 completion rate at approx 88%. Medium Term capital investment plan completed and annual 2025/26 capital investment plan approved by Council cabinet Mar 2025. Rolling Stock Condition Survey programme of 20% per annum 2025/26 to proceed through a risk based approach. Methodology for asset selection developed and currently being reviewed by relevant stakeholders.
Learning Barnsley	Strategic Workforce Planning (incorporating Professionalism Agenda, Succession / Workforce Planning)	Employment and Training	Review of jobs in scope, current qualifications held and training needs Review employee specs and recruitment process to meet competency and conduct requirements Review PDR process Agree Workforce Planning/Succession Planning Framework	June 24 June 24 March 25	Head of HR&OD	Head of HR,OD&Comms - Roles in scope for proposed competency & conduct standard agreed, current qualifications of post holders identified, training plan being developed. Job adverts for roles in scope now include qualification requirements. Interim review of PDRs completed	Head of HR,OD&Comms - Roles in scope for proposed competency & conduct standard agreed, refreshing data on current qualifications of post holders due to turnover and training plan being developed. Job adverts for roles in scope now include qualification requirements. Interim review of PDRs completed & full review commenced. Workforce & Succession Planning Framework to be developed in 2025/26	Head of HR,OD&Comms - Roles in scope for proposed competency & conduct standard agreed, refreshing data on current qualifications of post holders due to turnover and training plan being developed. Costed options for gaining qualifications to be presented to EMT in January 2025. Job adverts for roles in scope now include qualification requirements. Interim review of PDRs completed & full review commenced. Workforce & Succession Planning Framework to be developed in 2025/26	Head of People & Culture - No further information on the timescale for implementing the Competence & Conduct Standard following the consultation in 2024. Roles in scope for proposed competence & conduct standard agreed & data refresh on existing qualifications due in Q1 25/26. Costed options for gaining qualifications to be presented to EMT in Q2 2025. Job adverts for roles in scope now include qualification requirements. Interim review of PDRs completed & full review commenced. Workforce & Succession Planning Framework to be developed in 2025/26.
Growing Barnsley	Implementing the Lettings Policy and reviewing its impact	Hearing Customers	Post Go live review of new policy Review wider service processes Obtain feedback from applicants 6 months after go live Completion of annual review report for Board and BMBC Review mutual exchange service offer and provider Review service structure for efficiencies	April 24 June 24 Aug 24 Jan 25 Jan 25 Sep 24 Jan 25	Head of Customer Services Lettings Manager	H O CS - Policy Live 1/4/24. System still in development. Temp amends to existing set up. Qtr 1 analysis completed. Review of wider processes commenced. Update in Qtr 2	*Went live. *Commenced review of wider processes - behind target due to staffing resources *Customer Panel to be held Nov-24 and survey in development. *Commenced mid-year impact report to share with Ctte and elected members. *To commence - contact with alternative providers already made - deferred to new year. Current contract expires Oct-25. *Reviewing service structures to deliver projects - commenced.	HoCS - Updated progress with CsC, Customer Panel and Elected Members. Positive feedback. Structure amended and specialist roles filled to coordinate nominations, ME and tenancy changes. Tenancy Change Policy to complete end April 25 to align to Tenancy Policy. Commenced review of ME process and most effective delivery. Testing of new NEC set up in progress and on track from April go live subject to no significant issues.	H of CS Testing on NEC System changes still ongoing. Issues with document uploads. Continuing to progress. Tenancy Change Policy in development but will slip to end May 25. Mutual Exchange review commenced - expect to complete June 25 Annual review for BMBC of policy impact commenced and complete mid May.
Sustainable Barnsley	To achieve EPC 'C' by 2030 and Net Zero by 2045 (Development approach to sustainability)	Zero Carbon	*Review exercise to be undertaken following completion of EPC 'C' retrofit pilot, delivered via PRIP contractual arrangement. *Develop and agree approach with EMT and BMBC for a EPC 'C' retrofit programme to deliver 2030 objective for all BH stock.	July 24 October 24	Head of Asset Management	Head of AM: Pilot undertaken via PRIP. Retrofit with Barnsley Home Standard works in 2024/25 to be paused - HRA priorities. Commission for SAVA intelligent energy modelling system to be implemented to allow for a full stock retrofit plan to be developed	Head of AM: Transformation Board agreed implementation of SAVA intelligent energy module. Anticipated to be live for Dec 2024. NEC Phase 2 Assets Module to follow. Full retrofit plan to be created	Head of AM: SAVA intelligent energy module live. Retrofit plan currently being developed. NEC Phase 2 Assets Module currently being built for implementation.	Head of AM: SAVA intelligent energy module live. Modelling exercise for properties without an EPC being undertaken. Revised baseline and retrofit plan will be developed following completion of exercise. NEC Phase 2 Assets Module currently being built for testing. Extensive testing required in Q1 and Q2 of new FY to ensure system suitably configured/robust for monitoring / reporting purposes when go live.

N

Rent income

Average rent (48 weeks)* = **£101**



Houses



£92.40



£101.40



£108



Flats

£87.60

£98.10

£105.30



Bungalows

£88.90

£101.80

£119.60

*Typical rents shown above are over 48 weeks rounded up to the nearest 10p. Tenants have 4x 'rent free weeks' per year

Average rent (52 weeks)= **£93.20**



Board factsheet
May 2025

Our homes and assets



18,233
total assets

Leaseholders 353

Together
Housing 43

Shops 31

Council owned stock 17,806



Council owned stock by type

Houses: 10,058 (57%)

Other
(1 bed,
4bed+) 3%

2 bed
houses
28%

Bungalows: 4,630 (26%)

Flats, maisonettes,
bedsits and other
property types:
3,118 (17%)

3 bed
houses
69%

Houses by bedrooms

Designation

68%



general needs
(12,094)

32%



with
restrictions*
(5,793)

14



**293
flats**

Independent
Living Schemes
for over 60s

726 blocks to maintain
47 community facilities



68% of homes were
built before 1965

Stock attributes

Other
11%

Other = air
source, biomass,
ground source, or
other electrical
and solid fuel



Mains gas
89%

*Restrictions are generally age or medical requirements.

General needs is accommodation that is available for any applicant as long as they meet the bedroom matching rules.



Minutes of Berneslai Homes Public Board Meeting held 27th March 2025

4.00 p.m.

Virtual Meeting

Present:

Ken Taylor (KT)	-	Chair
Richard Fryer (RF)	-	Board Member
Mark Johnson (MJ)	-	Board Member
Gez Morrall (GM)	-	Board Member
Kevin Osborne (KO)	-	Board Member
Jo Sugden (JS)	-	Board Member
Rebecca Mather (RM)	-	Board Member
Sarah Tattersall (ST)	-	Board Member

In attendance

Amanda Garrard (AGa)	-	CEO
Dave Fullen (DF)	-	Executive Director, Customer & Estate Services
Arturo Gulla (AGu)	-	Executive Director, Property Services
Rachel Taylor (RT)	-	Executive Director, Resources
Sam Roebuck	-	Head of Governance & Strategy & Company Secretary
Paul Clifford (PC)	-	Service Director BMBC (BMBC Rep)
Sarah Clyde	-	Head of Strategic Housing BMBC (Observer)

	ACTION
<u>Item 1 – Apologies</u>	
Adam Hutchinson (Board Member)	
<u>Item 2 – Declarations of Interest</u>	
None were declared	

Item 3 – Governance Update

SR presented highlighting the 4 main key points.

- Governance Review by DTP. This was covered at the Strategic Away Day. New Terms of Reference for Board and Committees are being developed, and work is ongoing developing a composition statement for Board and a new policy framework. A report will be brought to the next Board meeting in May, however an earlier session may be required to discuss beforehand
- Councillor Board Member Recruitment – Cllr David Leech was appointed, initially as a trainee. His appointment was ratified at full Council today 27/3/2025.

The Chair advised the meeting that the interview process was good and looks forward to having Councillor Leech on the Board.

- Company Secretary – This is currently the responsibility of SR. Following the review of the Heads of Services it has been established this now fits better with the Executive Director, Resources.
- Staff Register of Interests – This information is usually presented to Audit and Risk Committee but has been transferred to Board. The survey is completed by staff annually. Before being presented to Board it has been reviewed by SMT and EMT. Just 5 forms are outstanding, due to sickness or maternity leave. Managers are aware and will ensure these are completed once the staff return to work.

Resolved:

- I. Board noted the update on the DTP review**
- II. Board noted the preferred candidate for the trainee Councillor Board member, ratified at Full Council on 27th March 2025.**
- III. Board approved the transfer of the Company Secretary role from the Head of Governance and Strategy to the Executive Director of Resources.**
- IV. Board noted the staff register of interests for 2024.**